



AGENDA

Children's Health Consultant Advisory Committee Meeting Board of Governors

Tuesday, May 17, 2022, 8:30 a.m.

L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, Los Angeles, CA 90017

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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 via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

To join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=mf60404e3a6c78db7092baf1459c5629e>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

248 461 59223

Password: **lacare**

Members of the Children's Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. *The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or 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 also be sent by voicemail, email or text. If we receive your comments by 8:30 am on May 17, 2022, it will be provided to the members of the Children's Health Consultants Advisory Committee 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 must be received before the agenda item is called by the meeting 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.

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

Tara Ficek, MPH
Chair

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| 1. | Approve today's Agenda | <i>Chair</i> |
| 2. | Public Comment | <i>Chair</i> |
| 3. | Approve November 16, 2021 Meeting Minutes P.4 | <i>Chair</i> |
| 4. | Chairperson Report | <i>Chair</i> |
| 5. | Chief Medical Officer Report P.19 <ul style="list-style-type: none">• Population Health Management Index Update P.23 | Richard Seidman, MD, MPH,
<i>Chief Medical Officer</i> |
| 6. | School Telehealth Services P.29 | Dorothy Seleski,
<i>Vice President,
Health Net</i> |
| 7. | State Budget Update | Cherie Compartore,
<i>Senior Director,
Government Affairs</i> |

ADJOURNMENT

The next meeting is scheduled on August 18, 2022 at 8:30 a.m.

Please keep public comments to three minutes or less.

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 at that location or 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. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

THE PUBLIC MAY ADDRESS THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY FILLING OUT A "REQUEST TO ADDRESS" FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING WILL BE DISCUSSED. THE

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**PUBLIC MAY ALSO ADDRESS THE BOARD ON OTHER L.A. CARE MATTERS DURING
PUBLIC COMMENT.**

NOTE: THE CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY EVERY TWO MONTHS AT 8:30 A.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7th Street – 10th Floor, Los Angeles, CA 90017.

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 Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

AN AUDIO RECORDING OF THE MEETING MAY BE 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) 694-1250. 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

Children's Health Consultant Advisory Committee

Meeting Minutes – November 16, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, *Chair*
Linda Aragon, MPH*
Edward Bloch, MD*
Maria Chandler, MD, MBA
Rebecca Dudovitz, MD, MS
Rosina Franco, MD
Susan Fleischman, MD*

Toni Frederick, PhD*
Gwendolyn Ross Jordan
Lynda Knox, PhD
James Kyle, MD, M.Div.
Nayat Mutaftyan*
Hilda Perez

Maryjane Puffer, BSN, MPA
Richard Seidman, MD, MPH
Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

Katrina Miller Parrish, MD, FAAP,
Chief Quality and Information Executive, Health Services
Cynthia Carmona, Senior Director, Safety Net Initiatives,
Safety Net Initiatives
Michael Brodsky, MD, Medical Director, Behavioral Health
and Social Services, Behavioral Health

**Absent **Present, but not 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	Chairperson Tara Ficek, MPH, called the meeting to order at 8:32 a.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 8:38 a.m. The Agenda for today's meeting was approved as submitted.	Approved unanimously. 9 AYES (Chandler, Ficek, Franco, Jordan, Knox, Kyle, Perez, Ramos, Seidman) 1 Abstention (Puffer)
APPROVAL OF THE MEETING MINUTES		Approved unanimously. 9 AYES (Chandler, Ficek, Franco, Jordan,

