



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# **EXECUTIVE COMMITTEE MEETING**

## **BOARD OF GOVERNORS**

October 25, 2022 • 2:00 PM

L.A. Care Health Plan

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997



**AGENDA**  
**Executive Committee Meeting**  
**Board of Governors**

**DRAFT**

Tuesday, October 25, 2022, 2:00 P.M.

L.A. Care Health Plan, 1055 West 7<sup>th</sup> Street, 10<sup>th</sup> Floor, Los Angeles

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate in person and via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting in person and via teleconference as follows:

**NEW: 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=mb63f4270bf89ca3216de6d7a08e60db5>

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

**Meeting number: 2495 124 8852      Password: lacare**

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can be sent by voicemail, email or text. If we receive your comments by 2:00 P.M. on October 25, 2022, it will be provided to the members of the Compliance and Quality Committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

**DRAFT**

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it 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 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**

Hector De La Torre, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment *(please see instructions above)* *Chair*
3. Approve September 20, 2022 Meeting Minutes p.5 *Chair*
4. Chairperson's Report *Chair*
  - Board Officer nominations and potential slate of officers for November 3
  - Nomination of Charitable Organization for Board Stipend
5. Chief Executive Officer Report John Baackes  
*Chief Executive Officer*
  - 4<sup>th</sup> Quarter FY 2021-22 Vision 2024 Progress Report p.16

**COMMITTEE ITEMS**

6. Government Affairs Update Cherie Compartore  
*Senior Director, Government Affairs*
7. Approve the list of items that will be considered on a Consent Agenda for November 3, 2022 Board of Governors Meeting. *Chair*
  - October 6, 2022 Board of Governors Retreat/Meeting Minutes
  - iColor Printing Contract Amendment
  - Accounts & Finance Services Policy AFS-008 (Annual Investment Policy Review)
  - Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank & Investments Accounts
8. Public Comment on Closed Session Items *(Please read instructions above.)* *Chair*

**ADJOURN TO CLOSED SESSION (Est. time: 60 mins.)**

*Chair*

9. CONTRACT RATES  
Pursuant to Welfare and Institutions Code Section 14087.38(m)
  - Plan Partner Rates
  - Provider Rates
  - DHCS Rates

10. REPORT INVOLVING TRADE SECRET  
Pursuant to Welfare and Institutions Code Section 14087.38(n)  
Discussion Concerning New Service, Program, Business Plan  
Estimated date of public disclosure: *October 2024*
11. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
  - L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069  
Department of Health Care Services (Case No. Unavailable)
12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:  
Four Potential Cases
13. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
  - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
  - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

**RECONVENE IN OPEN SESSION**

**ADJOURN**

*Chair*

**Due to religious holiday, the next Executive Committee meeting is scheduled on Tuesday, November 15, 2022 at 2:00 p.m. and may be conducted as a teleconference meeting.**

**Public comments will be read for up to three minutes.**

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

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

**THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO [BoardServices@lacare.org](mailto: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 BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 2:00 P.M. 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](mailto: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 <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to [BoardServices@lacare.org](mailto: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

## Executive Committee

### Meeting Minutes – September 20, 2022

1055 West 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

#### Members

Hector De La Torre, *Chairperson*

Al Ballesteros, *Vice Chairperson*

Ilan Shapiro MD, MBA, FAAP, FACHE, *Treasurer*

Stephanie Booth, MD, *Secretary*

Hilda Perez

#### Management/Staff

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief of Human Resources*

Augustavia Haydel, *General Counsel*

James Kyle, MD, *Chief of Equity & Quality Medical Director*

Tom MacDougall, *Chief Technology & Information Officer*

Thomas Mapp, *Chief Compliance Officer*

Marie Montgomery, *Chief Financial Officer*

Noah Paley, *Chief of Staff*

Acacia Reed, *Chief Operating Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Alvaro Ballesteros, <i>Vice Chairperson</i> , called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:07 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. <ul style="list-style-type: none"><li>• For those who provided public comment for this meeting by voice message or in writing, we are glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.</li><li>• If you have access to the internet, the meeting materials are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.</li><li>• Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.</li></ul>	

