

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Minutes – August 5, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Richard Seidman, MD, MPH, *Chairperson*

John Baackes, CEO

Elaine Batchlor, MD, MPH

Paul Chung, MD, MS

Muntu Davis, MD, MPH*

Hector Flores, MD

Rishi Manchanda, MD, MPH

Santiago Munoz

Elan Shultz*

Stephanie Taylor, PhD

Management

Wendy Schiffer, *Senior Director, Strategic Planning*

Katrina Parrish, *Chief Quality and Information Executive, Health Services*

Grace Crofton, *Advisor Quality Performance Informatics*

Alison Klurfield, *Director, Safety Net Programs and Partnerships, Safety Net Initiatives*

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

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 2:06 p.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The committee reached a quorum at 2:20 p.m. The Agenda for today's meeting was approved as submitted.	Approved Unanimously. 6 AYES (Baackes, Chung, Flores, Manchanda, Seidman, Taylor)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	Member Hector Flores, stated that on page 3, where it reads "community hospitals" it should read "unaligned hospitals". The April 29, 2021 meeting minutes were approved with the corrections mentioned above.	Approved Unanimously. 6 AYES (Baackes, Chung, Flores, Manchanda, Seidman, Taylor)

APPROVED

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<p>CHIEF EXECUTIVE OFFICER UPDATE</p> <p>John Baackes</p>	<p><i>(Member John Baackes, Member Rishi Manchanda, MD, joined the meeting.)</i></p> <p>Member John Baackes, <i>Chief Executive Officer</i>, gave the following report:</p> <p>Medi-Cal enrollment into L.A. Care is at an all-time high. All Medicaid plans across the nation have suspended redeterminations. Normally there were 30,000 members coming into and leaving L.A. Care every month. Without that churn L.A. Care's Medi-Cal membership has grown to about 2,250,000 members. Total plan enrollment is about 2,440,000. That includes Medicare dual eligible, L.A. Care Covered, and approximately 52,000 In-Home Support Services workers. Almost a quarter of all L.A. County will be a member at some point in the future.</p> <p>In January, a host of new benefits will be introduced to L.A. Care members through CalAIM. It was aimed at trying to streamline benefits. Currently it is very chaotic. L.A. Care has not received rates from the State. The most important benefits are Whole Person Care and Health Homes. These programs were aimed at homeless and people that are getting out of incarceration and helping people with the most complex health cases. By coordinating social services for people that may benefit from those services. L.A. Care is trying to figure out whether or not members may be left behind on January 1, because the criteria may change. At the moment it seems that the State would like L.A. Care to reevaluate all members in those programs. He hopes L.A. Care can get through the planning and implementation of these services. He noted that another change that will impact members is the prescription drug carve out benefit that will also take effect on January 1. The Medicaid managed care plans will no longer manage those benefits. Fourteen States have already tried this and determined that they were not saving money. They were reversed back the plans benefit package.</p> <p>Member Rishi Manchanda, <i>MD</i>, asked how is the issue with deciding rates impacted in Lou of Services and the partnership with community organizations. Member Baackes responded that In Lou of Services has a menu of 14 benefits that L.A. Care can pick from. L.A. Care picked four. Medically tailored meals and housing support services are two of them and they must be finalized in September. The State came out with pricing guidance and they stated that L.A. Care should be able to provide medically tailored meals for \$7 a meal. L.A. Care has been doing on its own through grants to organizations like Project Angel Food. The State has received push back and stated that they surveyed 57 organizations to determine pricing. The concern is that if L.A. Care spends more than \$7 per meal, it may not be spending its money wisely by providing</p>	

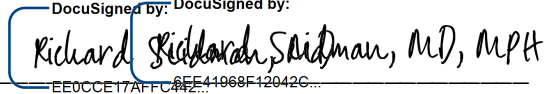
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>this service. Enhanced Care Management (ECM) reimbursement is based on levels of providers and caseloads. There has also been push back on that that forced the State to provide reevaluated dates. All ECM work is done externally.</p> <p>Member Flores, noted that the way the State is rolling out the prescription drug carve out program has been very confusing. He noted that his father is a Medi-Cal patient and has gotten 4 letters, 3 to 4 pages long. It was hard for him to understand let alone a senior or disabled person. His father received a phone call from his pharmacy advising that he will have to work with the State to get his prescriptions processed. He questioned whether the State realizes that this may become messy for everyone involved. Member Baackes responded that L.A. Care has raised concerns, but he does not believe they are listening. The money that was used to send notices that are now invalid is now money wasted. There is an educational component that will have to take place with members and pharmacies. He hopes that pharmacies and Navitus are switching over to the new vendor. Member Flores asked Member Baackes if the State will be providing additional funds to pay for the new In Lou of Services. Member Baackes replied that there will be \$115 Million spread out across the State. L.A. Care anticipates receiving about a quarter of that amount due to the size of membership. When this was announced in 2019, the State made it clear that the plans will be paying for these services for about 2-3 years before receiving funding for the program.</p> <p><i>(Member Paul Chung, MD, joined the meeting at 2:16 pm)</i></p>	
<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following updates:</p> <p>COVID-19 trends are not moving in a good direction in the country or in the county. In Louisiana, they are experiencing the worst peak since the beginning of the pandemic. It is deadly consequence in the lack of progress made in their vaccination efforts. Locally nearly 4,000 cases and 16 deaths were reported in L.A. County yesterday. The surge being experienced now is for a very different age demographic than last fall. Earlier there was an impact on skilled nursing facilities. The 18 to 29-year-old cohort has the highest number of cases followed by the 30 to 49-year-old cohort. The parts of town that were highest hit last winter are now showing lower rates in cases. Vaccination efforts in those areas has affected this. Among L.A. Care members, there have been 140K reported cases and 4,300 deaths in 1.8 million 16 or older members. L.A. Care is reporting 950K members that are 16 and older getting at least partially vaccinated. That number includes plan partner membership. Compared to countywide</p>	

