# BOARD OF GOVERNORS

## Provider Relations Advisory Committee

### Meeting Minutes – May 15, 2024

1055 W. 7th Street, Los Angeles, CA 90017

**Members**

George Greene, Esq., *Chairperson* **
Richard Ayoub
Stephanie Booth, MD
Hector Flores, MD **
Monica Gutierrez-McCarthy *
Alice Kou, MD *
Sabra Matovsky
Ashkan Moazzez, MD, MPH, FACS, CHCQM *
Zahra Movaghar
John Raffoul
Amanda Ruiz, MD *
David Silver, MD
David Topper *
Michelle Tyson, MD
Haig Youredjian **

**Absent* *** Via Teleconference*

**Management/Staff**

John Baackes, *Chief Executive Officer*
Augustavia Haydel, Esq., *General Counsel*
Sameer Amin, MD, *Chief Medical Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*

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| **CALL TO ORDER** | George Greene, Esq., *Committee Chairperson*, welcomed everyone and called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:38 A.M. The meetings were held simultaneously.<br><br>Mr. Greene described the process for public comment. | |
| **APPROVE MEETING AGENDA** | The Agenda for today's meeting was approved. | **Approved unanimously by roll call. 10 AYES (Ayoub, Booth, Flores, Greene, Matovsky, Movaghar, Raffoul, Silver, Tyson and Youredjian)** |
| **PUBLIC COMMENTS** | There was no public comment. | |
| **APPROVE MEETING MINUTES** | The minutes of the February 21, 2024 meeting were approved as submitted. | **Approved unanimously by roll call. 10 AYES** |
| **CHAIRPERSON'S REPORT** | Chairperson Greene noted the dialogue and issues on which the Committee has focused. There are opportunities for improvement for L.A. Care, some vendors worked to improve | |

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| | their engagement with providers and relationships with providers. L.A. Care and its vendors share a goal of providing good patient care and patient services to the beneficiaries.<br><br>Chairperson Greene expressed excitement about the update on metrics that L.A. Care is tracking. L.A. Care is listening to providers when issues are raised at this forum. Chairperson Greene added L.A. Care demonstrates leadership in wanting to collaborate with providers, and it demonstrates that the work that this committee is leaning into is and will make a positive impact. He expressed his appreciation to John Baackes, *Chief Executive Officer*, Sameer Amin, MD, *Chief Medical Officer,* and all of L.A. Care's team for listening to the comments that have been made, not just that this committee, but what they are hearing on an ad hoc basis from organizations like the Hospital Association of Southern California. | |
| **CHIEF EXECUTIVE OFFICER'S REPORT** | Mr. Baackes thanked Chairperson Greene for his comments about collaboration. Mr. Baackes expressed he was distressed to see in the last two weeks that the California Hospital Association was suing Anthem Health Plan over the very issues that have been discussed in this Committee about care around the complex and hard-to-place patients needing sub-acute hospital care. Mr. Baackes feels this is a step backward in light of the work of this Committee is doing by collaborating with the hospital association and the skilled nursing facilities. Last year, concerned parties from 30 hospitals and 80 skilled facilities were brought together by L.A. Care to discuss the issues in the system. It was not a problem that resides in the lap of any particular entity, and the main way to get a solution is by collaborating around and not by going to court. Mr. Baackes hoped that the example set here would be followed by others and avoid litigation of the kind that is now in process.<br><br>Mr. Baackes provided an update on the Medi-Cal eligibility redetermination process. L.A. Care has completed twelve months. As of May 2024, L.A. Care has 2,331,000 Medi-Cal members. L.A. Care has added 51,352 new members who were released from "on-hold." These were people who had not completed their redetermination process which were put on hold for 90 days and 2,800 of them completed the process and eligibility was reestablished back to the effective date. L.A. Care lost 8,704 members, who were disenrolled because they no longer qualified for Medi-Cal. Most of these are people whose income exceeded the eligibility ceiling of 138% of the federal poverty level or may have moved out of Los Angeles County. L.A. Care had 52,800 people placed on hold for 90 days who did not complete the redetermination process and were disenrolled. This brings L.A. Care's current Medi-Cal enrollment to 2,324,000. | |

