DRAFT

L.A. Care HEALTH PLAN®

AGENDA
Technical Advisory Committee (TAC) Meeting

Thursday, January 30, 2024, 2:00 P.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/weblink/register/r22f125b81fe50806a307adbef12b6838

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2494 510 1156   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

Elaine Batchlor, MD, MPH
1680 East 120th Street,
Los Angeles, CA 90059

Paul Chung, MD, MS
Kaiser Permanente School of Medicine
98 S. Los Robles Ave.
Pasadena, CA 91101

Rishi Manchanda, MD, MPH
680 E Colorado Blvd
Suite 180
Pasadena, CA 91101

Santiago Munoz
UCLA Health
757 Westwood Plaza
Suite 1320
Los Angeles, CA 90095

Stephanie Taylor, PhD
200 State Street
New Haven, CT

Elan Shultz
Los Angeles County
Department of Mental Health
510 S. Vermont Ave.
Los Angeles , CA 90020

WELCOME   Alex Li, MD,
                                                        Chief Health Equity Officer, Chair

1. Approve today's meeting Agenda   *Chair*

2. Public Comment (*please see instructions above*)   *Chair*

3. Approve the October 10, 2024 Meeting Minutes   *Chair*

4. Chairperson Report   *Chair*

- Chief Health Equity Officer Update

5. Chief Medical Officer Update

Sameer Amin, *MD*
Chief Medical Officer

6. Health Information Exchange (HIE) Update

Tom Schwaninger
Senior Executive Advisor Digital,
IT Executive Administration

7. Government Affairs Update
    - Immigration Policies
    - Medi-Cal Benefits
    - Covered California Benefits

Cherie Compartore
Senior Director, Government Affairs

ADJOURNMENT

The next Technical Advisory Committee meeting is scheduled on
<u>Thursday, April 10, 2025, at 2:00 p.m.</u>
and may be conducted as a teleconference meeting.

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 <u>at least one week before the meeting</u> will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Summary – October 10, 2024

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Alex Li, *MD, Chief Health Equity Officer, Chairperson*   Santiago Munoz*

Sameer Amin, *MD, Chief Medical Officer*   Elan Shultz

John Baackes, *Chief Executive Officer**   Stephanie Taylor, *PhD*

Elaine Batchlor, *MD, MPH*

Paul Chung, *MD, MS*

Muntu Davis, *MD, MPH*

Rishi Manchanda, *MD, MPH*

Management

Stephanie Booth, *MD, Board of Governors*

Tom MacDougall, *Chief Information and Technology Officer*

Andrea L. Flores, *Executive Advisor Information Technology Strategy*

Charles Robinson, *Senior Director, Community Health, Safety Net Initiatives*

* Absent ***Present (Does not count towards Quorum)

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Shultz requested that the Committee accept his virtual participation under the Just Cause rationale. He has family care responsibilities that are preventing him from being downtown for the meeting. He must stay closer to home this afternoon. Alex Li, *MD, Chief Health Equity Officer,* called the meeting to order at 2:06 P.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved Unanimously by roll call. 6 AYES (Amin, Chung, Davis, Li, Shultz, and Taylor)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The August 8, 2024 meeting minutes were approved as submitted.	**Approved Unanimously by roll call. 6 AYES**