**DRAFT**

<b>AGENDA ITEM/PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
	<ul style="list-style-type: none"> <li>The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment.</li> </ul> <p>He provided information on how to submit a comment live and directly using the “chat” feature.</p>	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today’s meeting was approved.	<b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)</b>
<b>PUBLIC COMMENT</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the August 23, 2022 meeting were approved as submitted.	<b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)</b>
<b>CHAIRPERSON’S REPORT</b>	Vice Chairperson Ballesteros congratulated Board Members Vaccaro and Raffoul on their reappointment to 4-year terms ending October 31, 2026. Nominations for Board Officer seats will begin after the October Board meeting, and the Officer election will take place at the November Board of Governor’s meeting.	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	<p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>There will be major changes in enrollment during the next 18 months.</li> <li>Of particular importance is the change in the commercial Medi-Cal insurer in Los Angeles County, from Health Net to Molina on January 1, 2024. Notices will be sent to Medi-Cal beneficiaries enrolled with Health Net, and they will transition to Molina on January 1, 2024.</li> <li>Molina currently has enrollment of about 90,000 Medi-Cal members. It is not clear if the provider network will adequately serve the over one million members currently enrolled with Health Net. L.A. Care may pick up some members during that transition.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Kaiser Permanente will also begin serving Medi-Cal members under a direct contract with California Department of Health Care Services (DHCS) beginning January 1, 2024, and will no longer be a Plan Partner as of that date.</li> <li>• Approximately 140,000 – 150,000 Los Angeles County residents ages 26-49 years, will become eligible to enroll in Medi-Cal on January 1, 2024.</li> <li>• Eligibility redetermination for Medi-Cal has been suspended during the public health emergency. It is speculated that the public health emergency will end in April 2023, and redeterminations will resume after 60 days, likely in June 2023. L.A. Care estimates that as many as 340,000 members will become ineligible.</li> <li>• L.A. Care continues to facilitate the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) program. L.A. Care has been working closely with Health Net on CalAIM projects. L.A. Care has approached DHCS about the need to begin transitioning that CalAIM work to Molina.</li> <li>• DHCS rates for 2023 are being developed under different methodology. Early signs indicate that those rates could be beneficial to L.A. Care, but there could be changes.</li> <li>• A new Medi-Cal contract with additional provisions for reporting to DHCS will be effective January 1, 2024. There is added pressure to maintain performance and implement new programs and processes.</li> </ul> <p>L.A. Care is committed to giving members and providers the highest possible levels of service.</p> <p>Board Member Ballesteros asked if redetermination of eligibility can be completed online. Mr. Baackes confirmed there is an online process. He also noted that approximately 60% of current members will have eligibility automatically confirmed by Los Angeles County Department of Public Social Services, and will not need to take any action to continue benefits. People who are no longer eligible for the Medi-Cal benefits can continue enrollment with L.A. Care through L.A. Care Covered.</p>	
<b>COMMITTEE ISSUES</b>		
<b>Government Affairs Update</b>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> <li>• California Governor Newsom has taken action on approximately 300 bills submitted to him by the Legislature at the end of the session. He has vetoed 16 bills, as of September 19.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• The Governor has until September 30, 2022 to act on the remaining approximately 600 bills.</li> <li>• He has initially acted on bills that were prioritized by his administration during the legislative session, including bills addressing climate change, mental health, and changes to the cannabis law.</li> </ul> <p>Government Affairs staff will provide a full report when the Governor has completed all of the bills.</p> <ul style="list-style-type: none"> <li>• One bill with significant potential impact in Los Angeles County is a mental health bill signed into law by the Governor, named Community Assistance Recovery and Empowerment Court (CARE Court). This will be a new statewide program those over 18 years of age with a court-ordered treatment program for up to two years, to treat a diagnosis along the spectrum of schizophrenia as well as other specific psychotic diagnoses. This is being done to divert them from incarceration, homelessness or court-ordered conservatorship. The intent is to get adequate residential or mental health facility treatment for these individuals. To qualify, beneficiaries of the program must be unlikely to survive safely without supervision, or be a threat to themselves, and there must be an affidavit to this effect from a health care provider or court official, or proof that the person was detained as a result of a mental health crisis. The court orders an evaluation to determine if the person is eligible for the treatment program. Re-evaluation is conducted after 12 months of care. A few California counties are beginning the program in October 2023. Los Angeles County will begin the program in December 2024. The proposed initiative does not yet contain many details nor does it determine funding sources. So far, funding has been limited, even for the implementation phase. A workgroup will be convened in October 2023, and it is presumed that Los Angeles County Department of Health Services representatives will be involved in those discussions.</li> <li>• Last week, both the United States Senate and House of Representatives returned from the August recess. October 1 is the first day of the new budget year for Congress. A new budget or continuing funding resolution for the current budget must be approved by both houses by September 30, 2022. It is reported that a resolution will be passed to extend the current budget until beyond the November elections, as the political majority may change in either or both houses. The content of the funding in the continuing resolution is not yet known and will be debated in the coming weeks.</li> </ul>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
L.A. Care Health Plan Qualified Supplemental and Non-Qualified Supplemental Defined Contribution Plans Amendments ( <b>EXE 100</b> )	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized the motion: L.A. Care established the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan (respectively the "QSDCP" and "NSDCP" and collectively the "Plans"), supplemental retirement plans for senior executives who are not eligible to participate in the L.A. Care Cash Balance Plan, effective January 1, 2015. Together, the Plans provide defined contribution benefits based on a specified annual allocation.</p> <p>The motion will align the contributions for the Chief Executive Officer with the requirements of his employment contract signed in June, 2021. It will provide for the annual allocation for the Chief Executive Officer for the next two-year period, from March 23, 2022, to March 22, 2024.</p> <p><b><u>Motion EXE 100.1022</u></b>  <b>To (1) approve the amendment of the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan to continue the current annual allocations for the Chief Executive Officer for the period from March 23, 2022, to March 22, 2024, and (2) authorize and direct the Chair of the Board to execute appropriate amendments to those Plans.</b></p>	<p><b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)</b></p>
Housing and Homelessness Incentive Program ( <b>EXE 101</b> )	<p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, summarized the motion to approve non-binding plan priorities for the fund, and a small amount for implementation (<i>a copy of her presentation is available by contacting Board Services</i>):</p> <p>The Housing and Homelessness Incentive Program (HHIP) is a DHCS incentive program for Medi-Cal Managed Care Plans (MCPs). This is offered as a way for MCPs to earn funds to house more of the homeless members. The funding comes from the federal government through DHCS.</p> <ul style="list-style-type: none"> <li>• The Housing and Homelessness Incentive Program (HHIP) is a voluntary Medi-Cal Managed Care Plan (MCP) Incentive Program that aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as social determinants of health for the Medi-Cal population.</li> <li>• There are two program goals: <ul style="list-style-type: none"> <li>○ Help MCPs develop the capacity and partnerships to connect members to needed housing services, and</li> <li>○ Reduce and prevent homelessness.</li> </ul> </li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>To draw down funds, MCPs must demonstrate progress toward HHIP program metrics. This requires collaboration with the local Continuums of Care (CoCs) and housing stakeholders.</li> </ul> <p>L.A. Care is eligible to receive one-time funding up to \$290 million by March 2024 for completing 16 metrics related to improving infrastructure, services, and access to housing for members experiencing homelessness. Staff estimate that L.A. Care will meet enough metrics to earn approximately \$211 million, but may be able to earn more or less depending on performance. HHIP funds are one-time, but they can be spent over a longer timeframe (e.g. 5-10 years or more). Participation is optional, and L.A. Care submitted a letter of intent in April, 2022.</p> <p>Staff have assessed L.A. Care’s ability to meet the measures and developed the following estimates in collaboration with its partners.