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| | About 265,000 Kaiser members left L.A. Care because Kaiser signed a direct contract to serve Medi-Cal. This brought L.A. Care's membership down to about 2,450,000. Today, L.A. Care has about 2,350,000 Medi-Cal members. The loss of about 1000+ members is less than 4% of total enrollment.<br><br>Behind the numbers, there was a lot of commotion and churning. L.A. Care took a deep dive into the data, and saw that about 42% of people re-enrolled. They were those that instead of going through the redetermination process just reapplied. There were a lot of people that did not renew. It is believed that most have moved and no longer reside in Los Angeles County. During this period, eligibility was expanded for undocumented residents between 26 and 49. At the beginning of 2024, L.A. Care added about 155,000 new members from that population. In terms of revenue, there has not been a big bump but enrollment is a little better than the 13% loss that L.A. Care forecast. L.A. Care lost about 4 or 5%.<br><br>L.A. Care was involved in a coalition of hospitals and providers in getting the managed care organization (MCO) tax reinstated last year, with the bulk of the proceeds intended for Medi-Cal to improve provider reimbursement. In the Governor's announcement of the May State Budget revise this year, that was reversed, and the proceeds of tax will now be going to the State's general fund. This means the increased Medi-Cal funding projected in 2025 and 2026 is gone. The increases in the 2024 budget are protected, but that was the smallest amount of funding from the tax, and was only directed for primary care, behavioral health and OB-GYN providers. It is also clouded by imposing adjustments to aid codes with fees connected, while L.A. Care reimburses most providers through capitation, not fees.<br><br>L.A. Care is discussing with regulators about how to equate the fee for service schedule increases with capitation rates. In some cases, L.A. Care may already be paying more than the increased amount. This will not get resolved in time to provide any money until December. The payments coming out of the MCO tax for 2024 will come out as another lump sum payment at the end of the year, for services that were provided during the year. L.A. Care hoped that the funding would appear in rates that providers received simultaneously with services being provided.<br><br>There will be a ballot initiative in November to have the MCO tax permanently fund Medi-Cal. L.A. Care cannot take a position on the ballot initiative. The ballot initiative number will be announced shortly.<br><br>Committee Member Raffoul asked when the ballot initiative would take effect, if it is approved. Mr. Baackes responded it should go into effect in 2026. | |

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| | Committee Member Matovsky asked if the ballot initiative is approved or not, will there be legal action and how is the coalition addressing the Governor's move to take those funds. Mr. Baackes responded that unfortunately, because it was done during the budget process, the Governor can do exactly what was done. There is no basis to sue for redirecting the funds, and it has to be reauthorized every year in the budget. The coalition managing the ballot initiative was contacted by the Governor's office in advance, offering that a withdrawal of the ballot initiative would result in funding for 2026. Unfortunately, the answer to that offer was no. | |
| **COMMITTEE ISSUES** | | |
| **Participating Physician Group (PPG) Scorecard and Internal Performance Metrics** | Sameer Amin, MD, *Chief Medical Officer*, Tara Nelson, *Senior Director, Utilization Management*, Priti Golechha, *Senior Medical Director, Care Delivery*, Steven Chang, *Senior Director, Case Management,* and Suma Simcoe, *Deputy Chief Operating Officer*, provided information on the Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. *(A copy of the report may be obtained by contacting Board Services.)*<br><br>Dr. Amin expressed he is proud of L.A. Care's performance over the last 12 months. He added that when there is a change in performance, L.A. Care actively monitors the issues to ensure that remediation is effective to turn correct the metrics. He added that a report will be presented by staff who are doing the actual work. Committee Members can see their faces, hear their voices and see the quality of their work, so that they have confidence in the health plan and have open dialogue on the quality of the work. Staff wanted this Committee to understand that L.A. Care is in a position to collaborate with L.A. Care's network providers.<br><br>L.A. Care wants to demonstrate openness that providers expect from the entire healthcare ecosystem and from other health plans. This Committee can advocate as a group with all health plans and work together for an open environment, see all the data on performance. L.A. Care wants to provide the same data about patient care and medical management.<br><br>Ms. Nelson discussed the internal performance on processing authorizations, turnaround timelines and the recent status.<br>• Urgent pre-service request decisions are made within 72 hours from the receipt of the request. L.A. Care has consistently been above 99%. L.A. Care's internal goal is to make | |

