

DRAFT



AGENDA

Children’s Health Consultant Advisory Committee (CHCAC) Meeting

Tuesday, January 21, 2025, 8:30 A.M.
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/webex/register/r2b9f1d355432296f298829785745f18f>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting Number: 2492 070 0195 Password: lacare

The purpose of public comment 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 public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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.

Teleconference Site

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

**Maryjane Puffer, BSN,
MPA**
333 S. Beaudry Avenue,
29th floor | Los Angeles,
CA 90017

Lina Shah, MD
20427 Aurora Way
Porter Ranch 91326

WELCOME

1. Approve today’s meeting Agenda
2. Public Comment
3. Approve the October 15, 2025 Meeting Minutes
4. Chief Health Equity Officer Update
 - 2024 CHCAC Retreat (Offsite)
5. Chief Medical Officer Update

Alex Li, MD
*Chief Health Equity Officer
Committee Member*

Alex Li, MD

Alex Li, MD

Alex Li, MD

Alex Li, MD

Sameer Amin, MD
Chief Medical Officer

6. Four L.A. County Children’s Health Policy Briefs & Next Steps

Alex Li, MD
Mona Patel, MD
Committee Member

7. School Responses, Concerns, & Needs with L.A. Wildfires

Smita Malhotra, MD
Committee Member

ADJOURNMENT

The Children’s Health Consultants Advisory Committee (CHCAC) Retreat is scheduled on Tuesday, March 18, 2025 at 8:30 a.m.

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

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. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

1. At L.A. CARE’S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care’s Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Committee Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request to BoardServices@lacare.org

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 Summary – October 15, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, Chair
Sameer Amin, MD
Maria Chandler, MD, MBA
Rebecca Dudovitz, MD, MS
Rosina Franco, MD
Toni Frederick, PhD
Gwendolyn Ross Jordan*

Lynda Knox, PhD
Hilda Perez
Maryjane Puffer, BSN, MPH
Diana Ramos, MD*
Lina Shah, MD

*Absent **Present, but not quorum

Management

Alex Li, MD, Chief Health Equity Officer
Laura Gunn, Quality Improvement Project Manager II, Quality Improvement
Tamara Ataiwi, Quality Management Nurse Specialist RN II, Quality Improvement
Brandi Swann
David Kagan
Francisco Perez-Chavez
Felix Aguilar-Hernandez
Marina Acosta

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Maria Chandler, MD, MB, attended under the Emergency Circumstances Clause. She advised that she is caring for an ill family member and noted that there is no one 18 years of age or older in the room with her. Tara Ficek, MPH, Chairperson, called the meeting to order at 8:34 A.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 9 AYES (Amin, Chandler, Dudovitz, Ficek, Franco, Frederick, Knox, Puffer, and Shah)

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	<i>No public comment was submitted.</i>	
APPROVAL OF THE MEETING MINUTES	The August 20, 2024, meeting minutes were approved as submitted.	Approved Unanimously. 9 AYES
CHAIRPERSON'S REPORT	Chairperson Ficek began her report by expressing gratitude and reflection, acknowledging that this was the final meeting of 2024. She thanked the committee members for their dedication, time, expertise, enthusiasm, and commitment, highlighting their efforts to enhance the understanding of children's healthcare in L.A. County. Over the past year, the committee focused on the latest initiatives from L.A. Care and its partners to improve the health of the county's youngest residents, aiming to transition from a traditional healthcare model to a more preventative and holistic system. She noted the need for foundational supports within the committee, mentioning the attention given to evolving the group's discussions. Looking ahead, She reminded the members about the 2025 meeting dates and announced plans for an in-person retreat to strengthen relationships. She noted the ongoing review of the committee's membership to ensure diverse perspectives and voices. Lastly, she expressed eagerness for the upcoming year, aiming to accelerate discussions and efforts towards transforming children's healthcare.	
MEMBERSHIP (CHC 100)	<p>Dr. Li presented the following motion for approval.</p> <p><u>Motion CHC 100.1124</u> To appoint the following candidates on the Children's Health Consultant Advisory Committee (CHCAC):</p> <ul style="list-style-type: none"> • Alex Li, MD, Chief Health Equity Officer, as member for the Ex-Officio L.A. Care Chief Health Equity Officer Seat • Mona Patel, MD, as member for the Adolescent Health Seat • Smita Malhotra, MD, as member for the Los Angeles Unified School District (LAUSD) Seat • Ankit Shah, MD, as member for the L.A. County Department of Health Services (DHS)/ California Children's Services (CCS) Seat 	Approved Unanimously. 9 AYES
CHIEF HEALTH EQUITY OFFICER	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, gave the following report:</p> <p>He welcomed everyone to the meeting and provided a brief report. He announced that John</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Baackes, Chief Executive Officer (CEO) for nearly ten years, had resigned, and the Board is in the process of selecting a new CEO, with an announcement expected by the end of the year. Dr. Li also mentioned a recent settlement agreement between L.A. Care, the Department of Healthcare Services, and the Department of Managed Healthcare, involving a \$27 million financial penalty and a \$28 million investment in community benefits, focusing on health equity and quality improvement. He introduced Mona Patel, MD, as a new member of the committee and highlighted their collaboration on the L.A. County Children's Health Disparities Roundtable, which resulted in four policy briefs. These briefs will be released soon, coordinated with the election cycle to maximize impact. The team plans to reconvene roundtable participants to work more cohesively in advocating for children's health.</p> <p>Dr. Patel said she is grateful for the opportunity to collaborate on the roundtable discussions. She noted the focus on four key areas: school resilience and mental health, child welfare groupings, transitions from pediatric to adult care for complex populations, and the evolution of vaccine hesitancy, particularly in the post-pandemic context. Dr. Patel noted the foundational nature of this work and the importance of continuing to address child health disparities in L.A. County through collective efforts. Dr. Li responded and said that he appreciated the additional context and mentioned the possibility of bringing different policies to the committee for discussion, including inviting roundtable participants for further dialogue. He highlighted the collaborative effort among payers, providers, public and private sectors, and family voices as a significant community synchronization opportunity. Dr. Li expressed eagerness to present findings and provide LA Care with guidance on future steps, concluding her report on that note.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer update.</p> <p>Dr. Amin provided an update on the strategic planning efforts for the Health Services division in 2025. He began by discussing the two-day strategy summit held from October 7-8, where senior leadership across all health services areas collaborated to create a "living strategy guide." This guide is designed to align health services with enterprise goals and foster cross-departmental integration. Dr. Amin highlighted several core priorities, including streamlining authorizations and care coordination, enhancing seamless referrals for new policy-driven programs, and optimizing Population Health Management (PHM) by embedding key drivers such as data analytics, technology, and incentive contracting into initiatives. He noted the importance of cross-divisional collaboration, Dr. Amin underscored</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the need to work closely with Finance, Operations, Compliance, and IT to ensure operational stability and alignment with the overall strategic vision. He noted that the division is at an inflection point, moving beyond regulatory and compliance needs to focus on innovation and improving the member experience. The goal is to create a coordinated healthcare ecosystem where members can seamlessly access comprehensive services without navigating multiple stops. Dr. Amin also stressed the importance of aligning health services initiatives with providers to ensure seamless care delivery, improving practice transformation for value-based care, and maintaining strong provider engagement. He acknowledged progress in areas like CCS and the connection between Enhanced Care Management and CS services, indicating a solid foundation for future efforts. Dr. Amin expressed optimism about the strategic document's completion and readiness to present it in January, signaling a strong foundation for the division's future direction.</p>	
<p>SCHOOL-BASED CLINICS AND ABSTENTIONS</p>	<p>Rebeca Dudovitz, MD, <i>Committee Member, Professor, Department of Pediatrics, David Geffen School of Medicine at UCLA</i>, gave a report about School-Based Clinics and abstentions (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>The presentation titled "Examining School-Based Health Centers (SBHCs) as Vehicles for Health Equity Among Chronically Absent Students" focuses on the role of SBHCs in improving health outcomes and academic performance for students with chronic absenteeism in the Los Angeles Unified School District (LAUSD). The study aims to:</p> <ol style="list-style-type: none"> 1. Merge health and academic data to understand patterns of absenteeism and associated health conditions. 2. Assess healthcare usage among different absenteeism classes to identify disparities. 3. Evaluate if SBHC utilization leads to better healthcare and academic outcomes. 4. Design interventions to support health equity for chronically absent students through stakeholder engagement. <p>The research leverages data from LAUSD, L.A. Care, and Kaiser Permanente, linked securely via the Data Exchange system. The findings aim to enhance health system models, improve health equity, and better the academic outcomes for economically disadvantaged students, especially those insured under Medi-Cal.</p>	
<p>CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM</p>	<p>Rosina Franco, MD, <i>Committee Member, Senior Physician, Student Medical Services, Office of the Chief Medical Director, Los Angeles Unified School District</i>, Felix Aguilar-Henriquez, MD, <i>Medical Director, Quality, Quality Improvement</i>, gave the following (<i>a copy of the presentation can be obtained from Board Services</i>).</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The presentation focuses on the transition of the Child Health and Disability Prevention (CHDP) program to Managed Care Plans, which began on July 1, 2024. This transition aims to enhance the delivery of services for children and youth under 21, aligning with the California Advancing and Innovating Medi-Cal (CalAIM) initiative. The key points include:</p> <ol style="list-style-type: none"> 1. Providers must follow the Bright Futures/American Academy of Pediatrics Periodicity Schedule, and L.A. Care requires all network providers to adhere to this schedule. 2. Dental screenings and oral health assessments are mandatory for members under 21, including as part of the Initial Health Assessment (IHA). 3. L.A. Care offers comprehensive training for both internal teams and external providers, with on-demand modules and instructor-led sessions available through L.A. Care University. 4. The CHCAC Committee members posed questions about the challenges and future of the CHDP training curriculum and materials, as well as coordination for case management of members with lead poisoning. <p>The presentation highlights efforts to streamline and improve healthcare for young beneficiaries while ensuring that providers are adequately trained to meet these new requirements.</p>	
ADJOURNMENT	The meeting was adjourned at 9:55 a.m.	

