AGENDA

Children's Health Consultant Advisory Committee Meeting
Board of Governors
Tuesday, December 5, 2023, 8:30 a.m.
L.A. Care Health Plan
1055 W 7th Street, 1st Floor, CR 100, 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/lacare/j.php?MTID=me7c5df7af483f2e56baa56b067c40476

To join the meeting via teleconference please dial:
+1-213-306-3065
Meeting Number:
2494 189 1410

Password: lacare

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

Maria Chandler, MD
The Children's Clinic
701 E 28th St, Suite 200
Long Beach, CA 90806

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

Rebecca Dudovitz, MD
UCLA Health
10833 LeConte Ave 12-363
MDCC Los Angeles, CA 90095

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 December 5, 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.

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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 September 19, 2023 Meeting Minutes P.4	*Chair*
4.	Chairperson Report	*Chair*
5.	Chief Medical Officer Report P.14	Sameer Amin, *MD,* *Chief Medical Officer*
6.	LA County Children Health Disparities Round Table Update P.32	*Chair* Alex Li, *MD* *Chief Health Equity Officer*
7.	DHCS Equity Practice Transformation Grant Update P.45	Alex Li, *MD* Cathy Mechsner, *Manager, Practice Transformation Programs, Quality Improvement*
8.	Clinical Initiatives: Children's Phone-Based Interventions P.59	Laura Gunn, *Quality Improvement Project Manager II, Quality Improvement* Tamara Ataiwi, *RN* *Quality Management Nurse Specialist RN II, Quality Improvement*

ADJOURNMENT

The next meeting is scheduled on January 16, 2024 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.

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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 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 – September 19, 2023

1055 W. Seventh Street, Los Angeles, CA 90017

Members

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

Management

Sameer Amin, *MD, Chief Medical Officer*
Alex Li, *MD, Chief Health Equity Officer*
Phinney Ahn, *Executive Director, Medi-Cal Product Management*
Karla Lee Romero, *Director, Medi-Cal Product Management*

**Absent **Present, but not quorum*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, *MPH, Chairperson*, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	*(Member Frederick and Member Dudovitz joined the meeting)* *The committee reached quorum at 9:17 A.M.* **The Agenda for today's meeting was approved as submitted.**	**Approved. 9 AYES (Aguilar-Hernandez, Amin, Bloch, Dudovitz, Ficek, Jordan, Knox, Perez, Puffer)** *(Member Frederick was present, but did not cast a vote)*
PUBLIC COMMENT	No public comment was submitted.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	Chairperson Ficek gave the following report: She stated that she would not discuss the current happenings in Medi-Cal. Instead, she shared an insight from a podcast interview with Jose Andres, a world-famous chef and founder of the nonprofit World Central Kitchen. The organization provides meals in emergency situations and crisis-stricken communities. Chairperson Ficek highlighted Andres' philosophy of "plan less, adapt more," emphasizing the need to avoid over planning and over analysis, which can hinder action and inhibit adaptability. She urged the audience to reflect on the applicability of this philosophy in their work environments, projects, or when dealing with issues. She shared her perspective on moments at First5 LA where excessive planning had limited responsiveness, emphasizing the importance of being nimble. She concluded by encouraging everyone to consider the "plan less, adapt more" approach and how it might resonate with their work, leaving the audience with a philosophical perspective to ponder throughout the day.	
APPROVAL OF THE MEETING MINUTES	**The November 15, 2022 minutes, January 17, 2023 summary, March 21, 2023 summary, and the May 16, 2023 summary and August 15, 2023 summary were approved as submitted.** *The agenda and the meeting minutes were approved simultaneously.*	**Approved.** **9 AYES (Aguilar-Hernandez, Amin, Bloch, Dudovitz, Ficek, Jordan, Knox, Perez, Puffer)** *(Member Frederick was present, but did not cast a vote)*
CHAIR AND VICE CHAIR ELECTION	CHAIRPERSON ELECTION Tara Ficek, *MPH, Director, Health Systems, First 5 LA,* was nominated by Member Amin and Member Perez and unanimously elected Chairperson of the Committee.	**Approved.** **9 AYES (Aguilar-Hernandez, Amin, Bloch, Dudovitz, Ficek, Jordan, Knox, Perez, Puffer)** *(Member Frederick was present, but did not cast a vote)*

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	VICE CHAIR ELECTION Maryjane Puffer, *BSN, MPA, Executive Director, L.A. Trust for Children's Health,* was nominated by Member Perez and elected Vice Chair of the Committee.	**Approved.** **9 AYES (Aguilar-Hernandez, Amin, Bloch, Dudovitz, Ficek, Jordan, Knox, Perez, Puffer)** *(Member Frederick was present, but did not cast a vote)*
CHIEF MEDICAL OFFICER REPORT	Dr. Sameer Amin, *MD*, gave a Chief Medical Officer update. Dr. Amin outlined three key areas in his update. Firstly, he discussed the challenges with specialty access, emphasizing the recent vendor survey results that indicated insufficient progress, especially during the pandemic. Dr. Amin expressed a comprehensive effort to address this issue, focusing on data tailoring to identify acute problems among delegates, urging network expansion, and exploring virtual care solutions. Dr. Amin addressed interactions with the network management team to enhance the direct network and ensure the inclusion of providers willing and capable of serving patients. He emphasized the need for rigorous efforts in virtual care, championed by Dr. Li. The third aspect involved collaboration with the enterprise performance optimization team to improve communication with delegated portions of the network, issuing more specific caps for remediation plans. Regarding transitions of care programs, Dr. Amin highlighted efforts to navigate changes in Medicaid medical, particularly the challenges associated with delivering coordinated care without duplication. He advocated for a coordinating force, leading to the establishment of an office of transitions of care. Dr. Amin expressed optimism about working with the Department of Health Services (DHS) and the evolving approach for the 2024 population, incorporating innovative tactics and reducing the reliance on individual case managers. Dr. Amin provided an update on the utilization management (UM) department, noting a substantial team size increase and focused efforts on auditing and training for inpatient teams. He underscored the positive impact on turnaround times and compliance, showcasing the team's engagement with hospitals for patient discharge and contributions to strategy changes for skilled nursing facilities. Dr. Amin expressed satisfaction with the team's performance, anticipating further improvement in the identified areas over the next year.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Puffer asked if the UM audit was done by an external auditor. Dr. Amin responded to Ms. Puffer, stating that upon entering the organization approximately 10 to 11 months ago, he conducted a thorough foundational gaps analysis. Identifying specific areas requiring increased investment, he highlighted utilization management and case management as key focus areas. Under his leadership, the case management team saw a substantial 66% increase. Additionally, the managed long-term services team, responsible for skilled nursing facilities and community support programs, witnessed an approximate 40% expansion. Dr. Amin emphasized the organization's significant investment in health services, extending to the community health department. This department oversees behavioral health, social services, community supports, and housing initiatives, with substantial investments to enhance their capabilities. He praised the enthusiasm and commitment to data and analytics for network management, noting the positive outcomes of the significant redesign and restructuring efforts on the health services side. Dr. Amin highlighted improved compliance and enhanced services provided to the network as tangible results of these strategic investments. Member Puffer expressed appreciation for the Student Behavioral Health Improvement Program (SBHIP) and commented on the innovative concept of merging the way schools conduct business, particularly in the realm of behavioral health, with health plans. She acknowledged the positive aspects of this approach and conveyed her support for the initiative. Dr. Amin expressed enthusiasm for the successful launch of the Student Behavioral Health Improvement Program (SBHIP) within the last 10 months. He credited the initiative to the efforts of Dr. Brodsky and Dr. Robinson from the community health department, commending them as champions of the program. Dr. Amin conveyed excitement not only about the program's initial implementation but also about its potential to make a significant difference for children in the future. Member Puffer noted that there's some funding that has come down from the stage. Dr. Amin outlined the significant efforts undertaken by the organization to enhance behavioral health care for students. He highlighted two main programs—one focused on placing counselors in schools and the other aimed at improving the infrastructure. In total, Dr. Amin mentioned the implementation of four distinct programs designed to collaborate with school systems in order to elevate the standard of behavioral health care for students.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Puffer emphasized the significance of the Child and Youth Behavioral Health Initiative, a substantial $4 billion effort across the state. She highlighted ongoing discussions with Melissa Stafford, who leads the initiative, focusing on leveraging these funds to support the $4 billion community schools effort in the state. With Los Angeles County boasting 254 community schools, each mandated to have an internal school coordinator, the strategy involves integrating comprehensive support for the overall health and wellness of students. Ms. Puffer connected this initiative with the Student Behavioral Health Improvement Program (SBHIP), expressing its potential to reinforce the behavioral health aspect. She acknowledged the alignment with Dr. Amin's comments on enhancing case management for children, emphasizing that the current time presents a unique opportunity for such endeavors. Dr. Amin expressed appreciation for Ms. Puffer's comments and shared insights on the importance of investments in initiatives like SBHIP. He emphasized the shift towards building infrastructure for long-term impact, distinguishing it from short-term spending. Dr. Amin highlighted the significance of creating lasting structures and programs that endure beyond the initial influx of funds, ensuring sustained benefits for children. He stressed the value of using the allocated funds to establish a robust foundation for school behavioral health, with an emphasis on longevity and future impact. Member Jordan raised a question regarding the children's behavioral health programs and inquired whether they would also cater to children and adolescents with developmental disabilities. She highlighted the observed increase in behavioral challenges among teenagers and young adults with developmental disabilities, emphasizing the difficulty in accessing generic resources for this demographic. Member Jordan sought clarification on whether there were considerations to include individuals with developmental disabilities in the targeted programs. Dr. Amin responded to Member Jordan expressing appreciation for her comments and assuring her that the behavioral health programs would indeed be available for students with developmental disabilities. He mentioned that he would check with Dr. to provide more specific information on the targeting of that population. Dr. Amin emphasized the broad availability of these programs and mentioned multiple funding streams, including the Challenge Behavioral Health Initiative, which aims at systems change and has additional rounds of grants planned. He encouraged exploring the initiative's website for further information and highlighted the community-driven approach in determining essential services.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
MEDI-CAL REDETERMINATION	Ms. Ahn and Ms. Romero gave an update on Medi-Cal Redetermination *(a copy of the presentation can be obtained from Board Services)*. Overview • Medi-Cal redetermination updates • Current outreach tactics • Discussion – additional outreach strategies Medi-Cal redeterminations for members (with August renewal month) • Action taken on third cohort of beneficiaries (September 1, 2023) - Auto renewal using existing info in Department of Public Social Services (DPSS) systems started in June o Pass = renewed o Fail – Beneficiaries mailed renewal packet in late June ▪ ~127,000 L.A. Care members were mailed a packet ▪ L.A. Care conducted a call campaign for these members in July ▪ Monthly data file of members who were mailed a packet shared with groups/Independent Physicians Associations (IPA) • If no response to packet/request for info, beneficiary lost coverage effective September 1 and entered the 90-day cure period (procedural term/on hold) o L.A. Care called and mailed postcards to these "on hold" members o Monthly on-hold data file shared with groups/IPAs • Estimated September 2023 disenrollment and on-hold counts - 58,000 total disenrollments o 49,000 procedural terminations / on-holds o 9,000 disenrollments / no longer eligible	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	September 2023 On-Holds / Procedural Terminations Children 23% 11,470 37,740 Adults 77% Adults Children July 2023 On-Holds / Procedural Terminations Children 20% 7,960 Adults 80% Adults Children August 2023 On-Holds / Procedural Terminations Children 17% 3,394 Adults 83% Adults Children	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Redetermination Outcomes to Date