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT • **Chief Health Equity Update**	*(Member Batchlor and Member Manchanda joined at 2:16 P.M.)* Member Alex Li, *MD, Chief Health Equity Officer,* gave a Chief Health Equity Officer Update as part of the Chairperson's Report. He began by noting John Baackes, *Chief Executive Officer*, retirement announcement after nearly ten years of leadership. The Board will announce his successor soon. • Strategic Plan Update: The 2025 Strategic Plan, previously presented to the group, incorporated feedback on metrics and was approved during the September Board meeting. • Regulatory Settlement: During the pandemic, L.A. Care experienced backlogs in authorizations, appeals, grievances, and claims payments, resulting in a $55 million fine despite self-reporting the issues. A settlement was reached with regulators (Department of Healthcare Services (DHCS) and Department of Managed Healthcare (DMHC)) to pay $27 million in fines while allocating $20 million for community investments. These funds will focus on health equity, behavioral health services, and quality improvement initiatives. Dr. Li said that it benefit L.A. Care members and providers. Member Shultz asked if there is public document of that explains how the funds will be allocated. Dr. Li said that L.A. Care has been given a window of time to develop a plan for allocating the settlement funds. This plan will be reviewed by the regulators (DHCS and DMHC) to ensure alignment with guidelines. Once the plan is finalized and approved, it is unclear whether it will become a public document, but there is a clear process in place for project proposals and regulatory oversight.	
CHIEF MEDICAL OFFICER UPDATE	Sameer Amin, *MD, Chief Medical Officer*, gave the following update: Dr. Sameer Amin provided updates on several initiatives led by LA Care's medical management team: • Enhanced Care Management (ECM): LA Care aims to enroll 30,000 members in ECM by year-end. As of Q2, 16,725 members have been enrolled, showing a 7% increase from the previous quarter. Enrollment growth is driven by improved referral processes and incentive payments. The network now includes 84 ECM providers, with recent additions such as Adventist and Didi Hirsch Mental Health Services.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Transitional Care Services (TCS): LA Care supports members transitioning between care settings. In August, 2,717 high-risk members were contacted for TCS, with a central intake line established for post-discharge support. Additionally, 542 case management cases were initiated, targeting high-risk and specialized populations like California Children Services. • Community Supports Programs: All programs are operational, with efforts underway to increase member participation. LA Care has developed a platform to organize these initiatives effectively. • Behavioral Health Services (BH): Through the school-based behavioral health program (SBHIP) and telehealth services with Hazel Health, 3,000 students have received care across 703 schools, totaling 20,000 visits. The program serves a diverse student population, with 55% Latinx and coverage split between Medi-Cal (55%) and commercial insurance (45%).	
STRUCTURING L.A. CARE'S ARTIFICIAL INTELLEGENCE GOVERNANCE AND USE CASES	Tom MacDougall, *Chief Information and Technology Officer* and Andrea L. Flores, *Executive Advisor Information Technology Strategy* Structuring L.A. Care's Artificial Intelligence Governance and Use Cases *(a copy of the materials can be obtained from Board Services)*. The presentation outlined L.A. Care's strategy and governance approach for adopting Artificial Intelligence (AI). • Overview of AI: AI was defined as technology that simulates human intelligence, with potential for transformative impacts across industries. L.A. Care is in the early stages of defining challenges that AI can address while balancing benefits, risks, and regulatory considerations. • AI Lifecycle: Adoption involves several stages, from defining problems and gathering requirements to selecting tools, testing, and operationalizing AI solutions. • Governance and Ethics: L.A. Care prioritizes ethical considerations, employing a "human-first" model to ensure AI supports members and employees. The organization has established an AI Board, applying "5 Pillars of AI Ethics" for decision-making. • Data Infrastructure: Efforts focus on modernizing L.A. Care's technology ecosystem by moving data to the cloud, creating single sources of truth, enhancing data security and governance, and refining the Clinical Data Repository (CDR) to support structured and unstructured data analysis.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Future AI Applications: Plans include implementing Natural Language Processing (NLP) for member and provider communication, predictive modeling, modernized architecture, and advanced BOT technology for user support and compliance. • Current AI Uses: o Machine Learning (ML) for predictive analytics, risk stratification, and language translation. o BOTs for helpdesk support and regulatory compliance. o Security enhancements leveraging AI to detect anomalies. o NLP for call center efficiency and voice authentication, enabling members to make plan changes without direct customer service interaction. PUBLIC COMMENT **Public Comment submitted via chat by Stephanie Booth, *MD, Board of Governors:*** If Chat-GPT is pretty good, why are all the on-line "helpers" (all the ones I have had any interaction with) so BAD at providing answers? My questions are all related to concrete stuff and they often don't even understanding my questions. Mr. MacDougall acknowledged the issue, explaining that most bots' performance depends heavily on how well they are trained and targeted for specific tasks. He provided a detailed overview of L.A. Care's efforts to improve bot performance and implement advanced technologies. He noted that the effectiveness of bots relies on their design and intended purpose. L.A. Care is working to ensure bots are well-placed and well-trained to handle specific tasks. He highlighted an example of L.A. Care's bot initiative called "Ask JB," named after outgoing CEO, John Baackes. This tool is currently used in the user support desk to assist with routine tasks like password resets by guiding users through a library of policies and procedures (P&Ps). While the tool is still evolving, future updates will enable it to automatically execute user requests. L.A. Care is actively modernizing its data architecture and expanding its data models to support more advanced AI capabilities. These efforts aim to improve the richness of bot responses and the overall user experience. The Advanced Analytics Lab team is utilizing large language models (LLMs), which are among the most advanced AI tools at L.A. Care. These models support predictive analytics and advanced data processing.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care is also developing NLP tools for several applications such as Voice Printing. Members will be able to use their voice as a password for authentication, with authorization enabling bots to address user needs directly. Call Center Integration: NLP will allow members to interact conversationally with bots, which will resolve issues or complete tasks such as changing their Primary Care Physician (PCP) without human assistance. Tasks will be enhanced with geolocation and automated communication, like sending relevant information via email. Predictive modeling is being used for various applications, with plans to enhance these capabilities further. Bots are already implemented in helpdesk support and will soon be integrated into other systems like customer support and compliance. Mr. MacDougall clarified that some AI models are built in-house, while others are adapted from off-the-shelf solutions provided by vendors. This combination allows for tailored applications that meet L.A. Care's specific needs. Mr. MacDougall acknowledged the limitations of current bots while outlining L.A. Care's efforts to address these shortcomings through training, advanced technologies, and infrastructure upgrades. He stressed that these initiatives are laying the foundation for more capable and responsive AI systems in the near future. *(Member Amin left the meeting at 2:59 P.M.)*	
L.A. COUNTY FIELD MEDICINE PROGRAM	Charles Robinson, *Senior Director, Community Health, Safety Net Initiatives,* gave a presentation about the L.A. County Field Medicine Program *(a copy of the presentation can be obtained from Board Services).* Purpose of the Program • Challenges: Difficulty accessing specialty care and durable medical equipment for members experiencing homelessness. Limited coordination between County, City, and Medi-Cal resources. Lack of access to coordinated longitudinal care. Uneven distribution of providers, leaving gaps in geographic coverage. • Goal: Develop a comprehensive, community-based solution to provide healthcare and housing support to unhoused individuals. Program Development Timeline • Concept Testing (April 2023 – June 2024): Pilots demonstrated the viability of field-based, coordinated care approaches. • Collaborative Design (October 2023 – June 2024): Iterative design with input from providers, stakeholders, and Managed Care Plans (MCPs).	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Program Launch (July 2024): Applications released in Spring 2024; program launched with selected providers in July 2024. Core Components of the Field Medicine Program • County-Wide Provider Network: Field Medicine Primary Care Providers deliver longitudinal care in the streets, shelters, and interim housing. Nineteen providers will serve members in 15 Field Medicine regions across the county. • Operational Framework: Regional coordination ensures targeted approaches in high-density areas. Infrastructure supports interoperability among providers, government agencies, and community-based organizations (CBOs). • Referral and Access Systems: New systems for referrals to specialty care and durable medical equipment. Direct access expected to launch in Q1 2025. • Housing Integration: Aligns field medicine providers with housing navigators and Enhanced Care Management (ECM) teams. Streamlines ECM enrollment for members in interim housing. Geographic and Programmatic Approach • Geographic Alignment: Provider pods coordinate multidisciplinary care in the field. Collaboration with County and City programs, such as Housing for Health, to maximize service reach. • Coverage Expansion: The program is on track to achieve county-wide coverage, supporting 10 new teams over five years. • Partnerships: Aligning field medicine with housing and healthcare initiatives to provide seamless support for members. Future Outlook The Field Medicine Program is designed to address critical healthcare and social service needs for unhoused populations while creating a sustainable, geographically aligned care model. It integrates housing navigation and specialty care to promote long-term stability and improved health outcomes for members.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 3:50 P.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: _____
                            Alex Li, MD, *Chairperson*

