L.A. Care HEALTH PLAN

For All of L.A.

BOARD OF GOVERNORS

Provider Relations Advisory Committee Meeting

May 15, 2024 • 9:30 AM

L.A. Care Health Plan

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

DRAFT

AGENDA

Provider Relations Advisory Committee Meeting
Board of Governors

Wednesday, May 15, 2024, 9:30 A.M.
L.A. Care Health Plan, Conference Room 100, 1st Floor
1055 West 7th Street, 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 live and 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/lacare/j.php?MTID=ma9df28fc04511ed8a4b2f0b5d6f92430

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2482 378 2545 Password: lacare

Teleconference Site

Hector Flores, MD
1720 E. Cesar Chavez Avenue
Los Angeles, CA 90033

George Greene, Esq.
Hospital Association of Southern California
515 S. Figueroa Street, Suite 1300
Los Angeles, CA 90071-3322

Ashkan Moazzez, MD, MPH
1000 W. Carson Street. N14
Torrance, CA 90502.

Haig Youredjian
Western Drug Medical Supply
3604 San Fernando Road, Glendale, CA 91204

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

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.

Welcome		George Greene, Esq., *Chair*
1.	Approve today's Agenda	*Chair*
2.	Public Comment *(Please read instructions above.)*	*Chair*
3.	Approve February 21, 2023 Meeting Minutes p. 4	
4.	Chairperson's Report	*Chair*

5. Chief Executive Officer Report — John Baackes, *Chief Executive Officer*

Committee Issues

6. Participating Physician Group (PPG) Scorecard and Internal Performance Metrics p.17 — Sameer Amin, MD, *Chief Medical Officer*

7. Open Forum

ADJOURNMENT — *Chair*

The next Committee meeting is scheduled on August 21, 2024 at 9:30 AM and may be conducted as a teleconference meeting.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE PROVIDER RELATIONS ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMMITTEE schedule is not yet determined. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT http://www.lacare.org/about-us/public-meetings/board-meetings **and by email request to BoardServices@lacare.org**

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at http://www.lacare.org/about-us/public-meetings/board-meetings **and can be requested by email to BoardServices@lacare.org.**

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Provider Relations Advisory Committee

Meeting Minutes – February 21, 2024

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

Members

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

Management/Staff

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

**Absent* ** *Via Teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	George Greene, Esq., *Committee Chairperson*, welcomed everyone and called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:36 A.M. The meetings were held simultaneously. Mr. Greene thanked John Baackes, *Chief Executive Officer,* and his team for creating this committee that allows providers to raise issues and work together collaboratively to align in creating solutions for the issues identified. Mr. Greene described the process for public comment.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 10 AYES (Ayoub, Booth, Flores, Greene, Moazzez, Raffoul, Silver, Topper, Tyson and Youredjian)**
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES	The minutes of the December 6, 2023 meeting were approved as submitted.	**Approved unanimously by roll call. 10 AYES**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	Chairperson Greene expressed that 2024 is another challenging year for hospitals. Major hospitals in Los Angeles County are still experiencing financial losses. The results of state and federal election could bring significant change. There will be many new individuals with no experience in health care who could be tasked and given the authority to make decisions about policy, regulation and legislation that will affect all providing health care to the communities. Chairperson Greene noted a need to identify those individuals that need education about the health care industry and the role they can play to ensure healthy communities and healthy individuals. He expressed the importance of collaboration. He mentioned a recent example led in large part by John Baackes, *Chief Executive Officer*, regarding the managed care organization (MCO) tax, where organizations and industries came together from across the spectrum of healthcare to work on the issue. He believes if the healthcare industry can come together and collaborate, it could positively impact the delivery of care to patients and the communities. He is happy to have Michelle Tyson, MD, from *Call The Car*, as part of this Committee. Last year, Mr. Baackes indicated a review of the metrics related to Call The Car would be conducted to ensure quality service, for members and providers. Chairperson Greene expressed that there are other areas he believes may need review this year. He is very interested in hearing about the progress of some of the quality tools - those that exist now and those that are being put together. He believes the Committee is a forum for participants, who represent the various sectors of healthcare, to come together and raise and discuss areas where L.A. Care can make a difference. Chairperson Greene thanked all for their participation on this committee. He stated that more dialogue is always better.	
CHIEF EXECUTIVE OFFICER'S REPORT	Mr. Baackes reported that on February 2, the California Department of Health Care Services (DHCS) notified L.A. Care it will retroactively retract 1.5% of L.A. Care 2023 revenue, approximately $84 million. The adjustment will be reflected in the 2023-24 financial statements. When the COVID pandemic started, DHCS retroactively retracted 1.5% of L.A. Care's revenue for an 18-month period. In both cases, DHCS stated that utilization was less than the amount built into the rates, and that was justification for the adjustments. Mr. Baackes added it is more than a coincidence that the California is currently facing a multi-billion dollar budget deficit. The point of reporting is that L.A. Care does not plan to adjust reimbursement to its providers this year, and has not done so in the past.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care advanced payments to providers who needed funds or other resources, and L.A. Care will continue to support providers. L.A. Care's current reserve fund is equal to about 60 days of operating expenses. L.A. Care is in a good position to weather the adjustment. In Medicaid or Medicare managed care, a plan can never close the books because regulators can retroactively adjust plan revenue. L.A. Care has open items from prior years related to risk pools waiting to be resolved by regulators. Mr. Baackes reported that L.A. Care will conduct a series of town hall meetings for hospitals and clinics to communicate current events. L.A. Care will communicate about the MCO tax. The tax was passed last year and it is producing revenue. DHCS plans to distribute the MCO funds through various aid code adjustments. For certain specialty codes, the rate on a fee for service basis will be raised to 87.5% of Medicare reimbursement. DHCS has not advised L.A. Care how to convert that for providers who receive capitation payments. None of the MCO funds have been distributed. There is a concern about future years, because the amount of money available to health care in the first year is not as great as it is in the last two years of the tax. The MCO tax is expected to generate $19 billion over five years, with $8 billion to be diverted to the state's general fund in the first year. L.A. Care will distribute funds to its providers as quickly as possible. The current discussion for next year's budget is how that money will be distributed. L.A. Care and all the other health plans that are in the public sectors are working through the trade association, Local Health Plans of California, to make sure that that funds are distributed to providers in a way that is identifiable and as fast as possible. There is an initiative on the November ballot that would make this tax permanent. The funds going to the State's general fund will be smaller in future years. L.A. Care thinks the ballot initiative is critically important because the MCO tax currently can be adjusted every year by the state legislature. As Chairperson Greene pointed out, there will be a lot of new legislators in Assembly and Senate who may not have the background or the knowledge in health care. It is a concern the legislators would address the crisis at the moment and divert the funds away from health care. Sameer Amin, *Chief Medical Officer*, discussed the Managed Care Accountability Set (MCAS). MCAS set of performances measures that DHCS selects for annual reporting by Medi-Cal managed care health plans (MCPs). The sanctions in MCAS are significantly increased. There is a quality withhold on L.A. Care's revenue. MCAS also affects auto assignment apportionment. If performance does not meet the standards, all of these combine in a	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	potentially significant financial penalty for L.A. Care and a significant shift in L.A. Care's unassigned membership. L.A. Care has been reporting and discussing the sanctions in MCAS in great detail. Last year the sanction was around $89,000, and this year it was $890,000, despite improvement in quality scores. When you look at L.A. Care' improvement in quality and see the exponential increase in financial penalty, it does not make sense. There were significant methodology errors and calculation issues which LA Care addressed with DHCS. The response was that DHCS agreed with L.A. Care but issued the $890,000 fine. DHCS moved from a ranking of L.A. Care against state and regional performance where L.A. Care was in the top tier of quality, to ranking L.A. Care against national benchmarks from states that have very different Medicare and Medicaid programs. There was a significant change in the calculation, such that it was heavily dependent upon the number of members enrolled in the health plan. L.A. Care is the largest Medi-Cal health plan. Even if L.A. Care is 1% off, in terms of quality, from the minimum performance level, L.A. Care is drastically affected by sanctions. L.A. Care has appealed and believes that the appeal will be adjudicated in 2025. Dr. Amin expressed that he is describing this to the Committee because L.A. Care will ask the Committee for support. Dr. Amin explained the auto assignment algorithm determines the new members that are assigned to L.A. Care or Health Net. DHCS changed the methodology that was based on quality metrics. L.A. Care has performed better year over year and performed better in comparison to Health Net. The algorithm moved L.A. Care from a 59/41 split to 52/48. When L.A. Care performed the calculation the change did not make sense, because of a methodology change and an issue with baseline calculations. L.A. Care went back to DHCS to request a review to correct the calculation errors. L.A. Care also asked for a review of the new methodology, which is drawing L.A. Care closer to 50/50 with Health Net, despite L.A. Care performing better in terms of quality. L.A. Care engaged and collaborated with DHCS, brought a lot of expertise and mathematicians to the table, and was able to convince DHCS that there was an issue. DHCS moved L.A. Care to a much better split of 64/36, and L.A. Care is receiving a substantially higher percentage of unassigned members. DHCS signaled to L.A. Care that in future years,	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	they will continue to draw closer to 50/50. The reason is unclear, but that is going to be another negotiation L.A. Care will have with DHCS. DHCS have signal to us they may increase the quality withhold. DHCS withholds those funds and only releases funds to L.A. Care if the health plan performs well on these quality metrics and the quality metrics align. L.A. Care needs the voices of community providers to advocate for sensibility. Eventually, as the funds are withdrawn from L.A. Care, the County and the healthcare ecosystem, it will affect providers down the line. L.A. Care also needs help with the quality metrics, give L.A. Care information about gaps, and make sure that L.A. Care has acknowledged those gaps are closed in its system. If providers and L.A. Care cannot achieve the quality metric threshholds, L.A. Care will not receive the payments that providers need. Mr. Baackes noted that advocacy aligns with Chairperson Greene's comments about the collaboration L.A. Care was able to achieve on the MCO tax, because that brought hospitals, providers, clinics, health plans, and labor together working for the same thing. Mr. Baackes noted that would be true here. at the next meeting L.A. Care will ask for support on an issue on how the DHCS rates affect the safety net of providers. Mr. Baackes added a further comment on the auto assignment rate: about 40% of the people who apply for Medi-Cal are asked to pick Health Net or L.A. Care. About 40% of the people do not pick either one, so the auto assignment algorithm is critical. It reflects L.A. Care's higher quality scores and is very important to L.A. Care. Richard Ayoub, *Project Angel Food*, asked if L.A. Care would have any provider rate cuts as a result of the $84 million clawback. Mr. Baackes informed that L.A. Care will not pass the cuts on to providers. L.A. Care will rely on its reserves this year. Mr. Ayoub also asked about L.A. Care's operating costs per month; with 60 days of cash reserves, it is about $800 million a month. Mr. Baackes responded that L.A. Care is operating on $10 billion annually. Board Member Stephanie Booth suggested that L.A. Care be more conservative to save and suggested creating a 5-year plan. With all of the regulations and all the changes, it seems that L.A. Care needs to focus on working toward a good future and not be constantly bothered by new regulations and sanctions. She asked for information about the MCAS. Sabra Matovsky, *Health Care LA, IPA*, noted the way some of these quality metrics happen and how these gaps need to be closed. This labor intensive administration of data creates a tremendous amount of manual effort that takes time and energy away from providing health	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	care and takes a lot of resources out of the system. In California, a baby is covered under the mother's insurance for the month of birth and 1 additional month. All the well-baby visits are in the mother's health insurance profile because there is not a profile on the baby. If a provider is to get credit for the well-baby visits, it needs a huge amount of manual digging to find the mother, go through the mother's chart to see if there is any information in there about the baby. The same happens with lab information, it is very hard to get a hold of when the patient walks into a lab and does not know who they belong to or where to send the lab results. Lab results then have to be manually entered into a system. It is a huge amount of manual work; providers struggle to maintain the workforce for that. Ms. Matovsky added that she would be happy to advocate for L.A. Care. Dr. Amin agreed with Ms. Matovsky. He had discussions with DHCS leadership on these issues. There are also issues with dental care measures. DHCS brought in providers to discuss the DHCS measures. In his last meeting with DHCS leadership, they indicated that they are considering changes to some of the metrics. Dr. Amin asked the Committee to develop joint advocacy, because it can be a huge contributor to physician burnout, low reimbursement at the provider level and increase the administrative burden. Collecting the data for the measures cascades down to the provider level. Adding more quality measures will lead to more sanctions. Ms. Matovsky stated they are planning to go to Sacramento in mid-March 2024 to advocate on managed care issues. She added the scores make it seem that providers are not providing quality care, and is demoralizing to providers. Dr. Amin expressed that L.A. Care would be happy to join their advocacy. With regard to the administrative burden, L.A. Care is committed to making that process easier for providers. L.A. Care will hold quality improvement meetings. L.A. Care will double down on IT connections with some of the clinics. The measures are calculated differently, whether it is immunization, well-child visits, etc. L.A. Care need a more sensible way to calculate these that people can get credit for the work they are doing. Dr. Tyson commented that in the past, transportation was seen as a way to deliver a member from one place to another. Call the Car endeavors to provide metrics for the patients. Call the Car's service in California has increased 10-13% in delivery requests over the last few months. Members are going to the doctor more frequently utilizing their benefits. Next year, it will require a lot more to get members where they need to go. The increased	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	regulations on things that do not matter affect sanctions, unless deposited back so Call the Car can take care of the members. The network is fragile. Chairperson Greene noted that coming out of the pandemic, there was underutilization of health care services. He added that it is desirable for patients to be proactive with their health care and health issues, and increase utilization. He suggested that be taken into account with regard to provider planning in managed health care. Hector Flores, *White Memorial Residency Program,* commented that the health plans in Los Angeles County and other counties have overlapping provider networks. The extent that there is a difference in quality for a health plan often depends on people, i.e., IPAs have a larger enrollment from L.A. Care, so they are going to pay more attention than they do the other plans, or it could be the other way. The level of administrative burden trickles down from the providers to the health plans, and then to the organizations because the health plan receives negative quality scores. Plans relay on individual providers and we need to recognize that. We have common ground with competitors. That is part of the procurement process. There is common ground with Health Net and Molina and providers can develop a joint message and will be more effective because competition in one person's eyes is also a way to divide and conquer in another person eyes. If common ground can be found with Health Net and Molina, who have the same complaints about the administrative burdens, we should be able to use a single message. There is still going to be individual associations that need to happen, in large part because we do not want to be anti-competitive but there is an opportunity to bring everybody together with a single message through the town halls. Dr. Flores suggested inviting Health Net and Molina to join the Committee, find a common ground and start working together. All can approach their elected officials. As Chairperson Greene said earlier, the approach is within the silo for the industry. Instead of what makes sense for California, providers can advocate for what makes sense for Los Angeles County. Find and identify the common ground, and then make sure that all support the talking points. Even though each has their own individual meetings, all have the common talking points. That is what made the MCO tax effort successful. Mr. Baackes asked Dr. Amin to report on how L.A. Care got DHCS to modify the transitions of care regulations, which would have been enormously burdensome. Dr. Amin described the transitions of care regulation, which is the best example of how L.A. Care was able to move to a more sensible position. The original request was for L.A. Care to handle the health plan side or coordinate transitions of care from a hospital to a skilled nursing facility (SNF), from a SNF to home or from a hospital to home. This was to apply to every	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	member in L.A. Care, and would require L.A. Care to duplicate much of the work that the hospitals are doing and duplicate a lot of the work the primary care doctors are doing with the SNFs are doing, based on the guideline. This was presented to DHCS two years ago, but there was not a lot of movement by DHCS. DHCS felt it is the right thing to do even if it has to happen twice. When L.A. Care met with DHCS, DHCS advised it would be implemented, particularly in a low risk cohort of patients, which is the great majority. L.A. Care responded with significant expertise. Dr. Amin asked Steve Chang, *Senior Director, Care Management*, to report. Operations Case Management presented to DHCS the fallout that would occur. 1) L.A. Care would necessarily hire staff away from hospitals and providers to do this work. 2) It would cause a lot of confusion in the community, and 3) It would be a sunk cost, because the work is already being done. L.A. Care presented re-written DHCS guidelines to them. After months of writing back and forth, L.A. Care encouraged the provider community to speak up, and DHCS heard the providers. All of the provisions that L.A. Care proposed to make this a much more sensible policy were written into the formal guidelines. DHCS issued an updated guideline incorporating a lot of what L.A. Care had suggested. Working together as a community moved it forward. Mr. Chang specifically mentioned that Health Net, Molina, Blue Shield Promise, Anthem Blue Cross and L.A. Care l participated, acting as one unit.	
COMMITTEE ISSUES		
Update on Provider Awareness for Enhanced Care Management/CalAIM	In response to a question from the previous Committee meeting about how L.A. Care is triggering provider awareness of California Advancing and Improving Medi-Cal (CalAIM), Dr. Amin introduced Noah Kaplan Ng, *Director, Enhanced Care Management*. Mr. Ng provided an update on efforts underway to inform L.A. Care's provider network. • L.A. Care and its Plan Partners, along with Health Net and Molina partnered to co-develop a comprehensive CalAIM Enhanced Care Management (ECM) and Community Supports (CS) training for the entire contracted provider network. The presentations included: o An overview of what ECM and Community Supports o Populations of focus eligible to receive ECM o Information which CS are provided by L.A. Care and Plan Partners	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	○ How Providers can refer Members to ECM and CS ○ The process L.A. Care and Plan Partners follow to authorize ECM and CS • Webinars were held on: ○ October 20. 2023: Enhanced Care Management & Community Supports Overview. ○ November 7, 20233: Overview of Enhanced Care Management & Community Supports in Los Angeles County ○ December 7, 2023: Town Hall: Overview of ECM & CS in Los Angeles County • A recording of the training was also shared with providers • 471 contracted providers attended a webinar This ties together the importance of collaboration with the other health plans in the County. It is a shared network and L.A. Care recognized that if each plan was going to go about it on their own, each plan was going to reach out to providers and clinics and ask them to come to L.A. Care's training on CalAIM. It was going to burden L.A. Care providers. The plans got together into this collaboration with representation from the health care arena. L.A. Care will continue to collaborate and seek feedback from providers. If there are barriers in the referral process, L.A. Care will make sure that those closest to the members are identifying issues. Mr. Ng acknowledged and thanked Mr. Ayoub, L.A. Care's largest provider of medically tailored meals program, for his support. Ms. Matovsky noted there have been many training sessions about Medi-Cal eligibility and benefits. Providers struggle with timely and clear communication of eligibility. They do not receive proper lists from a number of the health plans. They may have an in-patient discharge and need to determine who the provider is, whether or not that provider has made contact with that patient, or what the plan of care is for that patient. They do not receive the information needed to discharge a patient and get them out of the hospital. When this happens the patient is not reconnected to the provider, and the cycle repeats. Timely communication about eligibility is needed. The information is limited and do not include all of the supporting agencies that would be involved in trying to make sure that that patient gets back to the provider when the moment comes that patient really needs the provider's help. Mr. Ng responded that data is always a challenge. Health plans recognize that the most effective way to identify members eligible for the services is in person. It is important to partner with different agencies in the County such as LANES and others to ensure the information is available for hospital staff and/or discharge planners. Transition of Care	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	(TC), when done correctly, help resolve some of those issues to make sure that every single member needs is identified before discharge. He suggested that L.A. Care partner with preferred providers to determine how to allow members to have expedited enrollment. That is one of the gaps that L.A. Care is reviewing. That process can take a little bit of time in reaching the member or the lead care manager. Dr. Flores asked if follow up was done with those who attended training to see if they can provide case studies to help take better care of the patients. The discharge planners at White Memorial are dealing with so many different other issues and do not have an automated system to track patients. It would be helpful to follow success stories and review lessons learned. Dr. Amin noted L.A. Care can reach out to providers after the training and webinars, and can conduct surveys. Dr. Flores is raising issues very specific to the experience and where the gaps are, especially during discharge. Dr. Amin added that L.A. Care has some success stories that can be provided. **Public Comment from Kerry Jenkins via Chat** *ECM transparency does pose a challenge, it would be beneficial if ECM assignment information becomes available in LANES and other HIE networks. The ECM contact details is important as well.* Dr. Amin responded that L.A. Care is looking and hoping to get to a place where it is available in the enrollment for the lead care managers. L.A. Care has found challenges in the incredible burden that providers face with long spreadsheet reports provided by DHCS. For some providers, it is a real technical challenge. L.A. Care is working with internal IT and with providers determine ways to get this information into the system so it is available when needed. Committee Member Booth suggested this is one area in which L.A. Care could invest. If L.A. Care could be a repository of information, L.A. Care could connect with providers that need information about the patient, and could add information about which providers are serving the member, and include referral information. Noah Paley, *Chief of Staff,* responded that L.A. Care is working on the IT infrastructure. Dr. Amin noted that L.A. Care has a presented a dashboard matrix to the Board and Committees in closed sessions. L.A. Care is developing a similar report for public	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	distribution. Staff is discussing what information would be helpful for this Committee, and will be discussing quality improvement amd provider administrative dashboards. Chairperson Greene noted there is a hospital workgroup of the Hospital Association of Southern California discussing a matrix that might include information from L.A. Care. He asked the Committee to comment on the information that would be helpful for this group. Dr. Amin noted that a UM performance dashboard with data derived from joint operations meetings could be presented at the next meeting. Haig Youredjian, *Western Drug Medical*, suggested consideration of additional portal to manage patient referrals, authorizations and expedite discharge. They have been struggling with providing expedited service for membership, because of waiting on authorizations. It takes a takes a lot of time and resources waiting for authorization for service. He wants to see something that can be integrated into an IT infrastructure. Dr. Amin noted that Dr. Booth suggested a 5-year plan and provider portal could tie together. Staff is working with IT on a plan to upgrade the data system, with delivery expected at the end of Q1 2025. This will be an overhaul of L.A. Care's network operation system with a reconfigured single database and an integrated task management workflow. It will enable provider data management and provider network teams to perform tasks associated with provider enrollment and provider maintenance in one platform. Staff will be able to see things in queue, see where things are stuck, and more important, be able to update information and provider data source in real time: 1. L.A. Care is developing a new IT platform for patient quality issues. 2. A new system moving UM platform to tie to other issues that will be more stable and deliver more automation to increase productivity. 3. Upgrading claims system to open up opportunity for not only auto adjudication of claims, but also better tracking and payment. It is going to open up L.A. Care's ability to pay claims better and faster. 4. A Provider Portal will be built in-house to be launched in June. It will start with hospitals first, and then in September the remainder of the providers will come online. 5. Case management upgrade coming online in 2024. 6. Staff is working on an infrastructure overhaul for member, clinical and provider data and the many initiatives that L.A. Care is working on.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	There will be easy smart forms available online that will allow referrals to come in to L.A. Care's system electronically. Dr. Amin asked committee member's help in encouraging the provider community to use the provider portal.	
OPEN FORUM	At the last meeting, there was discussion about a key performance indicator (KPI) report that might be helpful for the committee members. Dr. Amin responded that staff presents a performance dashboard for the Board of Governors that includes many of the administrative metrics. Because of the proprietary information content, it is shared with the Board of Governors in closed session. He asked for suggestions about metrics would be most meaningful for the committee members. Since then, staff worked on providing dash board information in two forums: 1. The Joint Operations Meetings (JOM) conducted with operations, health services, and network team. During these meetings, L.A. Care shares quality and administrative metrics. 2. The Quality Improvement meeting is a jump off from the JOMs specifically around the measures being presented during the quality improvement meetings. Dr. Amin added a provider dashboard is being created that will contain quality information and administrative metrics and can be shown during quality improvement meetings, including over/under utilization. Staff committed to bring the dashboard reports at the next meeting. Staff can also present generalized data derived from the quality improvement dashboards in open session. Mr. Ayoub expressed his appreciation to L.A. Care, Mr. Baackes and staff, for supporting community based organizations in Los Angeles County. L.A. Care cares so much about the community, using California money to create California jobs, keep people employed and feed people in California. **<u>PUBLIC COMMENT</u>** *Hello,* *I would like to say to everyone HAPPY BLACK HISTORY MONTH.* *I believe LA County definitely needs to do more outreach to the most underserved community in the US, in California and Los Angeles County and if there could be more sensitive convenient places for Black People to feel more comfortable with receiving healthcare this could help self lives. Health-care providers had a whole month of open opportunities throughout Los Angeles County to join popular events and smaller*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	community outreach CBO's that gave peer on peer support and necessary information to the Black community during Black History Month but, I myself, have not seen none at any of the events I've attended. Also no information was forwarded to me either. *Everyone I've spoken to recently, never received any information about events I'm not saying that there wasn't any but most importantly no one received any info about any events.* *What would have been great is a MEDICAL BHM event throughout the county with LA Care and CBO's. That would have been most convenient. These important neighborhood events throughout the county where senior's had better access to a smaller venue and families felt more comfortable with their kids in there own communities or areas would have been spectacular.* *That would have a great way to reach out to the population with one of the highest mortality rate in the county. We need to have more time for the Black community because what I receive from the Black people that I speak to is that they feel threatened by many aspects of the medical field those who have been undiagnosed, under diagnosed, misdiagnosed, pre diagnosed would be reluctant to even go to the doctor. They would end up worse then they did before they came. So they would have to self diagnose themselves and their family before even going in to the doctor's office.* *If we had more peer on peer support and open conversation we could complete an honorable task before any other Healthcare provider which is give more overall comfort to the Black community in knowing there will be no DISCRIMINATION with EXAMINATIONS.* *Hector Flores, MD I think you do great work and this month would have been a great opportunity to do more outreach.* *Thanks again, Andria McFerson, RCAC 5*	
ADJOURNMENT	The meeting adjourned at 10:58 a.m.	