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

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



L.A. Care
HEALTH PLAN®

For All of L.A.

CMO Report: January 2025

Health Services Division Update

Medical Management
Community Health
Pharmacy
Quality Improvement

Sameer Amin, MD

Chief Medical Officer, Health Services

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Strategy Operations

The Health Services (HS) Division is crafting a comprehensive strategy to align with L.A. Care’s enterprise-wide goals while fostering seamless integration of operations across its departments—Medical Management, Community Health, Pharmacy, and Quality Improvement. By adopting a shared foundational framework based on L.A. Care’s enterprise directions, the division ensures consistency and focus with its strategic efforts. These enterprise directions serve as guiding pillars for the development of specific departmental goals, driving alignment with organizational priorities and enabling a cohesive, unified strategy.

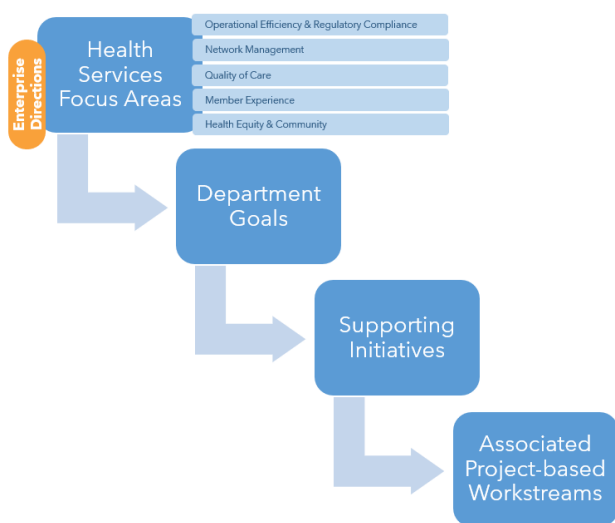


Figure 1. HS Strategy Framework

This work ensures alignment and promotes integration across departments by highlighting interdependencies, encouraging resource sharing, and enabling cross-functional collaboration. The result is a streamlined approach that breaks down silos, minimizes duplication, and maximizes impact across the continuum of care.

Each departmental goal is supported by targeted initiatives that translate high-level objectives into actionable steps. These initiatives establish clear milestones and measurable key performance indicators (KPIs),

providing a structured pathway for implementation, monitoring, and reporting. By harmonizing efforts within the division and building dynamic collaboration pathways with other business units—such as Provider Network Management, Compliance, Operations, and Product—the strategy enhances operational efficiency, drives clinical quality, improves member experience, and promotes health equity.

Ultimately, the Health Services Division’s integrated approach advances L.A. Care’s mission to provide equitable, high-quality care and support to the diverse communities it serves, fostering accountability and continuous improvement throughout the organization.

The final set of initiatives supporting and operationalizing the HS strategic goals is expected to be completed by 1/31/2025. A preview of strategic goals, by department, is listed below.

Health Services Strategic Goals by Department - In Development

- **Medical Management**
 - Complete QNXT System Implementations to Improve Efficiency and Ensure Compliance
 - Streamline Utilization Management Processes to Minimize Member Friction and Provider Abrasion
 - Implement a Model of Care Focused on Advanced Risk Stratification and Proactive Intervention
 - Strengthen Care Coordination in the Inpatient Member Journey for Seamless Transitions and Improved Outcomes
 - Improve the Quality of Care to Close Care Gaps, Prevent Readmissions, and Manage Costs
- **Community Health**
 - Increase Member Engagement in Community Health Services
 - Integrate Community Health Services with County and Government Programs
 - Build a High-Performing Provider Network
 - Improve Coordination of Transitions of Care
 - Improve Coordination Among Multiple Field-Based Services
 - Enhance Collaboration Among and Between Community Supports and Enhanced Care Management (ECM)
 - Track performance demonstrate efficacy and financial impact.
 - Maintain regulatory compliance across all Community Health services.
 - Community Health Innovation Platform to align investments with enterprise-wide goals, develop streamlined processes for project evaluation, launch and monitoring, and a framework for soliciting external funds.
- **Pharmacy**
 - Achieve Excellence in Regulatory Compliance for Prescription Drug Coverage
 - Optimize Operational Efficiency in Pharmacy Services to Reduce Member and Provider Abrasion
 - Advance Clinical Quality Programs to Drive Improved Member Outcomes
 - Enhance Provider Engagement by Integrating Pharmacy into Network Management Efforts
- **Quality Improvement**
 - Meet and Exceed Accreditation Standards and Regulatory Compliance in Quality Improvement and Population Health Management
 - Enhance Analytics and Technology to Drive Quality Performance, Population Health, and Health Equity
 - Improve Care Quality and Lead Practice Transformation through Focused Value-Based Initiatives
 - Elevate the Member Experience through Innovative Solutions that Drive Satisfaction and Deepen Engagement
 - Participate in Robust Collaboration

Medical Management

Enhanced Care Management (ECM)

Enrollment

L.A. Care continues to work towards the goal of enrolling 30,000 members in ECM. The initial Q3 2024 enrollment data, including Plan Partners, shows 19,318 members enrolled, reflecting a 16% increase from the previous quarter (16,725). This growth in Q3 2024 was driven almost entirely by L.A. Care, thanks to the ECM team's enrollment push, which included new incentive payments and improved referral and lead processes.