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The minutes of the August 17, 2021 meeting were approved as submitted.	Knox, Kyle, Perez, Ramos, Seidman) 1 Abstention (Puffer)
CHAIRPERSON'S REPORT	Chairperson Ficek did not give a report.	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the November 2021 Chief Medical Officer report. <i>(A copy of his written report can be obtained from Board Services.)</i></p> <p>Lead Screening Another state priority is to improve lead screening. The L.A. Care Quality Improvement (QI) Department conducted an analysis looking at the geographic distribution by zip code of increased lead levels among our members. This led to identifying a lead “hotspot” in the community in the 90011 zip code in Southeast LA. Based on the information, QI reached out to the Los Angeles County Department of Public Health (LAC DPH) Childhood Lead Poisoning Prevention Program. County DPH runs a lead abatement, a case management and education program called Lead Free Homes in LA. As a result of this analysis and outreach, L.A. Care will be collaborating with Public Health on social media to promote their hotline and lead abatement program in high risk zip codes, including 90011. L.A. Care also sends a list of members not yet screened for lead to their doctors, to encourage efforts to get them in for lead screening and routine care they may need such as Well Child Care visits and immunizations.</p> <p>Member James Kyle, MD, M.Div, thanked the county for collaborating. He stated that this issue got their attention. They realized how important this issue is. It was escalated and made funding available for abatement. He thanked the county and he will continue to follow up on this and other issues. Member Seidman stated that they did not have the funds at the time, but they do so now.</p>	
L.A. CARE COMMUNITY RESOURCE CENTERS	Francisco Oaxaca, <i>Chief of Communications and Community Relations, Communications</i> , and Thomas Tran, <i>Senior Manager, Blue Shield Promise Health Plan</i> , gave a presentation about L.A.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PARTNERSHIP WITH BLUE SHIELD PROMISE	<p>Care's Community Resource Centers (CRC) Partnership with Blue Shield Promise <i>(a copy of the presentation can be obtained from Board Services.)</i>.</p> <p>CRCs: Mission, Vision, Desired Outcomes</p> <ul style="list-style-type: none"> • Fewer than 2 years ago, Community Resource Centers were merely an idea conceived in the aspiration of making Los Angeles healthier • L.A. Care intended the CRCs as a platform to embed ourselves into the community so that we achieve the following: <ul style="list-style-type: none"> ➤ Improve access to health and social resources ➤ Improve member engagement ➤ Improve health outcomes ➤ Improve brand recognition ➤ Strengthen connections to community stakeholders <p>The idea of CRCs materialized into a 5-year partnership between Blue Shield Promise (BSP) and L.A. Care (LAC), committing both to the following:</p> <ul style="list-style-type: none"> • Mission: To work together to grow a network of CRCs that will increase access to health-related resources and personalized services, foster community connections, address social needs and improve health outcomes for Blue Shield Promise and L.A. Care members and the Los Angeles community • Vision: Active, healthy and informed communities • Desired Outcomes: Achieve the following within 5 Years of CRCs Partnership: <ul style="list-style-type: none"> ➤ Launch 14 co-branded CRCs, pilot 2 Mobile CRCs ➤ Improve Engagement with Members and the Community ➤ Improve Health of Members and the Community <p>Availability:</p> <ul style="list-style-type: none"> • Open to everyone, not just L.A. Care or Blue Shield Promise members • Hours: Monday thru Friday, 9am to 5pm • Visit www.activehealthyinformed.org for more information or call local CRC <p>Referrals to our Community Resource Centers</p> <p>CBO and providers can greatly benefit from referring patients to our Center for health education and fitness classes, and a range of wellness tools to improve health outcomes:</p> <ul style="list-style-type: none"> • The Center offers support for all of your patients in between medical appointments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Your patients can access social services support for their needs, such as securing food and housing assistance • Health plan members can receive high-touch, personalized support for their health needs <p>Medi-Cal Overview</p> <ul style="list-style-type: none"> • Comprehensive health coverage for children, families and adults <ul style="list-style-type: none"> ➤ Free or Low-cost ➤ Limited income and resources • All Managed Care Plans (MCPs) offer the same basic benefits: <ul style="list-style-type: none"> ➤ Primary care doctor, wellness, and specialist visits ➤ Pharmacy ➤ Nurse Advice Line ➤ Health Education ➤ Hospital and Emergency Services ➤ Urgent Care ➤ Dental Care • Services are free if: <ul style="list-style-type: none"> ➤ Medically necessary ➤ Provided by an in-network provider • Members <ul style="list-style-type: none"> ➤ Must choose a Primary Care Physician (PCP) within 30 days of enrollment or the managed care plan (MCP) will chose one ➤ Can change their PCP at any time • Appeals <ul style="list-style-type: none"> ➤ Notice of Action (NOA) ➤ Appeals must be filed within 60 calendar days from the date the NOA is received ➤ Writing, by phone or online • Pre-Approval (Prior Authorization) <ul style="list-style-type: none"> ➤ Non-emergency hospitalization ➤ Services outside of MCP's network ➤ Outpatient surgery ➤ Long-term care at a nursing facility ➤ Specialized treatments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Staying Informed about Coverage <ul style="list-style-type: none"> ➤ MCP website ➤ Member Handbook (Explanation of Coverage) ➤ MCP's Customer Care Team • Enrollment Assistance at the CRCs <ul style="list-style-type: none"> ➤ Medi-Cal ➤ Covered CA ➤ Medicare • Medi-Cal Expansion to Undocumented Californians Age 50 and Over • Medi-Cal for undocumented children and young adults <p>Member Hila Perez thanked Mr. Oaxaca for attending the meeting and providing information that to the members of the committee. She noted that his presentation covered all aspect of the CRCs. She invited all committee members to visit the CRCs and Family Resource Centers so they can get an idea of what the resource centers provide. She hopes the public health emergency ends soon so families can visit them. Many people attended the many flu clinics and food pantries. The back to school events were not held at the centers due to drive thru access only. She had an opportunity to engage with members of the community.</p>	
CALIFORNIA STRONG START INDEX PRESENTATION	<p>Regan Foust, PhD, <i>Executive Director, Children's Data Network, University of Southern California</i>, gave a presentations about the California Strong Start Index Presentation (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p>The California strong start index comprises of 12 indicators from birth records that have been shown to be related to good outcomes for children. Indicators:</p> <p>Family</p> <ul style="list-style-type: none"> • Legal parentage established at birth • Born to non-teen parents • Born to parents with at least a High School degree <p>Health</p> <ul style="list-style-type: none"> • Healthy birth weight • Absence of congenital anomalies, abnormalities, or complications at birth • Absence of a transmissible (mother-to-child) infections 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Service</p> <ul style="list-style-type: none"> • Access to and receipt of timely prenatal care • Receipt of nutritional services (WIC) if eligible • Hospital with high percentage of births with timely prenatal care <p>Financial</p> <ul style="list-style-type: none"> • Ability to afford and access healthcare • Born to a parent with a college degree • Born to parents with employment history <p>Areas of Focus:</p> <ul style="list-style-type: none"> • Race and Ethnicity • Maternal and Child Health Indicators • Infant Mortality • California Counties <p>The Strong Start Index adds unique insight into the conditions into which children are born in California unlike most indices, it is built solely from existing data strengths-based specific to the conditions of infants, and scores are empirically related to key indicators of child health and well-being (i.e., child protection involvement and death before age 5) has proven helpful in ensuring investments are intentional and equitable.</p> <p>Member Lyndee Knox, <i>PhD</i>, stated that it's great to be able to use data in that manner and thanked her for her presentation.</p>	
ADJOURNMENT	The meeting was adjourned at 10:00 a.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:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Meeting Summary – March 15, 2022