                            _____
                            Date Signed

CMO Report: January 2025

Health Services Division Update

Medical Management
Community Health
Pharmacy
Quality Improvement

Sameer Amin, MD
Chief Medical Officer, Health Services

Contents

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.
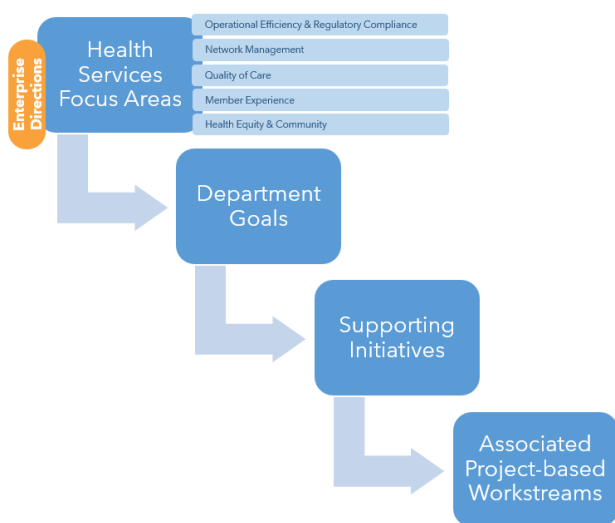
Figure 1. HS Strategy Framework

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:
    o Inconsistent or incomplete documentation by providers.
    o Gaps in the development of care plans.
    o Issues with timely and accurate Transitions of Care (TCS) interventions

- **Performance Highlights:**
    o Highest Performing Area: Enhanced Care Coordination ranked the highest in our audit.
    o Lowest Performing Area: TCS interventions ranked the lowest.