Contracting and Network

Providers have responded well to the Payment Model (PUPM) amendment, and the team closely monitored any risks for those who might not meet the October 1, 2024 signature deadline. L.A. Care's ECM network now includes 86 contracted providers. To focus on Providing Access and Transforming Health (PATH) initiative provider-recipients and providers with a Justice-Involved specialty, we have slowed the overall growth of our network. While we expect further growth throughout 2025, new providers joining later this year will primarily be those with expertise in Justice-Involved, Birth Equity, or Child Welfare populations.

Audit and Oversight

Our ECM Monitoring and Oversight Program launched in Q3, during which we audited 30 ECM providers and reviewed over 80 member cases.

- **Key Findings:** Since this was our first audit, we uncovered areas for improvement:
 - Inconsistent or incomplete documentation by providers.
 - Gaps in the development of care plans.
 - Issues with timely and accurate Transitions of Care (TCS) interventions
- **Performance Highlights:**
 - Highest Performing Area: Enhanced Care Coordination ranked the highest in our audit.
 - Lowest Performing Area: TCS interventions ranked the lowest.
- **Next Steps:**
 - Gap Closure Plans: We will provide all providers with a Gap Closure Plan to track progress on addressing the identified issues.
 - Expanded Audits: In the next quarter, we plan to expand the audit to include more providers.

Care Management for Dual Eligible Special Needs Plans (D-SNP)

Case Volumes

Through December 2024, the DSNP Care Management (CM) team experienced an uptick in overall active high-risk and complex cases under management. This increase resulted from the Health Risk Assessment (HRA) process for new DSNP enrollees and existing members needing their annual reassessments, as well as cases identified through predictive modeling as eligible to receive ECM-like services. In total, over 1,210 DSNP CM cases were active with the LAC Care Management team in December 2024, representing approximately 5.9% of the entire DSNP membership.

Care Management for MCLA Members

Case Volumes

- During August 2024, the LAC CM team created 457 MCLA CM cases and conducted initial outreach to offer members CM support.
- In total, 1,448 MCLA CM cases were active, with members either participating or in active outreach.
- For Transitional Care Services (TCS), the LAC team sustained volume of high-risk TCS cases outreached through December. During that month, 2,679 members were contacted and offered TCS support. The team is collaborating with the analytics resources to enhance and expand real-time admission notifications via Health Information Exchanges (HIEs). Currently, all but two contracted hospitals in Los Angeles County (West Hills and Lakewood) are on an HIE platform. Our data algorithms help immediately identify members who fall under the "DHCS High Risk" category for TCS purposes. Low risk TCS members began receiving post discharge notification of their ability to access TCS services. To date, a total of 223 low risk members have contacted the TCS Central Intake Line to request TCS support.

Utilization Management

Timeliness of UM Decisions and Notifications

The UM department has continued operational excellence from July to November 2024, with all quantitative compliance measures for timeliness of decisions and notifications consistently exceeding 95% across multiple lines of business, including MCLA, LACC, PASC, and D-SNP. The department's success in these areas highlights its strong adherence to regulatory requirements and its effectiveness in delivering timely care decisions to members.

Operational System Transition

L.A Care is currently transitioning the program utilized to process authorization requests from Syntranet to QNXT. The move to QNXT is set to occur on January 21, 2024. The UM team has been working with our IT, configuration, and associated departments extensively over the past year to ensure a smooth transition. This program is used across multiple areas including UM, MLTSS, Behavioral Health, Community Health Services, and Claims. A multi-faceted training for all departments commenced on September 30th, which was successfully completed by the end of November. Approximately 350 users over multiple areas of LAC attended this series of educational sessions. UM continues to provide education as needed to all areas affected by the Syntranet to QNXT transition.

Prior Authorization Requirement Updates

On July 25, 2024, the UM team launched an updated prior authorization matrix, reducing the number of procedure codes requiring prior authorization by 24%. This exciting implementation supports the goal of reducing administrative burden on providers allowing focus on patient care and expediting hospital discharges for our members. The new process also includes fax notifications to providers for codes that do not require prior authorization, replacing approval letters. Since the "No Authorization Required" implementation, authorization volume has decreased by 57% based on a comparison of average monthly volume from January to July (pre-implementation) with August through December (post-implementation). UM is working collaboratively with the provider network team to address high-volume providers submitting unnecessary requests, aiming for further reductions.

Inpatient Member Engagement

Our current inpatient Medical Management team manages a large census of members daily, ranging from 500-700 members in house depending on current member admissions. In addition to ensuring regulatory compliance regarding decisions and notifications, our leadership team also implemented strategies to effectively manage our members, while providing support to the facilities that our members are housed in. Over the course of the year several different initiatives were started: Provider calls being warm transferred to our nursing team from our internal call center, Complex/Long length of stay member rounds in May of 2024, DHS member specific rounds to support discharge planning was initiated in February of 2024, Difficult to Place member rounds with Beacon and Rockport skilled nursing facilities also began in Quarter 1 of 2024. Currently, the MD leadership team, along with our Inpatient Clinical Leadership group, is utilizing the experiences from the past 6 months to improve our rounds, expediting member discharge and collaboration with our facility partners.

Provider Engagement Initiatives

The Utilization Management team has prioritized provider education and support by implementing a monthly series, effective June 2024. Every other month, an email entitled "Clinical Connection" with important updates and educational tidbits is sent to all contracted providers, as well as some frequently used non-contracted providers. On the alternating months, UM hosts a WebEx session, inviting all providers, both contracted and non-contracted, important information and reminders to hear firsthand from Medical Management leaders. The sessions have been driven by the issues identified by our leaders, utilizing real-time data from our internal departments.

Managed Long Term Services and Supports (MLTSS)

CalAIM & Community Supports (CS)

Efforts to increase referrals and enrollment in all MLTSS CS-administered programs continue. Services are promoted in various provider forums as well as through internal education and training for cross-functional teams across the organization. Referrals to Personal Care and Homemaking Services have seen a significant increase, averaging 199 per month since October 2024, compared to an average of 146 per month in the previous fiscal year. Referrals to Respite Care and Environmental Accessibility Adaptations also continue to rise, with a current authorization rate of 75%, an increase since the last report.

Nursing Facility Transition and Diversion to Assisted Living Facility (NFTD) and Community Transition Services (CTS) to home and other private community settings became effective on January 1, 2024. Currently, three providers are contracted, with more to be added during the scheduled "Letter of Interest" process later in the year. Referrals for both programs have steadily increased, originating from hospitals, skilled nursing facilities, and internal teams (Utilization Management and Care Management) via Interdisciplinary Care Teams (ICTs). To date, the average number of referrals is 27, an increase from 20 in the last report, with an authorization rate of 78%. Trends and outcomes will continue to be monitored and reported.

CalAIM & Benefits Standardization

Since January 1, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care became a Medi-Cal Managed Care covered service. Contracting efforts are ongoing with nearly 200 facilities throughout the county, most of which are new to managed care. As of April this year, the ICF-DD census was 326, and has increased to 378 by end of December 2024.

Community Health

Community Supports (CS) Operations & Reporting

CS Provider Network

Providers are in various stages of the contracting process for CS services. CS Letters of Interest (LOI) and Certification applications were released for the July 2025 CS contracting cycle in November and December 2024.

CS Stakeholder Engagement

The team is continuing to develop and implement strategies to increase member engagement, provider/stakeholder engagement, and CS utilization. Strategies include but are not limited to provider opportunity reports to help identify members potentially eligible for services, provider incentives, and referral monitoring and reporting.