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

APPROVED BY:

_____
George Greene, Esq., *Chairperson*
Date Signed _____

Provider Relations Sub-Committee Quarterly Meeting

Performance Monitoring
May 2024

L.A. Care HEALTH PLAN

Table of Contents

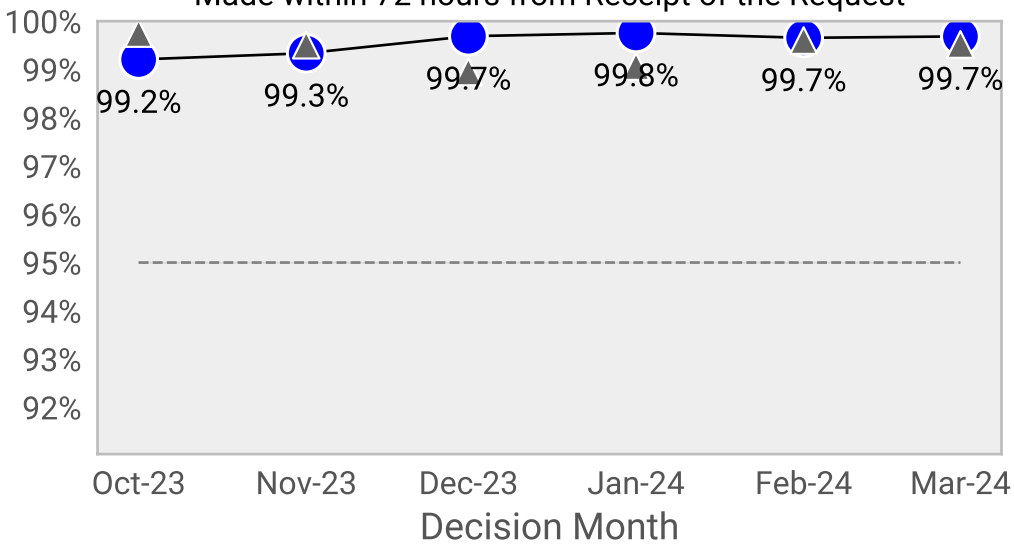
L.A. Care HEALTH PLAN

Medical Management

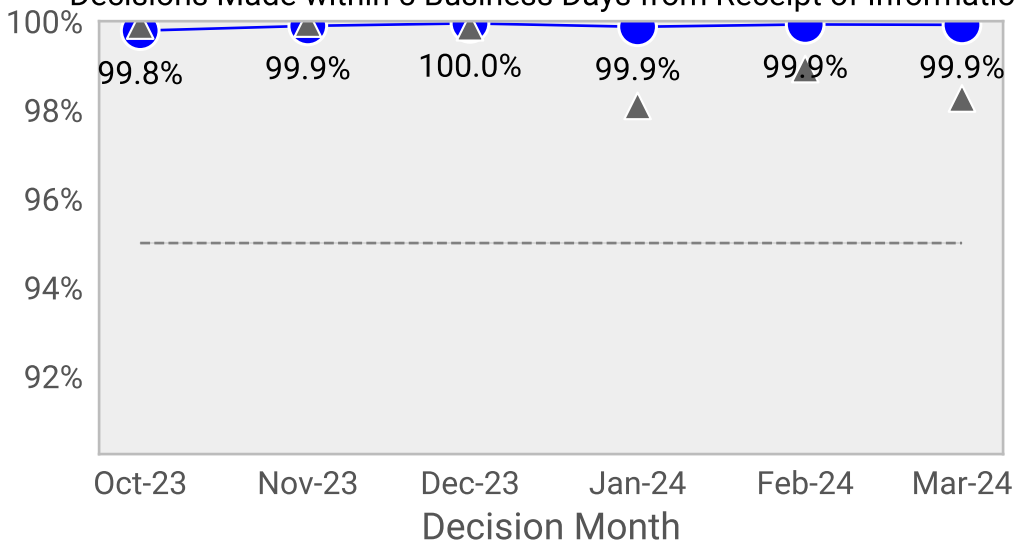
L.A. Care HEALTH PLAN

MCLA Authorization Processing Timeliness

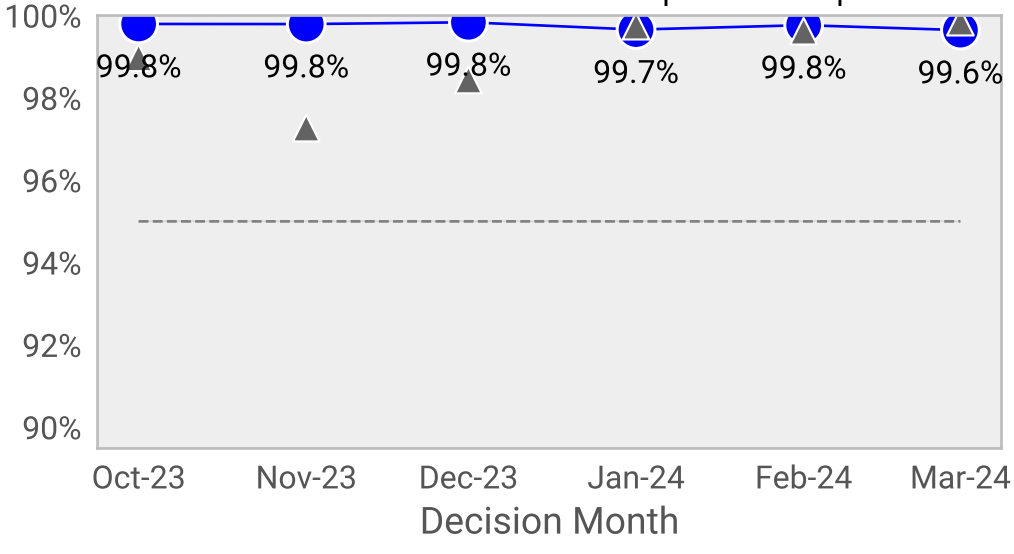
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