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, *Chair**
Linda Aragon, MPH*
Edward Bloch, MD*
Maria Chandler, MD, MBA
James Cruz, MD*
Rebecca Dudovitz, MD, MS
Rosina Franco, MD

Susan Fleischman, MD*
Toni Frederick, PhD*
Gwendolyn Ross Jordan
Lynda Knox, PhD
James Kyle, MD, M.Div.
Nayat Mutafyan*
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Maryjane Puffer, BSN, MPA
Richard Seidman, MD, MPH
Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

James Kyle, MD, *Chief of Equity and Quality Medical Director, Quality Improvement*
Katrina Miller Parrish, MD, FAAP, *Chief Quality and Information Executive, Health Services*
Michael Brodsky, MD, *Medical Director, Behavioral Health and Social Services, Behavioral Health*

**Absent **Present, but not 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	Maryjane Puffer, BSN, MPA, <i>Vice Chairperson</i> , called the meeting to order at 8:37 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The committee did not vote to approve the agenda.	
APPROVAL OF THE MEETING MINUTES	The November meeting minutes will be considered at the next meeting.	
VICE CHAIRPERSON'S REPORT	<u>PUBLIC COMMENT</u> Submitted Carolyn Rogers Navarro on March 11, 2022 at 11:08 am via text: <i>3-15-2022 CHCAC meeting chairperson report Carolyn Rogers Navarro Are enrollees , especially the parents of minors , being notified that state health officials fined LA Care \$55 million for failing to address grievances in a timely manner and delay of care? They have the right to know, there are articles online!</i>	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Remember how I told you about 2 years ago that enrollees have the right to know about Synermeds abuses and you continued to not tell them? I doubt your committee members today know about either!</i></p> <p>There was no report from the Vice Chairperson.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT	<p>Katrina Miller Parrish, MD, FAAP, <i>Chief Quality and Information Executive, Health Services</i>, gave the March 2022 Chief Medical Officer report. <i>(A copy of the written report can be obtained from Board Services.)</i></p> <p>COVID-19 Update Disease trends are improving in most parts of the world, although despite significant reductions from the peak of the omicron surge, case numbers and deaths remain high with 60,000 deaths reported during the last week of February and now more than six million deaths worldwide. The United States has seen significantly improving trends as well, resulting in the release of national and statewide plans to guide efforts as the pandemic wanes and we move cautiously ahead. The Center for Disease Control introduced a new framework for categorizing community levels based on community transmission and hospitalization rates, and the percent of total hospital capacity occupied by patients with COVID-19. Los Angeles met the criteria for the low community level by the first week in March, leading to the release of a revised Health Officer Order eliminating mask mandates in many settings, while still urging caution and strongly recommending masking for people with increased risk and in indoor public places. The plans include a focus on continuing to encourage vaccinations and boosters for all who are eligible, and increasing access to testing and the use of the highly effective oral anti-viral medications (test to treat). There were 1,426 reported cases, 203 hospitalizations and 42 deaths due to COVID-19 among L.A. Care members in the first week of March.</p> <p>COVID Vaccine/Incentive Program Update L.A. Care continues to encourage our members to get vaccinated and boosted as soon as they are eligible. Building on prior collaborations with the LA County Department of Public Health, our network pharmacies, Community Clinics and high volume solo and small group private practices in our network, L.A. Care has expanded provider incentive</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>payments to the Los Angeles County Department of Health Services (LAC DHS) for every L.A. Care member assigned to LAC DHS that gets vaccinated.</p> <p>Quality Improvement Summary</p> <p>QI continues its ongoing efforts to maintain regulatory, accreditation and population health goals. Our Potential Quality Review and Cultural and Linguistics teams continue to manage higher volumes of cases and translations respectively, with the help of temporary workers in order to maintain compliance. The Quality Performance Management team continues to complete Measurement Year (MY) 2021/ Reporting Year (RY) 2022 Healthcare Effectiveness Data and Information Set (HEDIS) optimizations and recently underwent a very successful audit for this reporting year. The auditor was very complimentary during the exit conference, sharing that he did not find any measures at risk and felt that many of the processes in place are “best in class”. For MY 2021, all Pay for Performance (P4P) reports and payments have been sent. All Provider Recognition Awardees have been identified and notified, and videos and billboards will be unveiled in March. Our Health Equity Department is continuing its work with the 3 councils and helping with new domains for our P4P programs. Our Population Health Program Cross Functional team is now tracking all of the efforts to achieve the goals we have set for 2022, and our Clinical Data Integration efforts continue to optimize the ingestion of clinical data. Our Health Information Exchanges (HIE) team continues to work L.A. Care’s data systems to make data available in a usable format in internal applications such as Population Health Management system, Syntranet. The team continues to seek new sources of data to support other business cases such as for Long Term and Acute care facilities, as well as access to some of the most commonly used Electronic Medical Records such as Epic and Cerner. HIE data has proven effective for multiple HEDIS measures and reports, such as our new Prenatal Care report.</p> <p>One example of the work by our Initiatives team is a social media campaign to encourage members to seek preventive primary care, entitled #BackToCareLA. The messaging was displayed to social media users nearly 3 million times, with a cost per reach of \$0.04. We expect to re-launch this campaign in Spring 2022.</p> <p>Given the increased importance of our STARS performance for our future D-SNP product and for our Covered CA product, L.A. Care has launched a new, enterprise-wide Stars team. The team includes new and existing staff from across the organization and will guide strategic efforts across the organization to optimize our Stars performance. A significant proportion of our overall Stars score is based on member experience and pharmacy measures, including Rating of Drug Plan and Getting Needed Prescription Drugs. In an</p>	

