DRAFT

AGENDA

Technical Advisory Committee (TAC) Meeting

Thursday, April 11, 2024 at 2:00 P.M.
L.A. Care Health Plan
1055 W. 7th Street, 1st Floor, CR 100, 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=m42861aaa0ca21e5652b9fe44a8c0ca73

Teleconference Call Information: Dial: 1-213-306-3065
Meeting number: 2494 723 6454 Password: lacare

Teleconference Site

Elaine Batchlor, MD, MPH
Martin Luther King, Jr. Community Hospital
12012 Compton Ave.
4th Floor 4-118
Los Angeles, CA90059

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

Muntu Davis, MD, MPH
Los Angeles County Department of Public Health
313 N Figueroa St
Los Angeles, CA 90012

Rishi Manchanda, MD, MPH
Health Begins
2600 W. Olive Ave.
Suite 500
Burbank, CA 91505

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

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

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	Alex Li, *MD, Chief Health Equity Officer, Chairperson*
1.	Approve today's meeting agenda	*Chairperson*
2.	Public Comment	*Chairperson*

DRAFT

3.	Approve January 11, 2024 Meeting Minutes	*Chairperson*
4.	Chairperson Report • Chief Health Equity Officer Update	*Chairperson*
5.	Artificial Intelligence and Health Equity	Ankoor Shah, *MD, MBA, MPH* *Chief Medical Officer, Radiant Services* *Principal Director, Healthcare Strategy & Consulting Accenture* Brandon Shelton *Senior Director, Advanced Analytics Lab*
6.	Approve The Technical Advisory Committee (TAC) Charter **(TAC 100)**	*Chairperson*
7.	Medi-Cal Redeterminations Update	Phinney Ahn *Executive Director, Medi-Cal* Karla Lee Romero *Director, Medi-Cal Product Management*

Adjournment

The next meeting is scheduled on August 8, 2024.

Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE TECHNICAL 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 TECHNICAL ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online 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 Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.
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
Technical Advisory Committee
Meeting Summary – January 11, 2024

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Alex Li, *MD, Chief Health Equity Officer*, *Chairperson*
Sameer Amin, *MD*, *Chief Medical Officer*
John Baackes, *Chief Executive Officer**
Elaine Batchlor, *MD, MPH**
Paul Chung, *MD, MS*
Muntu Davis, *MD, MPH*,
Rishi Manchanda, *MD, MPH*
Santiago Munoz*
Elan Shultz
Stephanie Taylor, *PhD*

Management

Noah Paley, *Chief of Staff, Executive Services*
Acacia Reed, *Chief Operating Officer, Managed Care Services*
Phinney Ahn, *Executive Director, Medi-Cal Product Management*
Todd Gower, *Chief Compliance Officer*

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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alex Li, *MD*, *Chief Health Equity Officer,* called the meeting to order at 2:05 p.m.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved Unanimously by roll call.** **7 AYES (Amin, Chung, Davis, Li, Manchanda, Shultz, Taylor)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The November 9, 2023 meeting minutes were approved as submitted.	**Approved Unanimously by roll call.** **7 AYES**
CHAIRPERSON'S REPORT • **Chief Health Equity Update**	*(Member Manchanda joined the meeting at 2:30pm. Committee reached a quorum.)* Member Alex Li, *MD*, Chief Health Equity Officer gave a Chief Health Equity Officer Update as part of the Chairperson's Report *(a copy of the report can be obtained from Board services).*	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Sample 2024 Initiatives and Changes • Full Scope Medi-Cal is now available for all low-income adults ages 26-49 regardless of immigration status. The estimated number of eligible undocumented and immigrant adults who qualify for Medi-Cal in Los Angeles County is around 270K individuals. As of 1st week of January, L.A. Care will now provide coverage for around 10K individuals. • Medi-Cal provider rate increase (no less than 87.5% of Medicare rate) will be effective for primary care, obstetric and non-specialty mental health services starting on January 1, 2024. L.A. Care team is actively working on this and should be able to push out the new rates and contracts to our network in the Summer or Fall of 2024. The funding for this increase comes from the revenue collected from the Managed Care Organization Provider Taxes. • Kaiser Permanente now have a direct contract with California Department of Health Care Services. Around 1.2 million Medi-Cal beneficiaries in 32 counties will transition from local plans to Kaiser. Around 244K L.A. Care Medi-Cal members have transitioned to Kaiser. • DHCS has signaled to Medi-Cal Managed Care Plans that they will be issuing monetary sanctions to Plans that fail to meet the minimum performance levels for Medi-Cal Managed Care Accountability Measures. Most managed care plans will receive a fine. • The Provider Relations Advisory Committee is a new Board of Governors approved committee. The committee is composed of representatives from hospitals, FQHC, DHS, IPAs, SNFs and ancillary service providers. The purpose of the committee is to address systemic issues and challenges between payors and providers as it relates to gaps in communication, accessing services (e.g. skilled nursing care facilities, DME, transportation etc), transitional care services, reimbursement and others. Elevating Safety Net Program (workforce investment) <table><tr><td></td><td>As of 11/27/23</td></tr><tr><td>Provider Recruitment Program</td><td>16</td></tr><tr><td>Provider Loan Repayment Program</td><td>122</td></tr><tr><td>Medical School Scholarship</td><td>48</td></tr><tr><td>Elevating Community Heatlh Home care workers who graduate from CCA's IHSS training program</td><td>6,349</td></tr></table>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Sample Advancing Health Equity Efforts • Children's Health Disparities Roundtable – November 14, 2023 (see CHEO powerpoint) • L.A. Care committed $1.25 Million dollars in grants to support Black, Indigenous and other people of color non-profits.	
HEALTH EQUITY CONFERENCE UPDATE	Member Li spoke about the need to promote health equity within the provider space and the community space. He asked Johanna Gonzalez, Health Equity Project Manager II, to give a brief overview of a planned Health Equity Conference in L.A. County *(a copy of the presentation can be obtained from Board Services)*.. Ms. Gonzalez talked about organizing the first-ever health equity conference on May 18 to educate healthcare professionals. They gathered feedback from county health equity officers to shape the conference topics. The conference will cover health disparities, social drivers of health, and using data for change. Attendees can choose workshops like maternity health, community screening, and discussions on burnout and moving forward. The conference also addresses data collection and peer-to-peer exchanges. Ms. Gonzalez welcomes questions or feedback before proceeding with the final slides. Member Muntu Davis, *MD, MPH*, suggested and proposed a future topic: "partnering with other organizations to meet the needs of patients." He emphasized that offices or facilities don't have to do everything themselves and that there are benefits to connecting and collaborating with other organizations, which he believes could be helpful for attendees. Member Li thanked Member Davis for his suggestion. Member Rishi Manchanda, *MD, MPH*, said that the idea of the conference looks really wonderful and suggested enhancing a specific block related to navigating members to services. He noted the opportunity to connect with community partners and leverage new benefits for both members and providers. He recommended making this connection more explicit to understand community supports better and how providers can access them, aligning with Member Davis's point about leveraging benefits and community connections. Ms. Gonzalez thanked Member Manchanda for his feedback and said that this presentation was meant to gather as much feedback from the committee before the conference takes place. Member Manchanda asked about the target audience. Member Li mentioned that historically, they have primarily targeted private providers, including power practices, and also some county providers. The	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	audience also includes a range of professionals from physicians to social workers, indicating a wide reach for the conference. Member Manchanda thanked Member Li for his response and suggested two ideas for enhancing the conference experience. Firstly, he proposed using tags to identify subsets of attendees (like private practice or county providers) to facilitate targeted learning tracks. Secondly, he recommended tailoring the program content throughout the day to address specific audience needs, such as during panel discussions, to ensure meaningful insights for different subsets of attendees. He expressed willingness to discuss these ideas further offline.	
EQUITY PRACTICE TRANSFORMATION PROGRAM	Cathy Mechsner, *Manager, Practice Transformation,* gave a presentation about the 2024-2028 Equity and Practice Transformation (EPT) Program *(a copy of the presentation can be obtained from Board Services)*. Equity and Practice Transformation Program Overview • Equity and Practice Transformation Program: - 5-year, $700 million Department of Health Care Services (DHCS) Initiative - Aligns with the following DHCS programs and goals: o Comprehensive Quality Strategy o Equity Roadmap o 50 by 2025 Bold Goals • Purpose: - Assist lower functioning practices to improve their capacity to deliver better care to Medi-Cal patients through: o Investments in technology, infrastructure, staffing, practice support/technical assistance, and learning collaborative • Program Funding: - DHCS flows Directed Payments through Managed Care Plans (MCPs) to practices for completed program work - Duration: January 1, 2024 – 2028 - Awaiting final list of enrolled practices from DHCS DCHS Programs & Goals Aligned with EPT Specific Measures • Infant, child and adolescent well-child visits - Childhood/Adolescent vaccinations	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- Blood lead and developmental screening - Chlamydia screening for adolescents • Prenatal and postpartum visits & depression screening - Adolescent depression screening and follow-up • Follow-up after ED visit for SUD within 30 days - Depression screening and follow-up for adults - Initiation & engagement of alcohol and SUD treatment Impact to L.A. Care & L.A. County- Direct and Indirect ROI/Impact L.A. Care Medi-Cal Programs: • CalAim • Pay for Performance Programs • Data Exchange Framework, Health Information Exchange programs • Health Equity & Disparities Mitigation Plan • Direct Network expansion • Care delivery improvement efforts • Other care delivery programs • Telehealth/access to care Primary Care Providers and Patients/Members: • Helping providers obtain needed tools and knowledge to use them • Developing practices' quality improvement capacity to more effectively deliver better care to our members and to sustain that knowledge • Strengthening/reinforcing Medi-Cal quality improvement programs already in place • Focusing on DHCS's initiatives: - Health Equity Roadmap - 50 Bold Goals in 2025 Financial: • Impact of improved Managed Care Accountability Set (MCAS) measures and achievement of Minimum Performance Levels (MPL) - Reduced penalties from DHCS for below MPL performance levels • Higher cost of "wellness" claims vs. lower cost of chronic/high risk disease claims Reputation, Relationship and Others:	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