Medi-Cal Renewal Outcomes (June – August 2023)

250,000
200,000
150,000
100,000
50,000
0

June Renewal Month: 207,138; 163,244; 37,823; 6,071
July Renewal Month: 210,505; 177,481; 19,849; 13,175
August Renewal Month: 203,375; 145,647; 49,210; 8,518

Members with 834 Renewal Month | Coverage Maintained | On-Hold | Disenrolled

The Unwinding Continues

Medi-Cal redeterminations continue to be in flight

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

Medi-Cal redetermination will continue annually for all beneficiaries.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Key Messages to Share with Beneficiaries • Update your contact information - Make sure the county has your current contact information, if it has changed. This way, the county can contact you about your Medi-Cal. If your information has changed, you can update it online at benefitscal.com or by calling DPSS at 1-866-613-3777 • Create or check your online account - You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online • Check your mail - The county will mail you a letter about you Medi-Cal eligibility. You may need to complete a renewal form • Complete your renewal form (if you get one) - If you receive a renewal form in the mail, submit your information by mail, phone, in person, or online so you do not lose your coverage. • Watch out for scammers - There is no cost to renew your Medi-Cal Dr. Li asked if there were any children that were automatically renewed such as children I foster or children with disabilities. Ms. Ahn responded that children in foster care have a slightly different renewal pathway. She can provide more information on that. Ms. Ahn stated that is done by aid codes. She emphasized the importance of obtaining information on how individuals renew, whether through auto-renewal or other means. She indicated that they recently acquired this data, prompting ongoing analytics and number analysis to better understand the renewal dynamics. Member Aguilar-Hernandez stated that Ms. Ahn and her team are doing great work in Medi-Cal Redeterminations. He said that he hears from parents that it is very difficult to work the DPSS. He asked “How is L.A. Care working with DPSS to address Medi-Cal redeterminations?” Ms. Ahn responded that L.A. Care has always considered DPSS to be an essential partner, because they are the agency that approves and renews Medi-Cal for the population in L.A. County. L.A. Care shares with them demographic information and L.A. Care has ramped up this process by creating a Memorandum of Understanding with them.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	She noted that DPSS is under pressure due to the volume of applications. This has also affected call wait times. Member Knox suggested leveraging the toolkit for providers and schools by cross-training practice facilitators. She emphasized the availability of facilitators both in-house and through external programs like the equipped project and the state's equity practice transformation initiative. Member Knox proposed organizing an all-call training for practice facilitators across the county, enabling them to integrate the toolkit into their work in various practices. The idea was to use this trained workforce to assist individuals in the renewal or authorization process efficiently. Ms. Ahn responded that it is a great idea and she will reach out to her after the meeting to get more information. Member Perez shared her perspective on the Health Promoters program and highlighted its active participation in various Community Resource Center (CRC) events, especially during flu season. She emphasized the personal approach taken at events, such as the Norwalk CRC, where help promoters engage with individuals, collect information, and provide follow-up support. Member Perez suggested coordinating efforts and criteria among SRC coordinators to enhance efficiency. Additionally, she commended the widespread visibility of billboards and bus stop ads, echoing the importance of connecting messages to actions. Member Perez stressed the need for resources and efforts to align seamlessly, ensuring that individuals take meaningful actions in response to the messages. She invited committee members to attend board meetings and inquired about outreach efforts to families, emphasizing collaboration with partners. Ms. Ahn expressed appreciation for Ms. Perez's insightful points and committed to connecting with the team to verify how renewals are promoted at flu clinics. She acknowledged the lack of a consistent approach and mentioned the understanding that each CRC operates differently with varying space limitations. Ms. Ahn highlighted the excellent work done by Norwalk.	
CLINICAL INITIATIVES	This agenda item was not discussed due to time.	
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: ____________________________________

CMO Report
December 2023

Care Management/Utilization Management/MLTSS Departments

Care Management

Enhanced Care Management (ECM)
ECM leaders continue to implement quality improvement activities related to staff roles, technology, and processes to align with the DHCS ECM Policy Guide.

- **Data Integrity**
  - Coordinators from the CM team completed corrections of thousands of enrollments
  - Continued creating code sets to assist with accuracy and completeness of enrollment data
  - Developed Referral and Enrollment KPIs for internal use and for DHCS reporting

- **Payment Model**
  - Conducted a full payment reconciliation on CY 2022 and Q1 2023. Complete and accurate numbers are now available for reporting and payment recovery amounts validated to claims/encounters.
  - Worked with Actuary to develop a fee-for-service (FFS) rate structure. We are anticipating moving forward with this change once we have obtained additional feedback from our network with likely implementation April 2024.
  - Updated the ECM provider contract to include compensation for outreach services to offer members ECM. This change in payment is retro to July 2023 and covers all outreach including unsuccessful attempts at reaching members.

- **Clinical Oversight**
  - Team is testing the new audit tool with a few providers. Concurrently, the ECM team is communicating standards and expectations to all providers in advance of launching full-scale audits during Q1 2024.
  - Developing reports to assess provider performance such as average time from referral to enrollment and rates of face-to-face interventions.

- **Network**
  - Working with IT to develop a dashboard to overlay the provider network expertise and capacity with our ECM eligible membership.
  - Numerous factors will likely prompt changes to network as providers respond to changes in the payment model, contract and oversight activities described above.
  - Developed the LA County ECM provider capacity report with partnership from the local MCPs. This will support capacity planning and DHCS reporting requirements.
  - In collaboration with local MCPs the team sent out the Justice Involved (JI) ECM provider survey to assess how many of our current providers can meet the DHCS JI Provider requirements. The survey results along with follow up meetings helped finalize the LA County JI ECM provider network, which will serve our members upon release from incarceration.

- **Staffing**
  - Continue to add and update job aids. Reference guides have been developed to standardize compliant processes.
  - Team building
    - Current: 6 FTEs +1 Consultant
      - In recruitment: 10 positions (4 backfills, 6 new positions)
    - Future: 4 new positions pending approval
- **Enrollment**
  - Plan to increase its ECM Enrollment from the current ~10k to 30k members for Q3 2024. This goal will require significant cross-functional efforts and the ECM provider network to achieve.

Transitional Care Services (TCS)

- CM team began implementing the TCS program in Q1 2023 using Care Managers (CM) and Community Health Workers (CHWs). With 16 new staff hired in August and September and finishing training, we have been able to increase monthly outreach to hospitalized members dramatically: 147 in July 224 in August and 554 in September – a remarkable 377% increase in only two months. As of mid-October, year-to-date 1,929 members have been outreached for TCS. We anticipate that with the additional planned hiring and training that by end of Q2 2024 we will reach the goal of outreaching to 3K high-risk admissions per month.
- So far, we have had a high engagement rate, with about 44% of members we outreach to participating in part or all of the TCS process. While difficult to measures outcomes at this point in the program, there is intrinsic value in engaging with our members in the critical period post-transition to help with follow-up visits, medications and other services critical to members in their most vulnerable time after hospitalization.
- The CM team is working with other departments
  - CM is collaborating with the MLTSS team in the development of plans for new populations of focus that will also need TCS starting in 2024, primarily the long term care population residing in skilled nursing facilities (SNF) and in Intermediate Care Facilities for the Developmentally Disabled (ICF-DD). In partnership with CM, MLTSS is creating workflows, assessing staffing needs, testing tools, drafting letters, determining documentation standards and creating training schedule and materials.
  - In addition, Network is working to ensure PPGs are aware of, and are performing, TCS for the high-risk populations for which they are responsible.
- In response to LAC and other health plans' feedback, DHCS issued updated guidance late-October for the TCS requirements for 2024 related to low-risk members.
  - Plans no longer have to assign all members with a transition to a care coordinator. However, hospitals, SNFs etc. will need to inform each member that TCS services are available through their health plan and inform members about how to reach out to the health plan to start the process.
  - We are adjusting our plans accordingly. LAC will have a centralized intake line to the TCS team that take the requests and then assign staff.
  - We will need to build system and process to establish responsibilities and hand-offs between LAC, PPGs, hospitals and potential vendors.

General CM

- CM had no audit findings in the reports from the recent DHCS and DMHC Preliminary reports. Despite that, the team continues to work on improvements in areas identified as potential findings during the on-site portion of the audits such as California Childrens' Services (CCS) (see below).
- CM continues to work on adopting and implementing new PHM requirements from DHCS (not covered in above sections).
  - These efforts include significant IT work such as:
    - Configuring IPRO (analytic stratification tool) to account for newly introduced DHCS high-risk populations, including those meeting definitions for SMHS/SUD, those transitioning into or out of SNFs, and individuals within 12 months post-partum.
    - Implementing an effective system of tracking members in CM and TCS across the PPGs so case transfers, assignments, and coordination are seamless.
    - Integration of DHCS's PHM Service risk stratification and segmentation logic into IPRO and CCA (Case Management documentation platform) upon its release in CY2024.
    - Transitioning to the new version of CCA.
  - Headwinds
    - DHCS expectations have shifted throughout the year. While some of the changes are welcome, the changes hold challenges in planning and implementation.
    - High-risk populations are more fluid than DHCS is accounting for. These populations have associated expectations for assessment, care coordination, TCS, and formal care management that do not divide cleanly between the PPGs and LAC's internal CM team because the stratifications do not necessarily account for clinical or utilization risk.
  - Team Building
    - Hiring remains a focus as we build capacity to meet the new requirements. Bringing on experienced and/or skilled staff at a pace that matches the pipeline of new work for DSNP and PHM has been difficult.
    - Attrition in recent months is higher than the department's multi-year trend due to both the demands of the work itself as well as the current volume of attractive job prospects outside of the organization.
    - As of 10/31/23: 53 new staff have started (including staff for ECM and TCS) during CY2023.
    - With the expanded requirements and populations of focus, recruitment continues for numerous positions. Examples include: Coordinators (9 + 2 Supervisors); Program Manager (1); Care Managers (12 + 5 Supervisors + 1 Manager); Data analyst (1).
- DSNP
  - CM continues to work on adopting and implementing new DSNP requirements. These efforts include significant IT work such as:
    - Configuring a new Health Risk Assessment (HRA) into CCA to account for new required DSNP elements. The HRA is the foundation for nearly all care coordination processes. Consequently, in addition to the HRA, all current operational and regulatory reports as well as related operational processes will need revisions to account for the new HRA.
    - Updating note templates and modules in CCA in order to track and report face-to-face activities in accordance with new DSNP program expectations.
  - LAC's CM team is performing well on DSNP metrics and is advising EPO on the audit and oversight of PPG performance.