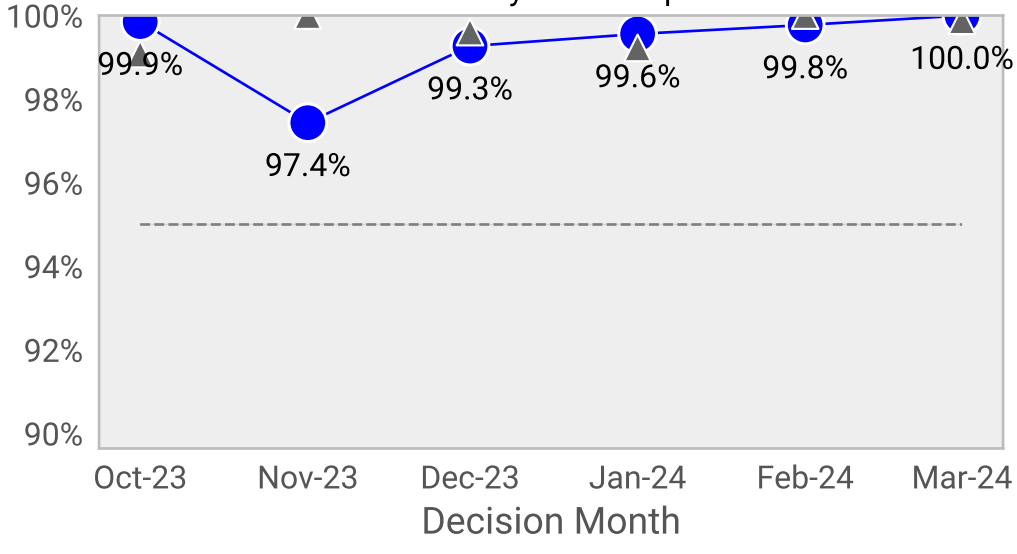
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



Expedited/Urgent Concurrent Service Request Decisions Made within 72 hours from Receipt of the Request



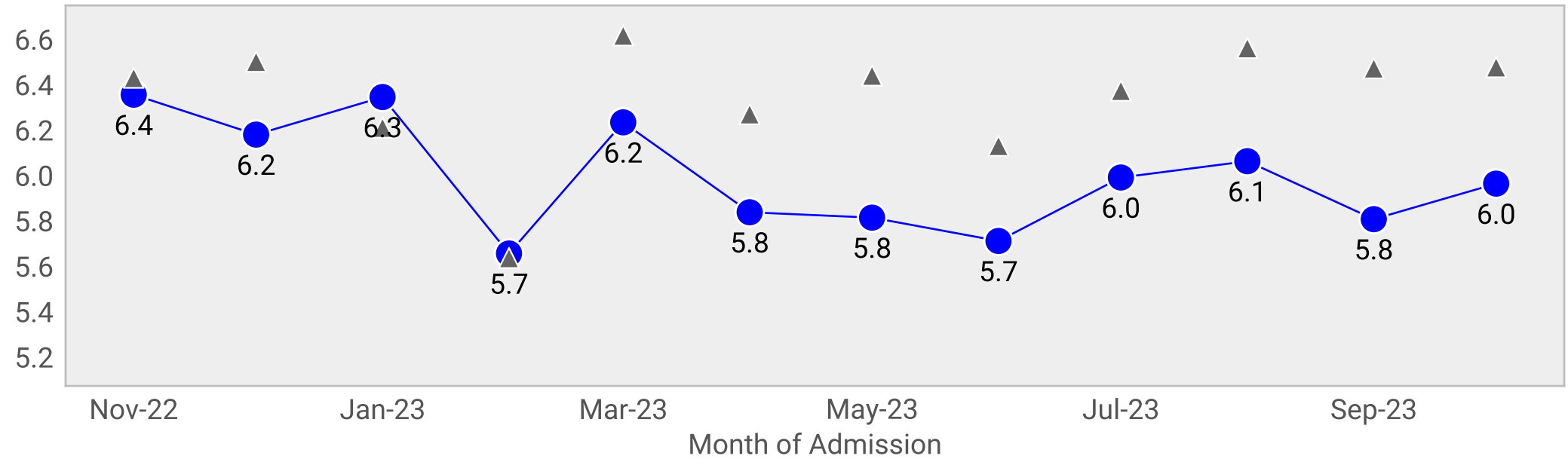
Post Service Request Decisions within 30 Calendar Days of Receipt of Information



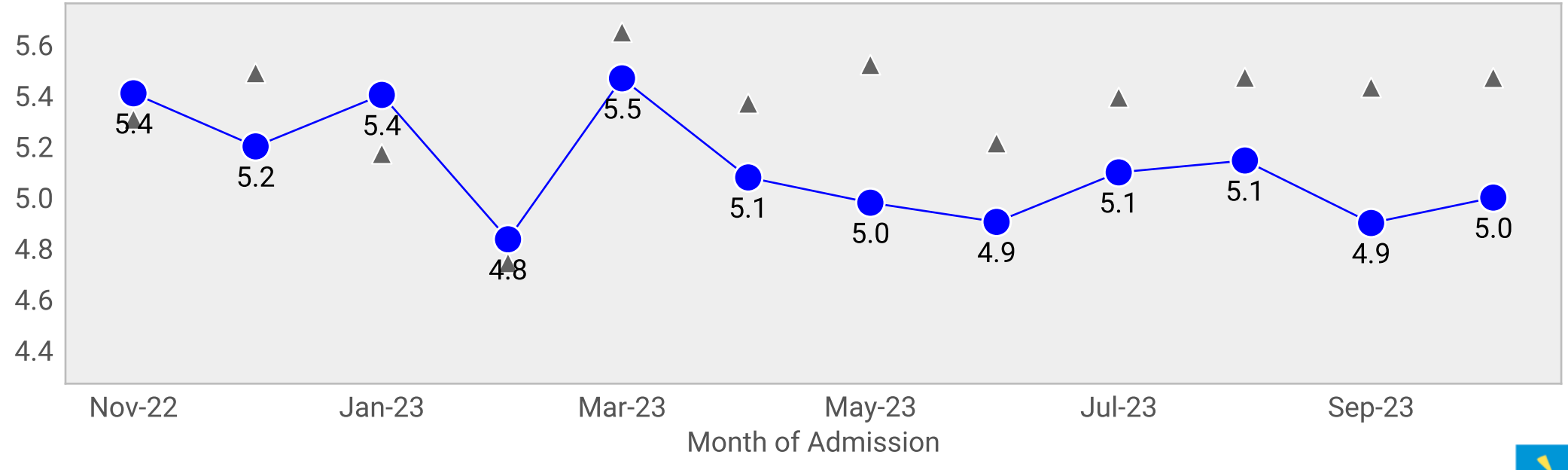
Triangles display the previous year's performance for the same month.

Only includes authorizations processed directly by L.A. Care.

Total MCLA In-Patient Hospital Admissions PTMPM



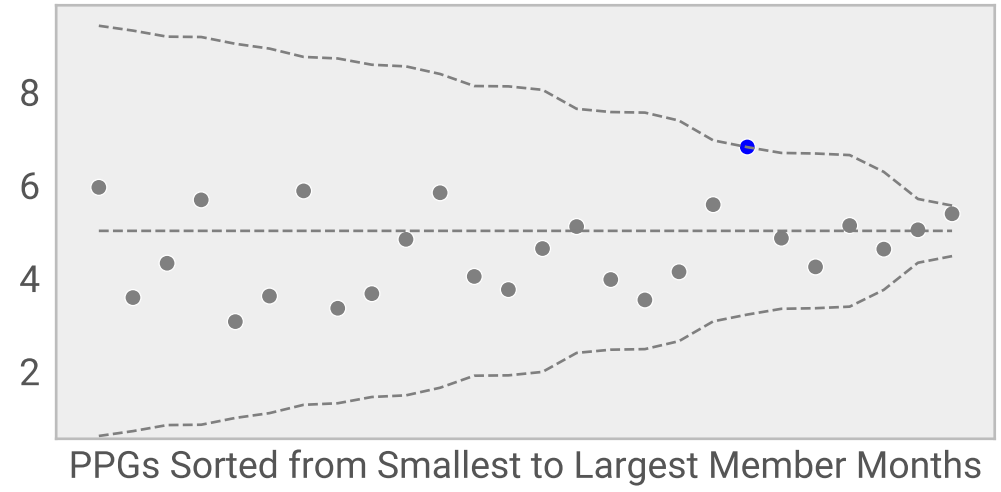
Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



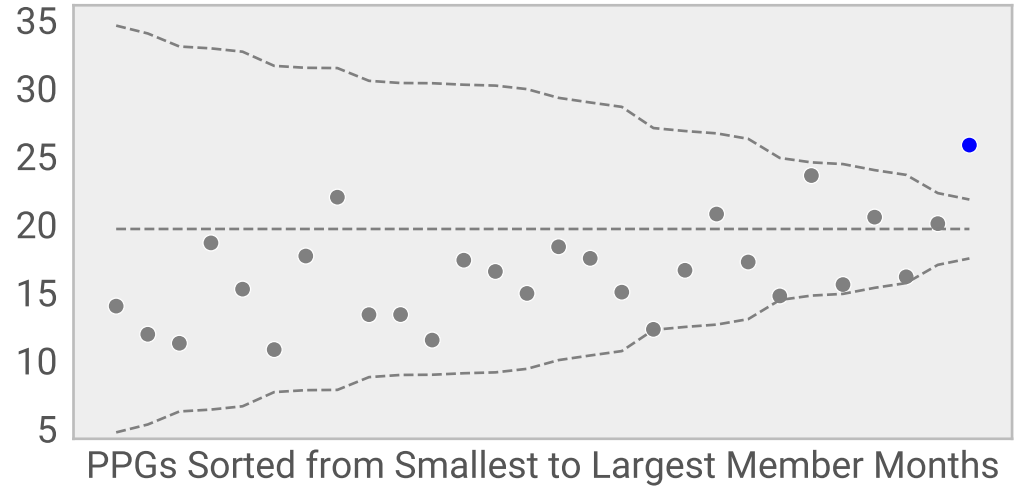
Triangles display the previous year's performance for the same month.

MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG
U' Charts
Assessment Period: Nov 2022 through Oct 2023

