



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

# TTECAC Meeting Presentations

May 14, 2024



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HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

# Member Experience Survey Results



**Compliance & Quality Committee (C&Q)**

**Date: 11/16/2023**

**Presenter: Linda Carberry**



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# Report Content

Important Results From Regulatory Member Experience Surveys include:

- Medi-Cal HP-CAHPS (Consumer Assessment of Healthcare Providers & Systems) Adult & Child (Health Plan CAHPS) HPR (Health Plan Rating)
- QHP EES (Quality Health Plan Enrollee Experience Survey) QRS (Quality Rating System)
- MAPD CAHPS (Medicare Advantage & Prescription Drug ) STAR  
Not Fielded in 2023

# Report Background

## Medi-Cal CAHPS (Consumer Assessment of Healthcare Providers & Systems)

- Adult & Child (Health Plan CAHPS) HPR (Health Plan Rating)
  - Administered between 2/18/2023 and 5/10/2023
  - Final sample included 4,056 members (Adult) and 6,796 members (Child)

Adults completing survey: 652

Children completing survey: 740

NCQA response rates: 16.42% (Adult)  
15.14% (Child)

Results Better than last year

Local Initiative Health Authority, dba **L.A. Care**  
Health Plan  
also known as **L.A. Care** Health Plan



Accredited - Under  
Review by NCQA

Medicaid HMO

CA



Same Rating as Last Year

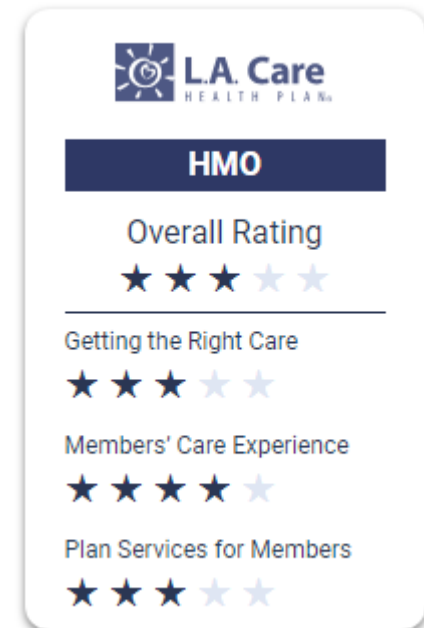
# Report Background

QHP EES (Quality Health Plan Enrollee Experience Survey) QRS (Quality Rating System)

- Administered between 2/17/2023 and 5/5/2023
- Final sample included 1,690 members
  - 213 completed survey
  - Response Rate: 18.23%
    - Similar rate as last year

Preliminary Results: 4 Stars for Member Experience

Covered CA line of business



# Report Background

MAPD CAHPS (Medicare Advantage & Prescription Drug )

- Not fielded in 2023
- Contract changed from CMC (Cal Medi-Connect) to DSNP (Dual Special Needs Plan) effective 1/1/2023
- Members in the contract join on 7/1/2022
  - 0 DSNP members in the contract (still CMC members)
- We were therefore not permitted to field survey for DSNP in 2023
- Next fielding of survey: 2024

Medicare Advantage – DSNP line of business

# Key Findings

- Child scores remain higher than Adult scores
- Adult and Child results have same measures that are scoring at similar levels
  - Same measures are higher and same measures are lower than last year

# Highlights Met: Adult & Child HP-CAHPS

Scores for all Listed Measures have increased since 2022

## HPR (Health Plan Rating)

- **Satisfaction with Plan Physicians**
  - Rating of Personal Doctor (Adult & Child)
- **Effectiveness of Care**
  - Flu Vaccinations for Adults
  
- **How Well Doctors Communicate Composite for Adult**
  - Doctor Explained Things
  - Doctor Listened Carefully
  - Doctor Showed Respect
  - Doctor Spent Enough Time
  
- **Customer Service Composite for Adult**
  - Customer Service Provided Information/Help
  - Customer Service Was Courteous/Respectful