- The Asthma Remediation Incentive Program: Request for Applications (RFA) was released in Dec 2024 and is planned for implementation in Jan/Feb 2025. The program is intended to increase utilization of Asthma Remediation services by engaging PCPs in referring eligible members and engaging Asthma Remediation providers in timely service delivery. Planning is ongoing for additional incentive programs to be implemented in 2025 targeting other CS services to support increased utilization.
- We are continuing to participate in community meetings, collaboratives, and deliver community presentations and in-service trainings to promote awareness and availability of CS services to internal and external stakeholders. External stakeholders attending presentations and in-service trainings include: Hospital Association of Southern California (Oct 2024), Southside Coalition of Community Health Centers (Nov 2024), and Southern California Hospital System (Dec 2024).

Latest in CS Implementation and Monitoring

The Community Health Department is awaiting final DHCS guidance for revised CS service descriptions, i.e., Model of Care, and the addition of a new CS service, Transitional Rent, which seeks to provide coverage of time-limited opportunity for housing to aid members in exiting homelessness and transitioning to stable housing. Review of draft/preliminary guidance completed to identify potential impacts.

CS Stakeholder Education and Training

The CS monthly webinar series for current and prospective CS providers is ongoing. The webinar series is intended to expand knowledge and awareness about CS, enhance provider skills, and share best practices and resources to best meet the needs of members. Different

CS and provider identified topics are highlighted each month. There were 149 participants in the November 2024 webinar which covered Recuperative Care & Short-Term Post-Hospitalization Housing. The January 2025 webinar will cover Doula services.

CS Reporting

- Teams are actively working to stand up processes for CS required reporting via Authorization Status File (ASF) and Return Transmission File (RTF) files.
- Review of final DHCS Closed Loop Referral (CLR) guidance is in progress, (released December 2024) which is required to be implemented by July 2025.

Systems IT: SyntraNet and QNXT

- CS under Housing Initiatives and Social Services (i.e., Housing Navigation, Tenancy Sustaining Services, Housing Deposits, Day Habilitation, Recuperative Care, and Short-Term Post Hospitalization Housing) will not transition to QNXT in Jan. 2025, they will remain in SyntraNet and plan to transition later in 2025.

Behavioral Health Services (BH)

School Behavioral Health Incentive Program (SBHIP)

L.A. Care has been collaborating with Health Net, DMH, and LA County Department of Education to help children and youth access behavioral health services in school. The SBHIP came to an end on 12/31/2024:

- 52 Local Education Agencies (LEAs) with 760 schools are currently referring members for BH services through Hazel Health.
- Utilization: 4,110+ students served, 25k+ telehealth visits, and 41K clinical service hours delivered.
- 160 dedicated spaces within the 7 selected LEAs were created to support behavioral health services, including individual and group counseling.
- LACOE staff supervised 76 interns placed in the 13 selected LEAs.
- 19 peer-to-peer programs were implemented in the 13 selected LEAs.

Behavioral Health services will continue to be available to these students through the **Children and Youth Behavioral Health Incentive (CYBHI) fee schedule**.

In alignment with APL 24-012, L.A. Care is actively working to increase utilization of Non-Specialty Mental Health Services (NSMHS) by creating a comprehensive outreach and education plan to inform Members on how to access NSMHS and support Primary Care Providers (PCPs) in effectively referring Members to NSMHS.

Social Services (SS)

- We launched a referral pathway through Los Angeles County Department of Health Services (DHS) / Housing for Health (HFH) for members in Recuperative Care. It will allow eligible members an easier connection with housing navigation services and a potential voucher.

Housing Initiatives

Housing Community Supports: Housing Navigation (HN), Tenancy Sustaining Services (TSS) and Housing Deposits (HD).

Financial Restructure Planning

- HN/TSS will transition from a preemptive monthly capitation structure to a 2 claims per month (paid at half the cap rate each) structure. Implementation is in progress.
- HD will transition from having administration costs included in monthly capitation to being added as a cost line item on HD requests.
- Timeline: Go live 1/1/2025
 - SOW - HHSS and HD contract amendments went out to Providers 9/30
 - Operational and configuration go live is Jan 2025
 - Provider support: trainings, TA, meetings, updated guidance - *ongoing*

Unsupported Capitation Recovery

Phase I to request provider claims submission to support capitation paid - to begin after final HN/TSS capitation payment and payment reconciliation; schedule to commence in early March 2025.

2024 Network and Member Enrollment Summary

	JAN 24	DEC 24	Change
Contracted Providers: HN/TSS	26	33	27%
Contracted Providers: HD	19	25	32%
Provider Network Capacity	31,346	34,150	9%
HN/TSS Enrollment	10,498*	14,961	43%
HN/TSS Network Utilization	33%	43%	10%

*Enrollment number as of 2/2/2024 (due to delay in processing DHS cohort)

2024 Operational Highlights

- Development and launch of Day Habilitation CS
- Claims issues resolution

- Development and implementation of Housing CS Financial Restructure
- Ongoing updating/development of provider guidance and support
- Significant increase in utilization, including provider network expansion, provider capacity and member enrollment.

2025 Look Forward

- Continued program growth and refinement
- ECM Coordination
- Syntranet to QNXT+CCA platform transition
- Expanded strategic collaboration with key partners - LAHSA, HFH, DMH
- Transitional Rent CS (TBD)

Day Habilitation Community Support

This community support program launched on July 1, 2024.

- SOW and P&P - Completed
- Operations planning and launch, including program and provider guidance development; systems build out and configuration - Completed
- Member Assessment: Forms and processes development - Completed.

Housing and Homelessness Incentive Program (HHIP)

- The Skid Row Care Collaborative HHIP Investment agreements were finalized. JWCH agreement has been executed. DHS agreement pending final signatures for execution.
- Mayor's Fund for LA amendment was completed and includes additional funding for new service model which will support legal support for Angelenos facing evictions.
- Brilliant Corners Interim Housing Accessibility HHIP Investment Agreement is being finalized and will be executed in early 2025. Brilliant Corners will support large- and small-scale modifications at interim housing sites to support accessibility needs for people experiencing homelessness.
- **2024 Highlights**
 - Final HHIP program earnings were received from DHCS
 - HHIP investments made to support Field Medicine including Skid Row Care Collaborative and 5-year field medicine capacity building investments to launch new field medicine teams in designated regions.
 - Additional investments were executed supporting HHIP priority areas including eviction prevention, data sharing, homeless sector workforce development, unit acquisition, and activities of daily living (ADL) supports at interim housing sites.
 - HHIP Unit Acquisition investment with County CEO - HI has resulted in 1,751 units currently contracted. Of these units 1247 are occupiable.

- L.A. Care participated regularly in Inside Safe, Pathway Home, and Tiny Home events to connect members to health plan resources and assist with program referrals.
- **2025 Look Forward**
 - Continued focus on oversight of current HHIP investments and relationship building with partners.
 - Homeless Management Information System (HMIS) IT adjustment to be completed in 2025 to improve data exchange and quality.
 - Expansion of eviction prevention partnerships and potential workshops for members and community at CRCs (expected 2025).

Field and Street Medicine: Launch and Operations

- Capacity-building grants for new Street Teams, workplans and corresponding budgets were reviewed and approved by LAC for 5 of the 9 teams.
- Measurement Period 1 of the Field Medicine Performance Incentive program concluded on December 31st, 2024.
- Provider Services Agreement (PSA) and Field Medicine amendment sent to selected, non-contracted Field Medicine providers in October for their review.
 - Meetings are scheduled for January to discuss comments including rates and programmatic questions for those providers who submitted an edited contract.
- Convened a Field Medicine Steering Committee and associated subcommittees to work on internal processes that need to be altered or created.
- LAHSA provided 2 interim housing sites to begin the Provider Care Pod concept: 1 site in the Antelope Valley, and the other in Hollywood.
 - Field Medicine team met with the Field Medicine provider and on-site Housing Navigation provider separately before scheduling joint meetings for January.
- Scheduled meetings in January with Field Medicine providers not currently contracted for Housing Navigation services.
- MacArthur Park RFP under final review before posting in January.
- Working with newly established Emergency Centralized Response Center (ECRC) on the role Field Medicine providers will play with other City and County organizations.