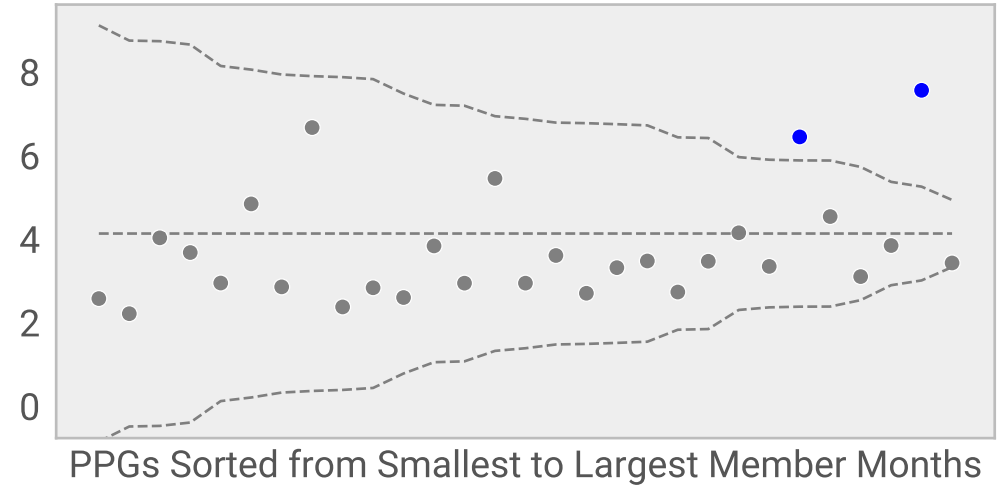
MCE



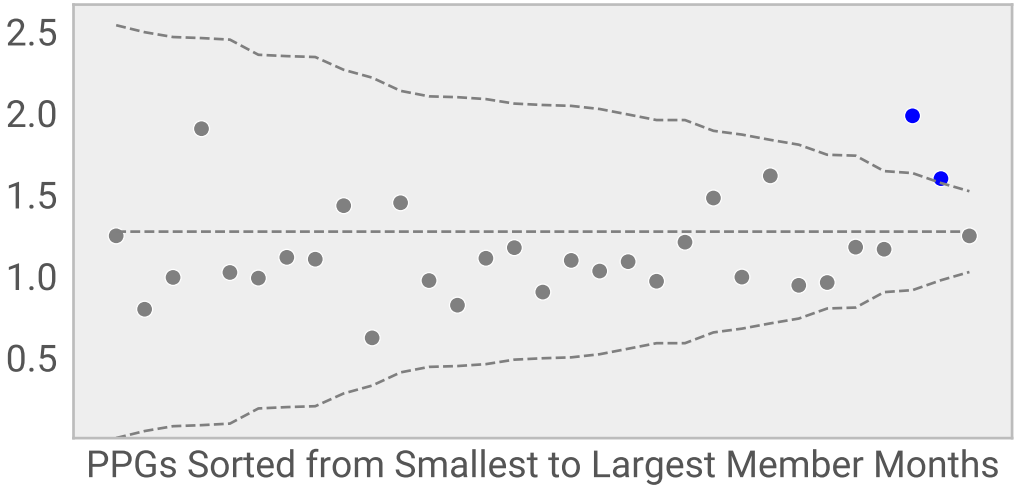
SPD

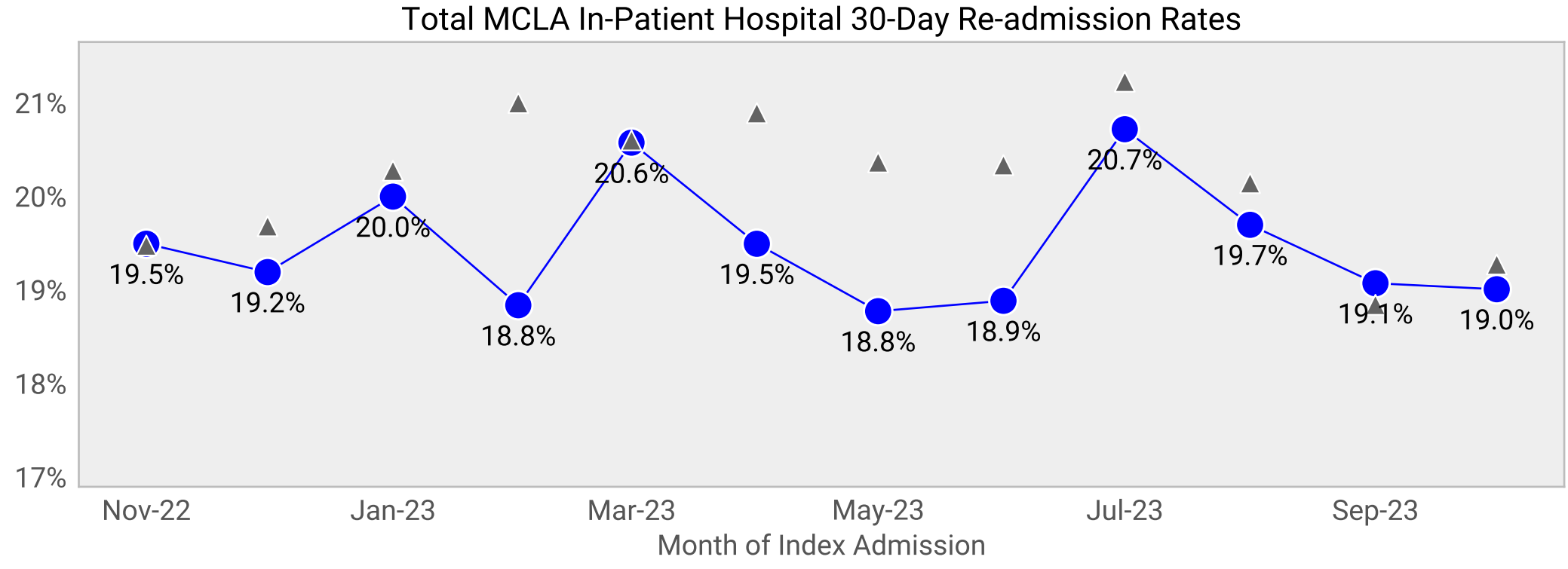


TANF - Adult



TANF - Child

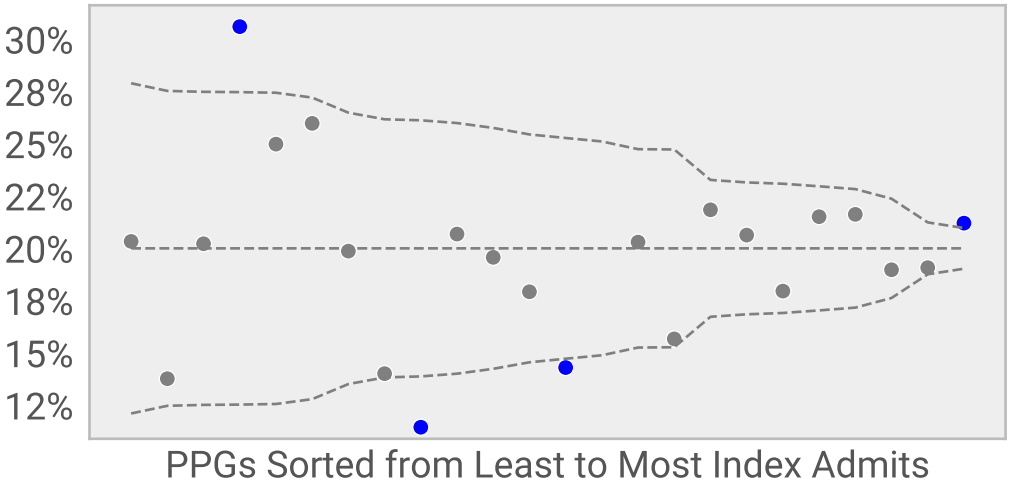




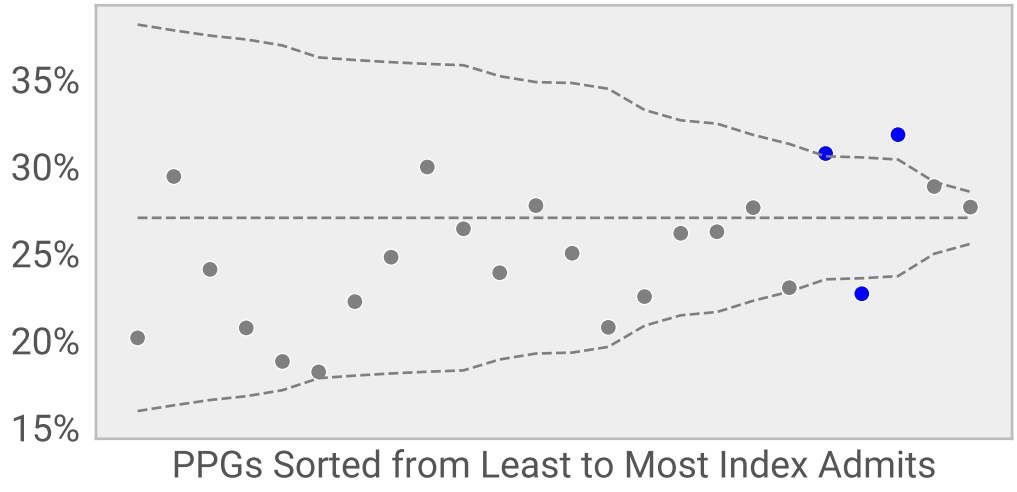
Triangles display the previous year's performance for the same month.

MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG
P Charts
Assessment Period: Nov 2022 through Oct 2023

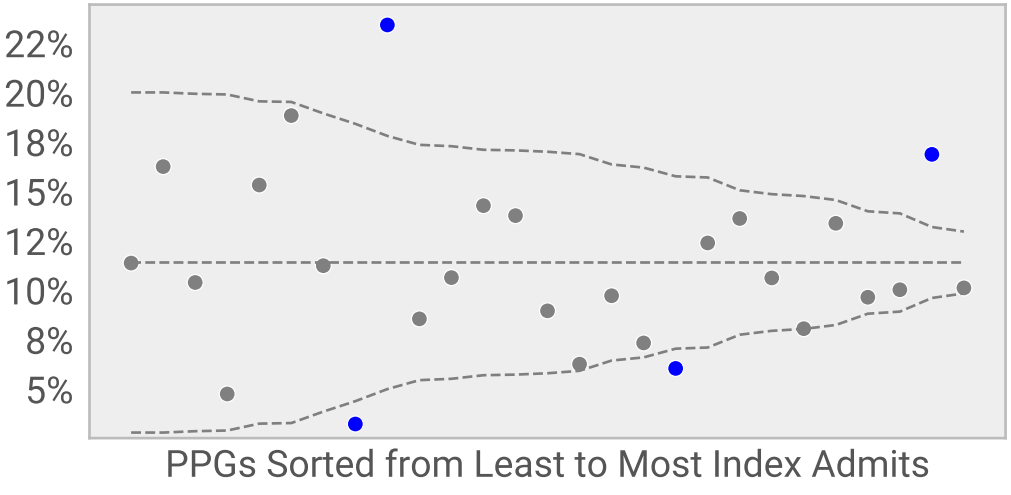
MCE



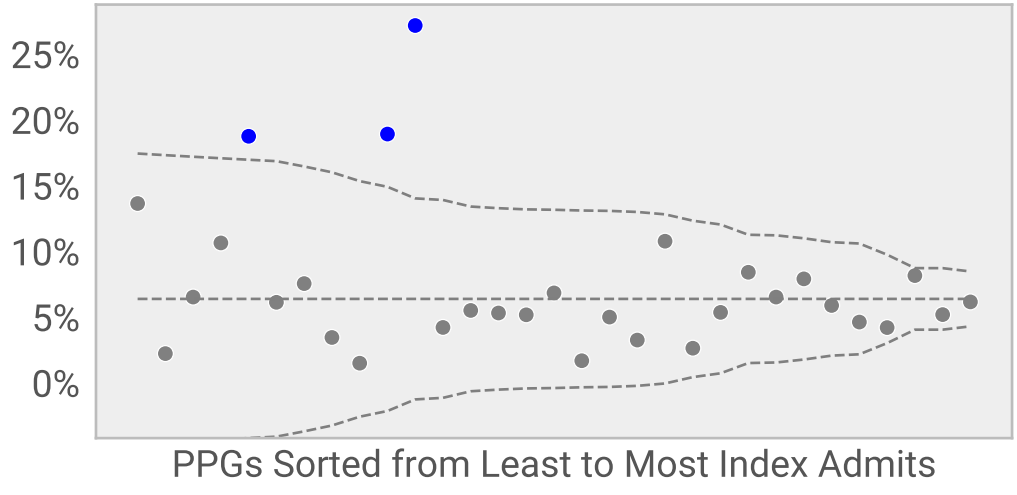
SPD

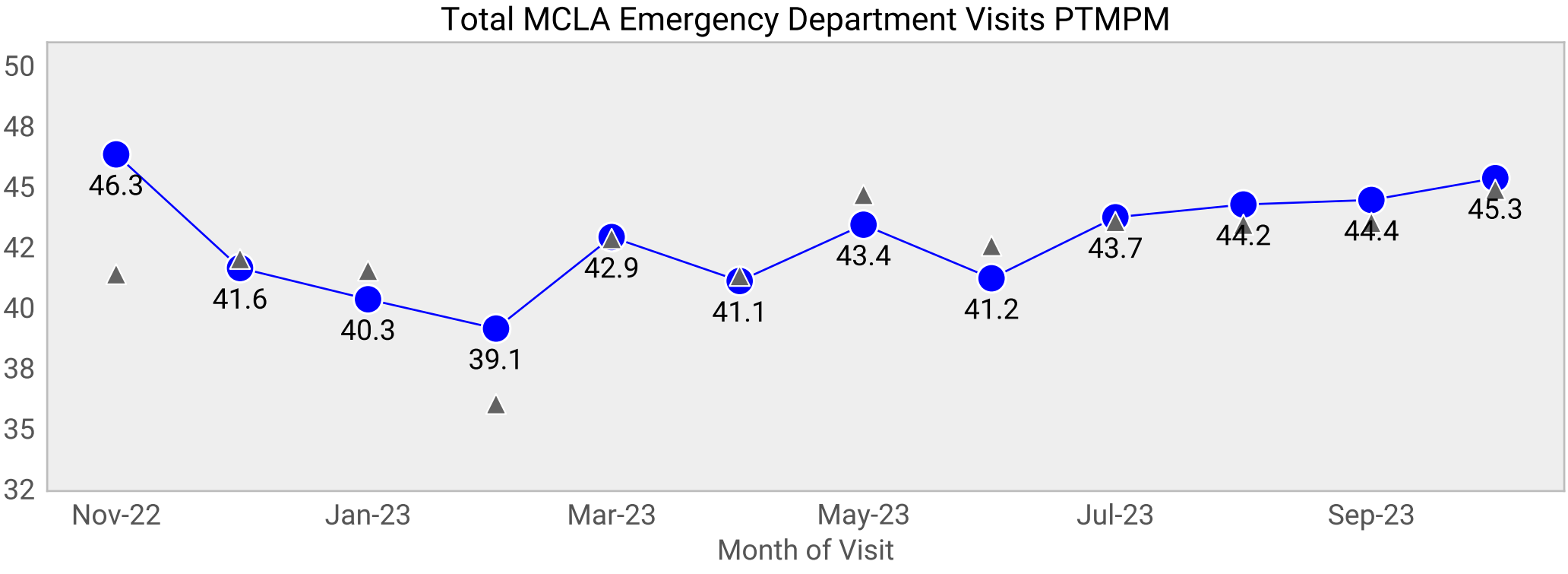


TANF - Adult



TANF - Child

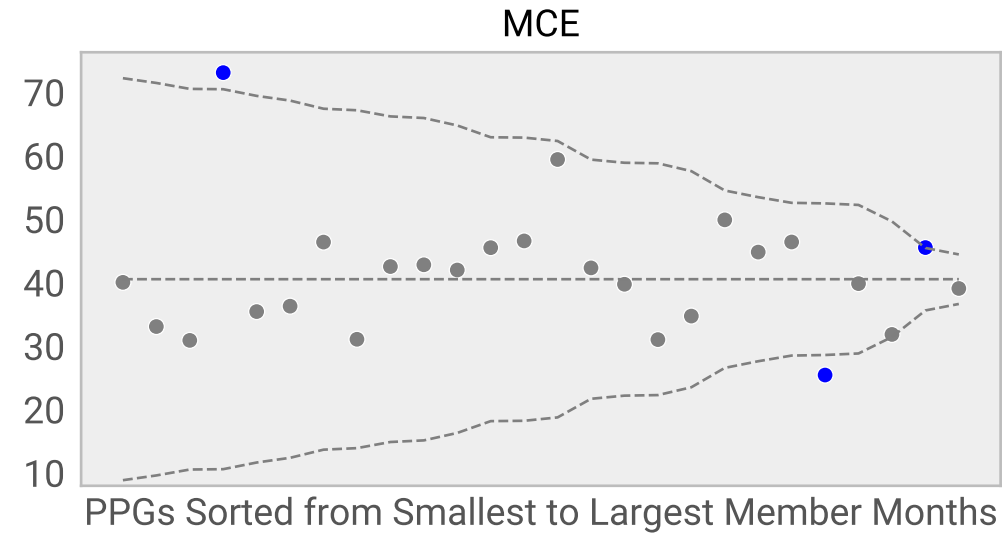


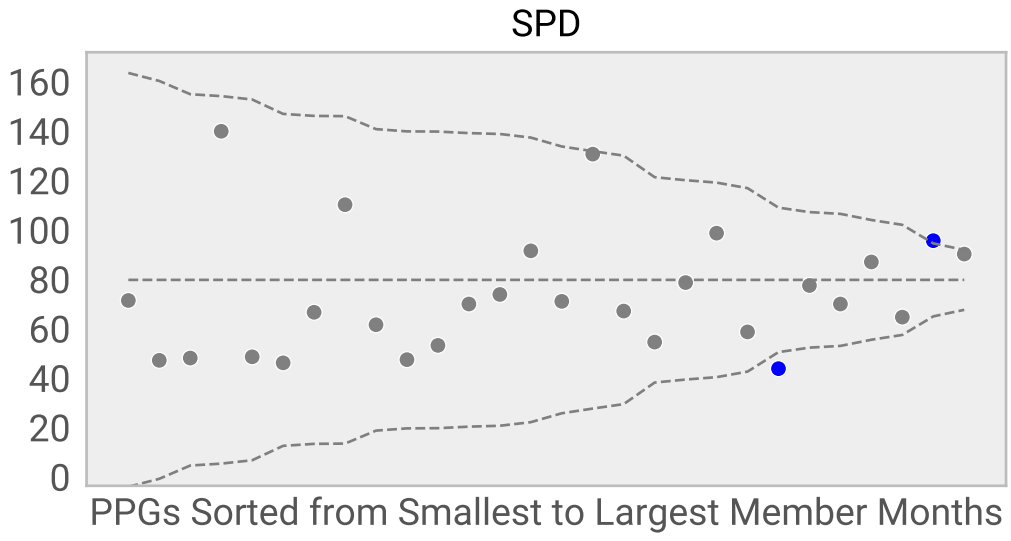


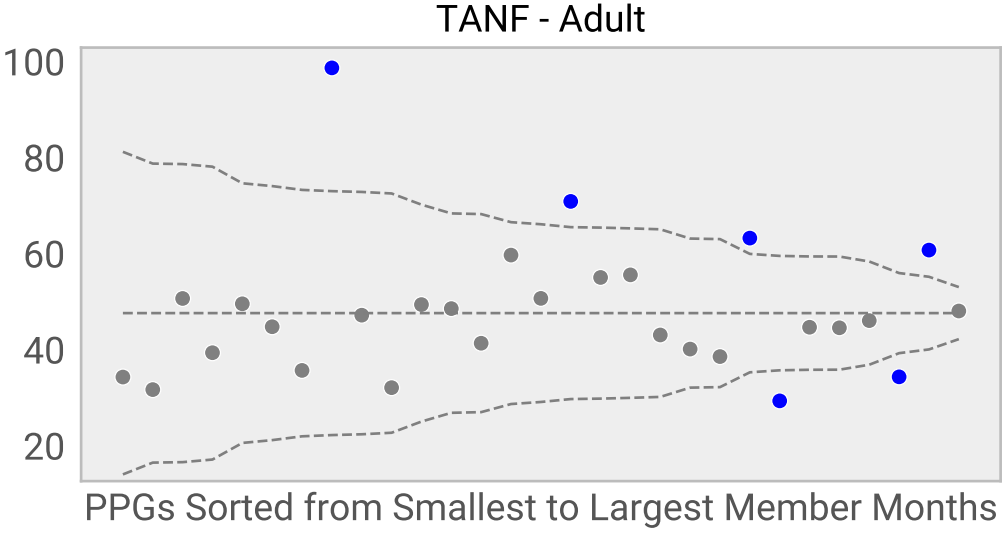
Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