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	<p>effort to assess our baseline performance and identify opportunities to improve, our Pharmacy Team surveyed members to get their feedback. Of the 70 members that responded to the survey, 54 (77%) of members reported that it is always easy to get the medicines their doctors prescribed. 60 (85%) of members reported that it is always easy to fill a prescription at their local pharmacy. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.17. The pharmacy team will continue to monitor results and look for opportunities to improve.</p> <p>CalAIM The CalAIM program was successfully launched on January 1 with nearly 25,000 members transitioning from Health Homes and Whole Person Care programs into Enhanced Care Management (ECM) and Community Support (CS) services. The CalAIM team is also preparing for the launch of additional CS services in July 2022.</p> <p>Behavioral Health The Behavioral Health team is collaborating with the LA County Department of Mental Health (DMH) and the LA County Office of Education (LACOE) to implement the DHCS School Behavioral Health Incentive Program -- a three-year, \$400 million statewide initiative to enhance screening, assessment and interventions for behavioral health conditions in the public school setting. Phase 1 of the project will develop a detailed assessment of behavioral health needs in school districts across the county. The U.S. Surgeon General recently issued a national advisory bulletin on the youth mental health crisis in the context of COVID-19.</p> <p>Pharmacy Update Comprehensive Medication Management via California Right Meds Collaborative (CRMC): L.A. Care has added an additional seven pharmacies in the second cohort of CRMC participating pharmacies, bringing the total to 14 participating pharmacies. The CRMC program will also be expanding the clinical criteria for the program to include behavioral health and cardiovascular disease in addition to diabetes. In addition, the pharmacies will add medication adherence and medication therapy management (MTM) for our Covered California and Personal Assistance Service Council members. Nearly 40% of the 298 members engaged in the program live in the Antelope Valley and South Los Angeles. These efforts address the documented disparities in these parts of the County.</p> <p>Transitions of Care Program (TCP):</p>	

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	<p>As of February 15, 2021, there are 69 completed cases in which the pharmacist has completed the medication reconciliation and provider clinical notice. If eligible, members will also be referred to the CRMC program for continued case management. Thus far, four TCP members have been identified as eligible for CRMC, and two TCP members have been enrolled into the CRMC program.</p> <p>Diabetes Performance Improvement Project L.A. Care's Pharmacy Department is collaborating with QI and Health Education to conduct a PIP to improve diabetes control, specifically targeting the Comprehensive Diabetes Care HEDIS measure of A1c >9% with a focus on Black and African American members. Pharmacy is testing a refrigerator magnet with our members, designed to help better control their diabetes. Members will be sent a mailer including the magnet and dry erase markers to help them keep track of daily reminders important for diabetes control. The mailer will also include other diabetes health education handouts and a postcard with information about the mail order pharmacy service.</p>	
STUDENT BEHAVIORAL HEALTH INITIATIVE	<p>Michael Brodsky, MD, Medical Director, Behavioral Health and Social Services, Behavioral Health, gave a presentation about the Student Behavioral Health Incentive Program (<i>a copy of the presentation can be obtained from Board Services.</i>)</p> <p>The Student Behavioral Health Incentive Program is one of the State's incentive program structured as an incentive with a timeline and metrics and dollars available to pass through the health plans to improve behavioral health service delivery and the mental health of students in L.A. County.</p> <p><i>(The slide below is from the California Department of Public Health. It shows the observed and projected suicide deaths in California for all ages.)</i></p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div data-bbox="531 238 1541 743"> <h3>Monthly Observed and Projected Suicide Deaths in CA, 2015 - 2020</h3> <p>Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)</p> <p>Center for Healthy Communities Injury and Violence Prevention Branch</p> </div> <p>For calendar year 2019 there were 7,000 incident reports related to suicidal crisis at schools. <i>(The slide below shows suicide risks among youth age groups and divided by ethnicity.)</i></p> <div data-bbox="531 857 1541 1385"> <h3>Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in CA, 2011-2020</h3> <p>Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)</p> <p>Center for Healthy Communities Injury and Violence Prevention Branch</p> </div>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In January, the California Health and Human Services (CHHS) released a grand \$4 Billion proposal called the California Youth Behavioral Health Initiative. Our piece of this the Student Behavioral Health Incentive Program is one small piece of the overall initiative. There is a focus on schools, but there are also workforce initiatives not being developed by the Department of Health Care Services, but by other parts of CHHS. There is a focus on recruiting behavioral health counselors and coaches. Clinicians will be able to access data through E-Consult. There is a request for proposal for a system that will allow students regardless of insurance status to access resources and possibly even referrals to birch and motors providers. L.A. Care is tracking this closely.</p> <div data-bbox="531 578 1524 1133"> <h3>New Ecosystem</h3> <pre> graph TD BH[Behavioral Health Services Virtual Platform & Provider Network] --> W[WELCOME] S[Schools] --> BHC[Behavioral Health Counselors and Coaches] S --> I["• Medi-Cal • Commercial Health Insurance"] I --> ECPN[E-Consult & Provider Network] subgraph Capacity [Behavioral Health Services Capacity and Foundation] W1[Workforce] P[Programs] F[Facilities] end </pre> <p>CHHS California Health & Human Services Agency</p> </div>	