Pharmacy

Medication Adherence Programs

Comprehensive Adherence Solutions Program (CASP)

Adherence rates for all three medication adherence measures have improved compared to this time last year. Our projections indicate that we are on track to meet our goals by the end of 2024. To further enhance member experience, the Pharmacy team will be launching a new welcome call campaign for incoming members who are new to our DSNP plan starting 1/2025. This initiative will educate members on health plan pharmacy benefits and resources, assisting them in getting started with our DSNP plan.

Pharmaco-Adherence Mailers

Pharmacy has been collaborating with Facilities on medication adherence mailers. Since the campaign launched in June 2024, a total of 1,575 DSNP and 1,998 LACC provider mailers have been sent out, alongside 3,200 DSNP and 18,135 LACC member mailers. Based on member feedback from the Enrollee Advisory Committee (EAC) meeting on 11/12/24, the mailers will continue in 2025.

Pharmaco-Adherence Email Campaign

Based on member feedback from the EAC meeting on 11/12/24, Pharmacy has partnered with Marketing to launch a new email campaign as an additional way to engage members. These quarterly emails will highlight pharmacy benefits and resources, helping members with their DSNP plan.

Pharmaco-Adherence Postcards

Pharmacy has been designing a magnetic postcard to inform members about their pharmacy benefits. The magnet will serve as a daily reminder for members to contact their Pharmacy team at L.A. Care with any questions or issues related to their prescription benefits or medications.

mPulse Mobile Inc. Text Campaigns

Pharmacy has partnered with mPulse Mobile Inc. to launch two text campaigns since 7/9/24 to support medication adherence. These campaigns remind members of overdue refills and include an interactive feature allowing members to request 100-day supplies of their medications. As of 12/23/24, 2,207 members have responded with requests for 100-day supplies and the pharmacy team has been diligently working to fax prescription change

requests to providers. Text campaigns will continue in 2025 based on some members' preferences to receiving text messages, as discussed in the 11/12/24 EAC meeting.

Refill Reminder Robocalls

Pharmacy has been collaborating with CSC Even More to re-launch the refill reminder robocalls on 7/22/24. The robocall identification criteria was updated to identify and call members who are overdue for a medication refill, rather than those with an upcoming refill, reducing member abrasion. Since the campaign re-launch, 49,130 total robocall attempts have been made to DSNP and LACC members. Of these, 14,241 calls successfully connected with the members. Some members expressed a preference for robocalls during the 11/12/24 EAC meeting, so they will continue through 2025.

AdhereHealth Vendor Collaboration

Pharmacy is collaborating with AdhereHealth to engage high-risk, non-adherent members. The program year has concluded with a total of 953 members enrolled and program evaluation will take place in Q1 2025.

New Start Insulin

Pharmacy has launched a new initiative to support diabetic members with uncontrolled A1c who are not on insulin therapy. Clinical pharmacists are engaging with both members and their providers to highlight the benefits of initiating insulin therapy, as recommended by current diabetes management guidelines. As of 12/26/24, Pharmacy has attempted to outreach 31 members, with 6 members and their providers agreeing to start insulin therapy.

Statin Use in Persons with Diabetes (SUPD) and Statin Therapy for Patients with Cardiovascular Disease (SPC)

AdhereHealth

A total of 229 members have been referred to AdhereHealth for assistance in member outreach as of 11/21/24. AdhereHealth will conduct outreach to assess the need to initiate a statin in this population. The population consists of members who are currently eligible or may become eligible for the SPC measure.

Timely Member Identification for SPC Measure

The Health Information Management (HIM) team helped identify 359 at risk members with 113 of them eligible for possible intervention in 2024. Pharmacy also submitted an intake request to the Advanced Analytics Lab (AAL) team to develop a predictive model that will identify members likely to qualify for the SPC measure. The model is expected to be completed in 2025.

Medication Therapy Management (MTM) Program

CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR).

- L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), has achieved a 91% completion rate of eligible members as of 12/23/24, a significant improvement from this time last year at 86%.
- Due to major changes in the MTM program eligibility criteria starting 2025, the MTM measure will be moving to “tracking” for at least two years. During this time, the program will still be active with expanded eligibility criteria. Pharmacy is working with Navitus Clinical Engagement Center to accommodate a higher volume of qualified members and ensure a smooth transition.

Additional Pharmacy Programs

Asthma Medication Ratio (AMR):

Pharmacy identified discrepancies in drug quantities within the HEDIS engine’s pharmacy claims data, inflating rescue inhaler counts and lowering our AMR rate. As a result, DHCS (Department of Health Care Services) removed our sanction for the AMR quality measure, allowing L.A. Care to avoid a monetary penalty.

PA Accel

PA Accel is an automated prior authorization program which operates at the point of sale by utilizing the member’s medical and pharmacy data. Medications requiring prior authorization may approve seamlessly at the pharmacy if criteria are met. PA Accel went into production 5/13/24 for our DSNP line of business and is planned to roll out for LACC and PASC by the end of Q1 2025. In the months of September and October, 417 and 468 transactions were approved through PA Accel, respectively. This made up 33% of all transactions, specific to PA Accel drugs.

Transitions of Care (TRC) - Medication Reconciliation Post-Discharge (MRP)

Pharmacy completed 448 reviews as of 12/17/24 in collaboration with Care Management’s Transitional Care Services Program for MCLA. Pharmacy has also developed a workflow with the STARS team to complete 180 reviews for DSNP members since starting 6/14/24.

Community Resource Center (CRC) Vaccine Clinics:

Pharmacy worked closely with Health Education, CRC leadership, and North Star Alliances to host 7 vaccine clinics between September and November 2024. Overall, the clinics provided 850 flu vaccines, 429 COVID vaccines, 605 blood glucose screenings, and 644

blood pressure screenings. Of the total blood pressure readings, 190 blood pressure readings were identified to be of our members and were submitted as supplemental data to our Quality Performance Management (QPM) team.

Date	Time	Location
Friday, 9/13/2024	10AM-4PM	Norwalk CRC
Saturday, 9/28/2024	10AM-2PM	West LA CRC
Friday, 10/4/2024	10AM-2PM	Lynwood CRC
Saturday, 10/5/2024	9AM-2PM	El Monte CRC
Monday, 10/7/2024	12PM-4PM	Long Beach CRC
Friday, 10/11/2024	12PM-4PM	East LA CRC
Friday, 11/8/2024	10AM-2PM	Panorama City CRC

Quality Improvement

Health Education, Cultural, and Linguistic Services (HECLS)

Meals as Medicine Program

The Meals as Medicine (MAM) program continues to grow. The number of service requests surpassed the 1,000+ mark in October and averaged 209 service requests per week in November.

Medi-Cal Doula Hub

Health Education continues to work with LA County's Medi-Cal Doula Hub. The Hub will complement ongoing efforts of direct service doula programs and statewide benefit implementation and enable doulas to prioritize families most at risk of adverse birth outcomes. More specifically, the Hub will focus on the following areas:

- Doula Training and Health Care System Integration
- Technical Assistance to Participate in Health Plan Doula Provider Networks
- Workforce & Organizational Development
- Evaluation
- Communications/Public Awareness Efforts (Doulas, Medi-Cal members, and Providers.)