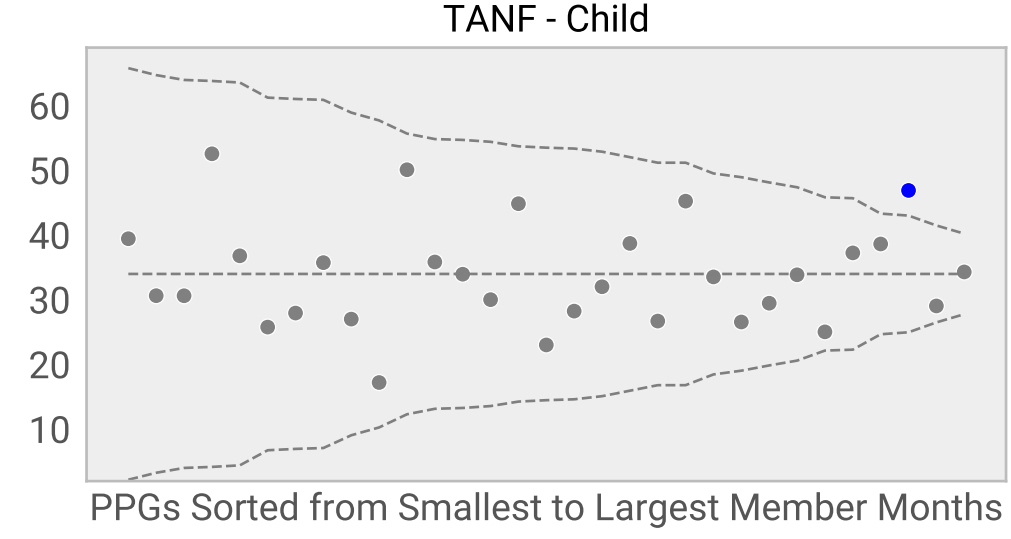
Triangles display the previous year's performance for the same month.

Total MCLA Emergency Department Visits PTMPM by Segment and PPG
U' Charts
Assessment Period: Nov 2022 through Oct 2023

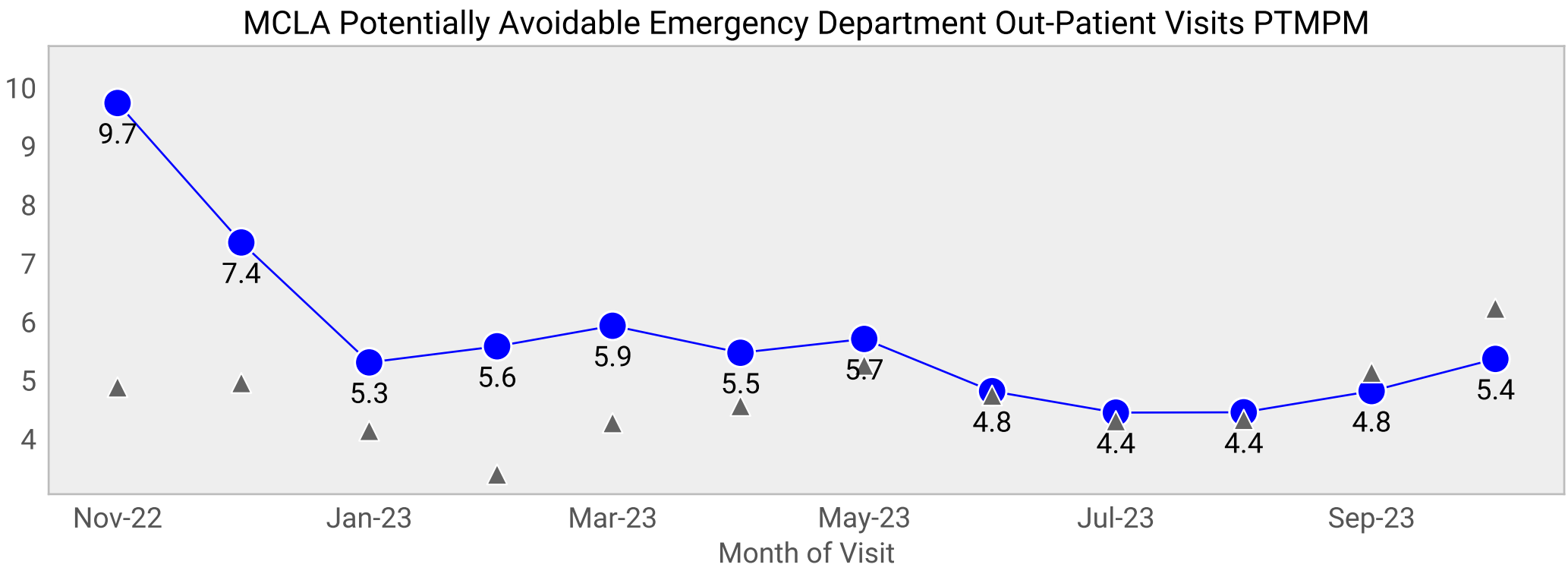








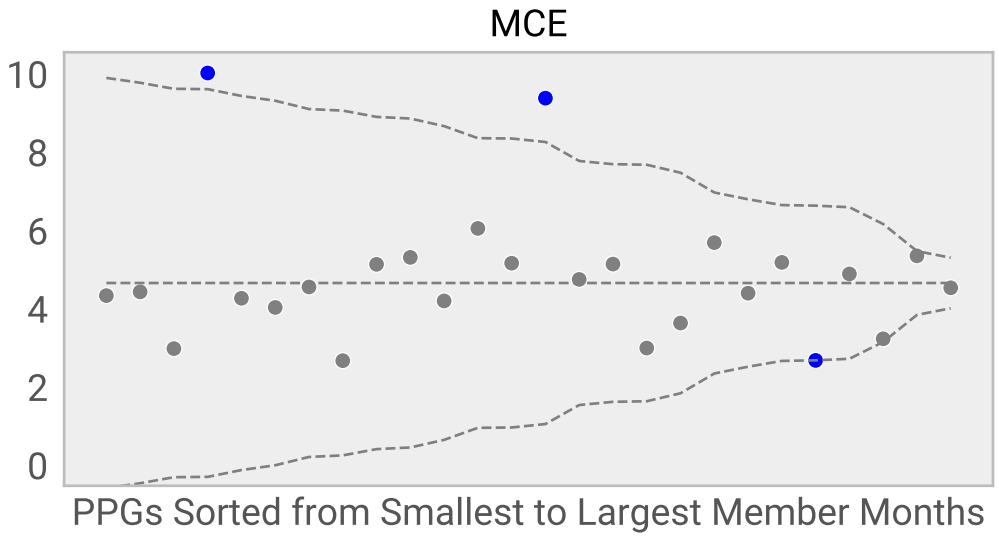
Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

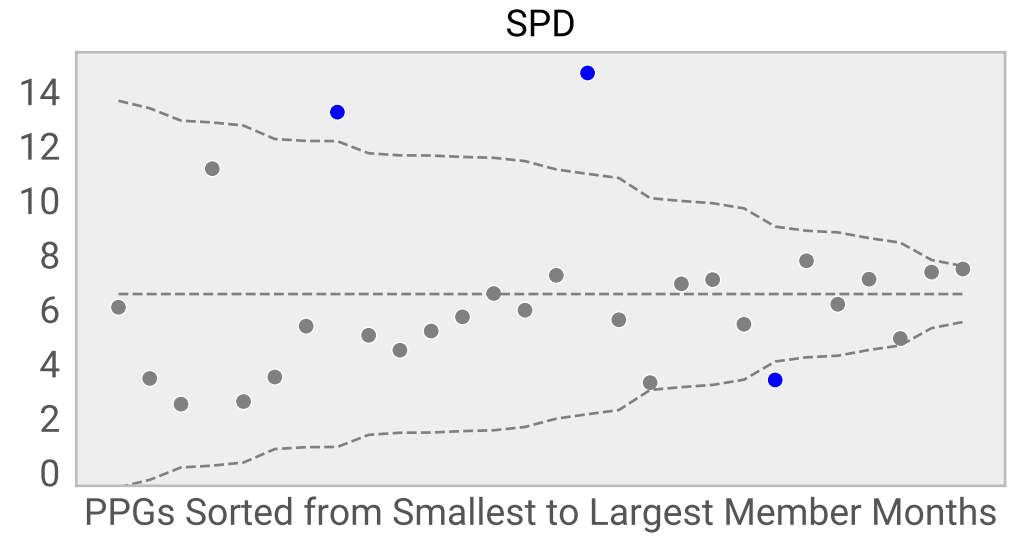


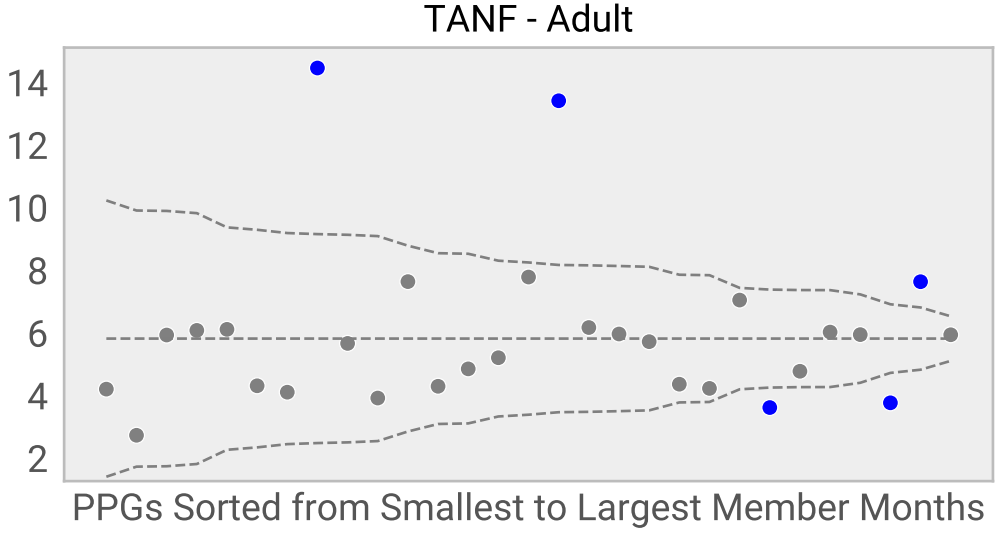
"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

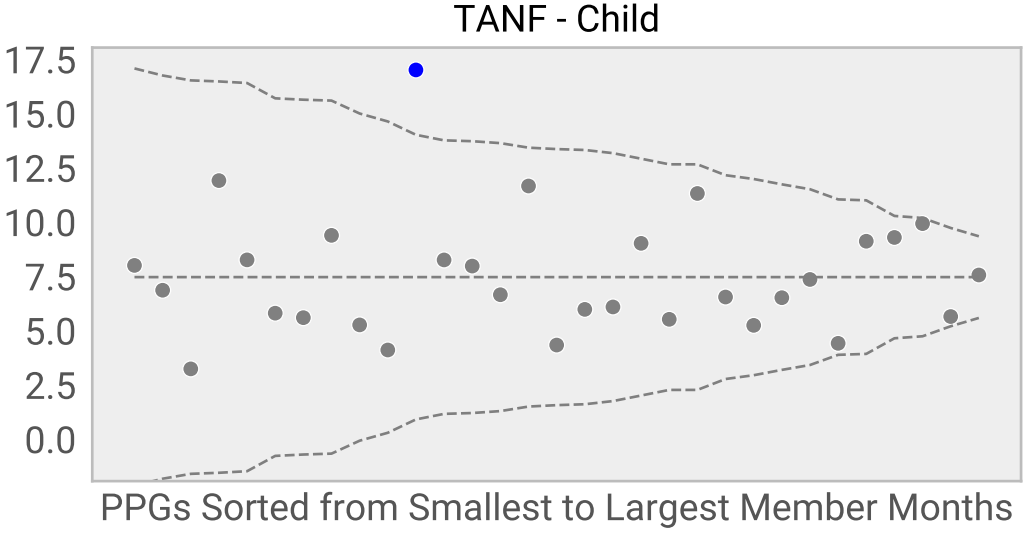
Triangles display the previous year's performance for the same month.

MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG
U' Charts
Assessment Period: Nov 2022 through Oct 2023









"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

L.A. Care HEALTH PLAN

L.A. Care Provider "Face Sheet" Measures

Providing a single view of PPG performance across critical Quality, Medical Management, and Member Experience metrics.