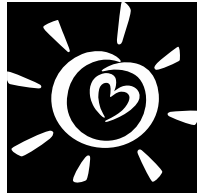
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div data-bbox="573 280 924 451"> <p>CONTINUUM OF SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS</p> </div> <div data-bbox="653 542 892 683"> <p>Primary Prevention: School-/Classroom- Wide Systems for All Students, Staff, & Settings</p> </div> <div data-bbox="856 253 1478 841"> <p>Tertiary Prevention: Specialized Individualized Systems for Students with High-Risk Behavior</p> <p>Secondary Prevention: Specialized Group Systems for Students with At-Risk Behavior</p> </div>	
	<div data-bbox="579 938 1176 972"> <p>Current Funding Streams in Medi-Cal</p> </div> <div data-bbox="583 1019 1472 1058"> <p>LEA, MCPs, and MHPs all cover a specific subset of EPSDT services, so they must partner if they aim to offer a comprehensive suite of EPSDT services to Medi-Cal -enrolled students.</p> </div> <div data-bbox="573 1081 1556 1429"> <p>DHCS Capitated Payments</p> <p>CDE-FAPE</p> <p>State/Local Funding</p> <p>County- provided MH Services</p> <p>LEA-BOP</p> <p>MCP</p> <p>School</p> <p>Student</p> <p>Mercer</p> </div>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>(The full presentation can be obtained from Board Services.)</i>	
ADJOURNMENT	The meeting was adjourned at 9:30 a.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:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____



L.A. Care
HEALTH PLAN®

Chief Medical Officer Report

May 2022

COVID-19 Update

In its May 4, 2022 Weekly Epidemiology Report, the World Health Organization shares that globally, cases and deaths have been declining since the end of March, 2022 with 3.8 million new cases and over 15,000 deaths reported in one week from late April to early May. Regional variations persist with the African Region and the Americas experiencing an increase in cases, including here in the United States. Cumulatively, there have been more than 500 million confirmed cases and over 6 million deaths from COVID-19. Cases in California and Los Angeles County have been increasing over the past month driven primarily by the highly infectious Omicron subvariant BA.2. The Los Angeles County Department of Public Health announced in its daily press release on May 9, 2022 that the steady increase in cases over the last month has seen the number of cases increase to 2,532 average daily up from 905 cases per day one month earlier. Fortunately, this increase in cases has not resulted in an increase in serious illness with “hospitalizations and deaths remaining low and decreasing.” L.A. Care is seeing a similar increase in recent cases, with a stable number of hospitalizations and deaths.

L.A. Care is continuing its efforts in collaboration with the LA County Department of Public Health and other community partners to promote vaccination and booster shots and efforts to promote awareness of the increasing availability of the highly effective anti-viral medication for people at increased risk for serious illness and an injectable monoclonal antibody shot for people with moderate to severe immunocompromise.

Population Health and Quality Improvement

The 2022 Population Health Management (PHM) Program Description is now being developed and will incorporate additional requirements for CalAIM, Social Determinants of Health (SDoH), and new Health Equity requirements for NCQA. A new All Plan Letter (APL 21-009) from DHCS requires providers to submit SDoH Z-codes to L.A. Care. L.A. Care staff are working to develop a plan to educate providers on submitting and using SDoH data.

The Department of Health Care Services (DHCS) has announced its intent to partner with Kaiser and the California Primary Care Association (CPCA) to offer technical assistance to Federally Qualified Health Centers throughout the State and its intent to procure a PHM Service platform. The platform is expected to provide risk stratification at the DHCS level and utilize member level SDOH data collected through the platform, at enrollment, at providers' offices and through assessments to determine individual risk. DHCS has requested a meeting with a small number of Medi-Cal Managed Care Plans, including L.A. Care, to meet with their CEOs and CMOs to discuss how these plans might impact the work that the Plans are already doing to support FQHC PHM efforts to improve the quality of care and outcomes for their patients.

HEDIS Medical Record Review (MRR) for Measurement Year 2021 (MY2021) project is in progress with overall rates trending higher than last year. For the DHCS Managed Care Accountability Set (MCAS) measures that are held to the Minimum Performance Level (MPL), all are expected to reach the 50th percentile except Childhood Immunization Status and the two Well Child Visits in the First 30 Months of Life measures which have multiple time bound requirements making the measures very challenging to meet successfully.

HEDIS interventions for MY 2022 include the Well Child Care Visit Text Messaging Campaign targeting 22,343 members and the Cervical Cancer Screening texting campaign targeting 35,720 members.

New Health Equity goals have been established for the Member Equity efforts in 5 components: 1) Member Voice; 2) Social Determinants of Health (SDoH) Collection; 3) Health Plan as a Community Partner; 4) Systemic Change and 5) Equitable Health. The project for Race and Ethnicity Data upgrades is underway. SDoH data collection is also in focus with various education and training efforts including an incentive program. Early steps for collection of Sexual Orientation and Gender Identity (SOGI) data are complete.

Cal AIM implementation and operations continue to evolve as L.A. Care works to support the more than 15,000 members now served by our contracted Enhanced Care Management (ECM) providers and nearly 9,000 members receiving Community Supports (Homeless and Housing Support Services, Recuperative Care, and Medically Tailored Meals). Staff are also working on implementation of new Community Supports including Housing Deposits, Personal Care and Respite, and Sobering Centers, effective 7/1/22. L.A. Care staff are collaborating to add 35 new Clinics to those already using HIE data to increase the availability of clinical information at the point of care.