DHCS Transitional Care Services (TCS) for Birthing Individuals

The TCS program for Birthing Individuals has ramped up outreach and enrollment efforts to members eligible for this program. The newly hired eight-member team has been trained and actively coordinates post-discharge care for pregnant and postpartum individuals.

Language Assistance Program

L.A. Care members can contact Member Services to request an onsite interpreter for their medical appointments. In September, 815 interpreter requests were received. 94.0% of the requests (excluding cancelled appointments) were fulfilled. The top five requested languages were Spanish, American Sign Language, Thai, Korean, and Khmer.

Fight the Flu and COVID-19 Campaigns

- 90.5% of members (n=226,426) outreached to by the texting campaign were successfully messaged.
- CRC Vaccine Events concluded in 1st week of November.

- A social media campaign with flu and COVID-19 messages on Instagram and Facebook is currently running.
- A total of 16,368 messages have been sent to members in the MyHIM wellness portal since the initiative's launch in September. This is the newest initiative to launch under the Fight the Flu & COVID-19 campaign and continued in December as we enter peak season for respiratory viruses.

Spanish and Khmer Glossary Project

Based on the Consumer Health Equity Council member feedback, Cultural and & Linguistic Services is working with Spanish and Khmer-speaking members to review and update the glossary terms to improve the readability and quality of translated documents. The initial glossary review by Spanish members has been completed, and the review by Khmer members is in progress.

QI Initiatives

Regulatory Updates

MY2023 MCAS sanctions decreased by 76% from almost \$800K for MY2022 down to around \$220K. This is reflective of significant improvement in overall performance in MY 2023

For MY2024, most MCAS measures have improved year over year performance from MY 2023. This is despite headwinds from the Kaiser plan partner exit.

The QI team is currently working to enact the terms of the All Plan Letter (APL) 24-008, titled Immunization Requirements. The APL stated that Managed Care Plans must have a plan to ensure their providers use the immunization registry in a timely manner. The team is currently developing a plan to monitor whether providers are using the CAIR registry.

Interventions by HEDIS Measure

- **Topical Fluoride for Children (TFL-CH):** The Clinical Initiatives team will distribute fluoride varnish materials/kits to Transform L.A Clinics in Jan 2025. We have been actively working with all 15 clinics who have shown interest in participating.
- **Colorectal Cancer Screening (COL):** As part of a Q4 push spearheaded by Dr. Sheen, a new partnership was developed with Cologuard. Cologuard test kits were deployed on November 18, 2024 to LACC members who are due for COL screening and who did not receive an iXlayer at-home test kit. Approximately 18,714 unscreened members were sent Cologuard test kits.
- **Childhood Immunization Status Combination 10 (CIS-10):** L.A. Care Covered (LACC) CIS-10 measure is a Quality Transformation Initiative (QTI) measure for Measurement Year (MY) 2024. Plans across California and nationally have been

struggling with increases in vaccine hesitancy and declining vaccination rates due to parental refusal. To help increase LAC CIS-10 rates, the following are taking place:

- Daily stand-up team huddles and aggressive “all-hands on deck” team effort
- Provider and clinic staff incentives launched for LACC CIS-10. Member incentive is still ongoing. We are offering larger incentives than ever.
- The Clinical Initiatives and Quality Performance Management (QPM) teams are working closely together to close CIS-10 care gaps. Quality Improvement (QI) nursing staff are reaching out to provider offices and members' parents/guardians with refined member lists that include enhanced immunization information from QPM. L.A. Care staff are now also conducting in-person office visits to discuss the provider and member incentives and support providers in scheduling appointments.
- New partnership with DocGo to conduct home visits for vaccines.
- The Pediatric Flu Text Messaging Campaign launched 10/24 in English and Spanish, reaching 9,357 members
- Outreach and advocacy with Covered CA to update their CIS-10 QTI policy which is not based on current benchmarks and disproportionately penalizes plans like L.A. Care with very small member denominators for CIS-10 (e.g. currently approximately \$130,000 fine per open child vaccination gap). Important for Covered CA to recognize that statewide collaborative efforts are needed to address vaccine hesitancy and there are many cases where providers and plans are not able to change parental decisions.
- L.A. Care has contracted with Quality Health Partners (QHP) to host mobile clinic events for well-child visits, social determinants of health screening, topical fluoride application, and blood lead screening. So far, QHP has conducted 687 appointments for L.A. Care MCLA members, 593 via telehealth, and 91 via in-person events. The second event occurred on December 7th at the South L.A. Community Resource Center (CRC).

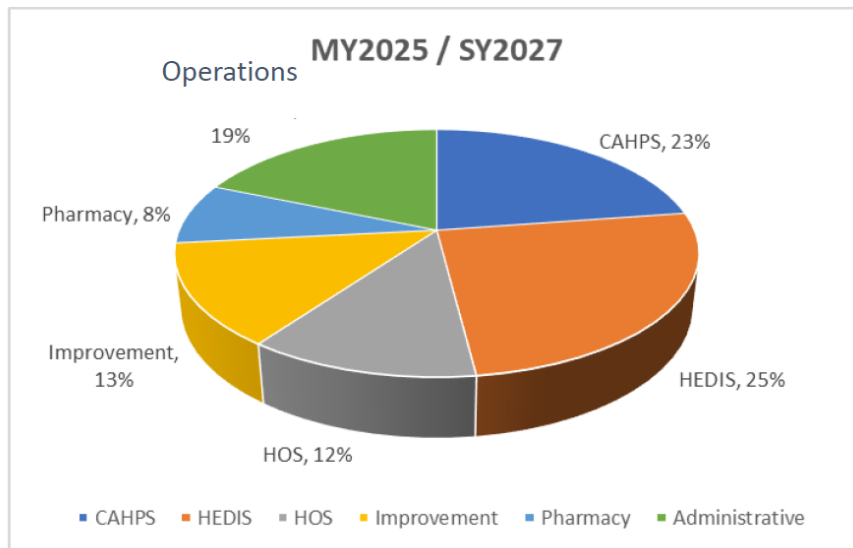
Provider Quality Review (PQR)

- **Total Potential Quality Issue (PQI) Processed/PQI Processing Timeliness:** PQR has maintained a perfect timely closure rate (100%) for two consecutive months.
- **PQR- Audits and Oversight:** PQR has completed all Annual Audits for Plan Partners and Specialty Health Plans with no corrective action plans issued. PQR continues to monitor Anthem for low-volume trends, however, their PQI policies are noted to be in alignment with other health plans.
- **PQR Collaboration with A&G:** A&G, Medical Management, and PQR teams continue a forward-looking partnership as we enter 2025. Key stakeholders in each business unit continue to collaborate on:
 - Refining data reporting for trend analysis

- Regularly sharing grievance volumes with the Quality team so the PQR team can preemptively prepare to resource around incoming demand.
- Optimizing member touchpoints for follow-up on prioritized quality of care grievance issues.
- Optimizing the escalation process for medical record retrieval in the grievance process.
- PQR continues to monitor case volume from grievances and monthly audit oversight with non-referred cases to capture all necessary PQI. In September, 80 grievances were reviewed, of which 21 were found to have quality of care concerns. The findings were referred back to Grievances for a PQI to be submitted. PQR met with the IT team to align the new A&G platform with the PQI platform (Kaizen) requirements. Discussed crucial data fields for a seamless transfer between systems and to ensure all necessary information is captured and transferred accurately.
- **PQR - PQI Platform:** Kaizen was successfully deployed on 9/27/24 and started receiving cases on 10/1/24. Initial challenges with duplicate cases have been mitigated. Kaizen Phase II started development on January 5, 2025. Our team has made significant progress with Kaizen training to ensure a smooth transition for all staff members.