Child Scores Used for Accreditation



# Highlights Met: QHP

Scores for all Listed Measures have increased since 2022

## QRS (Quality Rating System)

- **Rating of Personal Doctor**
- **Rating of Specialist**
- **Rating of Health Plan**
- **Care Coordination**
  - Doctor Had Information
  - Doctor Discussed Medications

# Poor Performance: Adult & Child HP-CAHPS

Measures Needing Improvement

## **Health Plan Provider Network**

- Highly-Rated Personal Doctors
- Highly-Rated Specialists

## **Member Access to Care**

- Having a Personal Doctor
- Getting an Appointment for Urgent Care as Soon as Needed

## **Ability of Health Plan Customer Service to Provide Necessary Information or Help**

# Poor Performance: QHP

## **Focus on these measures for improvement**

- CS Gave Needed Info/Help
- Ease of Getting Care
- Got Help Coordinating Care
- Doctor Informed on Specialty Care

## **Improvement needed in these areas to sustain Improved Scores**

- Info on How Plan Works
- Info on Cost Before Service
- Info on RX Costs
- CS Courteous and Respectful
- Forms in Preferred Format
- Did Not Pay for Care
- Paid Out of Pocket
- Delayed Care Due to Cost
- Urgent Care Access
- Routine Care Access
- Test Results Follow Up
- Test Results Timely
- Doctor Discussed RX Meds
- Saw Specialist When Needed

# Poor Performing Measures: Adult & Child HP-CAHPS

Scores for all listed measures have decreased since 2022

## HPR (Health Plan Rating) Measures

- **Getting Care**
  - Getting Needed Care
  - Getting Care Quickly
- **Satisfaction with Plan and Plan Services**
  - Rating of Health Plan
  - Rating of All Health Care
- **Effectiveness of Care**
  - Advising Smokers and Tobacco Users to Quit Adult

Rating of Specialist

Coordination of Care

Child Scores Used for Accreditation

# Poor Performing Measures: QHP

Scores for all Listed Measures have decreased since 2022 (none significant)

## QRS (Quality Rating System) Measures

- **Rating of All Health Care**
- **Access to Care**
  - Ease of Getting Urgent Care
  - Getting a Check Up
  - Getting Needed Care
  - Seeing a Specialist
- **Access to Information**
  - Ease of Getting Information on the Plan
  - Ease of Finding Costs for Services
- **Plan Administration**
  - Customer Service was Courteous/Respectful
  - Plan Explained Form

# Next Steps

- Provide means to improve Actual Survey Scores
  - Develop action plans from OffSeason Survey DATA Results
    - Regulatory Surveys DO NOT Provide Data Results
  - Review data for providers with members with consistently low scores
- Work with providers to educate and build clear understanding of survey questions
  - Composite questions such as Access to Care, Getting Needed Care, or Getting Care Quickly have associated questions that may not be understood to be associated with Composite Questions or that would be remembered as being addressed during the visit
- Expand virtual outreach (e.g. Webex)
- Encourage movement from answering Sometimes/Never and 0,1,2,3 towards choosing Usually/Always and 9 + 10 (these count towards scores)

# Next Steps

- Use MAPD CAHPS/HOS Offseason Survey Data
  - Analyze results for composite questions
  - Build action plans around those measures that make up STAR Scores using responses of Sometimes/Never and 0, 1, 2, 3
  - Share results with providers and members
  - Providers are not aware of the questions; would help in providing supported care, linking practice actions with composite questions
- Communicate action plans
- In 2023 we developed a QHP Offseason Survey
  - Analyze data in the same fashion as above
  - Use similar approach towards improvement for those questions impacting QRS
- Obtain over sample for HP-CAHPS Adult & Child 2024: these selected members will not be included in the true sample to be scored for NCQA purposes
  - We will receive data to analyze in the same fashion as above
  - Similar approach towards improvement for those questions impacting HPR

# Questions?





## List of Motions approved at May 2, 2024 Board of Governors Meeting

### Motion EXE 100.0524\*

To approve L.A. Care (a) obtaining a letter of credit from a financial institution (such as Wells Fargo Bank, N.A.) to be delivered to the landlord of the Garland building for tenant improvements, as required per L.A. Care's lease contract and (b) cash collateralizing the letter of credit by pledging \$22,727,390 in unrestricted cash to said financial institution in exchange for the letter of credit and depositing said cash with said financial institution.