- Develop a positive relationship with providers *or negative relationship will if we have a poor execution* (L.A. Care)
- Ability to directly engage with providers and align our goals (L.A. Care)
- Improve access for Medi-Cal, DSNP and Covered California members (Members)
- Improve performances for MCAS measures (L.A. Care)
  - Better auto-assignment
- Address health care disparities within a practice (Members)

Potential Enrollment Results and Areas of Focus

Primary Care Practice Enrollment	Goal	Actual	DN	Medi-Cal Beneficiaries
Small/Medium, Independent	50	84	22	322,101
All others (FQHC, Large Indep.)	Unlimited	50	11	1,219,718
		134	33	1,541,819

HP QUARTILE RESULTS			
Quartile	Total	Small/Medium	FQ/Larger
1	67	43	24
2	51	29	22
3	11	9	2
4	5	2	3

HEDIS High/Low Performing			
Type of Practice	High	Low	DN
Small/Medium	5	3	9
FQHCs	2	4	5
TOTALS	**7**	**7**	**14**

Potential Enrollment Results with Crossover Opportunities
Crossover Programs:
CalAIM:

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Enhanced Care Management/CalAim Cross Over				
Type of Practice	**ECM**	**CalAim**	**EPT**	**DN**
Small/Medium	2			2
FQHCs	22			4
TOTALS	**24**	**0**	**0**	**6**

Data Exchange Framework (DxF) & Health Information Exchange (HIE)

Type of Practice	No. Participating in LANES	Total Signed DSAs	No. Qualify for One-Time Incentive
Small/Medium	2	12	35
FQHCs	19	38	43
TOTALS	**21**	**50**	**78**

**Data Sharing Agreement (DSA) **One-Time HIE Incentive*

EPT Program – Program Success Goals
Support for practice success

- Develop strong engagement/trust with providers and care teams
- Ensure practices receive value add services and leverage all areas of the program to be successful:
  - Population Health Management Initiative Training (PHMI),
  - Technology support (EHR/Population Health Management tools), Learning Collaborative
  - L.A. Care Health Services/Quality Improvement resources & programs (Pay 4 Performance program, Provider/Member health education, etc.)
- Manage Directed Payments process for timely payments to practices

Determine technical assistance for small and medium-sized independent practices (<51 providers)

- Number of coaches needed to support practices
- Required qualifications for coaches:
  - Level of experience, knowledge of Population Health Management Initiative
  - Knowledge of EMR programs, PHM tools, etc.
  - Knowledge of adults vs pediatrics and/or both
  - Data analytics

Program management:

- Program success criteria and project management requirements
  - Data analytics, Legal, Finance (administer Directed Payments to practices)

EPT Program Progress To Date

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Enrollment – Concluded 10/23/24 • Received 134 applications, (84 Small/Medium Independents, 50 FQHCs/Large Independents. • Next Step: Receive final list of =practices from DHCS *(Expected soon)* Program resources – In progress • Planning and development of practice facilitation team to support Small/Medium practices to achieve program goals - Reviewed investment proposal to Leadership team - Identifying practice facilitation vendors for engagement with LAC/practices - Working with Communications to announce Program participation, notifications to practices Program launch – *Pending Cohort 1 announcement* • DHCS announced Program Office & Learning Collaborative vendor: Population Health Learning Center - Will lead Technical Assistance program including strategy development, tools & resources and evidence based models of improvement EPT Program Next Steps Timeline January 2024 • Receive final list of enrolled practices from DHCS (TBD) • Finalize financial support and plan for technical assistance/practice facilitation for Cohort 1 small/medium-sized independent practices (<51 providers) - Begin RFP process with Procurement for additional practice facilitator vendors to recruit/hire practice coaches • Launch Program! 1Q2024 • Begin practice transformation work with practices per program details: - Develop/launch action plans based upon assessments and identified program gaps - Incorporate Population Health Management Initiative (model of improvement) tools & resources • Manage staff and vendor contract(s) to achieve program deliverables • Begin administration of Directed Payments for all assigned receiving practices (develop new/leverage existing workflows to process payments)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• 2Q2024 - 2028 • Communication of program achievements for practices and members • Ongoing program management of: - Practice transformation work - Vendor management - Administration of Directed Payments to practices	
ADJOURNMENT	The meeting was adjourned at 3:40 P.M.	

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

APPROVED BY: _____
Alex Li, MD, *Chairperson*

_____
Date Signed

April 11, 2024

To:	Technical Advisory Committee
From:	Alex Li, MD
Re:	CHEO Report
Regulatory Requirement:	☐ CMS ☐ DHCS ☐ DMHC ☐ NCQA ☒ Other(specify):_____ ☐ N/A

A. Cyber Attack-Change Healthcare

In late February, Change Healthcare, a relatively unknown subsidiary of UnitedHealth Group was hacked. Change Healthcare not only offers providers and payors an IT solution to submit and receive claims, it is also greatly impacted pharmacies ability to check co-pay when they went to pick up their medications from pharmacies. Due to Change Healthcare's large market presence, this attack was significant and impacted nearly every sector of our health care ecosystem. Unfortunately, L.A. Care used Change Healthcare as its tool to receive claims from providers. For the most parts, providers who receive capitation payments were not impacted. However, for hospitals, skilled nursing facilities, DME suppliers and other health care providers who bill L.A. Care through the fee for service format, these providers were impacted by this attack. L.A. Care's team have been working diligently with UnitedHealth Group to stand up an alternative process. In the meantime, our provider network team have sent out regular communications and conducted town hall meetings to keep our network appraised. We have also advanced over $20M to those providers who expressed hardship. Moving forward, we will modify our business processes to increase resiliency and redundancy.

B. NCQA Health Equity Accreditation

On March 11, 2024, L.A. Care received a notification from NCQA that we achieved the NCQA Health Equity Accreditation status. We received a score of 98% or 86.5 out of 88 possible points. We are all extremely proud of our work in health equity and achieving this status. Nationally, there were around 170+ health plans out of around 1,100 health plans nationally that have received the NCQA Health Equity Accreditation status.

C. Equity Practice Transformation Program Update

The Department of Health Care Services (DHCS) Equity and Practice Transformation (EPT) program announced that 46 practices selected to L.A. Care as their managed care plan sponsor. We were informed that 211 out of 700+ practices were selected to participate in the program. On March 7, 2024, we hosted our first welcome session.

Type of Practice	Total Number of Practices	Total in Direct Network	Medi-Cal Members (LA Care and HealthNet) Impacted
Private	24	8	100,938
FQHCs	22	5	488,981
Totals	**46**	**13**	**589,919**

D. DHCS 2024 Quality Withhold and Incentive Program (QWIP)

On March 11, 2024, DHCS shared with the managed care plans their preliminary proposal for their new Quality Withhold and Incentive Program. The QWIP is intended to be a program where a small percentage of the managed care plan's revenue is withheld and then earned back based on the 8 managed care accountability set (MCAS) and consumer and provider survey responses. The new modification of the program is to have a health equity framework and seeks to require health plans to address sub-populations that perform poorly in the MCAS measures.

E. Medi-Cal Redetermination Update

See Powerpoint.

Generative AI, Responsibility, and the Art of the Possible

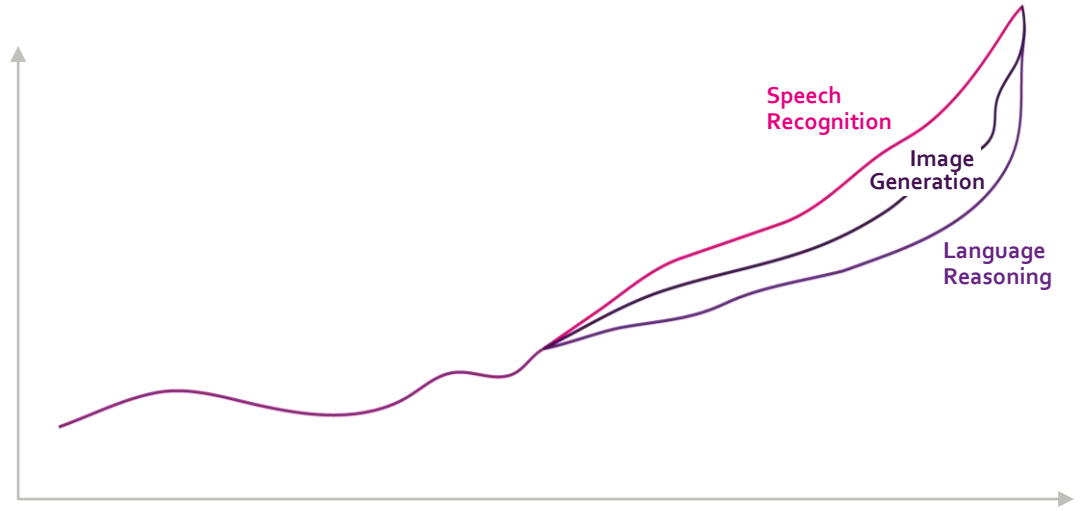
Ankoor Shah, MD, MBA, MPH
April 2024

What is Generative AI?