L.A. Care, in partnership with the other Los Angeles area Medi-Cal Managed Care Plans offered a 3rd round of ECM Boot Camp, a comprehensive training for new hires with ECM Provider agencies and is developing an on demand training to make this key training even more accessible. L.A. Care's ECM team continues to host provider-facing webinars every other Friday, and training offerings are a mix of clinical skills, best practices, ECM operations and technical assistance.

The 2022 Quality of Care / Population Health Management (PHM) Index in the Enterprise Goals is being tracked monthly using the Enterprise-Wide Dashboard. To date 11 out of 14 goals are trending toward meeting or exceed the goal (see attached slide deck for more detail).

L.A. Care continues to provide technical assistant to our Direct Network practices through our Transform L.A. Program and Developmental Screening technical assistance and education through the First 5 L.A. Help Me Grow Program. A Children's Health Conference Continuing Medical Education event is scheduled for 5/19/22 for network providers and early childhood development classes (virtual) are continuing in March and April and L.A. Care partnered with Health Net to offer Practitioner Resilience webinar sessions, intended to energize and sustain the health care workforce. These sessions starting in April will be held on 4th Tuesday every month till end of the year, offered at a variety of times to accommodate schedules.

L.A. Care continues to offer a robust series of Continuing Education for our network providers. Recent and sessions addressed Cognitive Behavioral Therapy (CBT) for Chronic Pain, COVID-19 Vaccine Hesitancy and Health Disparities, Hypertension and Stroke Prevention and planned sessions include a focus on Children's Health, Physician Burnout and Long COVID.

Behavioral Health

The Behavioral Health team continues collaborating with the LA County Department of Mental Health (DMH) and the LA County Office of Education (LACOE) to implement the DHCS School Behavioral Health Incentive Program. The beginning phases have been completed as the structured school district surveys assessing the needs of Los Angeles students being compiled by UCLA's Public Partnership for Wellbeing.

Pharmacy Update

Medi-Cal Rx Update:

As of April, 2022, Medi-Cal Rx continues to resolve outpatient pharmacy benefit issues. Most current update is as follows:

1. The backlog of prior authorization requests (PAs) has been resolved and all PAs submitted by the prescriber or the pharmacy are now being adjudicated within 24 hours.
2. In order to resolve the PA backlog, Medi-Cal Rx had to temporarily lift PA criteria for some frequently prescribed drugs. Those criteria were scheduled to be re-introduced in May. However, that decision has been changed due to fear that it will create another backlog. Instead, Medi-Cal Rx has decided to undertake a prescriber education campaign and begin re-introducing the PAs gradually over time. Of note is that the date to end the transition period, which is June 30th, and begin using Medi-Cal Rx's formulary (they call it Covered Drug List or CDL) has not been changed.
3. Continuous Glucose Monitor (CGM) coverage clarified: CGMs are covered under Medi-Cal Rx only for type 1 DM. The coverage of the CGMs for any other indication is the responsibility of the managed care plan's medical benefit. LA Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit.

Delegation Audit of Navitus Health Solutions (LA Care's Pharmacy Benefit Manager (PBM)):

PillarRx is a third party auditor LA Care hires to performs an annual delegation audit of Navitus Health Solutions, L.A. Care's contracted PBM. The audited delegated services performed by Navitus include:

1. Pharmacy and Therapeutics (P&T) Committee Processes
2. Coverage Determinations
3. Member Communications
4. Pharmacy Network, Contracting, and Auditing
5. Pharmacy Network Credentialing
6. Claims Processing and Pharmacy Payments
7. Customer Service
8. Formulary Administration
9. Reconciliation of Rebates and Direct and Indirect Remuneration (DIR)

The audit for contract year 2021 has just been completed with the following results:

The auditor reported there were no findings. Navitus is performing all delegated functions responsibly with sound processes and policies and procedures in addition to meeting and exceeding industry standards in the all areas. The processes were Navitus exceeded industry standards included:

1. Member communications and pharmacy network credentialing.
2. Formulary administration by demonstrating excellent formulary management processes and collaboration with LA Care Health Plan.
3. Customer Service by having Spanish speaking customer service representatives during business hours, while other PBMs just use a translation service.

The auditor also noted that Navitus is highly cooperative and continues to be helpful, collaborative, and accommodating to LA Care's needs and requests.

Rating of Drug Plan (D05)/Getting Needed Prescription Drugs (D06)

- Starting 1/19/22, Pharmacy implemented a department wide member experience survey to reflect CAHPS questions for Rating of Drug Plan/Getting Needed Prescription Drugs to improve Star Ratings.
- As of 4/25/22, 344 Cal MediConnect members were asked to complete the survey, including 57 members refused to participate. Of the 287 members that responded to the survey, 213 (74%) of members reported that it is always easy to get the medicines their doctors prescribed. 220 (77%) of members reported that it is always easy to fill a prescription at their local pharmacy. 218 (76%) of members did not use mail order pharmacy to fill a prescription. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.24. The sample size is currently too small to draw any conclusions. We will keep monitoring the results and report to the

Population Health Management



L.A. Care
HEALTH PLAN®

For All of L.A.

PHM Index Update

May 2022

Summary PHMI Results as of March, 2022

Total Score - Met = Goal met for at least one LOB within each of the metrics.