- CM staff audit process was selected for review in the recent Medicare mock Compliance Program Effectiveness audit and received positive feedback on their monitoring processes.

Utilization Management

Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action. The DMHC Preliminary Report for the 2021 Routine Survey also listed two timeliness findings.) UM continues to make extraordinary progress in this area. We have made incremental improvements quarter over quarter for the past year.

Compliance Scorecard measures – Q3 2023 most recent available

- Overall performance for all Lines of Business
  - 50/52 measures > 95%
  - 50/50 measures > 90%
- Direct Network only (Medi-Cal subset)
  - 20/20 measures > 95%
  - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly reports.

UM Team Development

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

- As of 10/31/23 multiple positions were open
- Note: UM expectations/standards have been made clear, and are being enforced with the team leading to an increased turnover rate. Anticipate this will level-off with the latest round of resignations
  - 2 new Supervisor positions to support the growth of the Quality Team (in recruitment)
  - 4 Medical Directors (two hired with start dates in November, one in December, one in January.)
  - Quality Manager (resignation, filled with internal candidate early November)
  - Director, Outpatient (resignation, in recruitment for external candidate)
  - Manager, Inpatient (resignation, filled, start date 11/20/23)
  - Supervisor, Inpatient (internal transfer, subsequently filled with start date 11/6/23)
  - Supervisor, Outpatient (internal transfer, in recruitment)
- The Quality team now has seven auditors (five clinical, two nonclinical), four trainers (two clinical, two nonclinical), and one policy nurse. These positions are critical to ensure staff are trained for compliance and quality and to conduct monitoring and oversight of the team that will help us sustain the demonstrated improvements as well as ensure implementation of corrective action plans from regulatory audits (described below).
- The ER/Admit team phone queue went live in mid-May, but has three openings that have been difficult to fill as they are 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 been difficult.
- The Discharge Planning team has been sluggish to staff but has 5/6 positions filled. Progress also slowed when the Supervisor for the team was on a leave during all of October. A P&P was developed to set standards for phone queue management and customer service.
- The data analyst has been assisting with tracking productivity and projecting staff capacity. As a result, in early November the Inpatient clinical teams restructured to a pod system to better distribute work based on hospital volume and contract type (DRG and per diem). The inpatient team was also able to significantly reduce the inventory of aging concurrent review cases.

Systems

- SyntraNet – enhancements have been on schedule for deployment since September and are scheduled to continue to the end of the year. The system is now displaying member ages and correct due dates for decisions and notifications, which will assist the team in prioritizing cases for completion, thus maintaining the high timeliness metrics. The post-stabilization log for tracking and monitoring was also added.
- QXNT UM – Plans are in full swing for a conversion from Syntranet to QNXT in 2024. UM team is working with LAC IT and Cognizant staff to develop and execute an extensive workplan. Currently the team is building specifications for work queues and planning for user acceptance testing to start in mid-December. While these planning stages heavily impact the leadership on multiple teams (UM, ECM, MLTSS, CS), we look forward to the future flexibility and improved speed of configuration as regulatory requirements and business-needs change. In addition, we welcome the integration with QNXT claims that is expected to reduce abrasion that impacts our day-to-day relationships with our providers.

UM Cross-Functional Collaborations

- Coordination between UM and Grievance & Appeals and Quality
  - The three teams have increased their meeting frequency to weekly.
  - A new processes and leveling for medical directors to review grievances that appear to have quality of care (QOC) concerns ASAP after receipt continues to be developed and refined. Findings from the recent audit reports as well as updated guidance from DHCS regarding timeliness and peer protection are being accounted for. The new clinical grievances workflow is expected to be completed by the first week in December, and receiving sign-off from Compliance by mid-December. Once regulatory compliance isvalidated, all relevant policies and procedural documentation will be updated to reflect the substantive changes and Health Services and Operations leadership will convene to plan and implement a clinical staff model designed to support this new process.
  - The Medical Directors received training in the PCT system in October and are now documenting directly in the A&G system rather than by email.
  - A framework for metrics and reporting was developed to track denials rates, appeal rates, uphold/overturn rates and break down by entity (e.g. LAC, PPG). The business case is under review with IT.
  - The Appeals nurses participated in the 2023 MCG IRR, all with passing scores. Discussion is occurring to establish MCG training course of action.
- California Children's' Services (CCS)
  - SyntraNet now displays dates of birth in the work queues allowing easy identification of members under 21.
  - We created and filled a UM Supervisor position that will oversee inpatient and outpatient UM staff who will review all pediatric authorization requests to determine whether the member is already enrolled in CCS or needs to be referred to CCS. All complex kids with CCS or CCS eligible diagnoses will be referred to CM/ECM/PPG.
  - Our medical director Dr. Lina Shah has experience with CCS and is working with both UM and CM teams in building processes to ensure kids with complex medical needs are connected with the services they need through formal CCS program enrollment and/or collaboration with other specialty providers.
  - The UM CCS UM Supervisor, and CM leadership have established a CCS workgroup which meets routinely to ensure continued collaboration and process progression.

  - In October, DHCS released the final new MOU template with an All Plan Letter. The team is reviewing the new requirements and working with their counterparts at LA County CCS Office to implement it.
- Hospital and SNF
  - UM, MLTSS, PNM, Finance and AAL continue to work on updating contracts with particular focus on ensuring rate allowances that will facilitate timely discharges from hospitals by offering greater access to SNF beds.
  - UM inpatient team continues to meet weekly with multiple hospitals to assist with complex discharge planning needs. While new contracts are pending, Finance has allowed PNM to work with UM on member specific Letters of Agreements to move complex members out of acute beds.
  - Developed a template for hospitals to use in seeking skilled nursing placements to meet the member's needs. The template pilot has been going well with one hospital system and one SNF system working with LAC to expedite discharges. We continue to streamline more targeted referral processes with other large SNF chains.

<u>Managed Long Term Services & Supports (MLTSS)</u>

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to 15 by 2024. In order to maintain current operations and implement new ones from CalAim, 19 additional staff were approved in June and all of the new positions have been filled as of November.

Community Based Adult Services (CBAS)

- New staff are in training and are expected to take on full time review of new requests for 5-day/week services early in 2024. The staff will focus on reviewing requests to determine the appropriate visit frequency for the member's condition and prevent avoidable over-utilization.
- Team is also working with AAL to quantify the impact of prior efforts to appropriately reduce CBAS frequency requests of 6 and 7 days per week and estimate the savings from UM activities.
- MLTSS leaders are working with AAL on a claims recovery project in which providers were paid inappropriately despite lack of authorization, incorrect codes and incorrect dates/frequency of services. The second part of this effort will use all findings to work with claims team to ensure controls are established to prevent erroneous payments going forward.

CalAIM & Community Supports (CS)

- The MLTSS team is currently administering the following CS services: Personal Care and Homemaker Services; Caregiver Respite; Environmental Accessibility Adaptations
  - Each of these CS have low referrals and approvals.
    - Personal Care and Homemaker Services: while referrals have steadily increased, the highest month so far was August 2023 with 112
    - Caregiver Respite: the average monthly referrals remains in the low double digits with the highest month at 21 in July 2023
    - Environmental Accessibility Adaptations: only two months so far this year have seen double digit referrals
  - LAC is not unique in low uptake of the CS services. DHCS believes that these CS services are underutilized statewide. The Department has provided updated guidance to plans about benefit and eligibility standardization along with expectations that plans increase member access and uptake of these services in 2024.

    - In collaboration with the Community Health team, MLTSS is promoting the CS offerings in numerous forums including the JOMs (Joint Operating Meetings) occurring with PPGs (Provider Groups), hospitals and SNFs (Skilled Nursing Facilities). The MLTSS team offers separate more detailed training sessions on the services, eligibility criteria, and referral/approval processes. The team has been conducting an average of two trainings per month and also promotes the services during the quarterly webinars with CBAS centers and SNFs.
- MLTSS is preparing for additional CS services becoming effective 1/1/24.
    - Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In from FFS Medi-Cal (benefits are administered by Regional Centers).
    - 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.

New Populations/Benefits Standardization

- MLTSS continues to prepare for the 1/1/24 effective date for members residing in Intermediate Care Facilities for the Developmentally Disabled (ICF-DD)
    - Webinar held in October with Regional Centers and ICF-DDs with 73 external participants
    - MLTSS continues to collaborate in regular workgroups with other health plans on operational process alignment for this new population.
    - LAC has provided feedback to DHCS on their proposed ICF-DD Carve-in Resource Policy Guide.
    - Syntranet updates are in progress and user acceptance testing is being set up
- Pediatric Sub-Acute Carve In 1/1/2024. Though the DHCS APL is still in draft form and pending publication, planning progresses
    - System readiness: Codes are in process of being loaded with the new heading
    - Provider readiness: working with PNM and CRM to contract all three pediatric sub-acute facilities in LA County. Drafting letter to providers.
    - Working with PNM on PCP/PPG assignment – likely to follow the methodology of other long-term care members
    - Provider training – planning in progress
    - Updating existing policies/procedures and referral forms to add Pediatric subacute as appropriate

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.
- Despite steady increases, referrals and enrollment are low for this benefit, averaging around 50 per month with a current census of 224. MLTSS team is using the PPG, hospital and SNF JOMs to promote the service's benefits and availability. They will also be providing an in-service to ECM providers. Additionally, UM and CM are redirecting members ineligible for hospice for palliative care where appropriate. We are looking at ways we can use our IPRO risk stratification data to further increase referrals as the program has previously shown to positively affect utilization.