Generative AI is a type of AI that focuses on **creating new data or content**, rather than simply analyzing and making decisions based on existing data.

- Definition provided by GPT-3

These models are rapidly **approaching and exceeding** how humans create, learn and communicate...



Enabled by...

Better **Models**

More **Data**

More **Compute**

Source: Accenture | A new era of generative AI for everyone

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Generative AI Is A Step Change In The Evolution Of AI

Machine Learning: Analysis and Prediction Phase

Deep Learning: Vision and Speech Phase

Generative AI: Language-Mastery Phase

- **Built into Foundation Models…**

  Pretrained models that learn underlying patterns and relationships within domains they are trained on, ranging from language to images to the structure of proteins.

- **Such as Large Language Models (LLMs)…**

  A class of Generative AI foundation models used to capture knowledge in human language and generate text.

Source: Accenture | A new era of generative AI for everyone

Forbes

UBS research just confirmed that ChatGPT is the "fastest-growing consumer application in history. …In 20 years following the Internet space, we cannot recall a faster ramp…"

Gartner

"Organizations that do not position themselves to take advantage of the Generative AI revolution will struggle to compete and will eventually fail"

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Generative AI Brings New Capabilities That Have The Potential To Radically Reinvent How Work Is Done

Creation

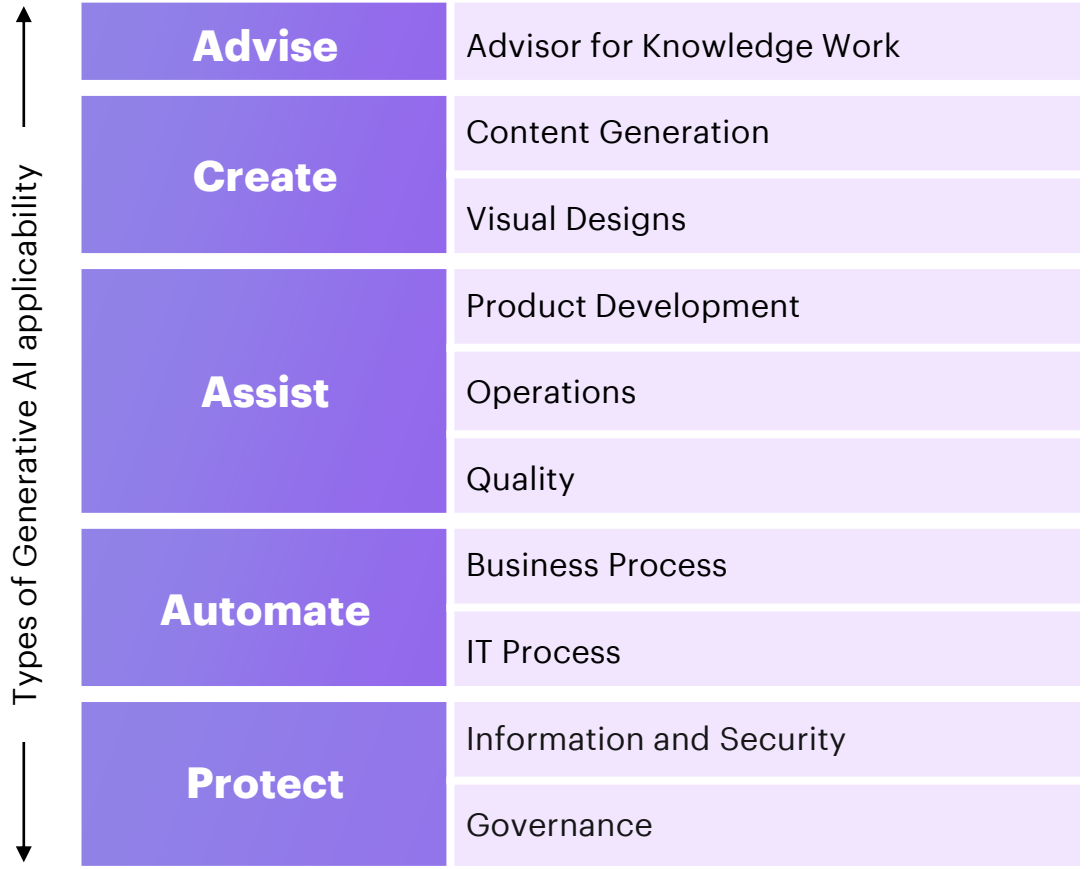
Foundation models can create entirely new text, image, or video content at human levels of quality and proficiency

Adaptation

Foundation models can complete a wide variety of tasks without needing task-specific training

Interaction

Foundation models can communicate using normal, everyday language and remember conversational context



Source: Accenture | A new era of generative AI for everyone

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Healthcare organizations face pressures from multiple fronts that challenge sustainable growth and high-quality outcomes

Growing Demand, Limited Supply

Health systems and provider networks are not equipped to serve the increased demands of an aging population.

- **46% increase** in 60-90 year-olds in the next decade, with 17% fewer working age individuals per senior
- **Shortage of up to 124,000** physicians by 2034

Source: US Census Data, AAMC

Rising Consumer Expectations

Patients and members are changing behaviors and demanding healthcare experiences on par with other industries

- **30% of patients** switched providers in 2021, with a 6x higher switch rate in younger generations.
- Experience factors are the **#1 leading reason** for consumers switching payers and providers.

Source: Accenture Research

Increasing Healthcare Costs

Increasing utilization and supply-side cost structures are adding additional financial pressures for strained health systems.

- **12% increase** in US health expenditures from 2019 to 2022, to $4.3 Trillion or $12,914 per capita
- **24.8% increase** in hospital labor expense per adjusted discharge from 2019 to 2022

Source: AMA, AHA, Synthellis

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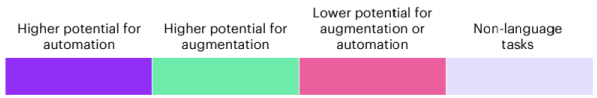
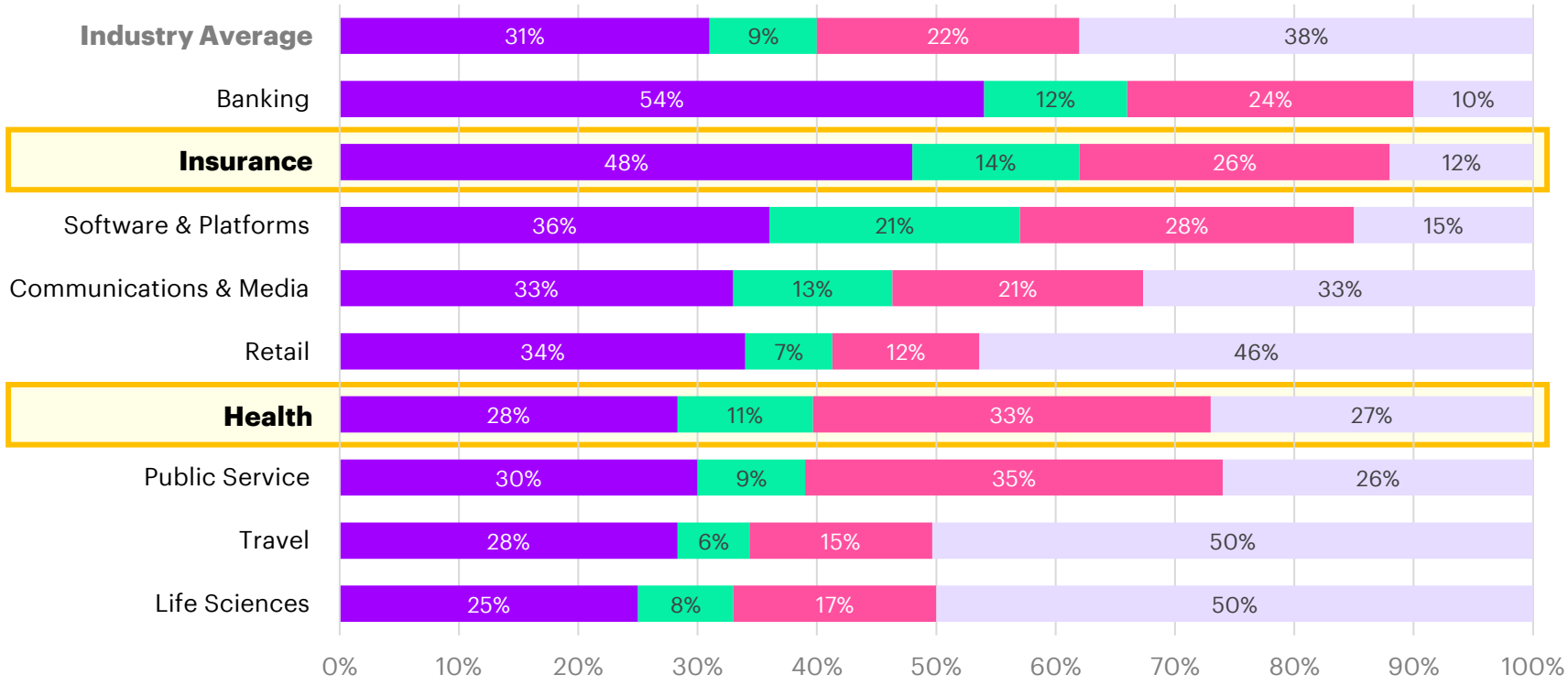
...and has significant applicability to the healthcare payer and provider workforce

Work time distribution by industry and potential AI impact

Based on their employment levels in the US in 2021



Source: Accenture Research based on analysis of Occupational Information Network (O*NET), US Dept. of Labor; US Bureau of Labor Statistics.