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| | decisions within the first 24 to 36 hours. L.A. Care prioritizes to make sure those decisions are not delaying any care for members.<br>• Standard routine service request made within five business days of the receipt was in the upper 99% to 100%. Internal goal is five days, but staff try to process these by three to four days to ensure those decisions are made timely.<br>• Expedited urgent, concurrent service request decisions made within 72 hours are timely at 98.99%. Staff wants to communicate with providers within 36 hours to meet regulatory requirement for completing the letters within 72 hours, including translation.<br>• Post service requests decisions for both inpatient and outpatient is consistent at 99% to 100%. There was a drop in November due to an oddity with a couple of cases that were processed late. The issue was discovered through analysis and resolved quickly. Overall timely at 98.99% and above.<br><br>Dr. Amin noted that over the course of last two years, L.A. Care has improved. He credited the Utilization Management team and Ms. Nelson's leadership. L.A. Care is consistent for two years with 99 to 100% compliance.<br><br>Dr. Golechha presented the utilization data for hospital admissions, readmissions and related metrics, and developed a scorecard for L.A. Care's provider network. She reviewed L.A. Care's inpatient admissions and performance month over month from November 2022 to October 2023.<br><br>There was a six-month lag in the claims and encounter results. She reviewed the performance for the last year for those months. There was improvement in total inpatient hospital admissions from the prior year. A lot of effort has gone into complex case management and transitions of care. Staff is monitoring performance and making sure the initiatives are working. L.A. Care's hospitalization rate decreased The improvement reflects the hard work by L.A. Care delegates. There was a significant decrease in inpatient hospital admissions from last year going into this year, compared to last year in the same period of time.<br><br>Statistically from the largest providers, the confidence interval is going to be smaller because the membership is larger. They are affecting the network average. The providers with smaller membership will have a wider confidence interval. This is the normal variation of the network average. L.A. Care is focused on the delegated provider network which are falling outside of those network averages, working on networking and collaborative discussion to | |

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| | create strategies to decrease hospital admissions or readmissions to ensure that members are getting the care where they need it, without unnecessary hospitalization.<br><br>Committee Member Hector Flores expressed that a lot of the Medi-Cal focused contracts with hospitals may not be as efficient as they need to be. Some hospitals expressed concerns that outpatient follow up is not well managed. This can lead to patients being readmitted or with an extended length of stay because of not connecting with the medical home that was supposed to receive the patient at discharge. There is a whole host of issues to address with that.<br><br>Dr. Amin agreed and thanked Committee Member Flores. He added that L.A. Care is working on transitions of care through case management, and significant focus on the hand offs is critical in improving L.A. Care's performance.<br><br>David Kagan, MD, *Senior Medical Director, Direct Network*, noted L.A. Care asked the hospitals for this data because hospitals have expressed concern with the variation in performance of the admitting position and how that affects the length of hospital stays. L.A. Care is working on the mechanics of hospital assignments for patients.<br><br>Committee Member Zahra Movaghar asked if L.A. Care observed a difference between admission rates for full risk patients when there is a hospital physician relationship compared to shared risk.<br><br>Dr. Golechha noted that L.A. Care is reviewing the risk profile with the data and not seeing significant differences, but will continue its review. L.A. Care looked at admissions and 30 day readmission rates to see how L.A. Care is performing compared to last year. Compared to last year, the trend looks better. L.A. Care is looking into the factors which might affect increased hospitalization, and is working with delegated network providers. L.A. Care is having collaborative discussions on how to make sure the members are properly transitioned between levels of care and the members visit their primary care physician (PCP) or telehealth, to avoid readmissions. L.A. Care reviewed emergency room (ER) utilization and it was found to be very similar year over year while slightly lower in some months. Dr. Amin proposed that L.A. Care educate members about other available urgent care resources. The inpatient hospital admission rate is hard to move, while readmissions and admissions are down, the data shows areas where L.A. Care can intervene to improve the rates.<br><br>In response to a question if it is possible to separate between avoidable and non-avoidable re-admissions, Dr. Golechha noted L.A. Care staff specifically defined ambulatory, sensitive, | |