</p> <p>Ms. Carmona noted that each MCP must submit a non-binding Investment Plan (IP) per county to DHCS by September 30, 2022, detailing investments needed to achieve program metrics. DHCS is not requiring MCPs to specify how incentive funds will be spent. L.A. Care will utilize its normal processes to obtain board approval on individual contracts/projects as we move forward thru the process.</p> <p>There are 4 components to the IP:</p> <ol style="list-style-type: none"> <li>Description of Investment Activities, including funding amounts, recipients, timelines, and impacted HHIP measures</li> <li>MCP Narrative of Risk Analysis to achieve HHIP goals and make successful investments</li> <li>Signed CoC Letters of Support</li> <li>Signed Attestation by MCP leadership</li> </ol> <p>L.A. Care and Health Net are currently developing investment plans for Los Angeles County, in partnership with Core Planning Stakeholders and other partners.</p> <ul style="list-style-type: none"> <li>Estimating which metrics we can meet (and what associated funding we expect)</li> <li>Estimating costs for required activities to meet metrics</li> <li>Identifying potential investments to improve infrastructure, care, and housing outcomes</li> </ul> <p>Over the past four months, L.A. Care and Health Net have worked to plan our approach to HHIP in partnership with a core stakeholder group including Plan Partners, the four Los Angeles Continuums of Care (COCs – Glendale, the Los Angeles Homeless</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Services Authority (LAHSA), Long Beach, and Pasadena), the Los Angeles County CEO Homeless Initiative, and the Los Angeles County Departments of Health Services, Mental Health, and Public Health. We have sought input from LAHSA's Lived Experience Advisory Board and a Community Forum of various health, homeless service, and housing stakeholder organizations. Some investments will be needed simply to meet the HHIP metrics, while others are designed to improve infrastructure, care, and/or housing outcomes.</p> <p>The five top priorities in the IP are:</p> <ul style="list-style-type: none"> <li>• Infrastructure: Health Information Exchange, Data Exchange, Workforce <ul style="list-style-type: none"> <li>○ Data exchange and connectivity between HMIS data system and health plans.</li> <li>○ Data exchange w/other housing &amp; homeless services partners (Los Angeles County Departments of Mental Health and Public Health, Community Supports providers)</li> <li>○ Workforce development and support, especially for housing navigation and tenancy services</li> </ul> </li> <li>• Street Medicine <ul style="list-style-type: none"> <li>○ Street Medicine extends beyond Primary Care Services (PCP); the goal can also be to stabilize and connect to PCP services (example: wound care).</li> <li>○ Potential inclusion of behavioral health and public health partners</li> <li>○ Potential Health Information Exchange (HIE) project</li> <li>○ Technical Assistance and Capacity Building</li> </ul> </li> <li>• Programs to Get &amp; Keep People Housed <ul style="list-style-type: none"> <li>○ Expanding utilization of housing-related Community Supports (CS)</li> <li>○ Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness</li> </ul> </li> <li>• Housing Placement <ul style="list-style-type: none"> <li>○ Master lease buildings</li> <li>○ Partner with COCs and County to increase utilization of tenant-based vouchers</li> <li>○ Cover long term costs in order to unlock funding for master leasing and new development</li> </ul> </li> <li>• Housing Accessibility <ul style="list-style-type: none"> <li>○ Field-based team to assess individual needs</li> <li>○ Access to interim and permanent housing for people with additional needs for activities for daily living</li> </ul> </li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS						ACTION TAKEN																																										
	<p>○ Enhanced services funding to get members placed in Adult Residential Facilities (ARFs) and/or Residential Care Facilities for the Elderly (RCFEs)</p> <p>Ms. Carmona highlighted the work being done to ensure the program priorities will align with the new Los Angeles County Homeless Initiative Framework. Ms. Carmona described the anticipated stages and funding amounts:</p> <table border="1" data-bbox="495 378 1602 834"> <thead> <tr> <th>Program Stage</th> <th>Measurement Period</th> <th>Report Due to DHCS</th> <th>Expected Payment Timing</th> <th>% of funds</th> <th>Potential Earnings</th> <th>Estimated Earnings</th> </tr> </thead> <tbody> <tr> <td>Local Homeless-ness Plan (LHP)</td> <td>Jan-Apr 2022</td> <td>6/30/2022 &amp; 8/12/2022</td> <td>Oct-22</td> <td>5</td> <td>\$ 14,504,809</td> <td>\$ 14,504,809</td> </tr> <tr> <td>Investment Plan</td> <td>N/A</td> <td>9/30/22</td> <td>Nov-22</td> <td>10</td> <td>\$ 29,009,617</td> <td>\$ 29,009,617</td> </tr> <tr> <td>Reporting Period 1</td> <td>May-Dec 2022</td> <td>2/28/23</td> <td>May-23</td> <td>35</td> <td>\$101,533,660</td> <td>\$ 71,073,562</td> </tr> <tr> <td>Reporting Period 2</td> <td>Jan-Oct 2023</td> <td>12/31/23</td> <td>Mar-24</td> <td>50</td> <td>\$145,048,085</td> <td>\$ 96,698,723</td> </tr> <tr> <td>HHIP Program (Total)</td> <td>Jan 2022 - Oct 2023</td> <td>N/A</td> <td>Mar-24</td> <td>100</td> <td>\$290,096,170</td> <td>\$211,286,710</td> </tr> </tbody> </table> <p>Board Member Booth asked about changes in funding that may happen if beneficiaries do not continue participating in the program. Ms. Carmona noted that the allocation of funds can be used over long periods. L.A. Care is working with partners to ensure the funding can be stretched to include future years. A large part of the support will also come through increased enrollment in the elements of CalAIM, such as Enhanced Care Management and utilization of the Community Supports housing services. This will be important to leverage resources available to enable members to maintain housing.</p> <p>Mr. Baackes complimented Ms. Carmona and Alison Klurfeld, of Klurfeld Consulting, for their work in developing L.A. Care’s proposed program. He noted that none of the funding will go directly to putting a roof over someone’s head. The program is funding collateral services that will work to match beneficiaries with housing resources available. A problem is that there may not be resources available. The available funding across California is \$1.3 billion in two years and does not fund construction of housing. He opined that the program is well intended but does not increase housing units. Member Booth noted that the expense of construction does not make it feasible. She recommended that using available structures, such as unused commercial buildings, could</p>						Program Stage	Measurement Period	Report Due to DHCS	Expected Payment Timing	% of funds	Potential Earnings	Estimated Earnings	Local Homeless-ness Plan (LHP)	Jan-Apr 2022	6/30/2022 & 8/12/2022	Oct-22	5	\$ 14,504,809	\$ 14,504,809	Investment Plan	N/A	9/30/22	Nov-22	10	\$ 29,009,617	\$ 29,009,617	Reporting Period 1	May-Dec 2022	2/28/23	May-23	35	\$101,533,660	\$ 71,073,562	Reporting Period 2	Jan-Oct 2023	12/31/23	Mar-24	50	\$145,048,085	\$ 96,698,723	HHIP Program (Total)	Jan 2022 - Oct 2023	N/A	Mar-24	100	\$290,096,170	\$211,286,710	
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>be a better source for adding to the housing available. Ms. Carmona indicated that this program is an attempt to link programs within California to address the housing supply issues. While it doesn't solve that issue, this will leverage funding to address it as best as possible. Board Member Booth asked if we know the metrics for earning funding. Vice Chairperson Ballesteros asked if we know the funding for each area. Ms. Carmona responded that analysis has been done to answer both of these questions. Vice Chairperson Ballesteros commended Ms. Carmona for the work done to bring this project to fruition, and he thanked Mr. Baackes for his leadership in L.A. Care's participation in the program.</p> <p><b><u>Motion EXE 101.1022</u></b></p> <ol style="list-style-type: none"> <li><b>1. To approve the Housing and Homelessness Incentive Program (HHIP) investment priorities.</b></li> <li><b>2. To approve a Housing and Homelessness Incentive Program (HHIP) Investment Plan of up to \$70 million.</b></li> </ol>	<p><b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)</b></p>
2023 Board of Governors Meetings Schedule	<p><b><u>Motion EXE 102.1022</u></b> <b>To approve the 2023 Board of Governors meeting schedule as submitted.</b></p>	<p><b>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Perez).</b> <i>Member Shapiro experienced technical difficulties and was unable to vote.</i></p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for October 6, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• September 1, 2022 Board of Governors Retreat/Meeting Minutes.</li> <li>• 2023 Board of Governors Meetings Schedule</li> <li>• Complete Cleaning Services Contract Amendment</li> <li>• North Star Alliances Contract Amendment</li> <li>• Change Health Care Resources Contract Amendment</li> </ul>	<p><b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth and Perez)</b> <i>Member Shapiro experienced technical difficulties and was unable to vote.</i></p>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Executive Committee meeting was adjourned at 3:04 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:04 p.m.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>September 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</li> </ul> <p><i>The following item was not discussed:</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul> <p><i>The following item was not discussed:</i></p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p>	
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 3:19 p.m. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 3:19 p.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:

\_\_\_\_\_  
Hector De La Torre, *Chair*

Date: \_\_\_\_\_



October 17, 2022

TO: Board of Governors

FROM : John Baackes, CEO

SUBJECT: 4<sup>th</sup> Quarter FY 2021/22 Vision 2024 Progress Report

This report summarizes the progress made on the activities outlined in Vision 2024, L.A. Care's strategic plan. This is the fourth quarterly (July – September) report for the 2021/22 fiscal year, which represents the first year of our three-year plan.

L.A. Care's notable fourth quarter activities include:

- Implementation of key CalAIM initiatives, such as Enhanced Care Management and Community Supports, continued.
- The Diabetes Disparities Performance Improvement project launched a text messaging campaign educating members on diabetes and healthy behaviors.
- L.A. Care received key CMS approvals for its new D-SNP product ahead of its October launch.
- The first mini-library provided by Access Books was delivered to the Lynwood CRC.





## High Performing Plan

*Achieve operational excellence by improving health plan functionality.*

<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
Improve customer service through the Voice of the Customer (VOICE) initiative, our customer service information technology system.	In August the Intelligent Desktop (IDT) team pivoted to include development of D-SNP PCP changes. Agents will have the ability to make PCP changes for D-SNP members starting on 10/15. Work on enabling prior authorization processing in IDT will begin in October with an anticipated deployment in March 2023. Development has started on the Call Flow Project, which includes courtesy call back, post-call surveys, and other self-service tools to help improve the overall customer experience. Anticipated plan execution beginning Q1 FY 22-23.
Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP system, our Enterprise Resource Platform (ERP).	SAP Financial Accounting solution successfully went live on July 2022 including Accounts Payable, Fixed Asset, and Controlling. The new ERP platform streamlined our processes and improved the efficiency of our financial system by eliminating manual interventions and brought visibility and transparency to our system.  Finance MPSS Revenue Recognition processes are automated. Revenue and Plan Partners capitation per member for both Medi-Cal and Medicare are processed directly through federal and state files. Retroactive rate and enrollment adjustments are configured and automated. This process increased our productivity and accuracy.
Complete the implementation of SyntraNet to support operational improvements across the enterprise, with a particular emphasis on appeals and grievances.	This quarter we completed requirements and workflow for utilization management (UM) Phase 1 of 3 foundational enhancements and received sign-off from UM leadership and the SyntraNet governance committee. Delivery was made to the vendor, UpHealth. UpHealth reviewed requirements for the minimum viable product phases 1 and 2 for the Appeals & Grievances functionality and is preparing delivery estimates. We completed draft business requirements for the potential quality of care incidents Appeals & Grievances sub-function. For CalAIM, an automated report was launched to assist with data ingestion and requirements were finalized for the new Community Supports (CS) services, to be available 1/1/23. The deployment plan for the Enhanced Care Management (ECM) self-service option reached the final stages with implementation expected in early October.



<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
Modernize provider data management by defining and creating a roadmap for achieving our target state for our provider data ecosystem.	<p>The Provider Roadmap initiative is a multi-year program focused on improving L.A. Care’s provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes. As part of this initiative, L.A. Care:</p> <ul style="list-style-type: none"> <li>• Established a new data governance framework to ensure better data quality</li> <li>• Continued to engage a vendor in a pre-implementation engagement to guide the conversion and integration of L.A. Care’s provider data in preparation for the implementation of a new provider data management platform</li> <li>• Expanded the data integration and workflow requirements for a new provider data management platform as part of the pre-implementation engagement</li> <li>• Evaluated and assessed alternate provider data management solutions that are capable of accommodating L.A. Care’s expanded list of requirements</li> <li>• Enhanced due diligence for selecting an optimal provider data management platform by identifying an alternate application, the data integration and workflow capabilities of which are being vetted against the capabilities of the vendor platform under evaluation as part of the pre-implementation engagement noted above</li> </ul>
Refine and implement our three-year technology roadmap and ensure that the reference architecture serves as a blueprint that evolves with L.A. Care’s needs.	We successfully delivered the second phase of CalAIM, we are currently on schedule for the delivery of the final phase for end of calendar year. We completed the next phase of the interoperability mandate and have published an application on the marketplace.
Develop real-time interoperability capabilities to share data with providers and members.	The first component is complete with public facing provider directory Application Program Interfaces (APIs), which allow any system or software application to search and download L.A. Care’s complete Provider Directory. This allows search engines such as Google and others to access our Provider Directory and present results to their users. The second component which provides a data connection API for members to access their health information maintained by L.A. Care has been deployed and final stage testing is underway with a third party application that desires to connect with L.A. Care. The data connection API enables third party applications (typically on smart phones) to access member data, but only with member consent, and only after the third party app has registered with L.A. Care.



<b>Support and sustain a diverse and skilled workforce and plan for future needs.</b>	
<b>Tactics</b>	<b>Update</b>
Conduct succession planning, particularly at the leadership level.	We continue to work to ensure L.A. Care can address changes in management as they occur. Over the past twelve months, we have had 23 management promotions from existing staff. We are continuing to work with leadership to identify or hire employees with succession as a key decision point. Potential successors are provided with leadership coaches to continue to develop their skills. Succession plans have been instituted for the Chief Medical Office and Chief Financial Officer.
Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care’s commitment to Diversity, Equity, and Inclusion.	We continue to provide a two-day Cultural Humility & Anti-Racism Education to all Directors and above, a process that was slightly delayed by the summer COVID-19 surge. We continue to monitor our employee ethnicity, race, and gender to maintain a diverse employee base. Currently 66% of our employees are female and 44% are male, 23.4% are Asian, 13.1% are Black or African American, 33.4% are Hispanic or Latino, 8.1% are Native Hawaiian or Other Pacific Islander, 9% are White, 3.4% are two or more races, and 9.5% are ‘not applicable.’
Support a culture of accountability that encourages transparency.	We have instituted ongoing coaching between Human Resources and individuals (including managers at all levels of the organization) to enable managers to better hold remote employees accountable with respect to performance.
Improve managed care and Management Services Organization (MSO) acumen among staff.	We provide an introduction to Managed Care during employee orientation and offer opportunities for employees to participate in educational sessions provided by Local Health Plans of California (LHPC). We continue to seek additional opportunities to increase our employees’ acumen. We have begun conversations with the LHPC Institute to provide our employees with sessions to increase managed care knowledge.
Promote retention of staff in an evolving work environment.	L.A. Care continues to make progress with the initiatives from last quarter (action plans developed from the previous Employee Engagement Survey, Employee Recognition Program, and Employee Resource Groups). The results of these initiatives will be evidenced upon the completion of the upcoming Employee Engagement Survey scheduled for October 2022. Additionally, our 12-month turnover rate for the period ending September 2022 was 16.98%, well below the current industry average of 44.6% for the twelve-month period ending August 2021.