<u>Community Health</u>

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, 2022 Q2, and 2022 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 to build out the CS Authorization Status File (ASF) and prepare for processing CS Return Transmission Files (RTFs) in accordance to DHCS requirements
- Developed draft of DHCS Supplement Data Request for Q1 2023 to give them information needed to create provider payment rates

Community Supports - SyntraNet:
- CS staff outreached to Excell HCA/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 Excell HCA/UpHealth on several data discrepancies and issues on both Daily Scrum meetings and Technical CalAIM issue calls

Social Services
- Provided an in-person training at a CRC (Community Resource Center) to showcase our Community Link and engage Community Based Organizations to collaborate through our Community Link.
- Our Community Health Coordinators attended various community events and health fairs to provide information to the community about our Community Resource Centers and the Community Health Worker Benefit.
- Our Recuperative Care Staff continues to provide on-site visits to Recuperative Care Centers in our network. This last month our staff worked with our Communications Department on a success story of a homeless members that entered into permanent supportive housing out of a recuperative care center.

HHSS:
- Members Enrolled (as of 11/15/2023): 11,024 members enrolled in HHSS
- Provider Network:
  - Currently 28 contracted for HHSS: Includes 4 new providers, 15 also contracted for HD
  - January 2024 provider load: 9 new providers in process
- Provider Capacity Report:
  - Q3 2023 Quarterly Provider Staffing and Report (reported as of 9/3/2023)
    - Total: 29,063
    - DHS: 26,034
    - Non-DHS: 3,029
- Claims Needed Report: CS staff have prepared October Claims Needed Report for HHSS Providers. This report will help HHSS providers be more compliant and timely in submission of HHSS claims

HHIP:
- Metric 1.6 - Housing Equity: Awards for infrastructure/capacity and innovation
  - Max earnings: $6.9M
  - Applications are under review
- Metric 2.1 - 10% Increase from MP1 (Measurement Period 1): Relationships with SM (Street Medicine) providers to meet MP2 increase
  - Max earnings: $13.8M
  - Request for Applicant submissions received and being reviewed
- Metric 3.2 – Screening for high utilizers

- Max earnings: $6.9M
    - Engaging with MLK and DHS: DHCS has approved partial points and we are likely to achieve the 2% threshold. Pursuing max 5%.
- Metric 3.3 – ECM enrollment: Increase ECM enrollment for HHSS eligible members from MP1 to MP2
    - Max earnings: $6.6M
    - Reporting of ECM enrollment sent to eligible HHSS providers
- Metric 3.6 – Eviction Prevention: Execute agreement for 2nd installment of funds
    - Max earnings: $13.8M
    - Investment in Mayor's Fund Eviction Prevention
    - Exploring coinciding investment in County's eviction prevention services

Street Medicine (SM):

- Development of SM network contract in progress
- SM network service structure: Developing a regional structure for service delivery based on anchor providers
- SM rates are in development
    - We are currently analyzing potential SM provider rates and exploring supplemental HHIP-funded rates for anchor providers
- Development of geo mapping of SM providers
- Conducting individual meetings with SM providers to preview proposed operational model

Pharmacy

Star Rating Metrics

- **Medication Adherence:** Our medication 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): After evaluating the adherence call programs offered by Navitus and L.A. Care Pharmacy department, we have determined that our program is superior in both call connection and member engagement rates. The quality of calls made by L.A. Care Pharmacy also surpasses those of Navitus. As a result, L.A. Care Pharmacy intends to transition all adherence call efforts in-house for 2024. Pharmacy continues to pursue the implementation of Salesforce Intelligent Desktop (IDT) to further strengthen our in-house adherence call program, ultimately improving our STAR performance across 3 triple-weighted adherence measures.
    - CVS Medication Adherence Program: Launched 11/1/23.
    - 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 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 11/6/23, 388 claims identified for outreach were successfully reached by the prescriber, member, or pharmacy.

- **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), OutcomesMTM, and CustomHealth pilot program, achieved 73% completion rate of eligible members in 2023 Q3, a notable improvement from 2022 Q2 at 60%. Pharmacy has implemented a hybrid model with MTM vendor starting on 11/1. L.A. Care pharmacists are conducting CMRs alongside MTM vendor for additional assistance to boost CMR completion rate.

- **Care for Older Adults (COA)**: Medication reviews completed by summer interns have been reviewed by L.A. Care pharmacists and sent to STARS team for dissemination. PPGs will be educated at upcoming Joint Operations Meetings (JOMs) on how to close the gap for their members. Pharmacy is also submitting MTM comprehensive medication reviews for this measure. We are projected to achieve a 4 star rating based on the medication reviews that have already been completed by Pharmacy and Navitus (2,671 as of 10/25/2023), in addition to the number of reviews anticipated to be completed by the PPGs.

- **Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC):** Pharmacy, in collaboration with Navitus Clinical Engagement Center, has launched a new provider-facing intervention in late-September 2023. Pharmacy is also collaborating with PPGs to facilitate appropriate initiation of statin therapy. Outcomes will be provided in future reports.

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. As of October 2023, an average A1c reduction of 2.7% from an A1c baseline of 11.5% is observed in patients who complete at least 5 visits with a pharmacist. In addition, an average reduction in systolic blood pressure (SBP) of 18.4 in patients with baseline blood pressure >140/90 mmHg with 3 or more visits with the pharmacist.
- Multiple CRMC pharmacies have submitted interest forms to contract with LA Care for the Community Health Worker (CHW) benefit to expand current services.

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.
- Clinical pharmacist will also be assisting in closing out gaps for COA Medication Review and Transitions of Care (TRC) for DSNP members.
- Current clinics include Wilmington Community Clinic and Harbor Community Clinic.

Community Resource Center (CRC) Flu Clinics

- Pharmacy in collaboration with Health Education, CRC leadership, and North Star Alliances planned and hosted 10 successful flu clinics. USC Medical Plaza Pharmacy offered health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. All Pharmacy Team members have volunteered to attend ≥2 events. The number of vaccines and health screenings administered are listed below:
    - Flu shots administered: 1,061

- COVID shots administered: 347
- Members with either blood pressure or blood glucose health screening: 56
- Members with both health screenings: 798

Quality Improvement

Executive Summary

- NCQA Health Plan Accreditation Survey results have been received. L.A. Care's status is **Accredited** for Medicaid and Medicare. Our Exchange line of business is Accredited, but under a Corrective Action Plan requiring a written response within 30 days and onsite survey in May 2024.
- A Direct Network Physician Advisory Collaborative meeting was held in September.
- The first Provider Engagement Event was held successfully at the Lynwood CRC on 10/26/23.
- DHCS Equity and Practice Transformation (EPT) Grant announced that 133 practices have selected LA Care as their managed care plan. This includes 83 small/medium-sized independent practices and 50 FQHCs. We are now reviewing these applicants to submit our concurrence for their participation in EPT to DHCS.

Health Education & Cultural Linguistic Services (HECLS)

- Maternal health texting campaigns, PPC1 (Prenatal), and PPC2 (Post-partum) received the Activate 2023 Award for Achieving Health Equity from mPulse at their annual conference. The two campaigns were recognized for content, strong member engagement, and successful results.
- Multimodal Fight the Flu campaign activities underway: texting campaign launched on 9/22 with 439,027 members enrolled in the flu texting campaign. Additionally, end-of-call flu script, flu postcards, social media campaign, automated flu message, newsletter articles, provider email, and fax blast are additional initiatives in flight.
- The Diabetes Prevention Program (DPP) under the new vendor (Diabetes Care Partners) reached highest enrollment to date with 197 members enrolled in FY 22-23. This was a 42% increase from FY 21-22 under the previous vendor Solera, and the highest number of members (n=46) who achieved a weight loss goal of at least 5% reduction in body weight.
- Meals As Medicine program has completed most activities related to the Medically Tailored Meals DHCS-required alignment within MCPs. This includes eligibility criteria expansion and documentation uniformity. New criteria going into effect on 1/1/2024 will add an extensive list of diet responsive conditions to the current eligible conditions and eliminate any age restrictions.
- First Pediatric Healthy Lifestyle program for ages 6 to 13 years were completed at Lynwood CRC with seven initial participants and five who completed the three-session pilot. The program is expanding to Inglewood, Metro and El Monte CRCs with the support of Registered Dietitians.
- Three trainings on "Writing in Plain Language and Readability using Health Literacy Advisor" were conducted during the months of October and November with approximately 180 participants. These trainings aim to train and educate staff from departments that develop member letters and materials.
- The Adult Weight Management program, a six week skills based series of workshops, will be piloted at the Inglewood CRC in January. Efforts are underway to expand to other CRCs and develop a virtual option.

Initiatives

- The Managed Care Accountability Set (MSCAS) Performance and Sanctions:-DHCS recently released their new methodology for determining sanctions. The new methodology takes into consideration state and regional benchmarks along with national benchmarks. Based on this new methodology, L.A. Care is

in the Green Tier and has no financial sanction for Measurement Year (MY) 2022. L.A. Care will need to complete one project due to low performance in the Child Health domain.

- The Department of Health Care Services also released new benchmarks for the MY 2023 MCAS. While some benchmarks were lowered, some increased substantially such as the Follow-Up After Emergency Department Visit for Mental Illness (FUA) 30-Day Follow-Up. This increases the total number of measures at risk to meet the minimum performance level (MPL) to eight measures.
- The at-home test kit contract with ixLayer was accelerated, signed, and executed on 10/13/2023. Plans are underway to mail out the test kits in December. Notification to providers is scheduled to go out mid-November through various channels to ensure that providers are aware of this new resource for members.
- Clinical initiatives team hosted "Q4 push" meetings to discuss specific interventions and measures that L.A. Care will be focused on through the remainder of year. The team is also supporting discussions with Participating Provider Groups (PPGs) on their efforts to close out the measurement year.
- A chase list of noncompliant members for specific measures (BCS, CIS, LSC, CBP, COA, EED, HBC >9%, W30) was curated for each PPG to support closing gaps and distributed on October 13, 2023 with requests for follow-up. Additionally, initiatives shared W30 and CIS incentive program information along with a list of eligible members for PPGs to outreach. Meetings were conducted with: AltaMed Health Services, Allied Pacific IPA, Optum Care Network/Apple Care Select, Community Family Care, Exceptional Care Medical Group, Global Care IPA, Health Care LA IPA, Prospect, and Preferred.
- Retinal-Eye Exam (EED) outreach conducted by Vision Service Plan continues. A Q4 priority is to focus on Dual Eligible Special Needs Plan (D-SNP) populations. Member outreach (04/03/23-08/10/23) statistics are as follows: 2,259 MCLA members, 400 members scheduled to date, 181 gaps closed. Provider outreach (04/08/2023-08/10/2013) statistics are as follows: 17,123 noncompliant members sent to assigned eye-care providers, 3,650 gaps closed.
- All seven text messaging campaigns to improve preventive care are now live:
  - **Comprehensive Diabetes Care (CDC)**
  - **Well-Child Visits in the First 30 Months of Life (W30A&B)**
  - **Adults Access to Preventive and Ambulatory Care (AAP)**
  - **Colorectal Cancer Screening (COL)**
  - **Controlling Blood Pressure (CBP)**
  - **Breast Cancer Screening (BCS)**

Quality Improvement- Practice Transformation Programs

First 5LA/HMG LA

- Cohort 1 practices (APHCV + Kids & Teens MCG) are screening 51.9% of our members aged 0-5 years old, realizing a 38% increase in screenings over baseline (14%) through September.
- Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, and White Memorial CMC) have generated a 12.6% increase over baseline for completed screenings through September.
- Completed 50 out of 60 early childhood development classes for members through November.