Quality

Breast Cancer Screening
Cervical Cancer Screening
Child and Adolescent Well-Care Visits
Childhood Immunization Status
Controlling High Blood Pressure
Developmental Screening in the First Three Years of Life
Follow-Up After ED Visit for Substance Abuse: 30 days
Immunizations for Adolescents: Combo 2
Initial Health Screening
Lead Screening in Children
Prenatal & Postpartum Care: Postpartum Care
Prenatal & Postpartum Care: Timeliness of Prenatal Care
Topical Flouride for Children
Well-Child Visits in the First 30 Months of Life: First 15 Months
Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months

Medical Management

% of Members Utilizing Primary Care
Professional Follow-Up Visits after In-Patient Hospital Discharge Rate
Total Emergency Department Visits PTMPM
Potentially Avoidable Emergency Department Visits PTMPM
Total In-Patient Admissions - Observed-to-Expected Ratio
Total non-Obstetric In-Patient Admissions - Observed-to-Expected Ratio

Member Experience

Access Grievance Data
Care Coordination (CG-CAHPS)
Getting Appoinments and Care Quickly (CG-CAHPS) - Adults
Getting Appoinments and Care Quickly (CG-CAHPS) - Children
PAAS - After Hours Access
PAAS - After Hours Call-Back Timeliness
PAAS - PCP Routine Appointment
PAAS - PCP Urgent Appointment
PAAS - Preventive Check-Up, Adult Well-Woman Exam
PAAS - Preventive Check-Up, Well-Child Exam
PAAS - Specialty Initial Prenatal Visit
PAAS - Specialty Routine Appointment
PAAS - Specialty Urgent Appointment

L.A. Care HEALTH PLAN

Total Members Receiving CalAIM Community Support Services in 2023: 18,692

Housing Navigation & Tenancy Support Services

Members Served
14,939

Months of Service Provided
126,568

Housing Deposits

Members Served
276

Ave $/Mbr Distributed
$2,116

Recuperative Care

Members Served
1,926

Days of Care Provided
36,615

Medically Tailored Meals

Members Served
883

Months of Care Provided
209,117

Environmental Accessibility Adaptations

Members Served
80

Adaptations Provided
80

Sobering Centers

Members Served
158

Days of Care Provided
158

Personal Care and Homemaker Services

Members Served
362

Hours of Care Provided
126,736

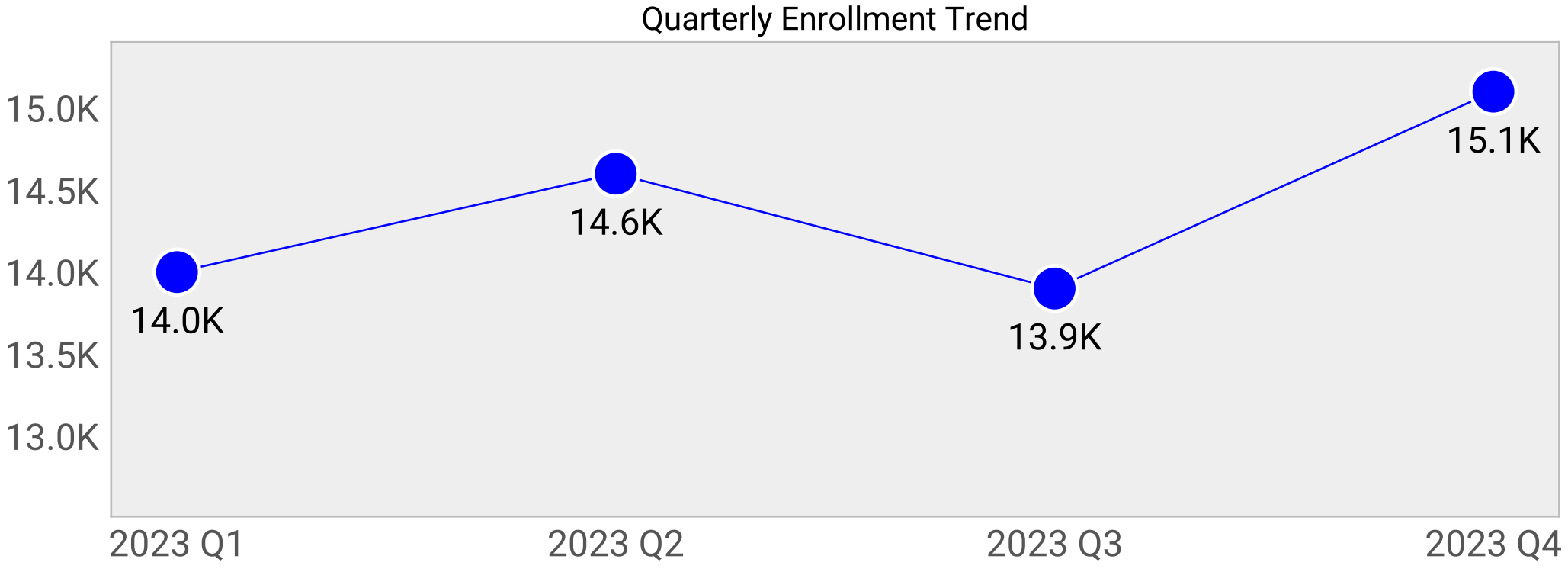
Respite Services

Members Served
68

Hours of Care Provided
11,857

Total Members Enrolled in Enhanced Care Management in 2023: 35K

Total Contracted Providers: 75

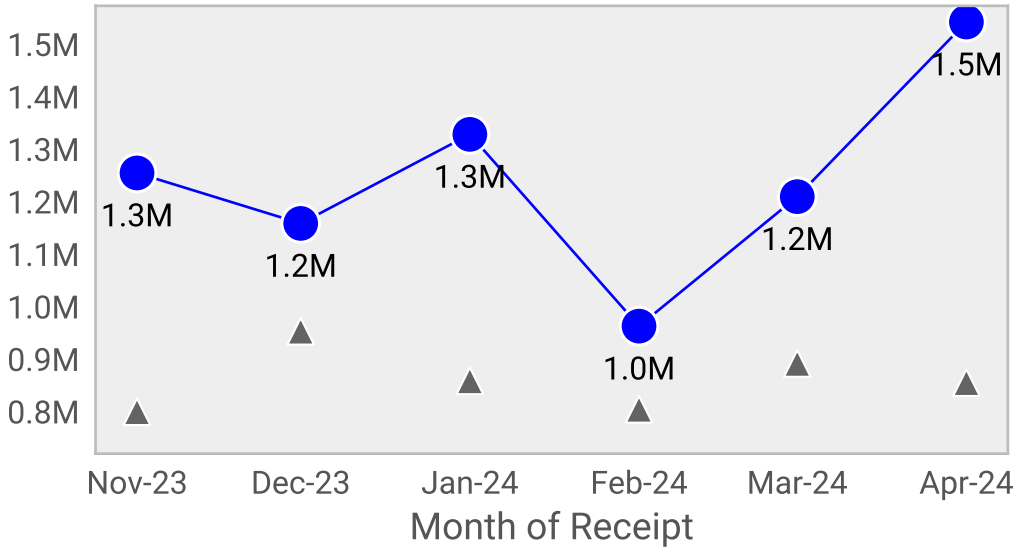


Claims Operations

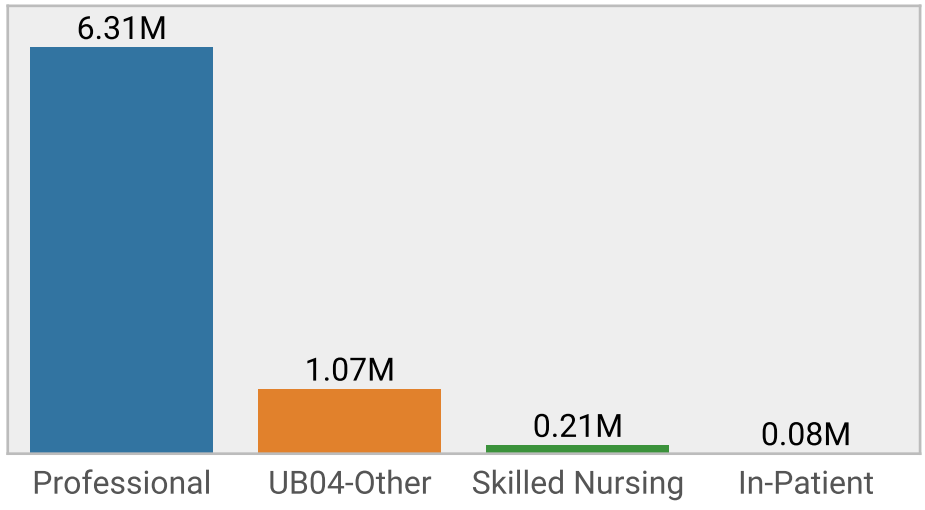
L.A. Care HEALTH PLAN

MCLA Claims Received

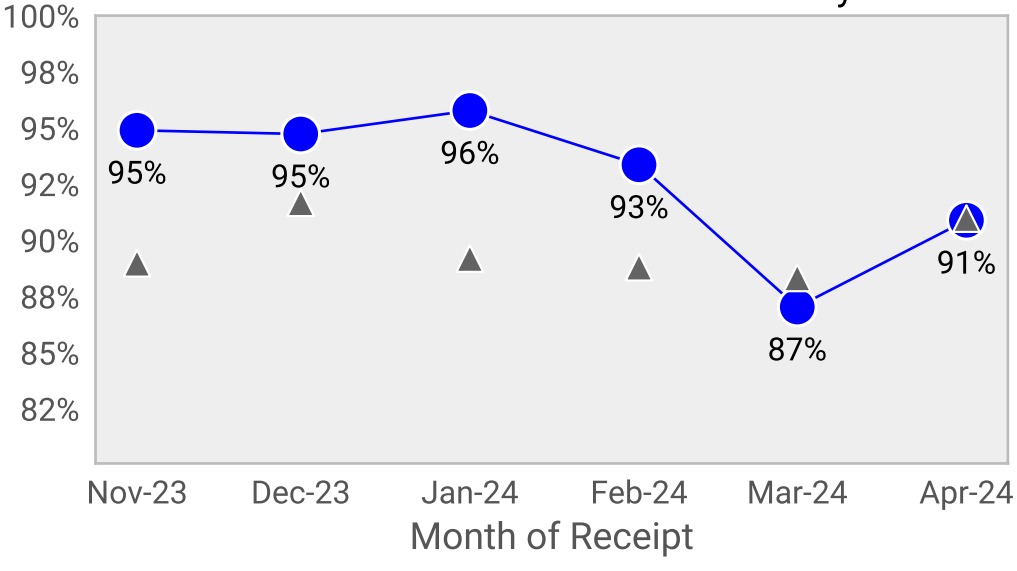
Total Claims Volume Received



Most Recent 6 Months' Volume by Service Type

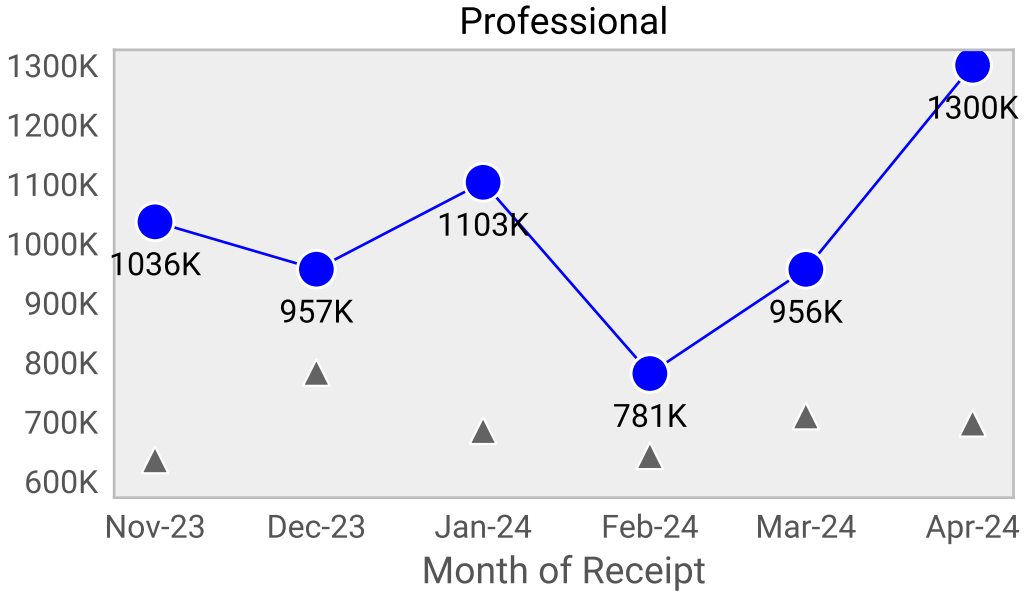


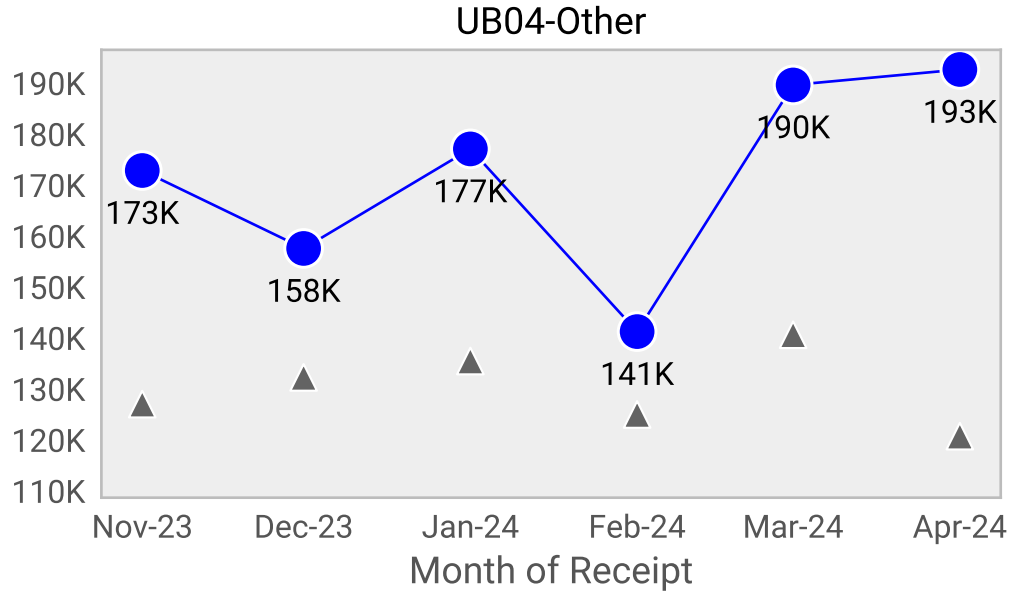
% of Claims Submitted Electronically

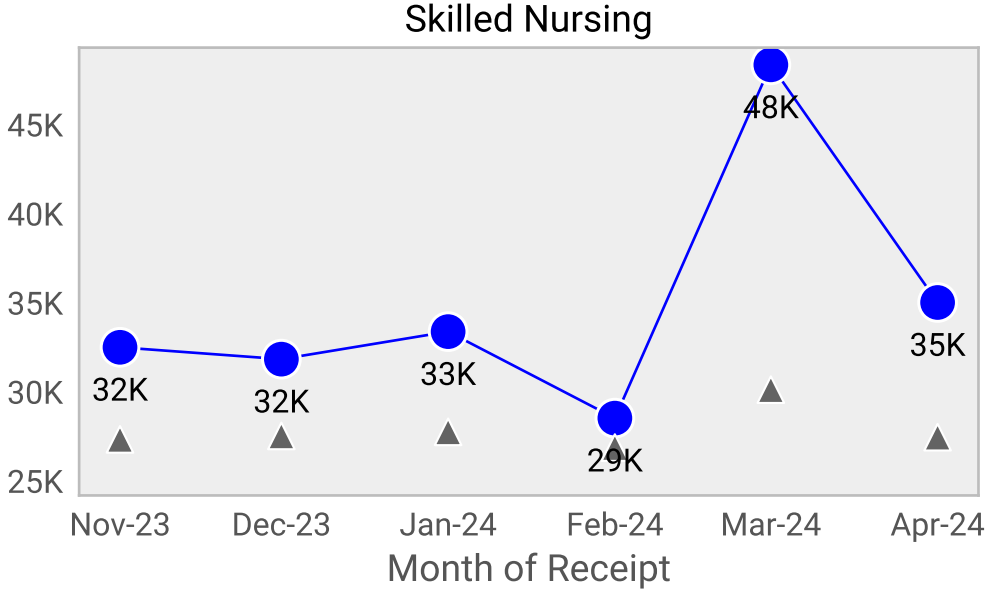


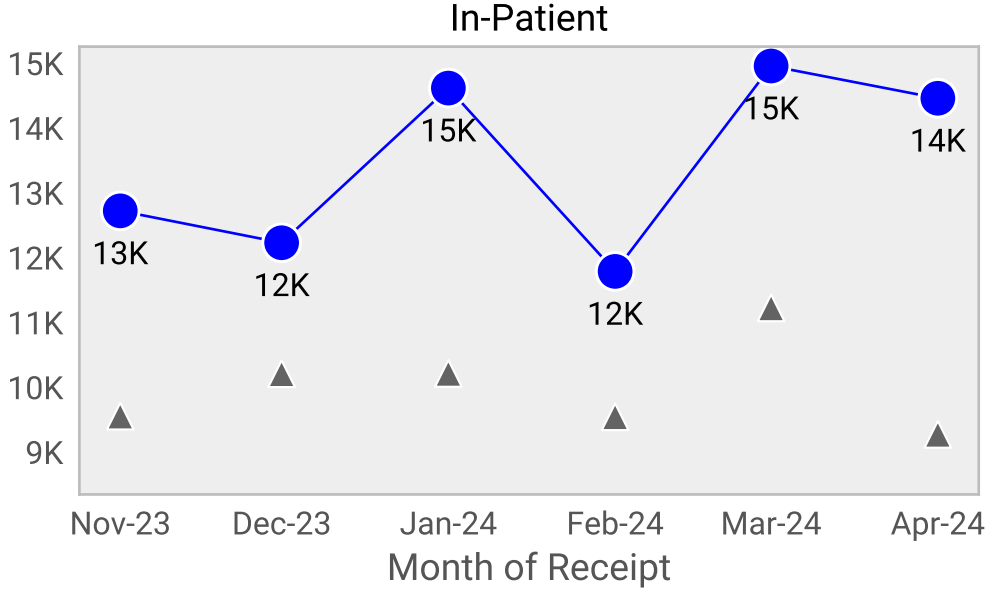
Triangles display the previous year's performance for the same month.