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| | acute and chronic conditions that could be managed well by the PCP level to avoid emergency room utilization. The conditions in this particular metric, compared with last year, had no significant difference.<br><br>Dr. Amin noted this metric seems to be the most stubborn metric. The question has always been around access and education. The health care system was not built to deal with the queue, similarly, the primary care system was not built to deal with acute issues. The metrics are hard to move. Dr. Amin noted that when patients feel truly sick, they go to the urgent care, because the PCP office is not able to provide acute care.<br><br>Committee Member Flores added that patients with Medi-Cal, except for relatively new members, were enrolled in Medi-Cal when they did not have access, and the default access was the emergency room (ER) where they would be seen quickly. These are old habits that are hard to break, and a lot of educational effort is needed when the patient is enrolled in Medi-Cal. For the previously uninsured, their only access point had been ER. Another aspect is educating patients about 24/7 access to a clinician. Because many of them are working, they do not have time and won't get paid if they take a day off to go see a doctor. ER is the only place to go after hours if there is no urgent care nearby. These are multi-faceted issues and it takes a lot of ongoing education, as well as transformation of the practices that serve them.<br><br>Dr. Amin noted that there is a new utilization algorithm with more sensitivity to identify completely inappropriate utilization. When a chronic condition has flared, that patient needed ER, but if that chronic condition was managed better, they would not need to go to the ER.<br><br>Committee Member Michelle Tyson asked if urgent care utilization is included in the utilization performance. Dr. Golechha responded this includes ER only and not urgent care.<br><br>Dr. Golechha noted that staff plans to meet with the delegated provider network to review comprehensive integrated data sets on their performance to make sure that it is clear to providers what is happening and how it might affect the population health for members. Staff plans to also review member experience and access data along with quality data and metrics. L.A. Care reviews access and quality metrics with medical management metrics compared to network average, as well as PCP utilization.<br><br>Dr. Amin noted that some of the issues that L.A. Care has been experiencing are related to different regulatory agencies giving different regulatory input as to what health plans are and | |

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| | are not allowed to do through the credentialing system. Dr. Amin added that mid-level organizations, like the physician assistant organization, verifies the hours and certifies they can practice independently. Dr. Amin suggested a presentation by credentialing staff at a future meeting.<br><br>Dr. Amin presented a dashboard of performance metrics for community supports (CS) programs in Enhanced Care Management (ECM), a program under California Advancing and Improving Medi-Cal (CalAIM). L.A. Care reviews the dashboard regularly to monitor performance for recuperative care, medically tailored meals, environmental accessibility, adaptations, respite services, personal care services, centers for housing navigation, and housing deposits. The dashboard will be made available online. L.A. Care has implemented and has members enrolled every community support in ECM. In 2023, L.A. Care invested $80.01 million in these programs and L.A. Care is growing the ECM enrollment.<br><br>Mr. Baackes noted that L.A. Care is currently working on payment methodologies to make sure that contracted providers are getting reimbursement in caring for these patients. L.A. Care will institute an incentive pool for new enrollees into the program and is in conversation with Department of Health Services about this. The current enrollment is 35,000 members, and continued increase is expected in 2024. Dr. Amin noted for the CS program, the data shows the benefit of the investment.<br><br>Mr. Baackes noted that when CalAIM was originally announced, it was announced as if community supports would pay for themselves. That idea is no longer touted, but originally it was projected to save money by reducing hospitalizations and avoiding ER utilization. He pointed out that Medi-Cal does not cover the cost of the care being provided. Putting a roof over someone's head or whatever the cost that is, will not save enough money to pay for the program with medically tailored meals. Mr. Baackes expressed concern that health plans will be blamed for lack of cost savings. A study done in Camden, New Jersey for 10 years showed that providing a host of the CS to a group of mostly dually eligible for Medicare and Medicaid didn't save any money. The program was judged a failure, but the improvement in quality of life for the participants was not a metric in the evaluation. Dr. Amin noted there is no metric about quality of life and if none of the patients went to the hospital, the savings would only make up about 20% of the cost of CS benefits such as housing, supportive services and housing deposits. The likelihood that any further benefit in total cost of care can be found is unlikely. It would be great if there is some way to incorporate that into return on investment, but the assumption is that 5-10 years down the line, the beneficiaries will be in a better situation. Maybe the participant moved on to employer-based insurance, | |