Total = 14

Reward Ranges: Min: 8-10/14: 53.3%-71.4% **Mid: 11-12/14: 78.6%-85.7%** Max: >13/14 >92.9%

NOTE: April data update will be available mid-May, 2022.

PHMI Goal Category	Met or Trending to Meet (as of March, 2022)
Keeping Members Healthy	2 of 3
Early Detection of Emerging Risk	2 of 3
Chronic Condition	3 of 4
Care Transitions	3 of 3
Patient Safety	1 of 1
Total	11 of 14

PHM 2022 Index Keeping Members Healthy Status as of March, 2022 (HEDIS data through 2/28/2022 and IHA data through 1/31/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
1. Initial Health Assessment: Potential Completion Rate	≥27% 33.55%	≥60% 65.59%	N/A
2. Well Child: Percentage of members receiving well-child within 30 months	≥33% (W30A) 37.23%	N/A	≥33% (W30A) 35.85%
	≥60% (W30B) 58.54%		≥82% (W30B) 81.11%
3. Flu: Percentage of members receiving flu vaccination	≥18% 14.33%	≥44% 38.69%	Baseline

PHM 2022 Index Early Detection Status as of March, 2022 (HEDIS data through 2/28/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
4. Colorectal Screening	N/A	≥60% 59.71%	≥50% 44.77%
5. Breast Cancer Screening	≥54% 52.36%	≥65% 62.57%	≥68% 66.40%
6. Prenatal Care: Black/African American members receiving prenatal care	≥70% 68.98%	N/A	N/A

PHM 2022 Index Chronic Condition Management Status as of March, 2022 (HEDIS data through 2/28/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
7. Diabetes: Percentage of Black or African American members with an HbA1c <8%.	≥34% 39.68%	≥61% 55.47%	≥53% 52.42%
8. Percentage of Black or African American members with BP controlled*	≥31% 22.90%	≥33% 40.51%	≥25% 25.14%
9. Emergency Department (ED) visits: Members 18 years+ with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	N/A	≥51% 51.68%	N/A
10. Medication Adherence for Hypertension: RAS Antagonists	N/A	≥84% Available in May, 2022	N/A

PHM 2022 Index Care Transitions/Patient Safety Status as of March,2022 (HEDIS data through 2/28/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
11. Members completing follow-up visit within 30 days (CMC) and within 7 days (LACC) of mental health hospitalization.	N/A	≥56% 58.02%	≥42% 28.30%
12. Transition of Care: The percentage of discharges for members 18 years+ who had: Patient Engagement After Inpatient Discharge	N/A	≥81% 79.81%	N/A
13. Transition of Care: The percentage of discharges for members 18 years+ who had: Medication Reconciliation Discharge	N/A	≥57% 32.85%	N/A
14. Readmissions	N/A	O/E <0.8 1.04	O/E <0.8 0.4485



Hazel Health

A school based telehealth solution

Children's Health Community Advisory Committee

May 17, 2022

Dorothy Seleski, Vice President, Health Net



More than 20 million children

in the U.S. lack sufficient access to essential health care

Hazel developed the leading solution

for on demand, school-based care

Health Net invested \$3M to expand Hazel Health services in CA

by adding 200 new school sites across the state

Source: Children's Health Fund



Hazel works with
school districts to
give families and
staff access to
telehealth services

Hazel is the only telehealth service designed
specifically for children and schools

Hazel serves nearly 2 million children across the
nation

Whatever
the need

mental health +
physical health

for integrated care

and

Wherever
they are
at school +
at home

*for on-demand
access*

Hazel's model



Pediatric focus

- Licensed providers are experts in full suite of child needs
- Expanding whole-child health by filling critical gaps
- Culturally-competent care by our diverse providers (40% POC)
- Manage PCP referrals and prescriptions



School integration

- Integrated into school workflow
- HIPAA / FERPA compliant
- Experts in district health policies -- "Digital Chief Medical Officer"
- Help drive consent process



Telemed platform

- On-demand care at home or at school (<5 min)
- Services over text, call, or video
- Visits in most languages
- Easy-to-use, with on-call support

Turn-key solution for schools and health plans

The Hazel team manages and operates all program components



Enrollment + Consent

Districts work with Customer Service Management team to launch program to schools, students, and families.

Parents/guardians participate in digital and paper enrollment process, consenting to their child receiving ongoing care.



Equipment + Supplies

Hazel provides schools with iPads to conduct visits, medical equipment (cart, stand, scale, and more).

In states where allowed, Hazel stocks schools with OTC medications relevant to urgent / acute needs.



Care + Results

Students access virtual visits with Hazel providers at school or home. Students typically see the same providers.

Hazel returns relevant results data and analytics to schools and plans through integration and partnerships.



Communication

On-going communication created and managed by Hazel. Schools and health plans are partners.

Modern, omni-channel communication is inclusive and timely. Digital, print, social, phone, app, chat.