MCLA Claims Volume Received by Service Type





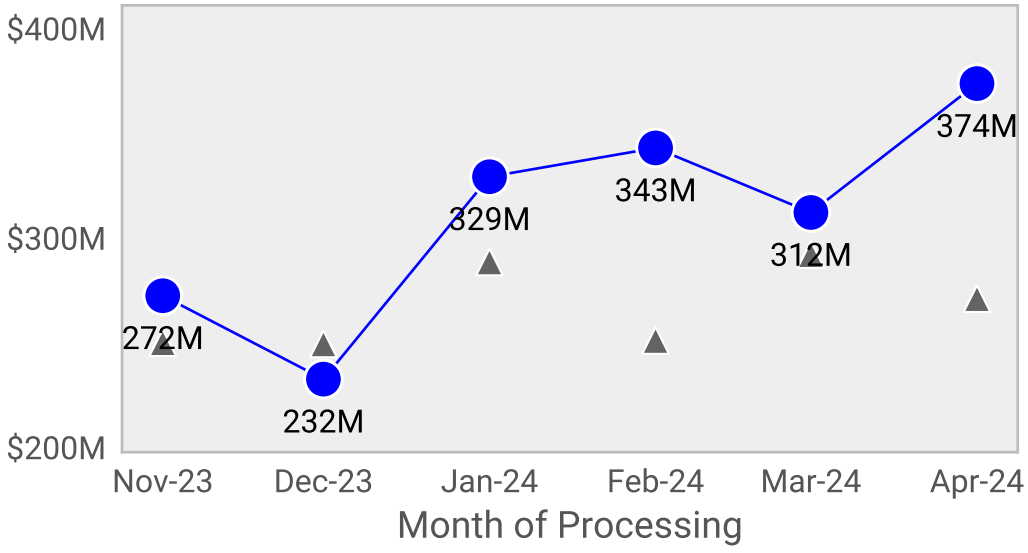




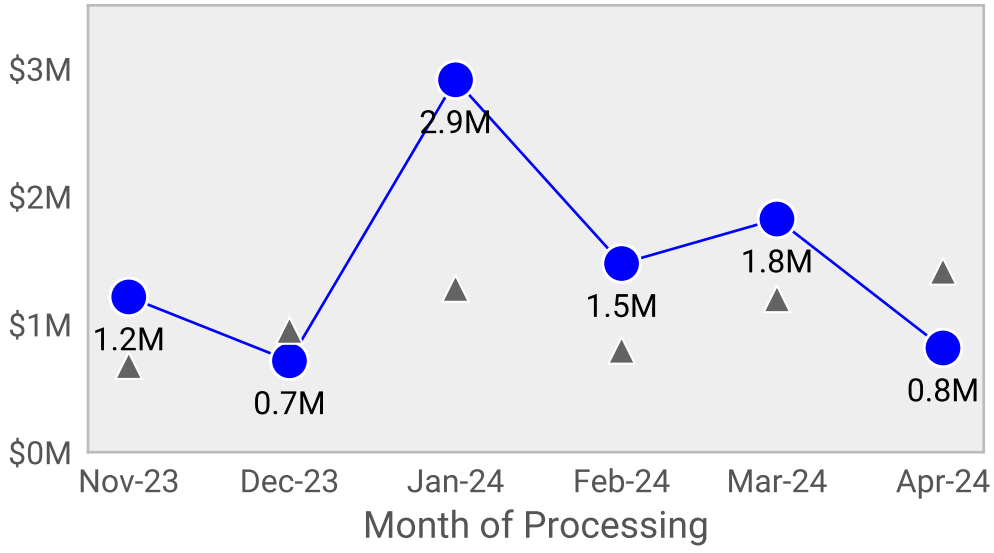
Triangles display the previous year's performance for the same month.

MCLA Payment Processing

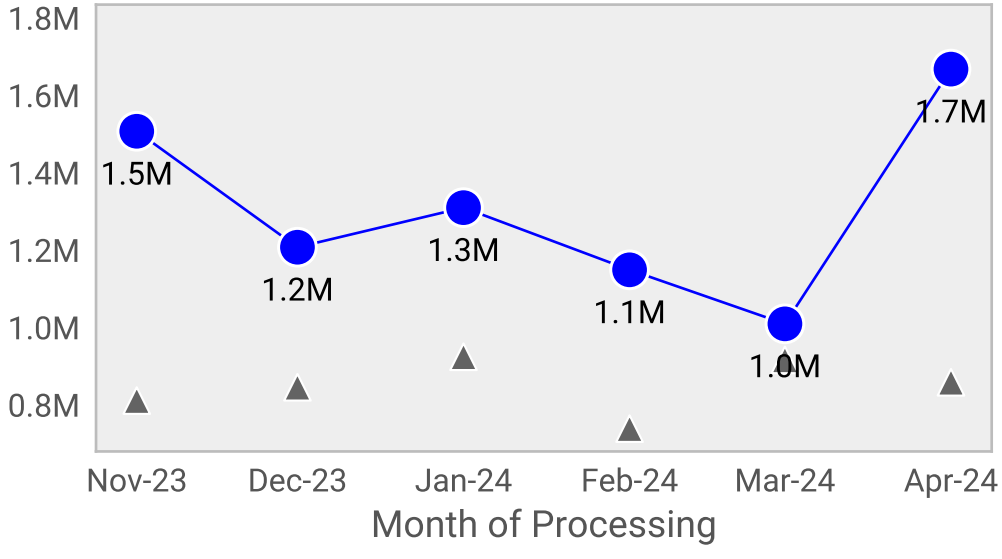
Total Paid (including Interest)



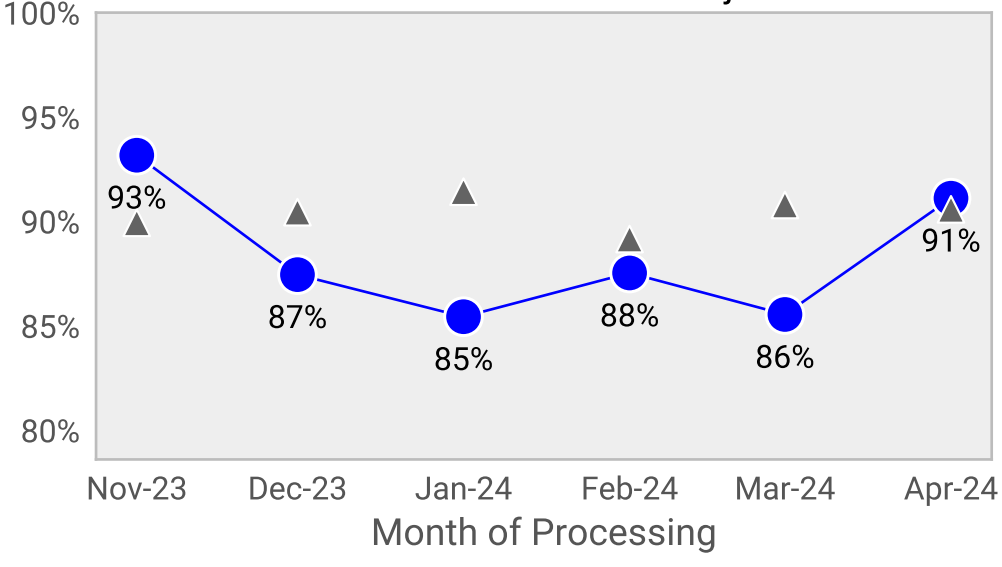
Total Interest Paid



Total First-Pass Adjudicated Claims Volume



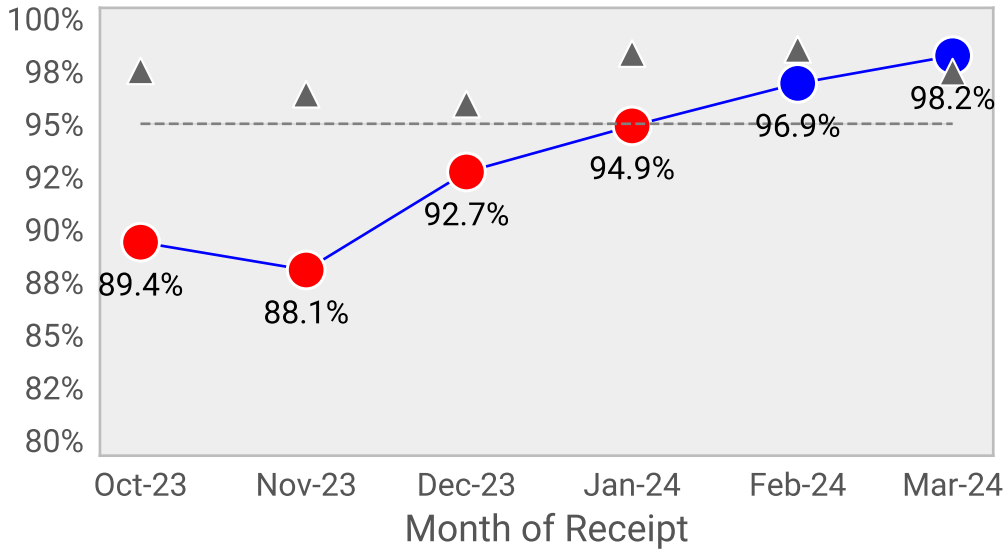
% of First-Pass Claims Auto-Adjudicated



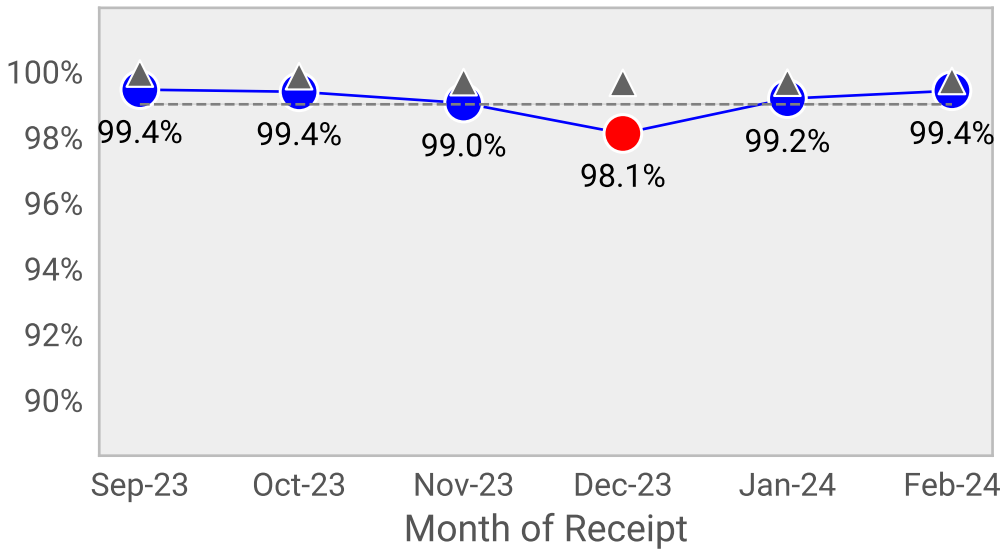
Triangles display the previous year's performance for the same month.