Stars Excellence

Stars performance is determined by multiple divisions at L.A. Care. HEDIS is currently 25% of the score. Success requires enterprise performance across HEDIS, Pharmacy, Operations, and Member Experience.



Overall, the DSNP contract is projected to continue to perform at the 3.0 Star Rating level in MY2024:

- HEDIS domain performance is projected to increase from a 2.3 Stars rating in MY2023 to a 2.5 Stars rating in MY2024. Pharmacy is projected to maintain a 3.46 Star rating in MY2024. Both domains have demonstrated substantial year over year measure improvements.
- The Operations domain performance is projected to decline from 3.48 to 2.92 Stars rating. The decline in the Operations domain is due to a significant decrease in the Reviewing Appeals Decision measure, which is dropping to a projected 2 Star rating. Call Center TTY / Foreign Language (Part C) and SNP Care Management is maintaining performance but dropping a Star rating due to the changes in cut-points.
- LACC MY2023 is projected to earn an overall summary indicator rating of 75, achieving a Star Rating of 3, just 5 points short of achieving a 4-Star rating. LACC MY2024 is pending additional projections, and an update will be provided soon.

Regulatory CAHPS Survey

- **HP (Health Plan)-CAHPS (Consumer Assessment of Healthcare Providers and Systems (Adult & Child) (HPR (Health Plan Rating))**
 - Results received. Response rates are up.
 - Improvements were seen in all six adult-rated question scores.
 - Improvements were seen in 2 of the 5 Child-rated question scores. Child scores remain higher than the Adult scores. Child scores are used for NCOA (National Committee for Quality Assurance) scoring.
- **QHP (Quality Health Plan), EES (Enrollee Experience Survey), LACC (L.A. Care Covered CA), QRS (Quality Rating System)**
 - Results received. Response rates are up.
 - Improvements were seen on 21 of the 30 rated question scores. L.A. Care remains a 4 STAR Member Experience Plan
- **MAPD (Medicare Advantage Prescription Drug) DSNP (Dual Special Needs Plan) (STARs)**
 - Results received. Response rates are up - 37.35%, the highest plan response at the survey vendor.
 - Improvements were seen in six of the nine rated question scores.

Population Health Management (PHM)

- **The PHM Team continues to lead collaborative efforts with local health departments and all health plans that serve L.A. County to develop a work plan that achieves the proposed SMART goal and participate in each local health department's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP):**
 - SMART Goal: Reduce maternal and infant mortality disparities for Black and Native American Persons by at least 5% annually in Los Angeles County to make progress towards the 50% BOLD goals.
 - Objective: Develop a survey and data set of patient experiences in hospital settings for the Black/African American and Native American pregnant population, with annual data reports contributed by the MCPs to track progress and identify areas for improvement.
 - There has been agreement to move along the Doula Hub efforts within the county.
 - The collaborative brings a consultant to lead strategy, facilitation, and project management efforts. Currently, we are in the process of procuring BluePath Health.
 - The collaborative has developed regular workgroups for resources/funding, planning, data, and steering. The PHM Strategy deliverable to DHCS was submitted on 11/18/2024.
 - The PHM team attended two Community Advisory Committee (CAC) meetings in October and November to gather input on the Local Health Department's Community Health Assessment (CHA)/ Community Health Improvement Plan (CHIP). The PHM team will present a PHM overview and CAC expectations in the CHA/CHIP process at the TTECAC meeting in December.
 - Local Health Departments have shared their funding requests for the CHA/CHIP contribution. Internal teams (PHM, strategic investments, and finance) are reviewing the requests to determine the appropriate allocation and possible use of IPP funds to contribute to the CHA/CHIP.
 - Current Projected Funding Request Breakdown: Currently, the PHM team is working with the IPP team for year 1 funding.

Row Labels	Sum of Year 1	Sum of Year 2	Sum of Year 3	Sum of Total Request
LA County	\$3,360,000	\$4,335,500	\$2,733,500	\$10,429,000
Staffing	\$500,000	\$500,000	\$500,000	\$1,500,000
Contractual/Other	\$2,860,000	\$3,835,500	\$2,233,500	\$8,929,000
Long Beach	\$1,527,725	\$1,376,725	\$1,376,725	\$4,281,174
Staffing	\$261,725	\$261,725	\$261,725	\$785,174
Contractual/Other	\$1,266,000	\$1,115,000	\$1,115,000	\$3,496,000
Pasadena	\$1,069,480	\$1,039,931	\$1,111,393	\$3,220,804
Call to Action	\$13,837		\$14,183	\$28,020
Cultural Connectors	\$229,491	\$236,376	\$243,467	\$709,334
Data Infrastructure	\$100,000	\$100,000	\$100,000	\$300,000
LA County Health Survey & MIHA	\$32,498		\$32,498	\$64,996
Staffing	\$347,345	\$357,705	\$368,377	\$1,073,427
(SPA 3) - Group Prenatal Care	\$346,309	\$345,850	\$352,869	\$1,045,028
Grand Total	\$5,957,205	\$6,752,155	\$5,221,618	\$17,930,978

Initial Health Appointment (IHA)

- **The IHA workgroup has developed a draft corrective action plan (CAP) to address the preliminary DHCS Audit finding that the Plan did not ensure the completion of an IHA for new members within 120 days of enrollment. New IHA initiatives are under development, including:**
 - The monthly compliance reports/scorecards are complete, shared internally, and posted monthly on the provider portal. Annual trending was added in the November reports.
 - IHA has been added to the P4P program for payment and was released in the May 2024 P4P Program Description.
 - The IHA text campaign with mPulse was executed. IHA texts have started, and monthly reports are being sent.
 - A reminder robocall and live script for members who have not completed an IHA but have visited the ER or Urgent Care was approved in Podio and will start in December.
 - An overall IHA scorecard was developed to identify top and bottom performers in the network and was integrated into the monthly compliance reports.
 - CCM developed a provider template for documenting member refusals and outreach efforts to be included in the member’s medical record for documentation. This will be included in the annual training materials.
- The IHA workgroup presents at the Provider Advisory Committee (PAC), Quality Oversight Committee (QOC), QI JOMs, and the Delegation Oversight JOMs.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- **The Policy for APL 22-025** developed by the PHM team was approved by DHCS and initially by QOC in November 2023.
- DHCS is sending the reports on providers completing the **Dementia Care Aware training**, and L.A. Care has notified all providers of the new APL requirements.

- Corporate Compliance Monitoring sends ACHA training and completes quarterly monitoring on a sample of delegates.

Child Health and Disability Prevention (CHDP) Program Transition

- **The CHDP Transition Plan** was developed in collaboration with the CHDP Program Transition Workgroup and with feedback from CHDP stakeholders throughout the state. The transition preserves presumptive eligibility enrollment currently offered through the CHDP Gateway, activities under the CHDP Childhood Lead Poisoning Prevention Program, and the Health Care Program for Children in Foster Care. In accordance with Health and Safety Code section 124024, DHCS published on its website a declaration certifying that all activities required for successful transition were completed by March 27, 2024.
- **Provider communication notifications** have been sent to all providers participating in the CHDP program. Operational readiness activities include the LACI portal and provider portal updates.
- **CHDP Provider Trainings** are available through the provider external learning department. Providers and their staff can register to attend vision, fluoride varnish application, and audiometric/anthropometric Webex sessions.
- Statewide Managed Care Plan (MCP) Facility Site Review (FSR) collaborative workgroups have been developed and are meeting to compile a unified set of CHDP provider trainings on vision, fluoride varnish application, audiometric, and anthropometric content.