Transform L.A.-Direct Network

- Current program enrollment: 19 practices, 102 providers, 12,095 DN members (29% of total DN members).
- One new practice has enrolled in the program.
- A1C <9%: 7% improvement over baseline and Controlling Blood Pressure: 10% improvement over baseline

EQuIP LA – Direct Network

- Baseline data for four practices have been successfully submitted. Practices have completed their baseline assessments of quality improvement capabilities. Development of health equity based program goals under way.

Equity & Practice Transformation Payments Program

- Enrollment has concluded. Total number of practices that selected LA Care: 133: 83 small/medium sized independent practices and 50 FQHCs/look-alikes/large practices. Exceeded enrollment goal (60) by 122%.
- A review of applications is underway.

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

- **Total PQI Reviewed**
  - FY 2022/2023 (October 2022 - September 2023) the PQR team reviewed and closed 7,337 cases. 2,165 (30%) were classified as duplicates or triage zero, meaning that they did not meet the PQI referral criteria. The remaining 5,172 cases were reviewed for quality of care or service issues. 339 had actions taken to address the PQI findings. The PQI actions included communication to inform provider of quality review findings (no response required), provider response required for quality review findings, and corrective action plans required for quality review findings. As of April 2023, the monthly rate for timely closure has averaged above 99%.

- **Aging PQI Cases:** As of October 31st, 2023, there were 3,734 cases open. 3,358 cases in green (0-151 days), 300 cases in yellow (152-183 days), 75 cases in orange (184-213 days), and one case entered the untimely aging category of 214+ days.

- **PQR – Critical Incident (CI) Reporting**
  - The PQR department is currently undertaking the reinstatement of Critical Incident (CI) Reporting. Under the new guidelines from DHCS, Critical Incident reporting will now include DSNP and MCLA members. The team is consulting Compliance and Legal team to understand regulatory reporting to ensure we require the impacted facilities to report CI. We will finalize the requirement and P&P by 11/20/2023.

- **PQR – Staffing Updates**

  PQI referrals remain high. A&G and PQR leadership continue to work together to enhance the end-to-end process. Meanwhile, the PQR team staff up to ensure timely processing of referrals. As of November 6, 2023, all approved positions are filled.

Accreditation

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

L.A. Care's status is **Accredited** for Medicaid and Medicare. Our Exchange line of business is **Accredited** but under a Corrective Action Plan requiring a written response within 30 days and onsite survey in May 2024.

CATEGORY SCORING THRESHOLDS

STANDARD CATEGORY	CATEGORY RESULT	POINTS RECEIVED AND PERCENTAGE	TOTAL APPLICABLE POINTS (TOTAL POSSIBLE)	≥80% THRESHOLD POINTS (ACCREDITED)	< 80% - ≥ 55% THRESHOLD POINTS (PROVISIONAL)	< 55% THRESHOLD POINTS (DENIED)	MUST-PASS REQUIREMENTS
QI - Quality Management and Improvement	ACCREDITED	14.00 (82.35 %)	17.00	13.60	9.35	9.18	
PHM - Population Health Management	ACCREDITED	18.00 (85.71 %)	21.00	16.80	11.55	11.34	
NET - Network Management	ACCREDITED	28.00 (100.00 %)	28.00	22.40	15.40	15.12	
UM - Utilization Management	ACCREDITED	43.50 (94.57 %)	46.00	36.80	25.30	24.84	1 Failed Must-Pass Elements
CR - Credentialing	ACCREDITED	17.00 (100.00 %)	17.00	13.60	9.35	9.18	0 Failed Must-Pass Elements
ME - Member Experience	ACCREDITED	26.00 (100.00 %)	26.00	20.80	14.30	14.04	

- The CAP is for **UM 7B: Written Notification of Nonbehavioral Healthcare Denials**. During the file review, 15 out of the 30 files did not include a statement that members and their treating physicians can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the denial decision was based.
  - Please note, this letter was corrected and implemented prior to the survey. However, half of the selected files were for dates prior to the issue being corrected.
  - Next Steps: QI will coordinate CAP completion with EPO and our consultants. The CAP response due date is December 3, 2023.
    - QI will also coordinate a mock file review by our consultants in February 2024 in preparation for the CAP survey.

- **Discretionary Review – UM 13 Elements C: Review of UM Program and D: Opportunities for Improvement**
  - Part of the evidence for the DHS discretionary survey did not meet all standards and will therefore also be included in the CAP survey.
  - Next Steps: QI will coordinate an **internal CAP** completion with EPO and our consultants.
    - QI will also coordinate a mock file review by our consultants in February 2024 as preparation for the CAP survey.

- **Near Misses:**
  - The requirements for the elements listed below were not fully met, although similar evidence was accepted in a prior survey. A one-time exception was granted and full points have been awarded for this survey only. Compliance will be evaluated during our next survey in 2026. Regardless, QI is actively working with the accountable business units on completing an **internal CAP** to ensure these gaps are addressed.

Health Equity Accreditation (HEA)

- NCQA survey submission will be 12/5/2023.

- Health Equity Evidence Updates
  - The minimum passing score to achieve accreditation is 80%
    - QI Accreditation estimates a **worst-case scenario score of 84%** once all evidence is reviewed
  - The survey holds 2 critical (must pass) factors.
    - We have no concerns about meeting requirements for either of these elements.

- HE 7 Standard: Delegation of Health Equity Activities
    - NCQA Selected Delegates:
        - Anthem: HEA Accredited, however, still pending agreement
        - Teladoc: Pending discussion
        - Carelon: Pending response
        - Liberty: Agreed to delegation

Access to Care

- MY2022: CAP responses- 32 of 33 received. Past-due follow-up notifications have been sent to the remaining provider groups. DHS Pending CAP submission
    - DHS reached out to L.A. Care on 9/8 concerning appointment availability survey and corrective action plan concerns. DHS has shared five areas of concern. Investigation of concerns have resulted in a minor edit to DHS's report card and CAP regarding PCP routine and urgent appointments.
    - All other issues were related to provider contact list issues which have been resolved for MY2023
    - QI Accreditation is finalizing follow-up communication with DHS.

STARS/HEDIS

- MY2023 performance continues to project to 3.0 (rounding down). Most HEDIS measure performance is still projected to perform lower year over year. The overall performance is projected to improve from a 2.44 to 2.94 despite substantial increases in cut-points. Both the Operations and Pharmacy measure performance are performing higher with overall domain performance improving from 2.28 to 2.96 (Operations) and from 2.31 to 2.85 (Pharmacy) despite huge increases in cut-points.
- HEDIS Q4 recovery effort continues which includes 1) reconciliation between PPG performance tracking vs. LAC received encounter information; 2) review of PPG Q4 improvement plans and areas LAC can assist and 3) review of supplemental data submission (and potential under-submissions).
- For the High Touch HEDIS Outreach RFP, AdhereHealth was selected as the vendor of choice. The contract is currently in redline review between L.A. Care legal and AdhereHealth Legal with the goal to have the contract approved prior to 12/31/23 and implementation kicking off early Q1 2024.

Surveys: (CAHPS (Consumer Assessment of Healthcare Providers and Systems)/HOS (Healthcare Outcomes Survey)/QHP (Quality Health Plan)/Off Season

- Surveys were deployed late September/October 2023
    - MAPD(Medicare Advantage Part D)/HOS Offseason
    - TAR (Timely Access Reporting) QHP Offseason (LACC(Covered CA) population)
    - LACC-D (Direct)
    - PASC (Personal Assistance Services Council) (Using Commercial CAHPS survey – in anticipation of potential accreditation decision in the future)
    - Provider Satisfaction Survey (PSS)
- Identify methods for improving member services and experience for this composite to count positively towards CAHPS performance
    - Identify consistently poor performing providers
    - Identify consistently poor performing office locations
    - Identify lower rated PCPs

Population Health Management (PHM)

- For Enterprise Goals, the PHM team is tracking the 2022-2023 PHM index and is currently on track to meet the mid-goal, with 13/16 of the goals met for at least one line of business.
- The 2023-2024 PHMI is in development and work is in progress across the enterprise to update goals for the next cycle.
- The PHM team will develop the 2023 PHM Program Description in Q4 2023 and will include the CalAIM requirements.
- CalAIM Strategy document was submitted to Compliance and will be passed forward to DHCS.
- L.A. Care submitted the CalAIM Key Performance Indicators (KPIs) report to DHCS.

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.
- Further IHA provider training is in development.
- The IHA workgroup has drafted documentation on root causes of poor IHA completion rates and has created a corrective action plan (CAP). Next steps include enhancing reporting and monitoring tools, and strengthening the PPG accountability process.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal to support IHA completion for members within 120 days of enrollment. Soon they will also receive monthly (currently quarterly) reporting on members who have not had their IHA.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- The Policy for APL 22-025 developed by the PHM team and approved by DHCS will go to QOC for internal approval in November after the process is more established.
- DHCS is sending the reports on providers completing the Dementia Aware training and L.A. Care has notified all providers of the new APL requirements.

Facility Site Review (FSR)

- The total Public Health Emergency (PHE) related backlog spanning 3/15/2020-12/31/2021 is now down to **20**. To date **377** audits have been completed from the backlog.
- In Q3 2023, **6** FSR/MRR audits were conducted and completed from the backlog.
- L.A. Care FSR is working with the LA County Collaborative (According to APL 22-017, all health plans operating in the LA County area must collaborate to establish systems and implement procedures for the coordination, consolidation, and data sharing of site reviews for mutually contracted PCPs. All health plans within a county have equal responsibility and accountability for participation in the site review collaborative processes) on the FSR/MRR backlog audits to be completed by 12/31/2023.
- FSR is working with the LA County Collaborative on a combined mobile unit tool and condensed street medicine tool. All MCP's are currently piloting this tool. Feedback still pending.