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| | and does not have Medicaid. L.A. Care will continue to review the data, and initially advocated to regulators that if they want CalAIM to continue, it needs proper funding in the Medicaid rates.<br><br>Mr. Chang clarified the numbers presented include L.A. Care plan partner enrollment and L.A. Care has about 70% of statewide enrollment.<br><br>Committee Member Richard Ayoub noted Project Angel Food is L.A. Care's largest supplier for medically tailored meals in CS. With that contract and reimbursements, the analysis can compare 3-6 months of meals because there might be a difference in cost. Mr. Baackes agreed that extended data will show better returns in the long term for patients benefiting from medically tailored meals.<br><br>Ms. Simcoe presented the Claims Operations dashboard. Five key incidents, since August 2023, have impacted claims payment timeliness and interest payments starting with the implementation of the coordination of benefit agreement (COBA). 1) In August, L.A. Care began receiving a very high volume of claims from Centers for Medicaid and Medicare Services (CMS), which affected our ability to process claims timely. 2) The Change Healthcare (CHC) cyberattack, in February 2024, impacted the volume of claims receipts. 3) The skilled nursing facility (SNF) fee schedules were updated four times, and each update impacted SNF claims. The rate change required an adjustment to the originally processed claims. 4) The retroactive Call The Car contract changes caused a high volume of claims to be reprocessed. 5) The SB 510 legislation required review and reprocessing of previously processed claims. The delay in the timely processing of claims resulted in a little bit of a higher interest payment than normal. We created new workflow process to focus on claims where L.A. Care is the primary payer and created a queue for secondary claims to mitigate the claims processing delays.<br><br>In April claims volume was 1.5 million, with professional claims at the highest volume followed by Uniform Billing (UBO4) form used by the facilities for billing outpatient/home health/hospice etc., SNF and hospital inpatient claims. We interpreted this hike in claims receipts was due to the resolution of the CHC issue, as the percentage of claims submitted electronically was very high.<br><br>Ms. Simcoe reviewed claims denial and adjustments. One of the reasons for the high denial rate was due to duplicate COB claims received by L.A. Care from CMS, while the providers are submitting the same claims to L.A. Care directly for payment consideration. Another | |

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| | reason was due to the COBA claims payment status, where claims paid at $0.00 were categorized as denied instead of paid. The system logic was updated in March to reflect $0.00 paid claims as paid rather than denied. Most of these claims were paid $0.00 because the primary insurer paid the eligible amount.<br><br>Ms. Simcoe reviewed details about claims processing and mitigation work on improper claims processing. Ms. Simcoe talked about claims timeliness and noted the average turnaround time for claims processing has improved. The current running rate for claims processing is around 9 days.<br><br>Ms. Simcoe reported that in December 2023, Provider Dispute Resolution (PDR) volume was high and the contract change with Call the Car is one of the issues that caused higher PDR volume. The turnaround time for PDR is now 39 days, and the goal is to reduce it to 20-25 days.<br><br>Dr. Amin asked Committee Members for feedback on the data provided in the performance dashboard.<br><br>Chairperson Greene noted it was a lengthy report and he thinks this is exactly the type of update for which this group was looking. There may be additional comments after closer review. He thanked the team for the work into putting this together and expressed his appreciation for the transparency.<br><br>Dr. Amin thanked Acacia Reed, *Chief Operating Officer*. Ms. Reed oversees the Claims Department and has done an amazing job of working with Ms. Simcoe to get the claims data headed in the right direction. Dr. Amin asked the Committee Members if they would be interested in further discussion regarding over/under utilization as presented earlier around re-admissions, admissions, and avoidable ER use.<br><br>Committee Member Movaghar asked about the target for admissions. Dr. Golecha noted that L.A. Care is currently looking at normalizing the network average, especially ER use and hospitalization. L.A. Care is stratifying by aid codes, because their SPD members are likely to have higher rates of utilization. L.A. Care is reviewing access to care because a network utilization average might not be the right target for all. L.A. Care is creating an internal average standard considering multiple factors for members. Dr. Amin added the expectation is 95% to 99%, which are the usual regulatory baselines. | |