~40% of working hours in the health industry have high potential to be impacted by Large Language Models. The opportunity for the insurance industry is even greater at **~62% of working hours.**

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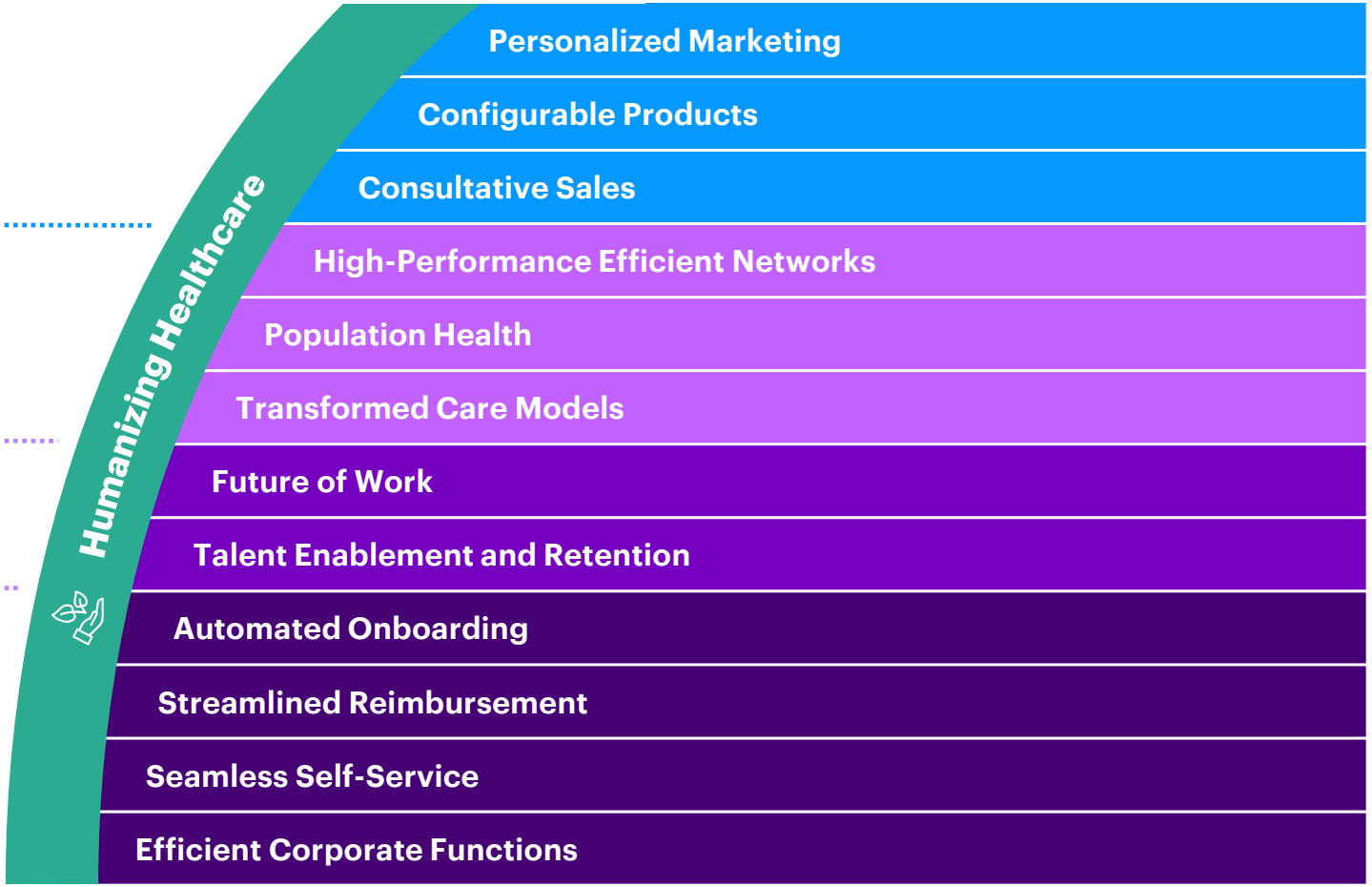
Generative AI exploration needs to be structured around core payer business priorities

Seek and scale new growth

Improve health outcomes

Power your people

Optimize operations



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While Generative AI offers enormous potential, healthcare orgs will need to understand and carefully navigate its limitations

Use Case in Action:

	Model Hallucinations	Security Risks	Use on "As Is" basis	No IP Protection
Challenge	Models can "hallucinate" inaccurate recommendations or biased information	Models may leverage external, unsecured datasets or expose confidential data	Publicly available tools (e.g. ChatGPT) have few enterprise protections and incomplete capabilities	Model outputs have no IP protection due to the lack of human authorship
Developing approaches to mitigation	Improve outputs via prompt engineering and fine-tuning with use case specific training data	Enforce security protocols for GenAI tooling and allowed data inputs / output usage	Establish governance around GenAI usage in business processes and explore fit-for-purpose solutions	Monitor the regulatory and legal landscape to understand acceptable usage and IP protections

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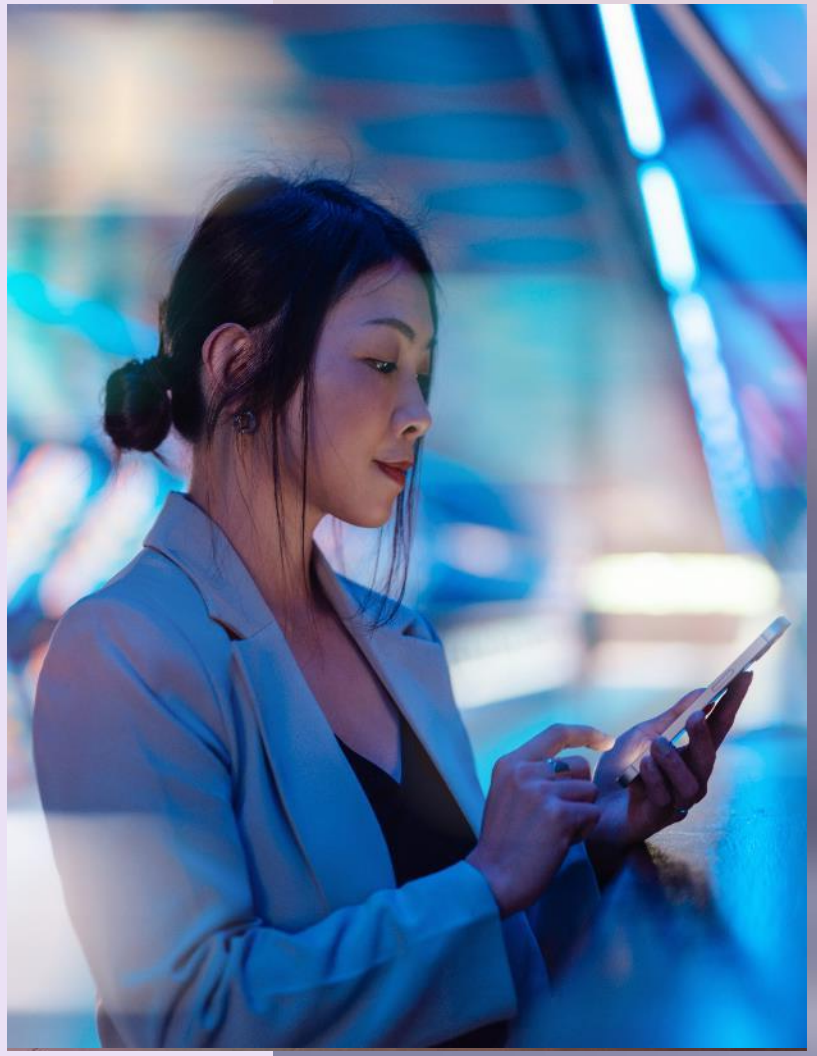
Responsible AI

Taking intentional actions to design, deploy and use AI to create value and build trust by protecting from the potential risks of AI.