MCLA Claims Processing Timeliness

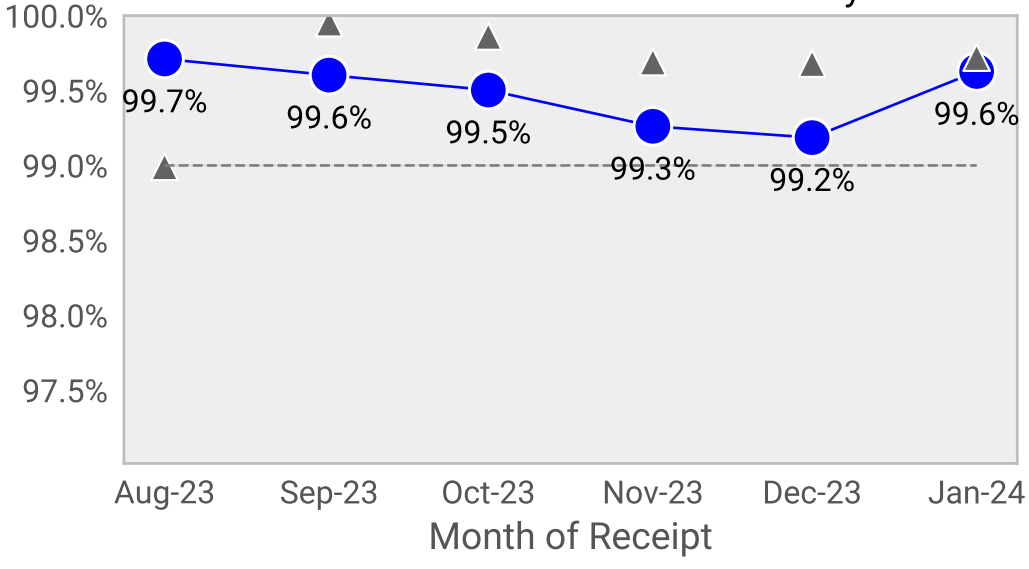
% Processed within 30 Calendar Days



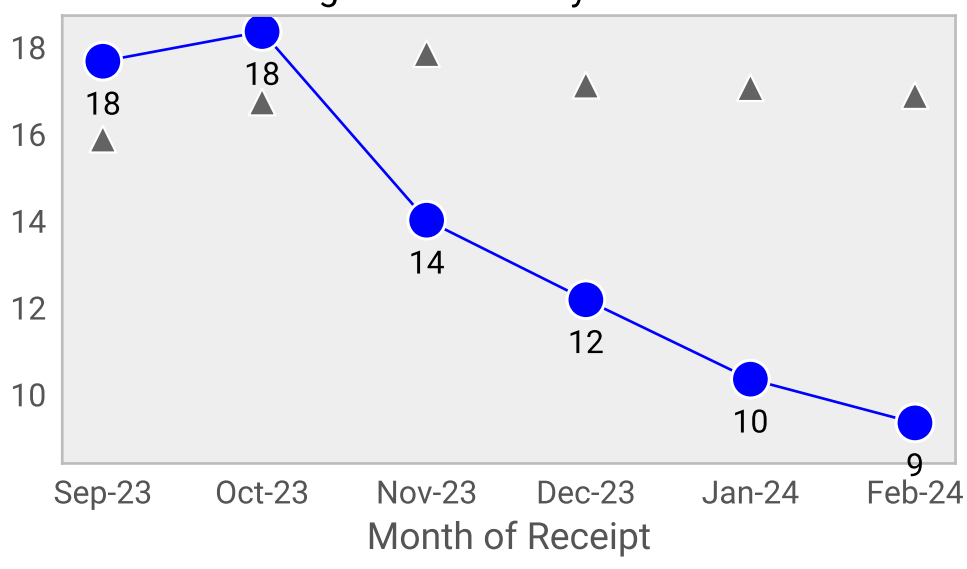
% Processed within 45 Business Days



% Processed within 90 Calendar Days



Average Calendar Days to Process

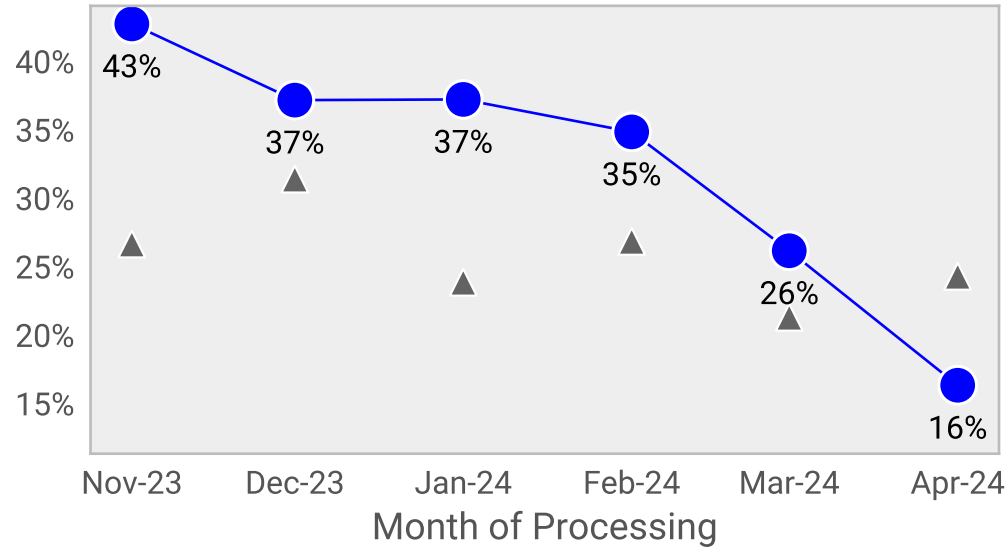


Triangles display the previous year's performance for the same month.

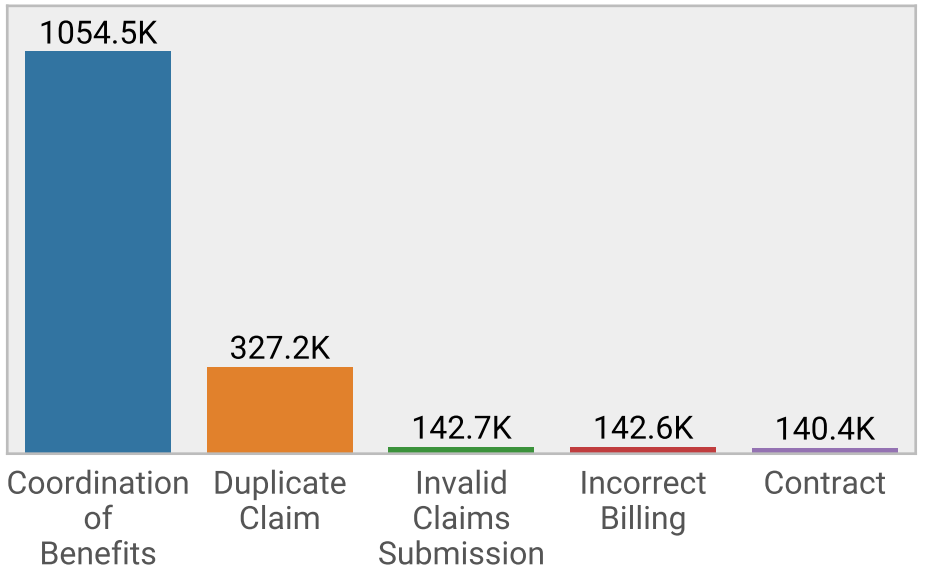
The most recent 6 months displayed is different for each plot, accounting for the time needed to maturely report each measure.

MCLA Claim Denials and Adjustments

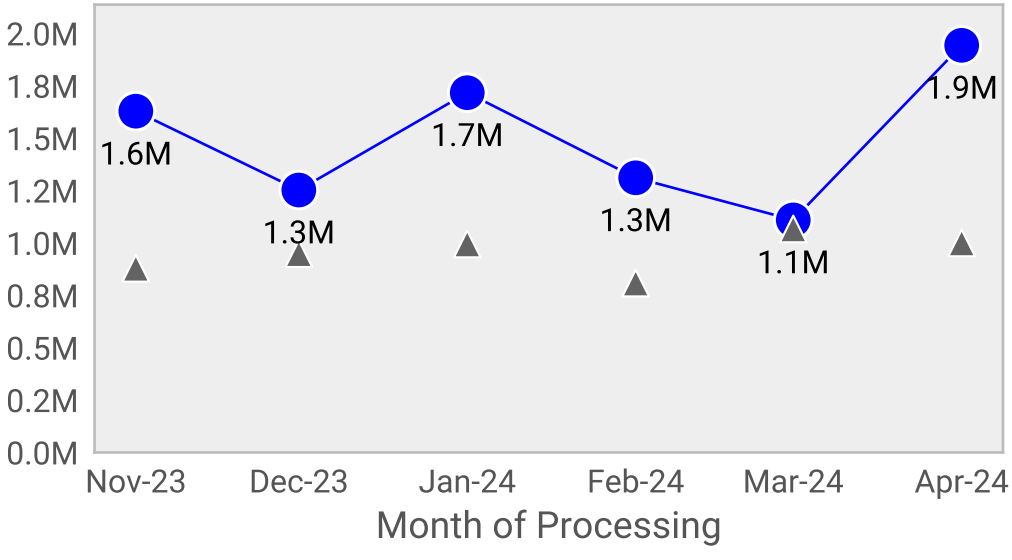
First-Pass Claims Denial Rate



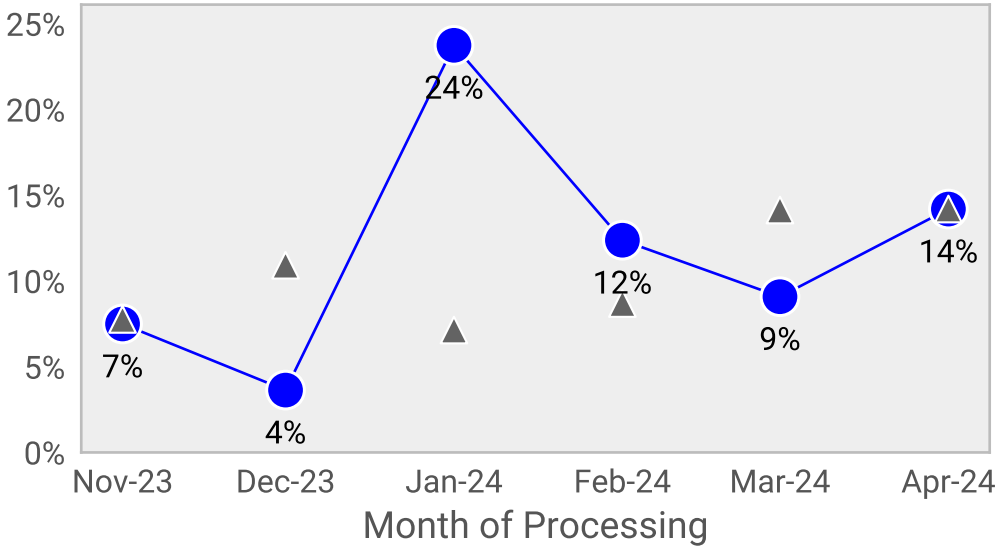
Most Recent 6 Months' Denial Volume by Reason



Total Claims Processed (Originals + Adjustments)



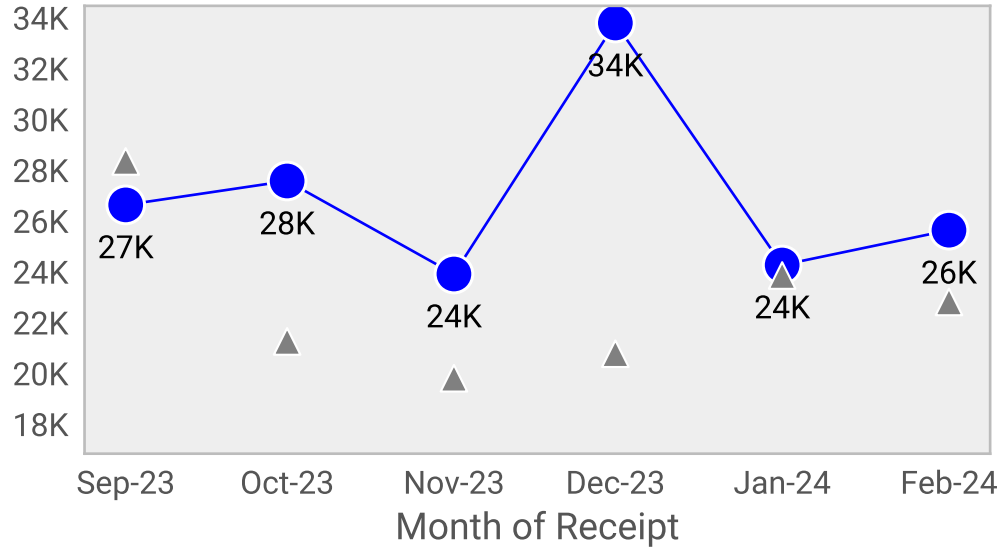
% of Total Claims Processed that are Adjustments



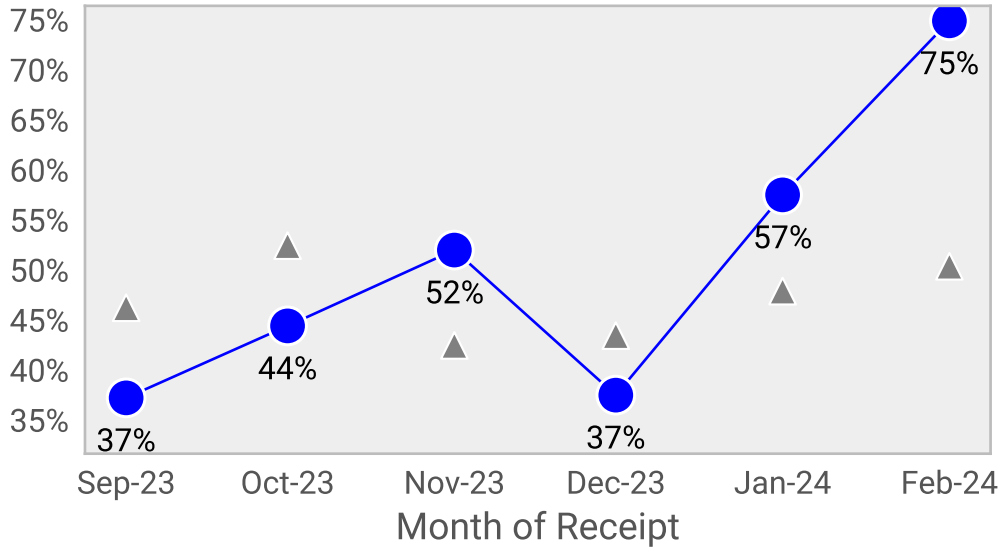
Triangles display the previous year's performance for the same month.

MCLA Provider Dispute Resolution Processing

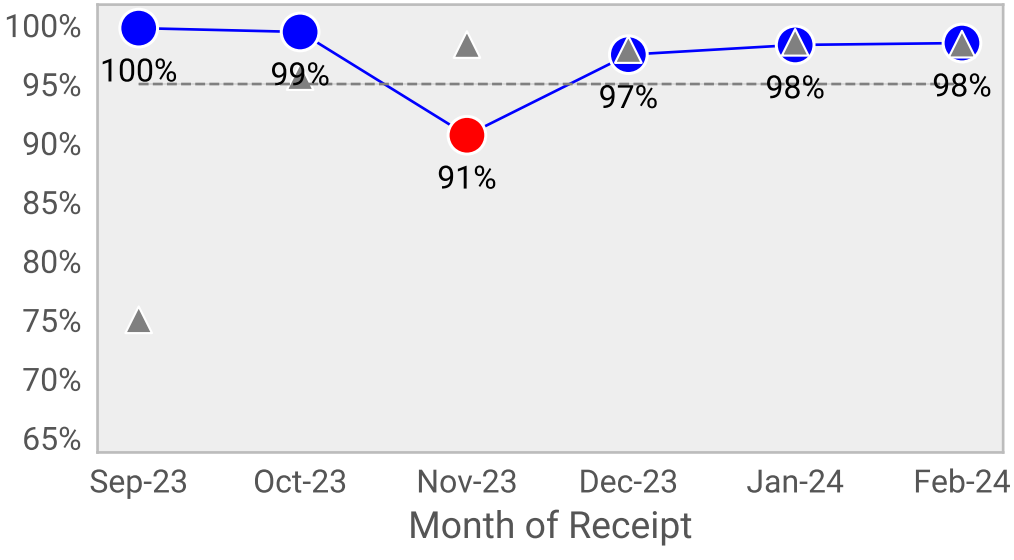
PDR Volumes Received



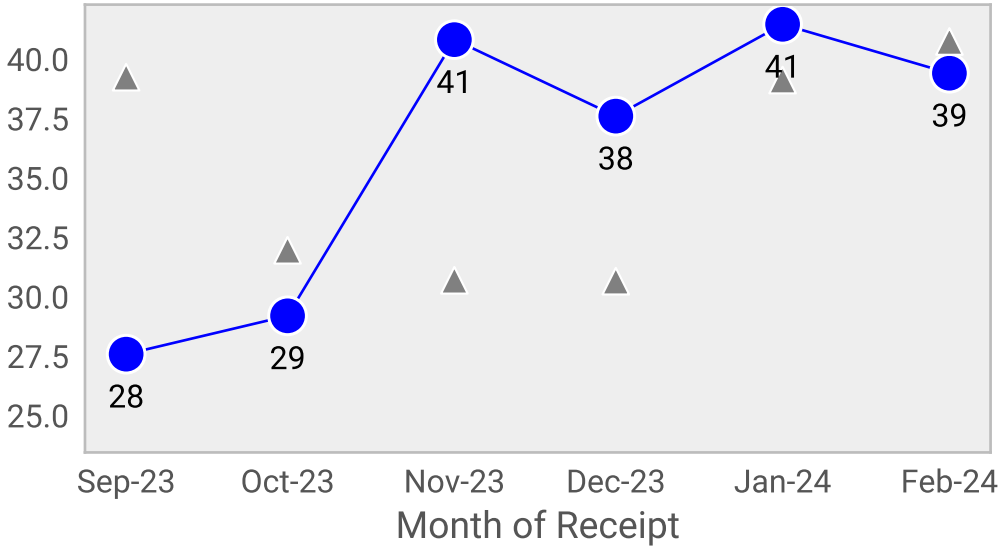
% of Closed PDR Cases that are Upheld



% of PDR Cases Closed within 45 Business Days



Average Business Days to Process PDRs



Triangles display the previous year's performance for the same month.