- **Next Steps:**
    o Gap Closure Plans: We will provide all providers with a Gap Closure Plan to track progress on addressing the identified issues.
    o 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 though 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

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

2025 Look Forward
- o Continued program growth and refinement
- o ECM Coordination
- o Syntranet to QNXT+CCA platform transition
- o Expanded strategic collaboration with key partners – LAHSA, HFH, DMH
- o 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**
  - o Final HHIP program earnings were received from DHCS
  - o 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.
  - o 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.
  - o HHIP Unit Acquisition investment with County CEO – HI has resulted in 1,751 units currently contracted. Of these units 1247 are occupiable.

-     o   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**
    - o   Continued focus on oversight of current HHIP investments and relationship building with partners.
    - o   Homeless Management Information System (HMIS) IT adjustment to be completed in 2025 to improve data exchange and quality.
    - o   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.
    - o   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.
    - o   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:

- o Daily stand-up team huddles and aggressive "all-hands on deck" team effort
- o Provider and clinic staff incentives launched for LACC CIS-10. Member incentive is still ongoing. We are offering larger incentives than ever.
- o 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.
- o New partnership with DocGo to conduct home visits for vaccines.
- o The Pediatric Flu Text Messaging Campaign launched 10/24 in English and Spanish, reaching 9,357 members
- o 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:
  - o Refining data reporting for trend analysis

- o Regularly sharing grievance volumes with the Quality team so the PQR team can preemptively prepare to resource around incoming demand.
        - o Optimizing member touchpoints for follow-up on prioritized quality of care grievance issues.
        - o 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.
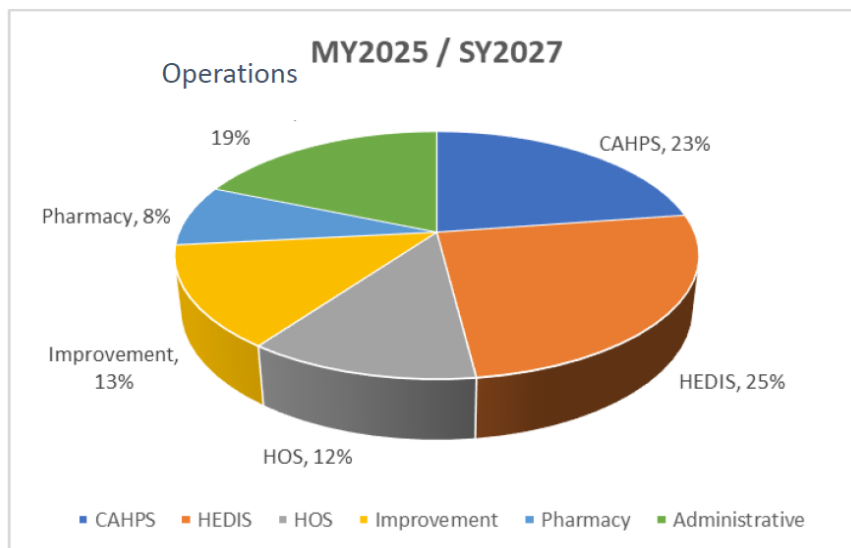
Overall, the DSNP contract is projected to continue to perform at the 3.0 Star Rating level in MY2024:

- 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 NCQA (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):**

    o 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.

    o 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.

    o There has been agreement to move along the Doula Hub efforts within the county.

    o The collaborative brings a consultant to lead strategy, facilitation, and project management efforts. Currently, we are in the process of procuring BluePath Health.

    o 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.

    o 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.

    o 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.

    o 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.

Health Data Interoperability

Interoperabilty in Healthcare between:

- Providers
- Payers
- Individuals/Patients

Board of Governors – Technical Advisory Committee (TAC) Meeting

January 30, 2025

Tom Schwaninger, L.A. Care

The Interoperability Vision

Interoperability is the ability of two or more systems to exchange health information and use the information once it is received.

- Requirements:
  - ✓ Common data standards
  - ➢ Technical infrastructure
  - ➢ Consent, privacy and security
  - ❑ *Engagement and adoption*

Interoperability is Not:

- Faxes or portals

Interoperability in healthcare refers to timely and secure access, integration and use of electronic health data so that it can be used to optimize health outcomes for individuals and populations.

Today's Topics

Nationwide and Federal Landscape

The California Data Exchange Framework (DxF)

L.A. Care Current Status

Open Discussion – Where is the best value? / Barriers to Adoption?