Population Health Informatics

Health Information Management (HIM) Analytics

- The Population Health Assessment, which is a document submitted to NCQA annually showing the different health profiles of LA Care (Member Demographics, Utilization Rates, Top Diagnoses, etc.) has begun and is on track to be completed in early January 2024.
- Preliminary data research is being conducted for the upcoming SNF and Hospital Incentive Programs and the availability and usability of each measures' rates from publically available data sources (such as Nursing Home Compare) are being evaluated.
- Continued development of the Hospital Performance Dashboard is ongoing. This Dashboard is updated on an annual basis (may change to quarterly) which reports the performance of Hospitals

based on CMS quality metrics. This Dashboard is used by various teams when meeting with Hospitals.

- The first phase of a new STARS Dashboard has been published. HIM is working alongside the STARS Team for phase 2 which will include Operations and Member Experience metrics. Discussions are also in progress to develop a LACC Dashboard for MY 2024.
- A Social Determinants of Health/Initial Health Assessment/Health Information Exchange Report is currently being developed to distribute to PPGs that will inform provider groups of their performance in these three domains. This report will be distributed quarterly.
- Given the recent spike in COVID cases, HIM has been tasked with ingesting all available vaccination data streams to identify the uptake of vaccine boosters in the L.A. Care population. The ingestion code has been completed and will be run on a monthly basis.
- HIM continues analytic support for Annual Cognitive Health Screening and IHAs for elderly and new members.
- HIM continues its analytic work on the CalAIM project. Measures are currently being developed which monitor PCP visits and ambulatory care.
- HIM is working alongside Community Health to identify the homeless population with greater accuracy for the HHIP program.

Health Information Exchange Ecosystem (HIEc)

- L.A. Care is revising the Hospital Services Agreement (HSA) to mandate hospital participation in Health Information Exchanges (HIEs). This revision will enforce compliance with CMS 9115 standards for Hospital ADT notifications and require participation in the CalHHS Data Exchange Framework (DXF).
- A similar directive is underway for Skilled Nursing Facilities (SNFs), obligating them to engage in DXF and facilitate information exchange with HIEs.
- Effective January 1, 2024, involvement in Health Information Exchanges (HIEs) will become part of the Hospital Pay-for-Performance (P4P) program. Hospitals will be eligible for incentives upon achieving set milestones in HIE participation.
- Likewise, beginning January 1, 2024, Skilled Nursing Facilities' (SNFs) engagement in HIEs will be incorporated into SNF Pay-for-Performance (P4P) program, offering incentives for SNFs that reach specific HIE participation milestones.
- Edifecs has been selected as the Clinical Data Repository (CDR) vendor, tasked with managing real-time ADT data ingestion via FHIR from LANES and CMT.
- The One-Time HIE Adoption Incentive Program has been successfully launched, offering incentives from October 1, 2023, to September 30, 2026, for providers, particularly aimed at FQHCs and small or solo group providers, to enhance HIE adoption and DXF participation.
- The California Health and Human Services Agency (CalHHS) has designated LANES as a Qualified Health Information Organization (QHIO). In this capacity, LANES is set to serve as the QHIO for L.A. Care and is actively working on the implementation of the Data Exchange Framework (DXF) to enable the exchange of health and social services information in alignment with the established DXF policies and procedures.

Incentives

- Final 2022 HEDIS and other domain data are being processed for use in the P4P Programs. We are aiming to complete all six program reports and payments between Thanksgiving and Christmas.

- The 2023 Update Action Plans have been sent to L.A. Care from the PPGs. L.A. Care and Plan Partner subject matter experts have provided feedback on the PPG projects. Final action plan results are expected from the PPGs in January 2024.
- A new Hospital P4P Program is close to being finalized. The program will be previewed with hospital leadership in November/December. The goal is to launch the program in January 2024.
- A new SNF P4P Program is close to being finalized. The program will be previewed with SNF leadership in November/December. The goal is to launch the program in January 2024.
- 2023 Provider Opportunity Report (POR)/Gap in Care (GIC) reports are being produced monthly. Plans for report enhancements are under way alongside efforts towards more effective use of the Cozeva platform.

LA County Children's Health Disparities Roundtable Brief Overview

Building Resiliency in Schools and Addressing Post-Pandemic Vaccine Misinformation and Vaccine Catch Up

Children's Health Consultant Advisory Committee

Alex Li, MD

December 5, 2023

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Focus on L.A. County and Its Children

* **Building Resilience in Schools:** Address safety concerns related to firearms, anxiety created by gun violence, pandemics etc.

* **Addressing Post-Pandemic Vaccine Misinformation and Vaccine Catch Up**

- **Child Welfare Gaps:** Explore greater clinical coordination between primary care providers, behavioral health specialist, Department of Children and Family Services and optimize CalAIM youth and foster care resources

- **Rethinking the Pediatric Medical Home and Transition to Adult Systems of Care**

Focus on L.A. County and Its Children

- Addressing children/youth health and social service needs together.
- Bringing together key stakeholders together.
- Re-affirming Medi-Cal and addressing children and youths with special needs.

- 50+ Attendees
  - Academics
  - Community Based Organizations
  - County department representatives
    - DCFS, DHS, DMH, DPH and Sheriff
  - Funders
  - Payors
  - People with Lived Experiences
  - Providers
  - Public Safety
  - School

Building Resilience in Schools

Moderators: Smita Malhotra (LAUSD), Karen Rogers (CHLA-USC) **Participants**: Steven Zipperman (Sheriff), Ailleth Tom (DMH), LaKisha Johnson (LAUSD), Maria Chua (LAUSD), Elena Jimenez (LAUSD), Jeff Birnbaum (USC-CHLA), Anya Griffin (CHLA-USC), Michael Brodsky (L.A. Care), Natasha Gill (CHLA-USC), Nancy Kalev (HealthNet)

Where are we now:

- Period of grief, trauma and burnout- e.g. coming out of pandemic, lots of caregiver stress, not knowing what is going to happen in the future. in the world post-pandemic; issue being processing grief
- Time of regression: rising behavioral health issues and students falling behind academically and decline of social skills
- Rising crisis; Pre (kids feeling hopeless; other social determinants like housing and food insecurity) and in crisis students e.g. ER's getting overwhelmed with suicide attempts; Learning how to work in a system and in a post-pandemic environment.
- Lack of support e..g for parent and children/ and youth with neurodevelopmental issues;
- Systems are not sufficient to meeting the needs of what folks are seeing in communities and on the ground.

Building Resilience in Schools

Where Do We Go:

- Increasing capacity of primary care, day care and schools' mental health training .
- Adding pediatricians and other clinical staff (e.g. social worker) in schools?
- Looking beyond the primary care and pediatrician but other staff like social workers for referrals.
- Expanding and deepening current partnerships already in place e.g. DMH and school..
- For clinical social workers that exist in schools and can they be reimbursed?
- Is there a way to pay schools coming?
  - Untapped (health plans):. ACES; paying for social work services
  - Re-purposing pandemic relief funds
  - Advocate for more State's school based funds

Building Resilience in Schools

How Do We Get There:

- Ensuring that school staff are providing care to students are getting the training and resources needed e.g. behavioral health assessments.
- Getting parents involved early on (e.g.dyadic care a new Medi-Cal benefit) and in workgroups.
- Involve other school districts and leverage existing workgroups and also continue the important conversations with the same groups.
- Looking at other models (outside of CA) how the other states provides training i.e. Project ECHO model.
- Having a school –based clinic model in each school.
- Engage at the level of the state for funding and reimbursement.
- Leveraging advocacy coalitions to make change

Vaccine Misinformation and Equity

- **Moderators**: Muntu Davis (DPH) Susan Wu (CHLA USC) **Particpants:** Al Bonds (California Association of African American Superintendent), Sherill Brown (AltaMed Infections Disease), Yelba Castello-Lopez (Cedars Sinai), Susan Chaides (LA County Office of Education), Gina Johnson (NEVHC Pediatrician), Raynald Samoa (City of Hope Endocrinologist, Founder of Pacific Islander COVID Response Team), Nava Yeganeh (DPH)
- **Question/discussion 1:**
- Where do we want to be in 5 years? What is the ideal world? What do we want to see in terms of preventable vaccinations?
- What do we need to do to change the status quo?
- Strategies, numbers/measurements, people/from patients/seeing from you
- **Sample responses to question/discussion 1:**
- Want to see children healthy and no gaps in care, especially vaccinations.
- Organized education on dispelling myths of vaccine safety for those that refuse vaccines. Less power/less negativity in social media with vax misinformation.
  - Barrier: Only vocal individuals that are speaking against the vaccines
  - Strategy: More pro vaccine information. Youtube with reputable individuals educating on how vaccines are safe. Celebrities involved and trusted messengers in the community in short educational videos.
    - Dispel myths about vaccines i.e. aluminum in vaccine, 5G, magnet myth

Vaccine Misinformation and Equity

- **Question/discussion 2:**
- Why are we not there? Key drivers for not yet having this perfect world?
- **Sample responses to question/discussion 2:**
- Social media spread of misinformation has become dangerous.
  - Drama drives also drive this. Need to better translate science that is received well.
  - Political gain – Helps fund a lot of that industry and to keep coming back
  - Financial gain as well – selling product.
  - Strategy: Need virtual justice.
  - Strategy: Trusted messengers - health professional, community member. When community member part of health professional. Funding should help this gap.
- Access of vaccination
  - Strategy: Partner with others for other community needs. If more adults vaccinated, likely more kids vaccinated.
  - Where did people get vaccinated? Who had the best uptake?
    - Pharmacies because how they vaccine rollout.
    - But not good for little/peds kids

Vaccine Misinformation and Equity

- **Question/discussion 3:**
- What are measures to show we are meeting achievement?
- **Sample respondes for question/discussion 3:**
- Vaccine preventable disease rates with hospitalizations rates.
  - Emergency Department visits small
- Vaccine administration or coverage data.
  - Thinks administration more so as it gives insight/addresses issue of mistrust and education.
  - Need good CAIR and administration data.
- Primary care physician access and WCVs – they are proxy for other measures
- Look at children’s health and no health gaps.
- Vax coverage rates and exemptions by race, ethnicity, language spoken (r/e/l), geography
  - Use missed opportunity data
  - Vaccine type broken down by data
  - Health plan share the vax data from CAIR
  - EHR system not integrated. Ideal percentage of data from providers. Each health record should have standard set of data. Would be able to get missed opportunity rates.
  - A lot of these are not reportable disease. For example, RSV just became reportable.