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AI Governance & Principles

1. Human by Design
2. Fairness
3. Transparency, Explainability & Accuracy
4. Safety
5. Accountability
6. Compliance, Data Privacy & Cybersecurity
7. Sustainability

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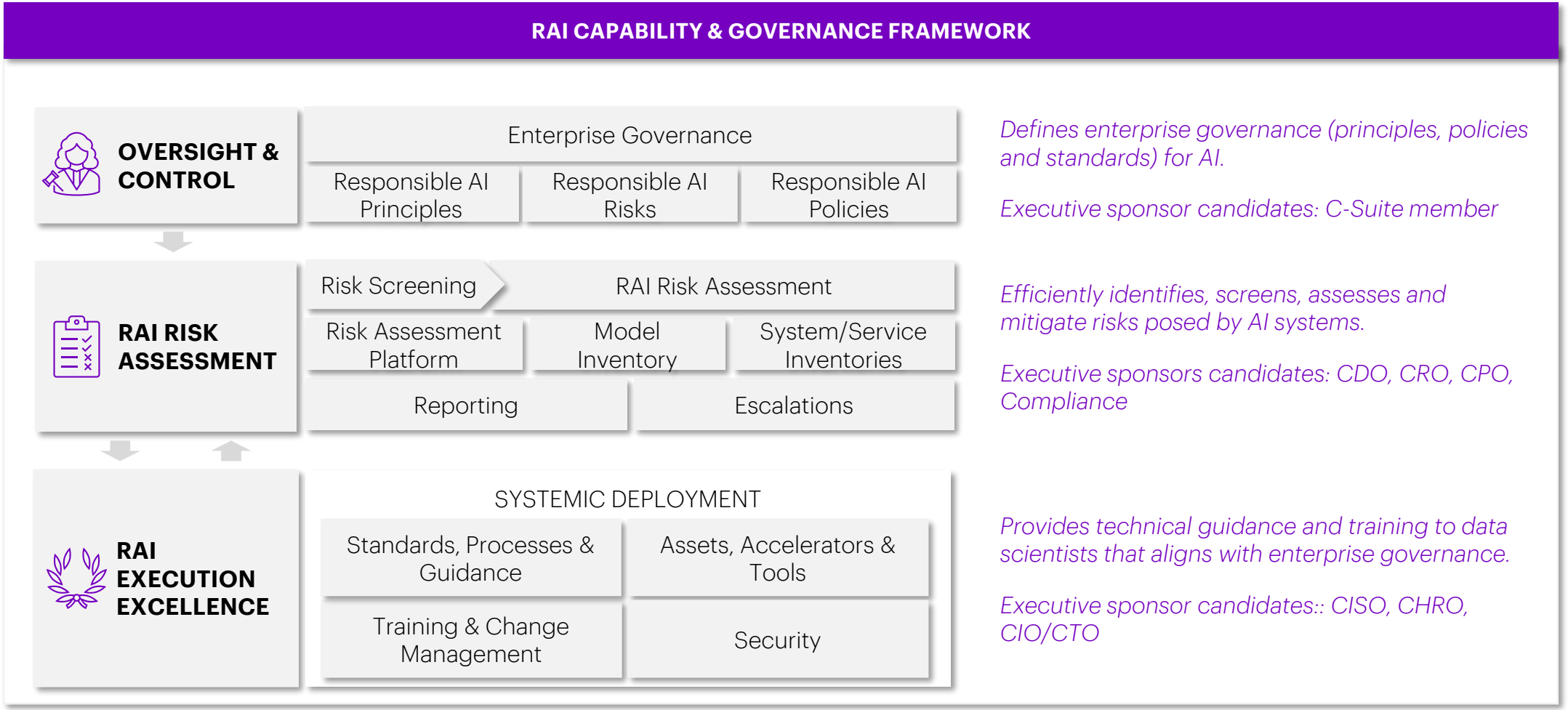
Operationalize RAI: Capability & Governance Framework

The framework collates RAI capabilities to jumpstart a comprehensive governance structure with accountability



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What Does This Mean for Health Plans?

If you bury your head in the sand, you will miss the opportunity. And the future will be more of the same as the past.

Moving from conceptual to execution requires first:

Setting up AI governance

Conducting an AI risk assessment

Enabling systematic RAI testing

The questions you should walk away with are:

Q1

Do you have a single leader accountable?

Q2

Do you have an enterprise-wide vision and shared priorities around RAI?

Q3

Do you have an inventory of where AI is being used?

Q4

Have you assess the risk of Gen AI and have setup tools and processes needed to mitigate the risks?

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Market Case Studies

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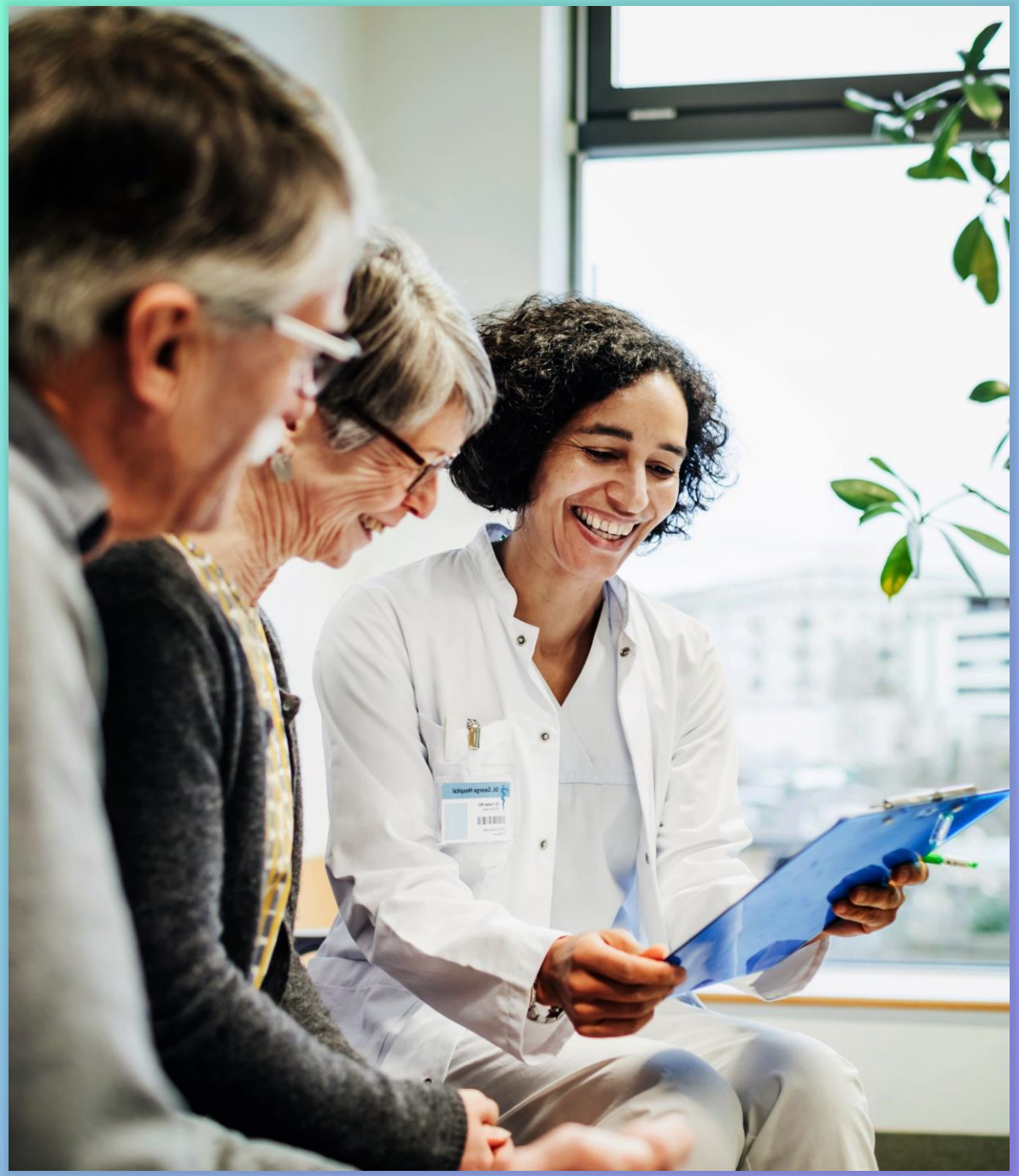
Elevance Health

FAKE PATIENTS, REAL INSIGHTS

Elevance is leveraging synthetic data to fuel its artificial intelligence (AI) efforts.

The company is working with Google Cloud to create a synthetic data platform of approximately 1.5 to 2 petabytes of synthetic data, including artificially generated data sets of medical histories, healthcare claims and other key medical data. This will allow Elevance to validate and train AI algorithms on large amounts of data, while reducing privacy issues surrounding personal medical information.

https://www.wsj.com/articles/anthem-looks-to-fuel-ai-efforts-with-petabytes-of-synthetic-data-11652781602



UW Health UC San Diego Health Stanford HEALTH CARE

A PRESCRIPTION FOR YOUR INBOX

UW Health and UCSD are using generative AI solutions to help draft patient responses.

The pilot program leverages new integrations between Epic's EHR system and Microsoft's OpenAI Azure Service. Through the integration with Microsoft, clinicians can use generative AI to create draft responses when communicating asynchronously with patients directly within Epic's In Basket patient communication system. Stanford Healthcare is expected to also add the functionality soon.

https://www.modernhealthcare.com/digital-health/himss-2023-epic-microsoft-bring-openais-gpt-4-ehrs

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

TACKLING BURNOUT, ONE NOTE AT A TIME

The University of Kansas Health System is rolling out AI-based medical transcription for its docs.