Broad scope of care to meet the needs of all students

Students without a PCP

Urgent and acute care

Transitional primary care /
Medical home services

Help establishing care
with a PCP

Connection to community
& plan resources

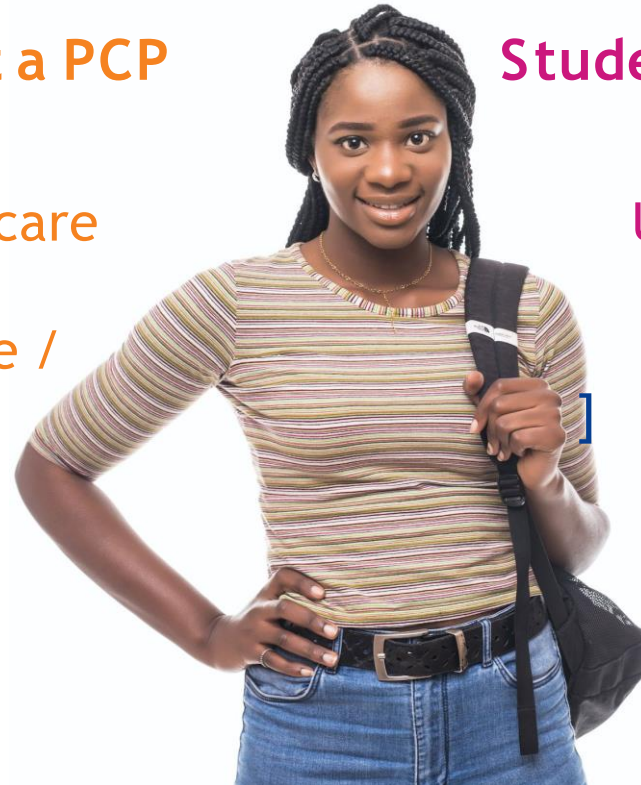
Students with a PCP

Urgent and acute care

Redirection of primary care services
back to PCP

Coordination of all care and
follow-up with PCP

Quality gap closure where
appropriate



Hazel aims to help all students establish and engage with a PCP

Access: The youth mental health crisis

Over

20%

of children live with a mental health condition

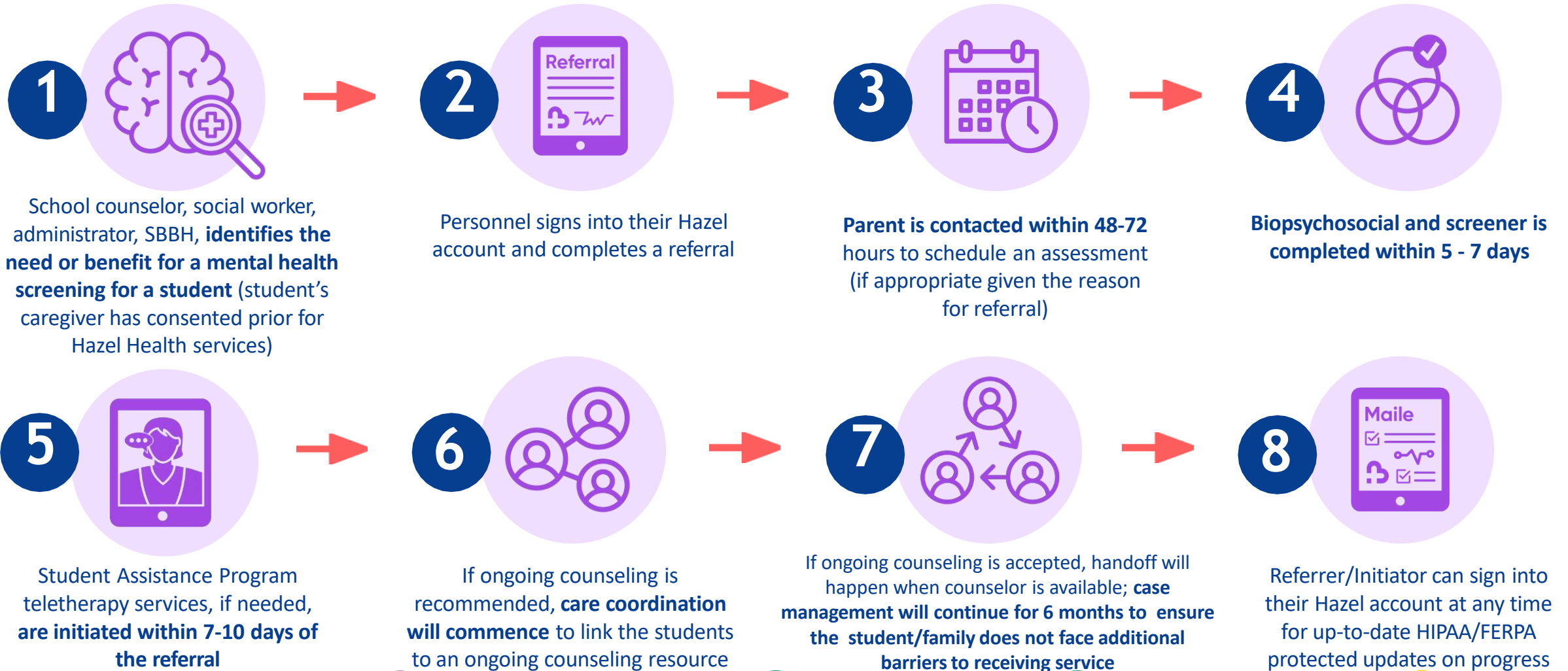
But only

2%

of children receiving public services and needing care receive treatment



Partnering with schools to provide mental health screenings



Results of Hazel's partnerships

Academic

90%+
back to class

2+ days
of school saved
on average

25%
chronic absent.
rate reduction

Health

99%
visits reportedly
met medical issue

10%
visits result in
avoided ED trips

Dozens
PCP referrals and Rx
ordered per school

Satisfaction

95
family NPS
(Net Promoter Score)

4.92/5
school initiator
visit rating

3+ hours missed
work avoided per
visit



Questions?