Nationwide and Federal Landscape

U.S. Dept of HHS - Office of the National Coordinator* (ONC) for Health IT

- Principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
  - Sets health IT standards and certifies vendors such as EHR vendors.
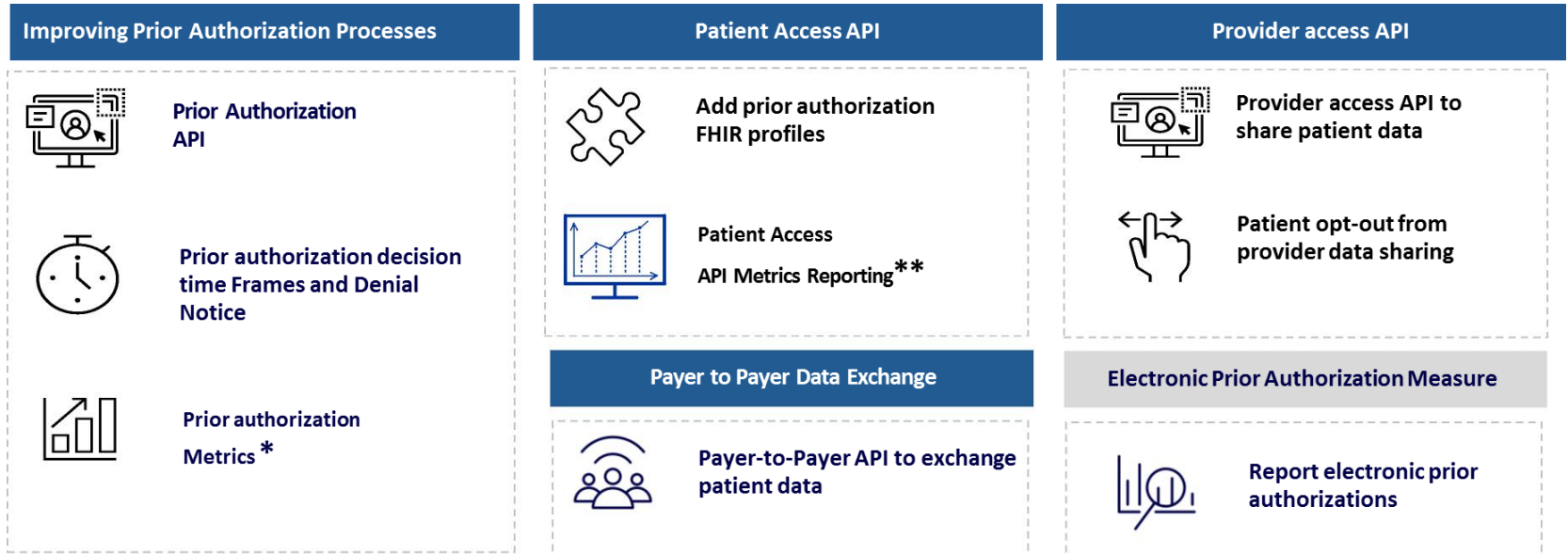 - Provides governance and policy for interoperability of health data.
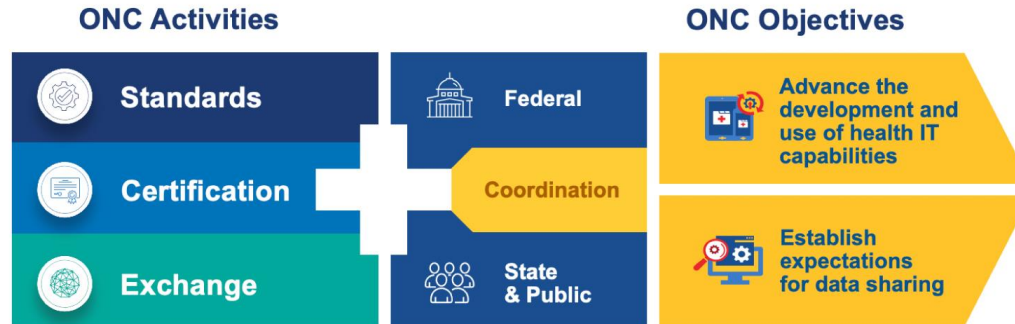
* Now the ASTP: Assistant Secretary for Technology Policy

Nationwide and Federal Landscape

CMS Interoperability Rules enforce ASTP (ONC) Standards across ecosystem.