Medical transcription startup Abridge's technology identifies more than 90% of the key points from provider-patient conversations and quickly generates summaries in various formats meant for clinicians or patients. The rollout will cover >1,500 physicians across >140 locations, and is aimed at addressing the 130 minutes a day that clinicians at University of Kansas spend on documentation outside of work hours.

https://www.fiercehealthcare.com/health-tech/university-kansas-health-system-teams-ai-startup-abridge-streamline-ehr

blue california

NO STRUCTURE, NO PROBLEM

Blue Shield of California is using AI to streamline prior authorization intake and review.

Blue Shield of California is using Google Cloud's Claims Acceleration Suite to convert unstructured data received in prior authorization requests to structured data via Document AI, Healthcare Natural Language API, and Healthcare API capabilities. Blue Shield of California aims to use these AI-powered tools to ease the administrative burden on providers and enable faster, more informed decisions on patient care.

https://www.prnewswire.com/news-releases/google-cloud-unveils-new-ai-enabled-claims-acceleration-suite-to-streamline-health-insurance-prior-authorization-and-claims-processing-helping-experts-make-faster-more-informed-decisions-301796467.html

MAYO CLINIC

TL;DR MY PATIENT MEDICAL HISTORY

Mayo Clinic is investigating AI tools to track, analyze and extract data from patient EHR records.

Some 80% of patient data in electronic medical records is unstructured, including transcribed reports and doctor's notes, says Mayo Clinic CTO Dr. Anantraman. Natural language processing and AI tools will allow the hospital system to transform the data that isn't organized into discrete fields and structured data, meaning clinicians will have an easier time searching through data and reviewing summarized insights.

https://www.wsj.com/articles/mayo-clinic-assessing-google-ai-tool-as-it-seeks-more-insights-from-patient-records-11648159790

Mount Sinai

THE AI ENABLED GENERATION

The Icahn School of Medicine at Mount Sinai has established a Department of Artificial Intelligence and Human Health.

The foremost department of its kind, the Department of Artificial and Human Health aims to make the tools and techniques of artificial intelligence (AI) available to all Mount Sinai researchers and physicians throughout the Health System's eight hospitals and 400-plus ambulatory clinics in order to facilitate emergency responses and long-term strategic decisions.

https://www.mountsinai.org/about/newsroom/2021/mount-sinai-launches-department-of-artificial-intelligence-and-human-health

Meta

PREDICTING THE LANGUAGE OF PROTEIN

Meta AI researchers have predicted over 700 million protein structures to aid in drug discovery.

Meta's ESMFold model leverages a novel large language model and transformer approach to predict protein structures that is 60 times faster than the DeepMind AlphaFold2 model. The new database of 700M+ metagenomic protein structures has been made available via the ESM Metagenomic Atlas to the broader scientific community to accelerate biomedical research.

https://www.wsj.com/articles/meta-ai-unlocks-hundreds-of-millions-of-proteins-to-aid-drug-discovery-d0ef32fa

Board of Governors
Technical Advisory Committee
CHARTER

General Information

The Technical Advisory Committee (TAC) is a legislatively mandated, broad-based public advisory committee, reporting to the L.A. Care Board of Governors. The TAC assists the L.A. Care Board of Governors in formulating broad public policy directives, through the provision of expertise, the identification of issues in the community related to health equity, quality of care, and the review of health care delivery models and innovations offered by L.A. Care Health Plan. Its membership shall include, but not be limited to, individuals representing the following disciplines, expertise or professions e.g.: epidemiology, health services research, public health,~~pharmacy,~~ health equity, ~~care~~quality, delivery systems and policy ~~quality, medical rehabilitation, long term care, nursing, emergency medical services, mental health care, epidemiology, medical schools, and home health~~. Each member of the committee shall be selected by an appropriate nominating entity(ies) in the discipline/profession the person is representing. If an appropriate nominating entity does not exist, staff and TAC membership shall make recommendations and elect those individuals based on a vote of the entire committee membership.

The scope and nature of the issues considered by TAC relate most closely, though not exclusively, to activities and functions under the purview of the Chief Health Equity Officer.~~Medical Officer (CMO).~~ As such, the Chief Health Equity Officer~~CMO~~ serves as the primary conduit for information exchange between TAC, L.A. Care Health Plan management, including all organizational areas, and the L.A. Care Board of Governors, and also serves as a permanent, voting member of the Committee.

Committee Roles

The primary roles of the committee are:

A. To review program development, reports and other considerations presented by L.A. Care Health Plan staff regarding L.A. Care Health Plan's health care services, program delivery models, and provider community, offering advisory feedback and recommendations as appropriate.

B. To develop and present recommendations to the Chief Health Equity Officer~~CMO~~ and L.A. Care Board of Governors about issues relating to L.A. Care Health Plan's provision of health care services, health equity and social determinants of health initiatives, program delivery models, and provider community.

Field Code Changed

C. The committee

Technical Advisory Committee (TAC) Charter

Committee Responsibilities

The responsibilities of the Committee, on behalf of the L.A. Care Board of Governors, shall include:

A. Review of policies related to the service models used by L.A. Care Health Plan in order to recommend related public policy.

~~B.~~ "Provision of expert advice to the Chief Health Equity Officer, other LA Care senior leaders and managers, and L.A. Care Board of Governors concerning L.A. Care Health Plan proposals or activities impacting the provider community.~~Provision of expert advice to the CMO and L.A. Care Board of Governors concerning L.A. Care Health Plan proposals or activities impacting the provider community.~~

~~C.~~B. Creation of an annual workplan with periodic status reports to the Board on the implementation of the workplan.

~~D.~~C. As appropriate**,** regular communication with the nominating entity (ies) to identify their issues and represent these issues to the committee and to share committee actions.

Committee Operations and Organizational Interface

Key aspects of committee operations and organizational interface include:

A. The committee will be informed of key L.A. Care Health Plan initiatives and develop recommendations for the organization and the Board of Governors.

~~A.~~B. The committee shall meet at least every other month when possible.

~~B.~~C. The committee shall maintain minutes of all its meetings to document its activities and recommendations.

D. Each committee member shall be selected by an appropriate nominating entity/ies in the particular discipline or profession, or by the committee as a whole, if such an entity does not exist.

~~C.~~E. The committee will consist of a minimum of 8 members and no more than 12.

~~D.~~F. The appointed member shall be limited to serving two consecutive four year terms or a maximum of eight years cumulatively. Appointment or reappointment is contingent upon approval of L.A. Care Board of Governors.

~~E.~~G. Board Services staffs the committee, in consultation and collaboration with the Chief Health Equity Officer~~CMO~~.

~~F.~~H. The committee shall make recommendations to the L.A. Care Board of Governors on those findings and matters within its scope of responsibility. Such recommendations are brought to the L.A. Care Board of Governors via the Board's Executive Committee and/or other Board committees, as appropriate, and are presented to the L.A. Care Board of Governors.

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~~by the TAC Committee Liaison.~~

Signed: ~~Mario Ramos~~
Secretary, Board of Governors

Date:

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Board of Governors
MOTION SUMMARY

Date: April 11, 2024 **Motion No. TAC 100.0524**

Committee: Technical Advisory Committee **Chairperson:**

Issue: Approval of the revised Technical Advisory Committee (TAC) Charter.

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: None.

Member Impact: None.

Budget Impact: Not applicable

Motion: To approve the revisedTechnical Advisory Committee (TAC) charter.

Tick, Tock, Time to Renew!

Unwinding Continuous Coverage for Medi-Cal Beneficiaries

Technical Advisory Committee Update

Medi-Cal Product Management
April 2024

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Agenda

- Continuous Coverage Unwinding
  - Background and updates
- L.A. Care Medi-Cal redetermination experience
- Membership activity
- Key messages and maintenance plan
- Current outreach tactics

Continuous Coverage Unwinding

Background

- Beginning in March 2020, the Continuous Coverage Requirement was in place that allowed Medi-Cal beneficiaries to remain covered regardless of a change in circumstance
- In CA, routine renewal operations resumed on April 1, 2023
  - Beneficiaries with a June 2023 renewal month were the first impacted
  - First terminations occurred on July 1, 2023 for those who did not respond to county requests and anyone who was determined ineligible
- CA implemented many income-based and administrative waivers and flexibilities during the unwinding period to help streamline the renewal process.
- One of the biggest impacts was the automation of income-based waivers in the eligibility and enrollment system.
  - Increased CA's auto renewal rate from 34 to 66 percent
  - L.A. Care also saw the positive impact with more members going through auto renewal (39% to 63%)

Continuous Coverage Unwinding Update

DHCS Survey Findings and Current State

- In Nov 2023, DHCS began conducting a survey of people who were procedurally disenrolled from Medi-Cal during the unwinding.
- With 3 months of data available, survey results indicate:
  - 32% of people who lost coverage didn’t know they would lose their coverage if they did not complete their renewal.
  - 37% of those who lost coverage want to restart their coverage but do not know how
  - 45% said they never received a renewal form to complete
- The survey results reinforce that we still have a lot of work to do
  - A large percentage of people are still unaware and the messaging has not reached them
  - Beneficiaries need assistance in completing their renewal packets