Vaccine Misinformation and Equity

- **Question 4: Dig into strategy deeper- *Access to vaccines.* Sample of what worked during COVID?**
- Purposeful geographic distribution
  - Placed-based approaches.
    - Working with community partners, CBOs as they already have trust built in and they reduce the load for ppl to get vaccine.
  - Co-located with other services, being at a place where you are.
    - E.g. Target
      - Plus, incentive to shop at Target
    - AYSO and sports events
  - Community school model – catch all at the schools. Switch from vaccine to mental health and free eyeglasses. Lancaster school district got funding for community school grant. Lots of money here, so access is at the school. Breakfast and lunch for kids people still coming to the schools. Focus on the schools and strengthen and maximize this partnership.
- Universal messaging
- Information translated correctly
- Reduced access barriers
  - Vaccine was free
  - Many modalities to make an appointment
    - Easy to find out where and why
  - Transportation provided
  - Drive-thru vaccination clinics

Vaccine Misinformation and Equity

- **Question 5: Dig into strategy deeper - Trust issues. Sample what worked during COVID?**
- Center the voice of the community and their needs, then everyone adapts to this.
- Strong partnerships on the ground
  - Everything hyperlocal
  - Increase capacity of community
  - Work with faith-based leaders and aligning with them
- Cross collaboration with partners – cCDC and DPH to do this.
- Messaging.
  - Small, simple messages.
  - Addressing the myths. Staying the course.
  - Pay to have better information at the top in internet searches
    - Negative information top 5 searches. Things that pop up.
  - Should have led with the fact that Black woman created the vaccine.
- Multiple levels of trusted messengers education: principle, parent, children talk to them
  - Parent ambassador program.
  - Educate the children.
    - Youth educated. Work with comic book creator, sickle cell, covid, etc. Glossy – travel betters.
  - Health education: better information on vaccine. “This is what vaccine is for children...”

Next Steps

- Develop and draft issues summary briefs for each theme
- Meet and further develop the recommendations
- Create position papers for each theme
- Share with key stakeholders and ask stakeholders to share with their respective organizations
- Meet with L.A County officials/board offices, departments school districts etc.

Roundtable Sponsorship

CHLA

L.A. Care

First 5 LA

Health Net

Molina

Equity and Practice Transformation Program

Children Health Care Advisory Committee
Date: December 5, 2023
Presenter: Cathy Mechsner, Manager, Practice Transformation

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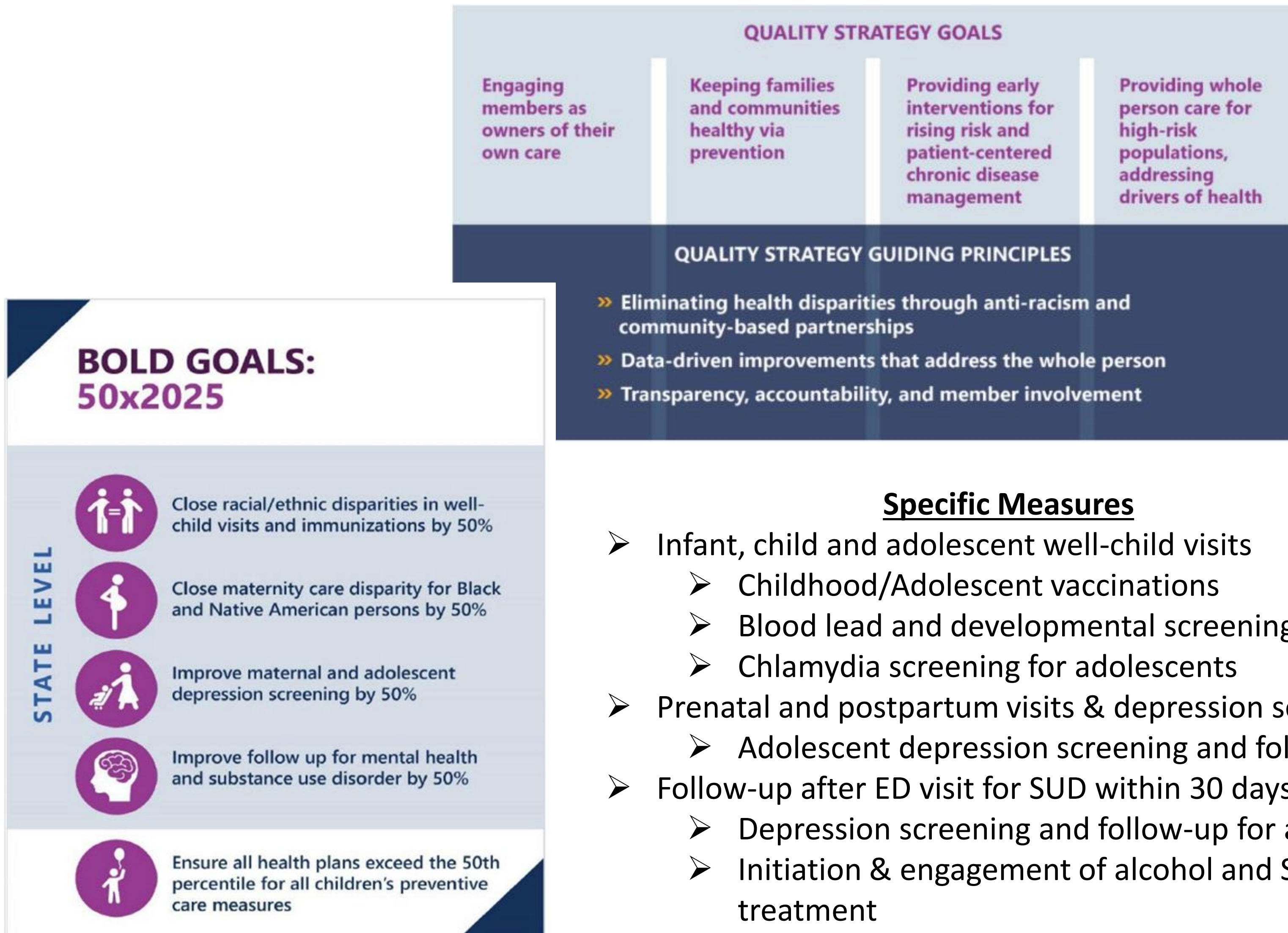
EPT Payment Program Overview

- The **E**quity and **P**ractice **T**ransformation Payment Program:
  - 5-year, $700 million Dept. of Health Care Services (DHCS) Initiative
  - Aligns with the following DHCS Programs and Goals:
    - Comprehensive Quality Strategy
    - Equity Roadmap
    - 50 by 2025 Bold Goals
- **Purpose:**
  - Assist lower functioning practices to improve their capacity to deliver better care to Medi-Cal patients through:
    - Investments in technology, infrastructure, staffing, practice support/technical assistance, and learning collaborative
- **Program Funding:**
  - DHCS flows Directed Payments through managed care plans (MCPs) to practices
  - Duration: 01/01/2024 – 2028
  - DHCS to submit list of practices to CMS by 12/11/23 for Cohort 1

DCHS Programs & Goals Aligned with EPT



Specific Measures

- Infant, child and adolescent well-child visits
  - Childhood/Adolescent vaccinations
  - Blood lead and developmental screening
  - Chlamydia screening for adolescents
- Prenatal and postpartum visits & depression screening
  - Adolescent depression screening and follow-up
- Follow-up after ED visit for SUD within 30 days
  - Depression screening and follow-up for adults
  - Initiation & engagement of alcohol and SUD treatment

EPT Program – Points to Consider

Technical Support and Guidance Questions:

1. How can we help practices address and make pediatric care more efficient and effective?
   - E.g. address children with chronic disease, telehealth, health education in different languages
   - Are there any best or effective practices that we need to consider?
   - Vaccine equity?

2. Are there ways we can make this program enhance quality performance metrics and address disparities (e.g. vaccine equity or improve access) or address misinformation?
   - Analytic support
   - Connection with health plans or health information exchanges

3. Other suggestions around practice transformation efforts for children?

Funding/Resource Tiers

EPT Program: Provider Directed Payment Funding for Practices

Maximum Payment Based on Assigned Medi-Cal Lives (at time of application)

Medi-Cal & D-SNP Assigned Lives Range (at time of application)	Maximum Payment (over all categories)
500-1,000	$375,000
1,001-2,000	$600,000
2,001-5,000	$1,000,000
5,001-10,000	$1,500,000
10,001-20,000	$2,250,000
20,001-40,000	$3,750,000
40,001-60,000	$5,000,000
60,001-80,000	$7,000,000
80,001-100,000	$9,000,000
100,001+	$10,000,000

Funding subject to CMS approval

EPT Enrollment Results 2023

Enrollment – Managed Care Plans (MCPs) & Practices

1. **MCPs: Initial Planning Incentives Program (IPIP) "Enrollment Funding Booster"**
   – Enroll **independent small/medium practices (up to 50 providers)** for Provider Directed Payment Program (PDPP)
   - L.A. Care provided technical assistance to complete Program application.
   - **Enrolled:** 84 practices **Goal:** 50 practices

2. **Practices: Provider Directed Payment Program (PDPP) "Main Program"**
   - All Primary Care Practices, including: **large (51+ providers) & and FQHCs**; enrolled directly through the DHCS application portal
   - **Enrolled:** 50 FQHCs **Goal:** As many as possible

3. **Total enrollment:** 134 practices* assigned to L.A. Care
   - Total Medi-Cal Beneficiaries impacted: **1,541,819**

3 Main Areas of Transformation with the Funds

Foundation

- Technology: EHRs/Population Health Tools
- SDOH Tools

Scale Care Delivery Models

- "50 by 2025 Bold Goals"
- Preventive care, chronic disease management, behavioral health care, etc.