<b>Ensure long-term financial sustainability.</b>	
<b>Tactics</b>	<b>Update</b>
Implement recommendations from the administrative expense benchmarking study and update the administrative expense target in the revised forecasts.	The Board-approved administrative expense budget for FY 2022-23 was based on needed resources to support the day-to-day operations, Medi-Cal incentive programs, D-SNP, STAR ratings improvement, and strategic projects. L.A. Care will continue to monitor the administrative spending and adjust it accordingly based on changes in membership and market conditions.
Develop risk arrangements for Enhanced Care Management (ECM) and the Dual Eligible Special Needs Plan (D-SNP).	We continue to deepen the ECM network over a year into its initial implementation. An additional 11 ECM providers are currently being contracted for a January 1, 2023 start date.

<b>Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.</b>	
<b>Tactics</b>	<b>Update</b>
Launch a D-SNP to serve the dually-eligible Medicare and Medi-Cal population and transition members from Cal MediConnect (CMC) to the D-SNP.	<ul style="list-style-type: none"> <li>• L.A. Care received CMS approval for its Medicare Advantage Bid and D-SNP application. L.A. Care’s D-SNP was awarded CMS contract number H1224.</li> <li>• CMC to D-SNP transition communications to members were approved by CMS and state regulators for distribution in October.</li> <li>• An operational webinar was held with D-SNP-participating Participating Physician Groups (PPGs) to communicate CMC to D-SNP transition and commence implementation work.</li> <li>• Monthly Department of Health Care Services Cal MediConnect to D-SNP Enrollment Transition Workgroups continue.</li> <li>• Operational processes to support Exclusively Aligned Enrollment (EAE) continue to be developed by the state in partnership with stakeholders.</li> <li>• L.A. Care D-SNP implementation work streams continue, led by the Enterprise Portfolio Management Office (EPMO).</li> </ul>



Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
<p>Increase membership across all products by implementing member recruitment and retention strategies.</p>	<p><b>Marketing</b></p> <ul style="list-style-type: none"> <li>• <u>L.A. Care Covered</u>: Go-to-market member materials for renewing and new members and campaign creative are on track. The website shop-n-compare tool has been revised with new rates. We are currently working on a roadmap to capture website cart abandonment and provide a “full circle” experience for those that went to sign up on the Covered California website.</li> <li>• <u>CMC</u>: A campaign for the transition to D-SNP is slated for October 14, 2022.</li> <li>• <u>D-SNP</u>: Go-to-market member materials, sales materials, and campaign materials are on track. Campaign development to launch a full campaign by the second week of October is on track.</li> <li>• <u>Medi-Cal and Plan Partners</u>: We are working with the Medi-Cal team to strategize on a brief campaign to run from November 2022 through until January 2023, to focus on beneficiaries who will move from FFS to managed care as a result of CalAIM Mandatory Managed Care Enrollment.</li> <li>• <u>Community Resource Centers (CRCs)</u>: We are currently enhancing our general ad campaign to include more granular location and event specific campaign targeting.</li> </ul> <p><b>Sales</b></p> <ul style="list-style-type: none"> <li>• <u>L.A. Care Covered</u>: We conducted October renewal outreach plan development and Open Enrollment Period (OEP) sales strategy planning, which includes broker and non-broker channel growth and retention initiatives.</li> <li>• <u>D-SNP</u>: We finalized and executed the pre-October D-SNP launch growth initiatives, including broker channel expansion, distribution partner integrations, and development of direct-to-consumer campaigns targeting members and prospects.</li> <li>• <u>Medi-Cal</u>: We worked on the development of internal sales education content and associated community based organization outreach and engagement, including promotion of Medi-Cal education and enrollment support services at the L.A. Care CRCs.</li> </ul>
<p>Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.</p>	<p>Membership continues to grow within the Direct Network and has increased 7.4% from the previous quarter, to nearly 36,294 members. This is an additional 0.6% trended growth from the previous reporting period. The team continues to monitor network utilization and trending through various tools, reporting, dashboards, and services to evaluate network opportunities.</p>



<b>Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>Additionally, we continue to work closely with our regulators through network filings and material modifications, to ensure we are meeting standards across all lines of business for all our members to access high-value care within the appropriate distance or time. Efforts are underway for the LACC/LACCd line of business as a 3-year network strategy was initiated in collaboration with the LACC product leadership to focus on future network expansion opportunities, enhancement of the current network with premier provider partnerships, and focusing on innovative technological network opportunities to maximize and leverage telehealth and other delivery models.</p> <p>In preparation for the CMC to D-SNP transition, the network team has successfully converted 80% of the current CMC network to complete the D-SNP agreement and secure CMS approval for network adequacy and a launch date of January 1, 2023. The remaining 20% are currently underway toward finalization.</p> <p>Negotiations are underway with two additional network provider groups not previously participating in CMC. Ongoing network activities include evaluating opportunities to transition PPG shared risk business to dual risk and to full risk where it aligns with our hospital partners, as appropriate.</p>

### High Quality Network

*Support a robust provider network that offers access to high-quality, cost-efficient care.*

<b>Mature and grow our Direct Network.</b>	
<b>Tactics</b>	<b>Update</b>
Insource delegation functions that are currently outsourced, as appropriate and cost effective.	The agreement between OptumHealth (Optum) and L.A. Care under which Optum is performing select Utilization Management (UM) and Care Management (CM) services for the L.A. Care Direct Network (DN) members will terminate on December 31, 2022. To ensure a seamless transition for L.A. Care’s members and providers, L.A. Care has established a



<b>Mature and grow our Direct Network.</b>	
<b>Tactics</b>	<b>Update</b>
	comprehensive readiness plan to in-source these services by November 1, 2022, and is in the final stages of securing approval from the California Department of Managed Health Care (DMHC) regarding the same. L.A. Care’s readiness plan is a product of over six months of intensive efforts to ensure that the plan will be able to meet or exceed all compliance and quality standards, and partner effectively with DN providers, to serve the DN members.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.	Continued efforts for operational improvements, with the support of the Direct Network Administration Steering Committee. In the fourth quarter, L.A. Care focused on ongoing enhancements of the Direct Network Reference Guide to ensure providers had the most up-to-date resource guide for onboarding within the network, important plan information, operational and service guides, business and regulatory requirements and more. Additionally, we continue to work with the Therefore team (our provider load process tool), to determine the critical functions needed for optimal operations improvement. Beginning November 1st, all of the functions delegated to Optum Health will be brought in-house. Additionally, our provider trainings will take place in October, to reflect the new authorization process.
Strategically address gaps in the Direct Network to meet all member needs countywide.	We continue efforts to maintain an over 95% network adequacy to meet the enterprise goal and to ensure we meet member access needs across the county. L.A. Care’s ongoing recruitment efforts remain focused on DHCS and DMHC core specialties. Monthly oversight and monitoring is completed utilizing network adequacy dashboards, Quest analytics, and other reporting that is analyzed to capture potential network gaps.
Increase access to virtual care by implementing L.A. Care’s Virtual Specialty Care Program (V-SCP).	In the past quarter, we have experienced progress as well as some obstacles with this pilot. We have had eConsult cases submitted as well as a number of tele-video visits. However, we have identified some issues around authorization and referral as well as claims and payment. This has presented an opportunity for valuable learnings during this phase of the pilot. We are also continuing our recruitment efforts to expand the number of providers and practices into this pilot and are exploring opportunities to offer this pilot initiative to our providers and members in long term care facilities.