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| **OPEN FORUM** | Dr. Amin noted that this section is for topics to discuss at future meetings, such as advocacy collaboration on how to get other health plans to publish a dashboard that has all the information that L.A. Care has provided.<br><br>Chairperson Greene suggested a conversation about metrics related to Call The Car (CTC). Dr. Amin responded that Committee Member Tyson, CTC is on the line so she add her input as well. L.A. Care has worked collaboratively with CTC in the last year and a half and synced on the metrics that L.A. Care is tracking. L.A. Care has built a number of metrics into the contract with CTC, and is actively monitoring them. L.A. Care are collaborates with CTC in trying to meet those metrics and achieved the goals on a regular basis in 2023. During discussions with this Committee, L.A. Care learned that some facilities and some members still have some concerns, and that probably comes from a lag in experience versus a lag in the metrics. L.A. Care discuss corrective action process with CTC. Noah Paley, *Chief of Staff*, added that L.A. Care is carefully monitoring CTC's performance. When there are deficiencies below the agreed upon performance levels that are regulatory and contractual requirements, L.A. Care communicates immediately with CTC to discuss remediation and ensure that performance meets required service levels.<br><br>AJ Lopez, *Director, Provider Relations* added that CTC was selected through request for proposal process and reaffirmed about nine months ago, after L.A. Care requested for information from the competitors. CTC conducts up to 250,000 rides per month, roughly 6,600 a day, which requires thousands of phone calls every day. Unfortunately it just takes one case to delay service. His team monitors the account regularly; in many cases, hour by hour for complex transports.<br><br>Angela Pena, *Senior Manager, Provider Contracts and Relationship Management,* added that CTC works very closely with L.A. Care and is a good partner. CTC responded quickly and is working to implement corrective action plans. L.A. Care has seen improved service level throughout recent months.<br><br>Committee Member Tyson thanked L.A. Care and Mr. Lopez' team. She noted that CTC's day to day operation is not as easy as it looks. It is a very robust program and CTC is getting better every day because L.A. Care is very responsive. CTC try to be as equally responsive to make certain these issues are covered. There are a number of issues in transportation that can escalate very quickly. CTC values and is trying to support a network of patients with transportation. CTC is aligned with L.A. Care in compliance. CTC is looking at every avenue possible down to the subcontracted vendors and all the way up and down every piece | |

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| | of this massive amount of information. Committee Member Tyson noted that transportation is a very complex delivery of care, CTC is making certain that it is utilized properly for the people in Los Angeles County. CTC will continue collaborating and moving forward. CTC appreciates and thank the L.A. Care team for their collaboration.<br><br>Dr. Amin thanked Committee Member Tyson and reviewed indicators such as calls answered within 30 seconds, abandonment rate on incoming calls, scheduled on time performance, discharge on time performance, transfer on time performance, provider cancellations and/or provider missed pick-ups, member complaints and grievances. L.A. Care set benchmarks for each of these at 100% rate. Dr. Amin wanted to make sure that everybody sees that L.A. Care is tracking these very closely and monitoring compliance.<br><br>Mr. Lopez provided context on transportation for a health plan and noted that other health plans, even outside of California, are looking to L.A. Care for the best industry practices.<br><br>Chairperson Greene thanked everyone engaged on this issue.<br><br>Chairperson Greene encouraged the Committee Members to reach out to him or any member of L.A. Care leadership with issues they would like to see discussed by this Committee. He expressed that the work that we all do is hard, meaningful and impactful, but we got to recharge ourselves in order to really lean in. He wished everyone a great summer. | |
| **ADJOURNMENT** | The meeting adjourned at 11:08 a.m. | |

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

APPROVED BY:
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0D914BF8EC774E8...
George Greene, Esq., *Chairperson*
Date Signed 9/3/2024 | 4:23 PM PDT



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