Value-Based Payment Models

- P4P Incentives for selected measures aligned with "50 by 2025 Bold Goals"
- APMs for FQHCs & Risk-Bearing Capitation Models

EPT Program – PDPP Areas of Performance

Categories of Activities
(which align with pmhCAT and Implementational Model)

Required Categories

- Empanelment & Access
- Technology & Data
- Patient-Centered, Population-Based Care (focused on specific patient population)

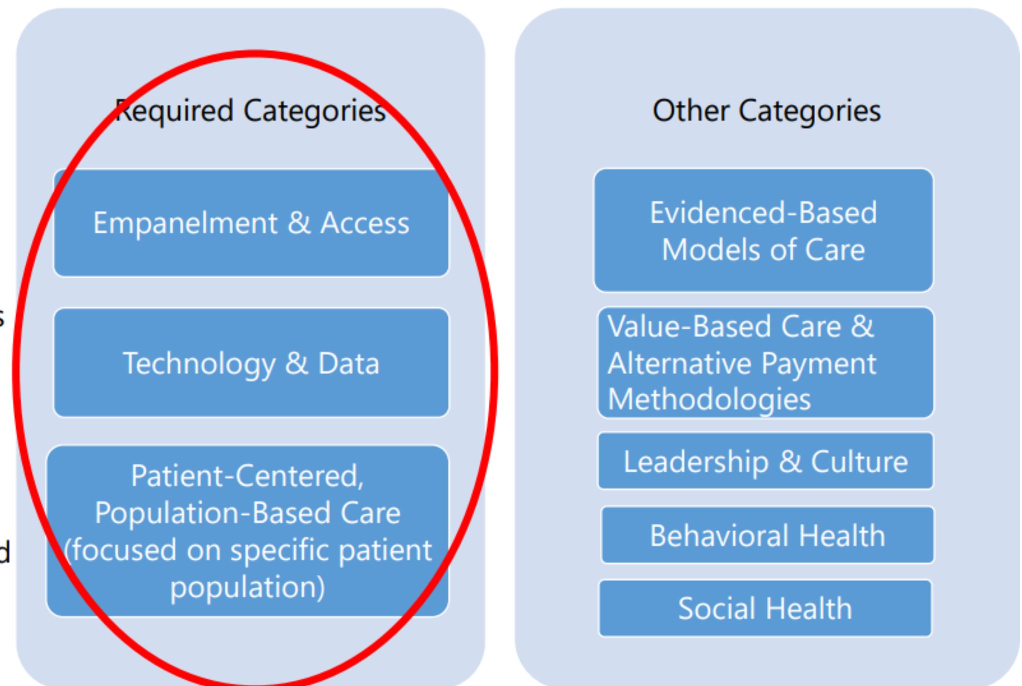
Other Categories (Optional)

- Evidenced-Based Models of Care
- Value-Based Care & Alternative Payment Methodologies
- Leadership & Culture
- Behavioral Health
- Social Health

EPT Program – PDPP Activities/Milestones

Required Categories & Activities

- **All activities in these categories are <u>required</u>**
- For "Empanelment & Access" and "Technology & Data", practices must either:
  - Apply for the uncompleted activities in these categories, OR
  - Attest that they have addressed the activities (though if a practice wants to for further work in this area, they can still apply for an already addressed activity)
- For "Patient-Centered, Population-Based Care", practices must commit to all activities



EPT Program – PDPP Activities/Milestones

- **“Patient-Centered, Population-Based Care”**
  - **Children & Youth option**:
    - Select 1 sub-group from 6 choices
  - Required activities for practices to complete:

- Care team design & staffing
- Clinical Guidelines
- Proactive patient outreach and engagement
- Care coordination
- Stratification of Identify Disparities
- Implement Condition-specific registries
- Pre-visit planning & care gap reduction

EPT Program - Issues

- Short timeline from release of program guidance to application due date
  - DHCS developed program details simultaneously with rollout
  - Very limited time for practice/clinic outreach/recruitment
    - Future 2nd cohort?

- Lack of funding to MCPs for Administrative costs incurred to process DHCS Directed Payments to oversight of practices to supporting the practices
  - Practice attestations for completed activities/milestones
  - Expected reporting requirements to DCHS

- Short time to begin technical support for practices.

- Program management team has collaborated with Local Health Plans of California (LHPC) to communicate shared program concerns to DHCS

EPT Program - Next Steps for L.A. Care

1. **Determine how best to support technical assistance/practice facilitation coaches for small/medium-sized independent practices (< 51 providers) in Cohort 1**
   - Number of coaches needed to support practices:
     - Optimal number of practices each coach can support
   - Required qualifications for coaches:
     - Level of experience, knowledge of Population Health Management Initiative
     - Knowledge of EMR programs, PHM tools, etc.
     - Knowledge of adults vs pediatrics and/or both
     - Data analytics
2. **Program management support:**
   - Program success criteria and project management requirements
     - Data analytics, Legal
3. **Develop process to administer Directed Payments to Cohort 1 practices (all):**
   - DHCS will flow Directed Payments through the practices' selected Managed Care Plan.

EPT Program Resources

- EPT website:
  - https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx
- DHCS program guide:
  - https://www.dhcs.ca.gov/qphm/Documents/EPT-Planning-Payment-Process-and-Procedures.pdf
- Program FAQs:
  - https://www.dhcs.ca.gov/qphm/Documents/Equity-and-Practice-Tranformation-Frequently-Asked-Questions.pdf
- *DHCS is continuing to develop this program, contact our team for updates:* **EPT_Information_Inbox@lacare.org**

EPT Program Core Management Team

Dr. Alex Li	Dr. Felix Aguilar
Cathy Mechsner	Maria Casias
Annette Espalin	Lakisha Gregorio
Saikiran Vodela	

EPT Program – Points to Consider and (any other) Questions

Technical Support and Guidance Questions:

1. How can we help practices address and make pediatric care more efficient and effective?
   - E.g. address children with chronic disease, telehealth, health education in different languages
   - Are there any best or effective practices that we need to consider?
   - Vaccine equity?

2. Are there ways we can make this program enhance quality performance metrics and address disparities (e.g. vaccine equity or improve access) or address misinformation?
   - Analytic support
   - Connection with health plans or health information exchanges

3. Other suggestions around practice transformation efforts for children?
   - Connections with regional centers, schools etc.

Clinical Initiatives: Children's Phone-Based Interventions

12/05/2023
CHCAC Meeting

Clinical Initiatives Team, Quality Improvement

Laura C. Gunn, MPH, CHES
Project Manager II

Tamara Ataiwi, RN, MSN
Nurse Specialist II

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Agenda

- Measurement Year (MY) 2023 children's measures
- Phone-Based Interventions:
  - Summary of robocall and text messaging campaigns
  - Results from 2022 and 2023 campaigns
- Lessons learned and looking towards the future.

Children's Health

Measures for MY 2023:

- Immunizations
  - Childhood immunizations by age 2 (CIS-10)
  - Adolescent Immunizations (IMA-2)
- Well Care Visits
  - Well-Child Visits for 0-15 month olds (W30 6+)
  - Well-Child Visits for 15-30 month olds (W30 +2)
  - Well-Child Visits for 3-21 year olds (WCV)
- Lead Screening in Children (LSC)
- Topical Fluoride Varnish (TFL-CH)
- Developmental Screenings for ages 1-3 years old (DEV)

Fluoride and Developmental Screenings are not included for MY 2022

Children's Health

How do we reach members to come in for preventive care services?

- Social Media Campaigns
- Robocalls
- Mailers
- Text Messaging Campaigns
- Newsletters
- Member Incentives

Phone-based interventions are robocalls and text messages.
Both conducted in MY 2022 and MY 2023.

Robocalls

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

MY 2021 robocalls

- Launched: 10/25/2021-11/18/2021
- 162,027 members called.
- Calls conducted in English and Spanish.
- 111,776 (69%) members reached (live connect/voicemail).

➢ ***Did the 2021 robocalls work? YES!!!!!!***

- Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 2% boost in visits- meaning we gained an extra 3,744 well care visits!!
- We saw more of an impact with our 0-11 year old members.

Robocalls

MY 2022 robocalls

- Launched: 9/27/2022-10/7/2022
- 146,693 members called.
- Calls conducted in English and Spanish.
- 112,818 (77%) members reached (live connect/voicemail).
- New scripts compared to 2021 calls.

➢ ***Did the 2022 calls work? YES!!!!!***

- Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 7% boost in visits- meaning we gained an extra 9,884 well care visits!!
- *To note:* Another run of text messages also went out in September for WCV. It's possible other interventions affected the call success rate, but it's safe to say that continuing to conduct calls ***is part*** of the L.A. Care success!

Robocalls

MY 2023 robocalls

- New to 2023: Two sets of robocalls! Get better phone numbers!

Set 1:

- Calls took place 3/30-3/31 and 5/26-7/6.
- 167,545 members called.
- Calls conducted in English, Spanish, Mandarin, and Cantonese.
- 121,305 (72%) members reached (live connect/voicemail).
- Same scripts as 2022 calls.

Set 2:

- Calls for 0-30 months members launched 9/29. Calls for members ages 3-21 years old scheduled for 11/21.
- 0-30 months: 7,770 called in English and Spanish.
- 0-30 months: 5,369 members (69%) reached (live connect/voicemail).
- New scripts created for Set 2.

➢ **Did the 2023 calls work?** Will determine in 2024.

Text Messages

Text Messaging Campaigns are a series of text messages over a short period of time to the member or guardian/parent of the member who has not completed a well care visit. Both Medi-Cal and Covered California are sent messages. Text campaigns are taken care of by the vendor mPulse.

MY 2022 Campaign

- Campaign ran for WCV. Split into two age groups: 1) 3-6 year old members and 2) 7-17 year old members. For MCLA members only.
- Series of 4-7 text messages sent every two weeks providing health education and a reminder to schedule the annual well care visit.
- Two runs, March 2022 and September 2022.
  - 1st run outreached to 26,465 members, 2nd run 29,974 members.
  - 99.9% enrollment rate between both runs!

Did the WCV text messaging campaign work? YES!!

- Vendor, mPulse, did the evaluation analysis for us. This was part of the contract and we shared data with them (dates of service).
- Analysis showed a 22.63% improvement rate.
- Analysis showed a 11.72% difference in compliance rate.

Text Messages

MY 2022 Campaign- analysis continued

Closer look at the numbers:

- Intervention Population total: 44,979
- Intervention Compliance total: 28,571
- Intervention Compliance rate: 63.52%

- Control Population total: 1,224
- Control Compliance total: 634
- Control Compliance rate: 51.80%

Difference in Compliance Rate: 11.72% (63.53% - 51.80%)

Improvement Rate: 22.63%
[11.72% (compliance rate difference) divided by 51.8% (control compliance rate)]

***1,615 member between intervention and controls groups were excluded from the analysis because they closed their WCV gap prior to start of the 1st campaign on 3/16/2022.**

Text Messages

MY 2023 Campaign

- Campaign ran for W30. Split into two age groups: 1) 0-14 month old members and 2) 15-30 month old members. MCLA and LACC members.
- Series of 5-6 text messages sent every two weeks providing health education and a reminder to schedule well care visits.
- Two runs, August 2023 and December 2023 (pending).
- So far for August run:
  - W30A: 3,258 outreached. 3,255 enrolled- 99.9%
  - W30B: 2,962 outreached. 2,956 enrolled- 99.8%

Did it work?? Will learn more in 2024.

Lesson Learned

Lessons learned so far:

- Calls more than once a year is a good practice.
- Taking the extra step & time to gain better phone numbers is worth it.
- Utilizing call scripts more than once saves time and will help justify the recording of different languages.
- Text messages need to go to all 0-21 year old members.

Strengthen interventions:

- Applying member feedback to Text Messaging WCV scripts.
- Applying text messages to specific preventive services (lead screening and flu).

Thanks!!