The Board of Governors have determined that pursuant to California Welfare & Institutions Code § 14087.9605 (b)(2)(d) and (c), L.A. Care is permitted to "contract for services required to meet its obligations" and to "acquire, possess, and dispose of real or personal property" and obtaining and securing the letter of credit in order to facilitate the Tenant Improvements will allow L.A. Care to meet its obligations.

Additionally the Board of Governors have determined that it may "dispose" of its personal property by cash collateralizing the letter of credit. Further, pursuant to California Welfare & Institutions Code § 14087.9665 (a) L.A. Care may borrow or receive funds from any person or entity as necessary to cover development costs and other actual or projected obligations of the local initiative and the Board of Governors have determined that obtaining and securing the letter of credit in order to facilitate the Tenant Improvements is necessary to cover actual or projected obligations of L.A. Care. The Board of Governors have identified \$22,727,390 in unrestricted cash which may be used to cash collateralize the letter of credit by depositing said cash to a public funds interest bearing account with said financial institution providing such letter of credit.

The Chief Financial Officer, the Deputy Chief Financial Officer, or person duly appointed in writing to act in the stead of such officer (collectively, the "Responsible Officers"), is hereby authorized and directed for and in the name of and on behalf of L.A. Care to further negotiate the terms of the letter of credit and fees and security relating thereto and execute and deliver documents and instruments relating to the letter of credit and cash collateralizing and pledging funds to secure the letter of credit with such changes therein, deletions therefrom and additions thereto as may be approved (i) by any Responsible Officer, in such person's discretion, as being in the best interests of L.A. Care, and (ii) by L.A. Care's General Counsel, such approval to be conclusively evidenced by the execution and delivery thereof by the person executing the same on behalf of L.A. Care (the "LC Documents").

Further Actions. The Responsible Officers are, and each of them acting alone is, hereby authorized and directed to take such actions and to execute such documents and certificates as may be necessary to effectuate the purposes of this resolution, including the execution and delivery of the LC Documents, and execution and delivery of any and all memorandums of agreement or understanding, assignments, certificates, requisitions, agreements, notices, consents, instruments of conveyance, warrants and other documents, which they, or any of them, deem necessary or advisable in order to consummate the transactions and requirements as described herein.

All actions heretofore taken by any officer of L.A. Care with respect to the execution and delivery of LC Documents, and the cash collateralizing and pledging funds to secure the letter of credit described therein are hereby approved, confirmed and ratified.

Member Impact: N/A

**Motion numbering of motion summaries may change, if going to the full Board for consideration and approval.**

## List of Motions approved at May 2, 2024 Board of Governors Meeting

### Motion EXE 101.0524\*

To authorize staff to execute an Housing and Homelessness Incentive Program (HHIP) investment agreement in the amount of up to \$3,500,000 with the Los Angeles County Department of Health Services in partnership with Brilliant Corners, to provide accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in the facilities from September 1, 2024 to September 30, 2027.

Member Impact: L.A Care members will benefit from this motion as it will help increase access to homelessness prevention services, including improving members experience and care in during the interim housing phase of their pursuit of permanent supportive housing and providing housing related community support services to support successfully maintaining members housed.

### Motion EXE 102.0524

To accept the Financial Reports for February 2024, as submitted.

Member Impact: N/A

### Motion TAC 100.0524\*

To approve the revised Technical Advisory Committee (TAC) charter, as presented.