- CMS Rules **CMS-9115-F** and **CMS-0057-F** effective in phases starting July 2021 - 2026

Improving Prior Authorization Processes
Prior Authorization API
Prior authorization decision time Frames and Denial Notice
Prior authorization Metrics *

Patient Access API
Add prior authorization FHIR profiles
Patient Access API Metrics Reporting **

Payer to Payer Data Exchange
Payer-to-Payer API to exchange patient data

Provider access API
Provider access API to share patient data
Patient opt-out from provider data sharing

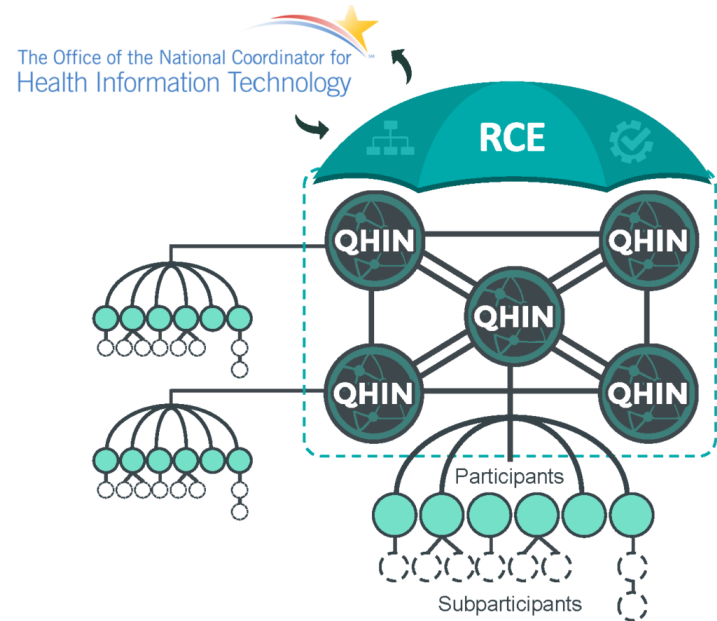| Electronic Prior Authorization Measure |
|---|
| Report electronic prior authorizations |

Nationwide and Federal Landscape

National Framework for Exchange: TEFCA **Trusted Exchange Framework & Common Agreement**

- Network of networks design

- Selected exchange purposes allowed.

- QHIN's (Qualified Health Information Network)

❑ eHealth Exchange	
❑ Epic	Surescripts*
❑ Health Gorilla	Netsmart*
❑ Konza	Oracle Health*
❑ MedAllies	
❑ Kno2	*Candidates
❑ Commonwell	
❑ eClinicalWorks	

The Office of the National Coordinator for
Health Information Technology

California Data Exchange Framework (DxF)

AB133 created the California Data Exchange Framework – Effective Jan 2024/2026

The Data Exchange Framework (DxF) creates new connections and efficiencies between health and <u>social services</u> providers, and others improving whole-person care.

Most entities in healthcare must sign the Data Sharing Agreement (DSA) which requires the secure and appropriate exchange of <u>health and human services</u> information.

AB-352 and AB-254 protect "sensitive" information.

California Data Exchange Framework (DxF)

**The DxF established 9 QHIO's – Qualified Health Information Organizations**

A Qualified Health Information Organization (QHIO) is a DxF designated intermediary that meets the requirements for secure data exchange and other criteria.

These intermediaries offer services and functions to support the sharing of health and social services information.

DxF Participants may choose to use a QHIO or another intermediary to meet some or all of their Data Sharing Agreement (DSA) requirements for secure data exchange.

- Cozeva*
- Health Gorilla*
- LANES (LA+)
- Long Health
- Manifest Medex

- Orange County
- SCHIO (Bay Area)
- SDHC (San Diego)
- SVMS (Central)

*For Profit
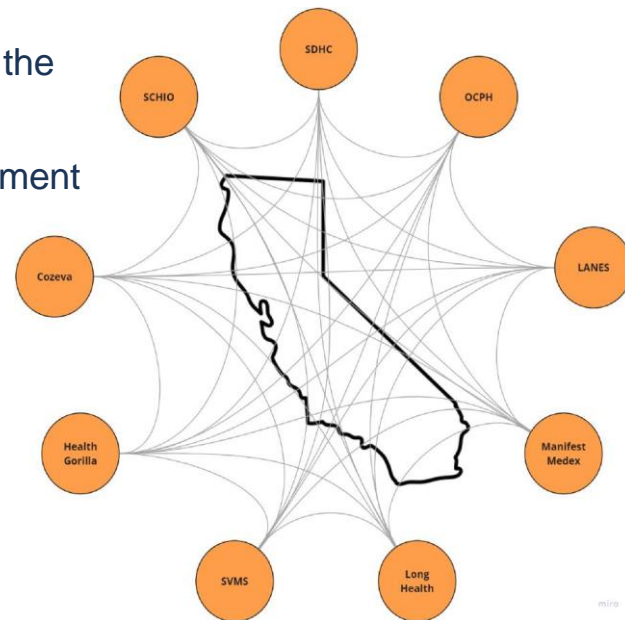
L.A. Care Current Status

L.A. Care selected LANES as it's QHIO Intermediary for the California DxF and on-ramp to the National Networks.