Population Health Informatics

Health Information Ecosystem (HIEc)

- **Health Information Exchange (HIE) Amendments:** The Hospital Services Agreement (HSA) is being updated to require mandatory participation in Health Information Exchanges (HIEs) for hospitals. This update ensures compliance with CMS 9115-F standards for Admission, Discharge, and Transfer (ADT) notifications and mandates engagement with the California Health and Human Services (CalHHS) Data Exchange Framework (DXF). Similarly, updates are being made to Skilled Nursing Facility (SNF) contracts to mandate participation in the CalHHS DXF and HIEs, facilitating more efficient information exchange. The amendments are currently under legal review.
- **Incentive Programs:** A new one-time HIE Adoption Incentive for clinics, small practices, and solo providers contracted with Plan Partners is being planned. This initiative is designed to encourage the adoption and meaningful use of HIEs and will target facilities currently contracted with Plan Partners only. Additionally, other one-time HIE Adoption Incentives targeting hospitals and SNFs are ongoing.

- **Clinical Data Repository (CDR) Program - FHIR ADT and CCD Projects:** Real-time ADT data integration into downstream applications (CCA) was completed on December 19, 2024. Testing is currently underway with Cognizant. This project aims to develop a real-time FHIR CCD data ingestion pipeline.
- **Data Exchange Framework (DXF) Implementation:** The implementation of the DXF is progressing, with internal testing successfully completed and external testing underway with LANES. This initiative requires L.A. Care to implement a Consent Management solution to comply with AB352 and AB254 requirements. Additionally, it involves the exchange of all claims, encounters, and clinical data maintained in internal systems. A robust three-phase plan for consent management is in place, with the initial release set for January 9, 2025, and full implementation expected by April 2025. This is crucial for the successful deployment of the DXF.
- **CMS Interoperability and Prior Authorization Rule (CMS-0057):** Planning is underway to implement CMS-0057 requirements to meet 2026 and 2027 deliverables.
- **HL7 CCD Ingestion for HEDIS Improvements:** Efforts are underway to enable the ingestion of HL7 CCDs into ClaimSphere to improve HEDIS gap closures and measure rates. Feasibility testing has been completed with a sample of 25,000 CCDs.

Incentives

- **Hospital P4P Program:** The third hospital data progress reports were distributed at the end of the year.
- **SNF P4P Program:** We are working with PNM and IT to set up the SNF data progress reports in the Provider Portal.
- **Provider Opportunity Report (POR)/Gap in Care (GIC) reports** are produced monthly for all provider types. Plans for report enhancements are underway, alongside efforts to use the Cozeva platform more effectively. The 6th 2024 prospective PORs went out in December, and the UM POR reports are also going out.
- **Member incentives for 2025** are currently being assessed among stakeholders. Much of the groundwork laid out in 2024 will continue with enhancements going into next year.

LOS ANGELES COUNTY CHILDREN'S HEALTH DISPARITIES

ROUNDTABLE POLICY BRIEF OVERVIEW AND NEXT STEPS

Mona Patel, MD

Alex Li, MD



L.A. Care
HEALTH PLAN®

LOS ANGELES COUNTY CHILDREN'S HEALTH DISPARITIES ROUNDTABLE POLICY BRIEF OVERVIEW AND NEXT STEPS

Mona Patel, MD



Alex Li, MD



Children Health Advisory Council

Jan 21, 2025



In Collaboration with



Vaccine Catch-Up and Misinformation Background

- Routine rates for timely vaccine have declined nationally and locally with the pandemic*.
 - Between 2019-20 there was a 62% drop for infants and 96% drop by children/youth.
 - Greater disparities and gap between Black/African-American vs White and Asian children.
- In post-pandemic, there is a rebound in the vaccine coverage for children entering kindergarten in Los Angeles County*. However:
 - Vaccine attitudes, hesitancy and misinformation remains.
 - Mistrust of health care systems persists.

*Data from LA County DPH and health plans

Vaccine Catch-Up and Misinformation Key Recommendations:

- Invest in organized education dispelling vaccine myths.
 - In addition to health care providers, invest in trusted community partners.
- Create a resource repository accessible to partners and community members with digestible, up-to-date information about vaccine safety.
 - Reflects the language and health literacy of the intended audiences.
- Invest in data system improvement.
 - Increase use of vaccine registries and sharing of information across different systems.

Children and Families' Resiliency Background

- Los Angeles and more broadly the United States are experiencing a behavioral health crisis among children and youth
 - Exacerbated by pandemic, school- and community-based shootings and natural crisis and disasters.
- 27.5% of teens in LA County reported needing help with mental and emotional health.
 - Highest amongst South LA and Metro LA.
- Approximately half of the students in LA were worried about their mental health.
- Suicide is the 3rd leading cause of death of teenagers and young adults in LA County

Children and Families' Resiliency Key Recommendations:

- Establish a dedicated school-based working group designed to enhance mental health services within educational settings.
- Establish a dedicated funding sources that supports prevention services in schools.
- Increase cross-sector collaboration to facilitate effective triaging of behavioral health needs into appropriate tiers of support.
- Allow CBOS to have their own contracts where they can bill health insurers.

Child Welfare Background

- LA County Department of Children and Family Services is the largest child welfare system in the Country.
 - Supports approximately 25,000 children annually.
 - Approximately half of the children and youth are in custodial/foster care.
 - Approximately, one-third of the foster children/youth are younger than 5 years of age.
 - Approximately, three quarter of the foster youth have Medi-Cal (about 80% in FFS-Medi-Cal) for their coverage.
- Children of different age categories have different needs.
- Child welfare environment is rapidly evolving:
 - Benefits, funding and systems of care

Child Welfare Key Recommendations:

- Encourage collaborative, ongoing county-level examination of care quality under Med-Cal delivery models.
- Develop learning collaboratives and pilots to facilitate successful implementation of new Medi-Cal benefits for the child welfare population.
- Explore and elevate strategies to promote local agencies' capacity to effectively participate in Medi-Cal funded programs and services
- Engage partners in long-term planning to begin to identify the next generation of healthcare funding and implementation of strategies to improve outcomes.

Children and Youth with Complex Medical Needs Transition to Adulthood (CYSHCN) Background

- Around 3,000 youths enrolled in LA County California Children Services program turns 21 ear old annually.
 - Resources to help with transitioning from pediatric to adult healthcare environment is a key concern.
 - Adult primary care and specialty providers have a “different approach” and capabilities to care for CYSHCN
 - Decision making responsibilities also transition from parents/caregivers to the CYSHCN.
- Multiple entities support the CYSHCN individual.
 - Health care providers, schools, regional centers etc.
 - Information and data sharing is a major challenge.

Children and Youth with Complex Medical Needs Transition to Adulthood Key Recommendations:

- Increase access to an appropriate care network
 - E.g. certified “centers of excellence or services” similar to CCS Special Care Center Model, but for adults.
- Improve payment models for CYSHCN transitioning into adulthood.
- Invest in case management infrastructure.
- Improve communication and data exchange.

Next Steps and Plan:

Communication Plan:

- **Social/Earned Media Schedule:**
 - Wednesday, January 22 (TBD) – First video social media post goes live – Vaccines
- **Social Media Videos:**
 - Wednesday, January 22 (TBD) – First video social media post goes live – Vaccines
 - Wednesday, February 5 (TBD) – Second video social media post goes live – Resilience/BH
 - Wednesday, February 19 (TBD) – Third video social media post goes live – Child Welfare
 - Wednesday, March 5 (TBD) – Fourth video social media post goes live – Complex Needs-Transition Children to Adulthood
- **Stakeholders' Communication Channels:**

Workgroup Next Steps and Plan:

- Planning meetings:
 - Started in December with co-chairs
- Workgroup meetings
 - Start in February 2025
 - Focus on alignment
 - Implement recommendations

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