Member Impact: None.

**Motion numbering of motion summaries may change, if going to the full Board for consideration and approval.**

# Refreshed Proposal for Meeting State Requirements for Community Advisory Committees



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**May 14, 2024**

# State Requirements for Community Advisory Committees (CACs)

- California issued new contracts for Medi-Cal Managed Care Plans (MMCP) like L.A. Care to become effective January 1, 2024. Included were new provisions for CACs.
  - ✓ Plans must have a selection committee to review and approve CAC members
  - ✓ Member composition of CACs must reflect the diversity of the plan membership
  - ✓ Plans must report annually on the composition of the CACs and their proceedings



# L.A. Care sought stakeholder feedback on the original proposal

- Throughout 2023, L.A. Care held meetings with existing Regional Community Advisory Committee (RCAC) members to present L.A. Care's proposed plan to be in compliance with the new state contract.
- Public comments at Board of Governors (BoG) and Executive Community Advisory Committee (ECAC) meetings indicated confusion about the proposal and its intent.
- In the first four months of 2024, meetings of all eleven RCACs were held to review the L.A. Care proposal and were attended by members of senior management to hear feedback firsthand.
- Based on that feedback, a refreshed proposal was drafted to present to the ECAC on May 14, 2024



# Refreshed Proposal

REQUIREMENT	CURRENT	PROPOSED
Selection Committee to screen and approve CAC members	NONE	Member-centric selection committee
CACs membership must reflect diversity of plan members	Membership is random by who volunteers	Selection Committee will use diversity data and other objective criteria for selection
Plan must report annually on membership diversity and on CAC proceedings	NONE	There will be four-year terms and a two-term limit to assure opportunity to match any changes in population diversity and ensure diversity of member voices
Number of CACs	Eleven established over 20 years ago	Eight to match L. A. County Service Planning Areas (SPA) used to allocate resources. Will provide CACs with valuable data on health disparities



# CAC Meeting Frequency, Membership and Stipends

	CURRENT	PROPOSED
MEMBERSHIP	Varies by CAC Currently a <b>total of 140</b> active CAC <b>members</b>	Maximum of 25 members per CAC <b>TOTAL <u>200</u></b> <b>members</b>
FREQUENCY	Six meetings per year	Six meetings per year
STIPEND	See next slide	See next slide



# Stipend Structure

<b>RCAC Meetings</b>			
		<u>Member</u>	<u>Chair</u>
CURRENT	6 meetings annually	\$70	\$100
	<b>Annual total</b>	<b>\$420</b>	<b>\$600</b>
PROPOSED	6 meetings annually	\$140	\$180
	<b>Annual total</b>	<b>\$840</b>	<b>\$1,080</b>
<b>ECAC Meetings</b>			
		<u>Member</u>	<u>Chair</u>
CURRENT	11 meetings annually	\$50	\$100
	<b>Annual total</b>	<b>\$550</b>	<b>\$1,100</b>
PROPOSED	10 meetings annually	\$100	\$200
	<b>Annual total</b>	<b>\$1,000</b>	<b>\$2,000</b>







# Other Details

- All 140 current RCAC members will be assigned to their corresponding CAC in the new format based on their address.
- All current members will have to complete an application for the Selection Committee to meet state requirements.
- CAC meetings will be held at L. A. Care Community Resource Centers most convenient to the CAC members.
- RCAC meeting agendas will be standardized to enhance member engagement and provide RCAC chairs and consumer board members with the information they need to effectively report on RCAC discussions to the ECAC and the BoG.
- Transportation to and from the CAC meetings will be provided
- Child Supervision will be available at the CRCs.



# Questions for RCAC Members

- Does the ECAC desire to modify the final proposal in any way?
- Does the ECAC support the final proposal with or without modifications to forward to the L.A. Care Board of Governors for adoption at their June meeting?

**If approved, the new eight CAC format will be implemented as soon as possible to resume a routine schedule of CAC meetings.**