<b>Improve our quality across products and providers.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Achieve quality scores for the Direct Network that are commensurate with the median IPA network scores.</p>	<p>The Incentives and Health Informatics Management (HIM) teams met with leadership from the Direct Network Advisory Committee (DNA) to finalize the ‘Encounters’ domain that is part of the DN P4P program. In previous years this domain was excluded, but with guidance from the DNA it was determined the Encounters domain would focus on capitated claims submitted by Direct Network providers. This domain will be included in the DN P4P program beginning with MY2023. Monthly distribution of Provider Opportunity Reports and Utilization Management rates continue.</p> <p>A Provider Engagement workgroup within Quality Improvement (QI) is working on ways to better serve individual provider offices in the DN and beyond. L.A. Care will participate in a grant with California Healthcare Foundation and California Quality Collaborative to extend practice transformation to more offices.</p>
<p>Exceed the DHCS Minimum Performance Level for all measures for Medi-Cal, achieve a four-star quality rating for L.A. Care Covered, and build the infrastructure to achieve a four-star quality rating for our D-SNP.</p>	<p>To address the multi-year plan to improve quality in all lines of business, L.A. Care is launching initiatives that address member, provider, community, and L.A. Care staff needs.</p> <ul style="list-style-type: none"> <li>• Cross-functional workgroups are developing strategies for Stars improvement for both D-SNP and LACC lines of business. Two RFPs are under way for clinical quality outreach and experience. Pharmacy outreach has been extended through the Pharmacy Benefit Manager Navitus.</li> <li>• A Fall 2022 patient experience training series titled “The Fundamentals of Patient Experience” will launch in October 2022. Sessions will focus on the foundational trainings and place emphasis on navigating challenging encounters with patients.</li> <li>• Member health reminders including mailers, automated call campaigns, and social media campaigns continue. Several text messaging campaigns focused on cervical cancer, diabetes, hypertension, well child visits, and pre-natal/post-partum care are in the final stages.</li> <li>• The QI team partnered with Health Net and WIC to host an informational WIC webinar. The team also partnered with HealthLeads to host a webinar on “Equity Oriented Primary Care”.</li> <li>• L.A. Care met with various medical groups to review 2021 CG-CAHPS scores and discuss member experience improvement strategies.</li> </ul>





<b>Improve our quality across products and providers.</b>	
<b>Tactics</b>	<b>Update</b>
Improve clinical data integration and data governance, starting with race, ethnicity, language, sexual orientation, and gender identity data, in order to achieve the NCQA Health Equity Distinction.	Continue to make progress on the Race, Language, and Ethnicity integration and are on pace for an end of year delivery. We are further refining our overall CDI Roadmap and will be done with the planning phase by end of Q1 2023.
Improve clinical performance for children’s care.	A second campaign was launched in late September for the Well Care Visit texting campaign. This was done in an effort to reach more children before the end of the year. Progress on a new provider report on baby well care visits was made during this quarter This report will allow providers to prioritize scheduling infants who are missing visits in order to ensure a child’s physical and developmental growth is on track and preventive health services are performed

<b>Invest in providers and practices serving our members and the L.A. County safety net.</b>	
<b>Tactics</b>	<b>Update</b>
Assist our providers in adopting and using Health Information Technology (HIT) resources.	<p>The Transform L.A. practices are reporting 10 clinical quality measures from their electronic health record system. Nine practices are now regularly receiving the Admit, Discharge, or Transfer (ADT) report electronically.</p> <p>The Help Me Grow LA practices are working to incorporate validated developmental screening tools and referrals processes into their electronic medical record software programs to streamline workflows and increase overall screenings and referrals.</p>
Provide practice coaching to support patient-centered care.	<p>Transform L.A. increased the number of Direct Network practices to 19 with 94 providers, 34% of Direct Network members. Eight practices are reporting improvement in Controlling High Blood Pressure and three practices are reporting improvements in Diabetes A1c Poor Control.</p> <p>The Help Me Grow LA initiative Year 2 work is underway. Cohort 1 practices have generated 19% improvement over baseline for the number of screenings conducted. Four of the five practices targeted for Cohort 2 are enrolled and transformation work is beginning. Outreach is continuing for the 5th practice. Five of the planned 20 early childhood development classes</p>



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
	have been provided to the community and LAC members. The 2nd CME event is scheduled for 3/25/2023 as an in-person all day event.
Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.	<p><b>Provider Recruitment Program (PRP):</b> We continue to grow the PRP program, with 143 providers hired totaling almost \$19.5 million in investment. There are currently 21 vacancies.</p> <p><b>In-Home Supportive Services Training Program (IHSS):</b> Our Center for Caregiver Advancement (CCA) partners have announced that the program is currently hosting its 17th trimester. As of September 2022, CCA graduated 381 students from their 16th trimester cohort. This will expand our total to 5,270 trained providers since the beginning of our partnership with the organization. These bright individuals aid in our in-home support services to our L.A. Care members.</p> <p><b>Health Career Internship Program:</b> In 2022, 31 new interns completed their summer internship in a variety of health care settings, including community health centers, community-based organizations, and L.A. Care by supporting various clinical and programmatic activities. Since 2021, a total of 65 interns have participated in the program.</p> <p><b>Residency Support Program (RSP):</b> L.A. Care funded four institutions under Cycle 3 funding – AltaMed, Charles R. Drew University of Medicine and Science (CDU), UCLA, and White Memorial. The approved funds support salaries and benefits for 25 residents across the four institutions starting in academic year 2022-23 through 2024-25.</p> <p><b>Medical School Scholarships:</b> L.A. Care introduced eight new scholars (four at CDU and four at UCLA) in July 2022 during L.A. Care’s Elevating the Safety Net/25th year anniversary celebration. L.A. Care has offered 40 full-tuition scholarships since 2018 and received approval from the Board of Governors to award 40 new scholarships over the next five years.</p> <p><b>Provider Loan Repayment Program (PLRP):</b> We have 121 active physician awards, including seven physicians who received a 2-year award extension for their ongoing commitment to practicing in the safety net.</p>