The Unwinding Winds Down

Remaining Unwinding Activity

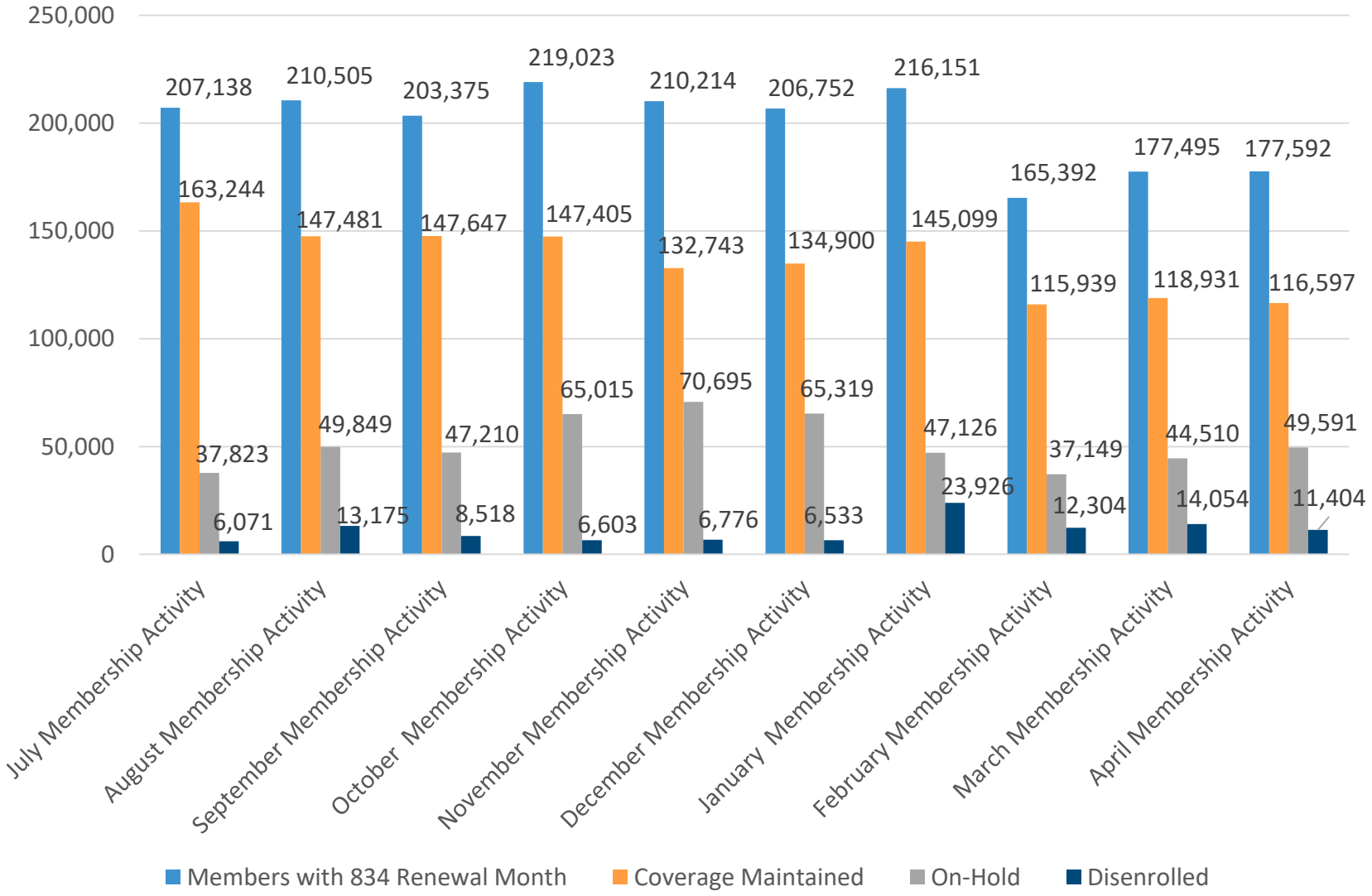
- There are two cohorts of beneficiaries left in the unwinding period
  - Those with an April and May renewal month
  - For L.A. Care, this totals over 330K members who still need to be redetermined
  - Of the 330K, we estimate that over 91K L.A. Care Medi-Cal members with an April renewal month were auto-renewed and close to 74K were mailed a renewal packet and must respond to remain covered.
- As the unwinding comes to an end, routine Medi-Cal renewal processing will continue in perpetuity
- L.A. Care will continue to push out key messaging and has incorporated ongoing redetermination outreach as we move into a ‘maintenance mode’ beyond the unwinding period

April 2023 Redetermination Experience

- There were over **177K** members with a March 834 renewal month
- The monthly DHCS file indicated that over **71K members were mailed a packet**, and we estimate over **106K successfully went through auto renewal**
  - Of the 67K that were mailed a packet, we estimate that:
    - **49.5K members** with a February renewal month **lost coverage due to procedural reasons**
      - This means 70% of 71K who were mailed a packet did not respond
      - This is also 28% of the total 177K members with a March renewal
    - Over **21K** returned their packet
      - Based on this data, it is estimated that 10K of the 21K who returned their packet had their **coverage maintained,** and
      - The other **11K** were **disenrolled**.
- A significant number of members have lost coverage during the unwinding
  - Since July, **~623K Medi-Cal members have lost coverage**
    - 109K disenrolls and 514K due to procedural reasons

Monthly Redetermination Processing

L.A. Care Medi-Cal



Key Messages to Share with Beneficiaries

- **Update your contact information**
  - Make sure the county has your current contact information, if it has changed. This way, the county can contact you about your Medi-Cal. If your information has changed, you can update it online at benefitscal.com or by calling DPSS at 1-866-613-3777.
- **Create or check your online account**
  - You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online.
- **Check your mail**
  - The county will mail you a letter about you Medi-Cal eligibility. You may need to complete a renewal form.
- **Complete your renewal form (if you get one)**
  - If you receive a renewal form in the mail, submit your information by mail, phone, in person, or online so you do not lose your coverage.
- **Watch out for scammers**
  - There is no cost to renew your Medi-Cal!

Redetermination Maintenance Plan

L.A. Care Medi-Cal

Text Campaigns

- Phase 1- sent to all members
- Phase 2- sent to members who are mailed a packet
- Maintenance Phase- sent to all members text two months prior to a members renewal month

Marketing & Social Media

- Ongoing social media outreach
- Current marketing campaign with television, radio, bus shelter, and digital ads

Mail & Email Campaigns

- Mailer sent to all members with QI messaging
- Mailer sent to on-hold members
- Email- upcoming renewal month
- Email- mailed a renewal packet
- Email- terminated for procedural reasons

Robocall Campaigns

- Upcoming renewal month
- Mailed a renewal packet
- Procedural terminations

Renewal Assistance

- Extending CBO contracts at our CRCs to continue offering in-person and over the phone renewal assistance beyond the unwinding

Renewal Assistance at our CRCs

L.A. Care Medi-Cal

LA Care HEALTH PLAN | blue california Promise Health Plan

Community Resource Center

Get Help Completing Your Medi-Cal Enrollment or Renewal Application

All Community Resource Centers (CRC) listed below will be offering assistance with Medi-Cal enrollment and renewals. If you need help completing your Medi-Cal application or renewal packet, call a CRC listed below to schedule an appointment with an application assister. L.A. Care and Blue Shield Promise CRCs are open to our members and the general public.

CRC Location	Address and Phone Number
1. Palmdale	2072 E. Palmdale Blvd, Palmdale, CA 93550 1.213.438.5580
2. Panorama City (Opening January 2024)	7868 Van Nuys Blvd, Panorama City, CA 91402 1.213.438.5497
3. West L.A. (Opening January 2024)	11173 W. Pico Blvd. Los Angeles, CA 90064 1.310.231.3854
4. El Monte	3570 Santa Anita Avenue, El Monte, CA 91731 1.213.428.1495
5. Pomona	696 W. Holt Avenue, Pomona, CA 91768 1.909.620.1661
6. Metro L.A.	1233 S Western Avenue, Los Angeles, CA 90006 1.213.428.1457
7. Lynwood	3200 East Imperial Hwy, Lynwood, CA 90262 1.310.661.3000
8. East L.A.	4801 Whittier Blvd, Los Angeles, CA 90022 1.213.438.5570
9. Norwalk	11721 Rosecrans Avenue, Norwalk, CA 90650 1.562. 651.6060
10. Inglewood	2864 W. Imperial Hwy, Inglewood, CA 90303 1.310.330.3130
11. Long Beach	5599 Atlantic Blvd, Long Beach, CA 90805 1.562.265.3130
12. Wilmington	911 North Avalon Blvd, Wilmington, CA 90744 1.213.428.1490

Blue Shield of California Promise Health Plan and Blue Cross of California are independent entities, contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.

For more information, visit **CommunityResourceCenterLA.org** or call **1.877.287.6290** (TTY **711**), Monday through Friday, 9 a.m. to 5 p.m.

Scan the QR code to find a center near you.

LA5352 11/23

Community Resource Centers

- Certified Enrollment Assisters help with Medi-Cal renewals and enrollment at twelve CRCs locations.
- Worksite Wellness CBO reported the following activity during the months of **June-December**:
  - Total Medi-Cal application assistance appointments: 4,483
    - New Medi-Cal enrollments: 839
    - Assistance with general questions: 1,047
  - Total Medi-Cal redetermination appointments: 817

Palmdale	Metro Los Angeles
Lynwood	East Los Angeles
West Los Angeles	Panorama
El Monte	Pomona
Norwalk	Wilmington
Long Beach	Inglewood

Member Mailer Campaigns

L.A. Care Medi-Cal

Medi-Cal renewals are happening.

Keep your Medi-Cal coverage!