LANES: An independent, nonprofit organization that has developed a community-based health information exchange for LA County and surrounding areas.

LANES Mission: To improve healthcare delivery by providing a platform that enables the cost-effective and secure electronic exchange of patient medical records among healthcare providers and payers.
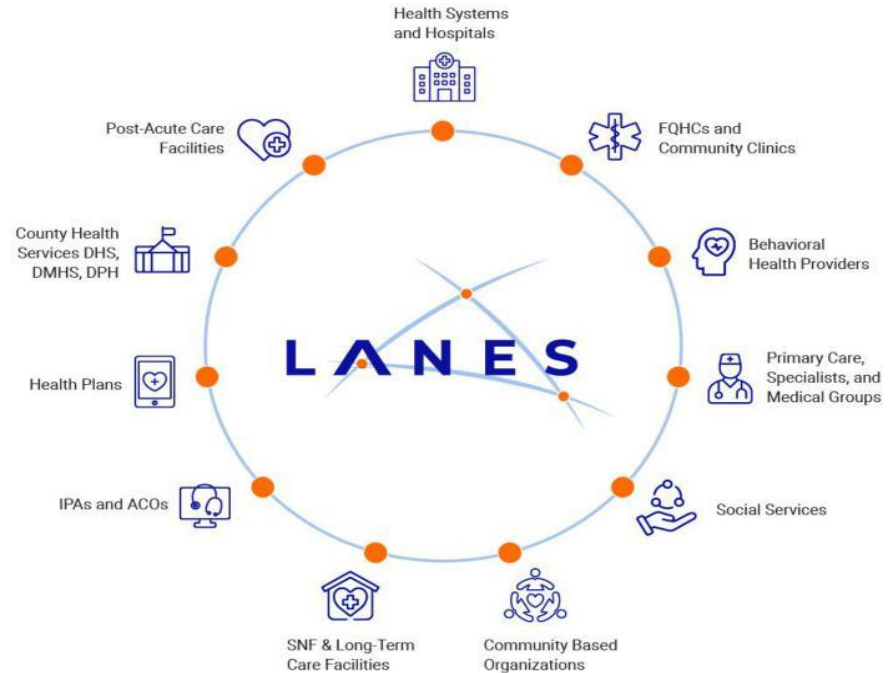
L.A. Care Current Status

L.A. Care is Compliant and Keeping Pace with Regulations

- CMS Interoperability Project launched our API's (Application Programming Interface) for Patient/Member Access and Provider Directory.

- CDR (Clinical Data Repository) Program addressing the California DxF and upcoming CMS rules on sharing data.

- Incorporating real-time ADT's into applications and workflows.

- L.A. Care HIE Steering Committee led by Dr. Amin makes key decisions regarding health/social data sharing.

- L.A. Care serves on the Board of LANES working closely with L.A. County.

The next opportunity is integration of more clinical data into additional use cases and workflows.

Open Discussion: Best Value Propositions / Adoption Barriers

- What are the value propositions for <u>providers</u>? For plans? For patients?

- Adoption barriers:
  - Too burdensome for smaller providers?
  - Trusted data/sources?
  - Too difficult to use in clinical settings?
  - Regulations too difficult?
  - Financial incentives necessary?
  - Provider awareness and training?
  - Privacy and security concerns?
  - Expand scope to social services data and providers?
  - etc.