<b>Invest in providers and practices serving our members and the L.A. County safety net.</b>	
<b>Tactics</b>	<b>Update</b>
	<p><b>Elevating Community Health:</b> For the Community Health Worker (CHW) program, future investments will be based on emerging county-wide needs and alternative funding opportunities.</p> <p><b>National Medical Fellowship (NMF):</b> L.A. Care committed to funding a fifth cohort of seven fellows, including two medical students, two graduate nursing students, and two physician assistant students at four community health centers. The fellows completed a 200-hour safety net clinic immersion program.</p> <p><b>Keck Graduate Institute (KGI) Master of Science in Community Medicine (MSCM):</b> As part of L.A. Care’s \$5 million investment in the graduate program, 45 students received full-tuition scholarships. Twenty students who received a scholarship in 2021 completed their first year of graduate education and, in 2022, 25 new students started their first year in the MSCM program.</p> <p><b>CDU New Medical Education Program:</b> With L.A. Care’s \$5 million investment, CDU is making progress towards establishing the New Medical Education Program in preparation for the first class of 60 medical students in 2023.</p>
Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.	A total of 20 Community Health Investment Fund grants were awarded ranging from \$150,000 to \$500,000 to enhance quality and access to care for L.A. Care members and other low income community members. Eighteen clinic infrastructure grants were awarded to impede continued resignation among clinics’ non-licensed workforce. Two significant grant investments were executed with entities that innovate health information technology, improve care coordination, and reduce high cost safety net utilization across multiple entities in Los Angeles County.



### Member Centric Care

*Provide services and care that meet the broad health and social needs of our members.*

Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.	
Tactics	Update
Maximize care for L.A. Care members, within funding constraints, through successful implementation of Enhanced Care Management (ECM) and Community Supports (CS) for specified populations of focus.	<p><b>Community Supports (CS):</b> On July 1, 2022 L.A. Care officially went live with the following Community Supports (CS) – Housing Deposits, Personal Care and Homemaker Services, Sobering Centers, and Respite Services. As of late September 2022, L.A. Care had served approximately 12,638 members via Community Supports (not including Plan Partners).</p> <p>DHCS Model of Care deliverables Part 3 was completed for the new CS that L.A. Care is adding, Environmental Accessibility Adaptations (also known as Home Modifications). We expect to go live with this CS on January 1, 2023. Additionally, L.A. Care continues to address upcoming and ongoing DHCS requirements to further improve all CS services.</p> <p><b>Enhanced Care Management (ECM):</b> L.A. Care has continued to focus on a successful transition to and implementation of ECM, including connection with members grandfathered from Health Homes and Whole Person Care. Contracted ECM Providers worked to complete the required reassessment of grandfathered members against ECM graduation criteria by August 31, 2022 and September 30, 2022 respectively, in an effort to determine the members' needs for ongoing services.</p> <p>L.A. Care ECM is currently developing our Population of Focus (POF) offerings with two additional POFs being implemented effective January 1, 2023.</p> <p>L.A. Care continues work to expand our ECM provider network, with the anticipated addition of new providers effective January 1, 2023.</p>
Ensure CalAIM Population Health Management (PHM) requirements are met.	The PHM CalAIM requirements were introduced to the PHM Cross Functional Team and the PHM team has started CalAIM workgroups for Transitional Care Services and Skilled Nursing Facilities (SNF) coordination and Member Assessments. The PHM team is developing a cross-walk that contains a gap analysis in the CalAIM PHM requirements starting in January 2023 and is working with subject matter experts and the Plan Partners to complete the Readiness Deliverable that came out in September and is due to DHCS October 21, 2022. CalAIM has



<b>Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.</b>	
<b>Tactics</b>	<b>Update</b>
	removed the new Initial Risk Assessment (IRA) requirements. However, the member assessment workgroup will continue to streamline member assessments wherever possible.
Monitor and establish infrastructure for longer-term CalAIM initiatives.	<ul style="list-style-type: none"> <li>• The CalAIM Core Planning Team continues to provide updates to key stakeholders.</li> <li>• Major organ transplant infrastructure for meals and lodging continues to be developed.</li> <li>• Mandatory Managed Care Enrollment Phase II (duals and non-duals) readiness activities are in progress for the January 1, 2023 transition.</li> <li>• The Population Health Management readiness assessment, due late October, is in progress.</li> </ul>

<b>Establish and implement a strategy for a high-touch care management approach.</b>	
<b>Tactics</b>	<b>Update</b>
Maximize use of care managers and community health workers within our care management model.	<p>Care Management continues to focus on growing the team in order to meet the needs of LA Care’s most vulnerable members. With more Care Managers, Community Health Workers (CHWs), and Care Coordinators on board, Care Management has been working to expand our footprint to provide High Risk and Complex Care Management to more members. Care Management CHWs have continued their efforts to re-establish Care Management’s presence in the community. When recommended by the interdisciplinary care team, CHWs continue to conduct member home visits and accompaniments for provider visits.</p> <p>We have built relationships with community based organizations and the Los Angeles Homeless Services Authority (LAHSA) to support our members who have housing insecurities. One recent collaboration was our participation in the Problem Solving Pilot which provided resources and pathways for our staff to link members to needed services.</p>
Increase use of field-based care management in the community.	Care Management has continued to expand our presence in the community through increasing the number of field visits being conducted by our team of CHWs. CHWs are currently deployed at all open Community Resources Centers (CRCs) to support members and engage them in the Care Management program. We are actively recruiting CHWs to provide services to members in the community resource centers that are anticipated to open by the end of 2022.



<b>Establish and implement a strategy for a high-touch care management approach.</b>	
<b>Tactics</b>	<b>Update</b>
	We have cross trained our CHWs to ensure they are able to support our face-to-face health risk assessment efforts for our members.
Expand upon our progress with palliative care and add other end-of-life services.	<p>Palliative care provides an additional layer of support to members with serious illness. We continue to reach out to our community partners and internal stakeholders to identify members that will benefit from this high value program.</p> <p>Collaboration with other services for vulnerable members will provide an expanded referral base for palliative care services. CalAIM continues to expand with new populations of focus and there is overlap for a subset of members that will need services from both programs. Additionally, we have identified other services that will be a natural partnership including major organ transplant and transitions of care for complex members.</p> <p>Through our data analytics we are looking at unidentified members eligible for palliative care and providing outreach. Additionally, as transitions of care services are needed we expect that the palliative care program may be an important part of the model.</p>

<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.	<ul style="list-style-type: none"> <li>Member Equity Council goals for FY 2021-22 concluded. Overall, seven goals were completed, seven are ongoing/in progress and will be monitored in the next year, one goal was not completed, but will be re-prioritized and aligned with goals for this next fiscal year. New goals will be developed for this next fiscal year and will align with the number of new regulatory requirements that are set to take place.</li> <li>The Provider Equity Award for this year was drafted for release in October. Equity categories for the award are:             <ol style="list-style-type: none"> <li>reducing health disparities,</li> <li>language care, and</li> <li>Sexual Orientation, Gender Identity (SOGI) Collection.</li> </ol> </li> </ul>