1. Everyone has a different renewal month and you can check your due date on **BenefitsCal.com**.
2. If you receive a renewal form in a bright yellow envelope, you must complete it to keep your coverage.
3. The fastest and easiest way to complete your form is online through **BenefitsCal.com**.

You can also provide your renewal information by mail, at your local DPSS office, or by calling **1.866.613.3777** (TTY) 1.800.660.4026.

L.A. Care Medi-Cal

BenefitsCal.com

L.A. Care is here for you. Your Medi-Cal benefits keep you healthy!

Stay healthy with these tips:

- See your doctor at least once a year. **Even if you don't feel sick!**
- Get the right health tests.
- Get your well-child, COVID-19, and flu vaccines (shots).

lacare.org

L.A. Care HEALTH PLAN

Take Action to Restart Your Coverage

Keep your health care benefits...
It's time to renew your Medi-Cal coverage!

The L.A. County Department of Public Social Services (DPSS) will mail you a letter to let you know if you didn't turn in your renewal form or are missing information. Complete your renewal and return it to DPSS. You must do this to keep your coverage. If it is more than 90 days from the date on the letter, you must complete a new Medi-Cal application.

The quickest and easiest way to complete your form is online.
Log in or create an account with **BenefitsCal.com**.

For assistance, contact the DPSS Customer Service Center at **1.866.613.3777**, Monday through Friday from 7:30 a.m. – 6:30 p.m., excluding holidays (TTY users should call **1.800.660.4026**). There might be a long wait time. Take the time to get the assistance you need to complete your renewal forms.

L.A. Care works with two other health plans to provide health care services for members.

L.A. Care HEALTH PLAN	blue california Promise Health Plan	Anthem BlueCross
1.888.839.9909	1.800.605.2556	1.888.285.7801

Disclaimers from Plan Partners

Blue Shield: Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. L.A. Care and Blue Shield Promise are independent entities. Blue Shield Promise is an independent licensee of the Blue Shield Association

Anthem: Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross is an independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

L.A. Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

LA 3033 01/24

Member Email Campaigns

L.A. Care Medi-Cal

L.A. Care Medi-Cal

{{First Name}},

All Medi-Cal members have their eligibility reviewed once per year. Everyone has a different renewal month. **You can check your renewal month in your online BenefitsCal.com account.**

The Los Angeles County Department of Public Social Services (DPSS) will send your renewal information in the mail. They will contact you two months before your renewal due date. The most important thing to do is to make sure DPSS has your correct mailing address, phone number, and email address, especially if they have changed over the last three years. That way, DPSS can reach you with important updates.

Not all Medi-Cal members need to complete a renewal form. Some people will be renewed automatically. They will get a letter saying their coverage is renewed for one year. If you receive a renewal form, you must complete it. It will arrive in a bright yellow envelope. You must do this to keep your coverage.

The easiest way to complete your form is online through BenefitsCal.com. You can also provide your renewal information by mail, at your local DPSS office, or by calling **1-866-613-3777** (TTY)1-800-660-4026.

{{First Name}},

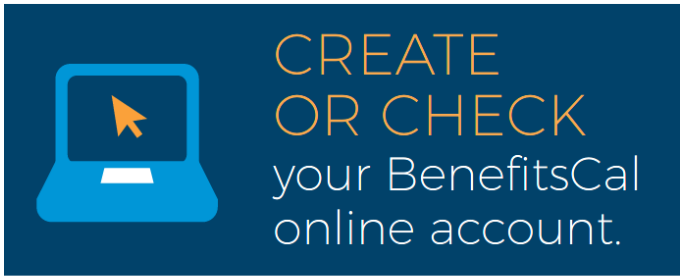
DPSS will mail you a letter (Notice of Action) to let you know if you didn't turn in your renewal form or are missing information. If it is less than 90 days from the date on the letter, send DPSS the renewal form or missing information to keep your Medi-Cal coverage. If it is more than 90 days from the date on the letter, you must complete a new Medi-Cal application.

The easiest way to complete your form is online through BenefitsCal.com. You can also provide your renewal information by mail, at your local DPSS office, or by calling **1-866-613-3777** (TTY)1-800-660-4026.

You may also ask for free help completing your form. Don't let questions stop you from renewing your Medi-Cal. Get in-person help near you! Navigators with [ORGANIZATION NAME] are here to answer your questions. Renew your Medi-Cal today!

Social Media Outreach Campaigns

Report any new changes to your name, address, phone number, and email address, so your county can contact you. For more details and to update your contact information, visit benefitscal.com or Los Angeles County Department of Public Social Services (DPSS) 1.866.613.3777 (TTY 1.800.660.4026) Monday–Friday from 7:30 a.m.– 6:30 p.m. Excluding holidays.



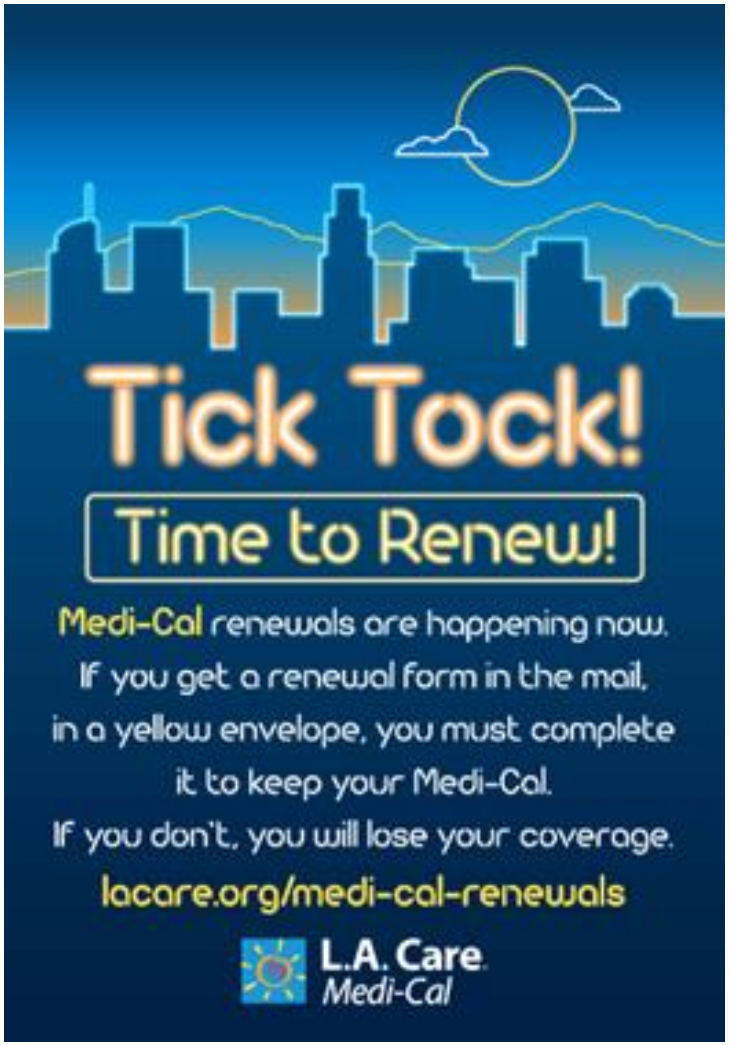
You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online at benefitscal.com.

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online at benefitscal.com, so you don't lose your coverage.

If you received a renewal form, submit your information by mail, phone, in person, or online at benefitscal.com to help avoid a gap in your coverage.

Marketing Outreach Campaigns

Bus Shelter Ad, Television Ad, and Radio Spot



KTLA 5 LA'S VERY OWN

KLVE :30 Spot

KRTH :30 Spot

Member Text Campaigns

Example of Phase 3 Text Campaign

1

(1/2) Hi, it's L.A. Care Health Plan, your health plan! Not Karla or their guardian? Text WRONG. Text STOP to cancel

(2/2) messages about renewing Medi-Cal benefits. Español, envíe ES. Note: Msgs may be read by a 3rd party if phone is unsecured.

2

(1/3) L.A. Care: Medi-Cal renewals are happening now! Your renewal form is due in March. Complete your renewal form to stay covered.

(2/3) If you don't, you will lose your Medi-Cal coverage! The quickest and easiest way to complete your form is online. Visit https://la-care.info/3KmMTj today.

(3/3) Text YES to get msgs about your health and benefits.

3

(1/4) L.A. Care: You received a Medi-Cal renewal notice or a large yellow envelope with a renewal form.

(2/4) You must complete this form and submit the additional information requested by the due date listed on the form. This will help you keep your Medi-

(3/4) Cal coverage. The quickest and easiest way to complete your form is online. Log in or create an account with https://la-care.info/3KmMTj today.

(4/4) Already submit your renewal form? Text DONE.

4

(1/3) L.A. Care: Don't let questions stop you from renewing your Medi-Cal benefits! Get in-person assistance at L.A. Care Community Resource

(2/3) Centers. Application assisters are here to answer your questions. To learn more, visit https://la-care.info/CrLaHp or call 1-844-730-3599

(3/3) Already submit your renewal form? Text DONE.

5

(1/2) L.A. Care: Don't lose your Medi-Cal Coverage! Make sure to respond to your Medi-Cal renewal form.

(2/2) So you don't lose your coverage, visit https://la-care.info/3KmMTj today. To receive messages about your health and benefits straight to your phone, text YES.

THANK YOU