Appendix

- Hospital Methods of Data Exchange

- California DxF Status – Signed DxF Agreement

- LANES Participants

- LANES Data Services

Hospital Methods of Data Exchange (historical)
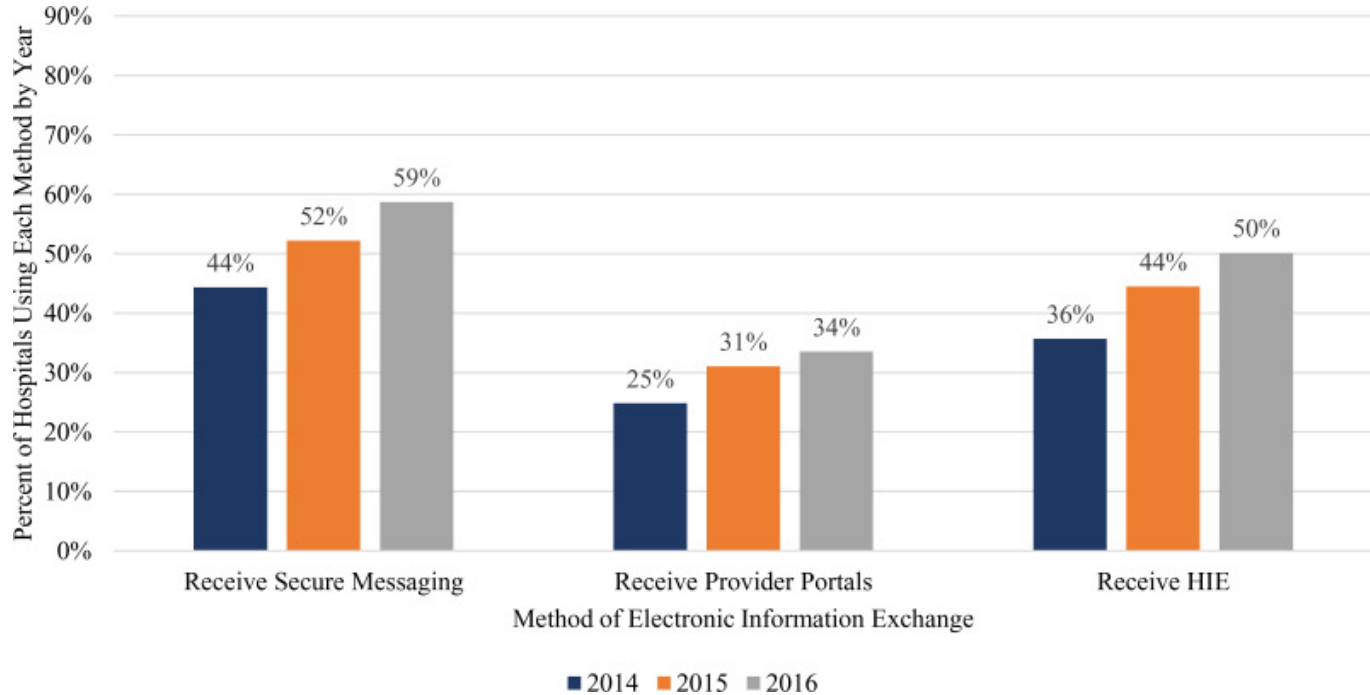
California DxF Status

Entities that have signed the DxF Data Sharing Agreement as of 9/10/2024

Participant Category by Type	Unique DxF IDs
Hospitals (General acute care and acute psychiatric settings)	323 of 463 (70%)
Physician organizations and medical groups	1,797 (of unknown)
Skilled Nursing Facilities (SNF)	824 of 1,190 (69%)
Health Care Service Plans and Disability Insurers (Plans)	88 of 104 (85%)
Clinical Laboratories	319 of 2,480 (13%)
Qualified HIOs (QHIOs)	9 of 9
County – health, public health, social services	49
County (DSA has Primary Org, county level only)	15
State	5
Other (CBOs, non-QHIO Intermediaries, others)	416
Primary Organization with Subs, has indicated will exchange at this level	33
Primary Organization with Subs, no Primary level exchange indicated	191
Total Participant Type Count	**4,073**

LANES Participants

LANES Connects to <u>eHealth Exchange</u> – a QHIN in the National TEFCA Network

- **10 Million Unique Patients**

- **6** Health Plans (L.A. Care, Health Net, Optum, Scan Health, Molina Health, Blue Shield Promise)

- **350+** Ambulatory Practices

- **46** FQHCs and Health Centers (250 sites)

- **37** Acute Care Hospitals

- **5** IPAs/MSOs

- **3** LTC/Post-acute (10 sites)

- **3** Social Service Organization

LANES Data Services

Longitudinal Patient Record – Patient Synopsis

- Physical health data from community providers
- Exclusive access to **LA County Department of Health Services (DHS)** and D**epartment of Mental Health** (**DMH**) data
- Demographics – current and historical addresses, phone numbers and aliases
- Problem lists, allergies, medication, immunizations
- Integration with California Immunization Registry (CAIR)
- Access to Prescription Drug Monitoring Programs (PDMP through CURES)
- Prescription fill data from health plans
- COVID-19 vaccination data from Dept of Public Health
- Diagnostics – labs, radiology, pathology
- Transcriptions – discharge summaries, progress notes, specialty consult notes
- Eligibility rosters and programs