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
Identify and reduce health disparities among our members by implementing targeted quality improvement programs.	<p>L.A. Care focused on disparities in diabetes, hypertension, and prenatal care:</p> <ul style="list-style-type: none"> <li>The Diabetes Disparities Performance Improvement project launched a text messaging campaign in July 2022 educating members on diabetes and healthy behaviors.</li> <li>The Diabetes Quality Improvement Project is launching medically tailored meals to a cohort of members in January 2023. Members will also have the option for nutrition counseling with a Registered Dietitian.</li> <li>Three partner clinics are working to distribute the blood pressure cuffs distributed in Quarter Three.</li> <li>Texting campaigns focusing on perinatal measures were launched in Q4. A total of 1,281 members have been outreached to for the postpartum campaign, with an enrollment rate of 33.6%. The Prenatal texting campaign has outreached to 217 Black /African American pregnant individuals, with an enrollment rate of 22.6%. Both campaigns will run until the end of CY 2022.</li> <li>To inform and educate providers on the perinatal resources available to L.A. Care members, a fax and email blast on the doula and home visitations programs was completed in September. The communication was sent to 1,100 OB/GYN's, family practice doctors, and primary care physicians with a specialty in obstetrics and/or gynecology.</li> <li>There were eight final grantees for Community Health Investment Fund (CHIF's) Generating African American Infant and Nurturers Survival (GAAINS) Initiative. Projects will reduce structural barriers that impede medical treatment and social supports, and produce positive outcomes at the individual, community/clinic, and/or systems level.</li> </ul>
Implement initiatives to promote diversity among providers, vendors, and purchased services.	To date, eight small businesses have been awarded the tuition sponsorship for the OneLA Inclusive Procurement program, with two slots to be filled. We continue to partner with the Los Angeles Area Chamber of Commerce to fill the remaining two slots.
Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.	<ul style="list-style-type: none"> <li>An October training was planned on LGBTQ+ health disparities and Sexual Orientation and Gender Identity (SOGI) data collection for providers, allied staff, and internal staff that will cover topics including gender pronouns, creating gender inclusive messaging, and discussing the importance of collecting SOGI data.</li> <li>A Gender Affirming Care Webinar Training was being planned for late October. The webinar will review terms commonly used and preferred with patients that self-identify</li> </ul>





<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>as transgender and the role of trauma informed care in providing comprehensive care for this patient population.</p> <ul style="list-style-type: none"> <li>L.A. Care and Health Net jointly hosted two sessions of Implicit Bias training for providers. The first session covered foundational concepts of implicit bias while the second training focused on implicit bias in maternal health. Over 600 attendees participated in the two trainings.</li> </ul>

### Health Leader

*Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.*

<b>Drive improvements to the Affordable Care Act by serving as a model of a successful public option.</b>	
<b>Tactics</b>	<b>Update</b>
Play a leading role in advocating for a public option at the state and national levels.	The Los Angeles County Safety Net Coalition (LACSNC), convened by L.A. Care, met in person to further clarify its goals and future agenda. LACSNC’s goal is to identify and support legislative measures that allow Coalition members representing hospitals, clinics, and physician practices, to maximize future revenues.
Provide expertise and assistance to other public plans interested in participating in state exchanges.	L.A. Care continues to provide high level guidance to public plans considering joining the state exchange.





<b>Optimize members' use of Community Resource Centers and expand our member and community offerings.</b>	
<b>Tactics</b>	<b>Update</b>
Increase the number of Community Resource Centers to 14, in partnership with Blue Shield of California Promise Health Plan, and increase number of annual visits to 50,000 across all centers by Q4 2022 and 60,000 by Q4 2023.	Leases were finalized for new CRCs in South LA and Panorama City (replacement for Pacoima resource center). Long Beach and Westside CRC construction continues.
Partner with community-based organizations to offer a range of services onsite.	The first mini-library provided by Access Books was delivered to the Lynwood CRC. Partnerships with the National Health Foundation and Providence to deliver on-site CalFresh enrollment assistance were launched.

<b>Drive change to advance health and social services for our members and the community.</b>	
<b>Tactics</b>	<b>Update</b>
Identify and prioritize actions, interventions, and programs to promote equity and social justice.	Cultural Humility and Anti-Racism trainings for Directors and above were postponed in August and September due to high COVID rates. The trainings will resume in October and November. Meetings with the L.A. County Office of Violence Prevention (OVP) on gun safety are ongoing. A Gun Violence Prevention Summit hosted by L.A. Care and OVP will take place December 9, 2022.



Drive change to advance health and social services for our members and the community.	
Tactics	Update
Support regional Health Information Exchanges (HIE).	<p>L.A. Care is committed to strengthening the regional Health Information Exchanges (HIE) by directly engaging with them on strategic and regulatory requirements. This is accomplished by delivering network priority lists specific to each HIE that would help them achieve the maximum market penetration and improve community access to member data. The regional HIE networks are making steady progress in onboarding new clinical partners. L.A Care’s Leadership and the HIE Steering Committee are closely collaborating with the HIEs to address participant onboarding and are taking additional measures such as:</p> <p>Incorporating HIE Participation Requirements in the Hospital Contracts.</p> <ul style="list-style-type: none"> <li>• Introducing a VIIP HIE meaningful use measure for the IPAs, and providing incentives for participation.</li> <li>• Engaging with the various stakeholders through L.A. County IT/Data Advisory Group.</li> <li>• Launching Semi-Annual HIEc Communication to the Provider Groups and Clinics for all Lines of Business (excluding Plan Partners). The objective of the communication is to provide HIEc updates to the providers and strongly encourage their participation in the networks.</li> </ul> <p>In addition, L.A Care has revised the Health Information Ecosystem (HIEc) Strategy to build a sustainable HIE Infrastructure and laid out recommendations to further improve the regional HIE networks. L.A. Care is in the process of establishing a direct electronic exchange of Admit, Discharge and Transfer (ADT) data with the HIEs using the latest Fast Healthcare Interoperability Resources (FHIR) standard, in compliance with federal and state regulatory requirements. L.A. Care maintains close communication with the exchanges through bi-weekly operations meetings and we use this regular cadence to:</p> <ul style="list-style-type: none"> <li>• Optimize the workflows to support clinical pharmacy initiatives, case management, utilization management, HEDIS measures, and behavioral health, and</li> <li>• Develop and coordinate community based care workflows with clinical partners such as Federally Qualified Health Centers (FQHCs), Independent Practice Associations (IPAs), and Managed Services Organizations (MSOs), to benefit at-risk populations and improve patient outcomes.</li> </ul>



# Vision 2024

Drive change to advance health and social services for our members and the community.	
Tactics	Update
Create a deliberate and tailored strategy to address homelessness among our members.	<p>L.A. Care is focused on improving operational processes for all Community Supports (CS) programs that have launched thus far. L.A. Care is working with IT and UpHealth teams to build out and enhance program requirements for all CS to improve overall service operations.</p> <p>Staff continue to meet with CS providers on an ad hoc basis to provide technical assistance to ensure program compliance and improvement. Additionally, staff submitted revisions for Q2 Regulatory Reports to DHCS, and are working on updating reporting specifications to ensure compliance with DHCS data validation processes.</p>