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	<p>data, there is a 20-point differential. L.A. Care shared its communication effort to members at the last TAC meeting. L.A. Care is trying to further expand its efforts to providers. The flu vaccine campaign will also include information on receiving two vaccines at the same time. He noted that many people deferred their medical care due to the pandemic and L.A. Care is also trying to reach out to members and encourage them to resume receiving their regular and preventive medical care.</p> <p>Member Flores thanked Member Seidman for his report. He noted that reaching herd immunity in part is reaching essential workers and their families and also isolated patients. Reaching smaller practices that are key to L.A. Care's network. CMA has set up technical assistance shop for physicians, small practices, and Federally Qualified Health Centers (FQHC), to fill out the My California Vaccine applied so they can be a certified provider for the vaccine. He suggested that L.A. Care promote this to small provider offices. He noted that in East L.A. cases are dropping but is still behind in immunizations.</p> <p>Member Paul Chung, MD, thanked Dr. Seidman for his report. He asked if L.A. Care has been able to evaluate its vaccine outreach efforts. Does L.A. Care think is working or not working? What is the potential that he sees in partnerships with employers in terms of outreach in the L.A. Care community? Dr. Seidman responded that L.A. Care has not done any formal evaluations. It can be left to interpretation. People have different ideas of what may or may not work. L.A. Care has provided grants to FQHCs to assist with their immunization efforts. The county has done more direct partnering to conduct pop up clinics to provide vaccinations, but L.A. Care has not done so.</p>	
L.A. CARE'S STRATEGIC VISION Wendy Schiffer	<p>Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs</i>, presented L.A. Care's Strategic Vision (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p>High Performing Plan Achieve operational excellence by improving health plan functionality. Highlights:</p> <ul style="list-style-type: none"> • Improving Information Technology systems to support everything L.A. Care does, from customer service to care management • Maintaining a diverse and skilled workforce and planning for future needs • Continuing to be financially stable 	

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	<ul style="list-style-type: none"> • Growing and retaining membership across products <p>High Quality Network Support a robust provider network that offers access to high-quality, cost-efficient care. Highlights:</p> <ul style="list-style-type: none"> • Growing and supporting our Direct Network • Improving the quality of care that our members receive • Investing in the providers and practices who serve our members <p>Member Centric Care Provide services and care that meet the broad health and social needs of our members. Highlights:</p> <ul style="list-style-type: none"> • Implementing CalAIM (California’s new requirements for Medi-Cal) • Delivering care management services closer to where members live • Reducing health disparities and offering providers resources to reduce bias <p>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. Highlights:</p> <ul style="list-style-type: none"> • Promoting our work as a “public option” (a public plan offering insurance on the Covered California exchange) • Increasing the number of Community Resource Centers and expanding services • Advocating for equity and social justice <p>Member Manchanda noted that part of the transition in the business that NCQA has had is creating a second tier for Health Equity Accreditation (HEA) distinction which is now Health Equity Accreditation Plus, which is the social determinants element. He asked if that is the target to aim for over the next three year or is it too early to know what it looks like exactly. He asked if L.A. Care is aiming for HEA or HEA Plus. Member Seidman deferred to James Kyle, <i>Chief of Equity and Quality Medical Director, Quality Improvement</i>, to respond. Dr. Seidman stated that he does not know enough about HEA Plus. It is clear that L.A. Care works to spread its success in screening and assessing for and referring to resources for all members to the existing NCQA standard. He will try to provide an answer at later time.</p>	

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	<p>Member Manchanda noted that the vision and mission seem to be fit for these times. He asked if equity is something to elevate all the way through in the vision and mission. He suggested that L.A. Care consider it. Ms. Schiffer responded that she appreciates his suggestion.</p> <p>Member Manchanda stated that one of the things that is emerging is focus on the use of quality improvement to improve equity and racial health equity. Looking at the social and structure of equity is a way to tie in Member-Centric Care and Health Leader. He suggested this may help drive activities in the future. Member Seidman pointed that he received confirmation that L.A. Care will be going for the HEA Plus accreditation.</p>	
ADJOURNMENT	The meeting was adjourned at 3:56 p.m.	

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

APPROVED BY:  DocuSigned by:
 Richard Seidman, MD, MPH
 Richard Seidman, MD, MPH, *Chairperson*
 11/18/2021 | 10:47 AM PST
 Date Signed