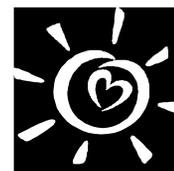


BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Minutes –January 22, 2020

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Richard Seidman, MD, MPH
John Baackes, CEO
Santiago Munoz **
Paul Chung, MD, MS *
Muntu Davis, MD, MPH *

Elaine Batchlor, MD, MPH **
Hector Flores, MD
Elan Shutlz
Stephanie Taylor, PhD
Rishi Manchanda, MD, MPH

Management

Augustavia Haydel, Esq., *General Counsel*
Phinney Ahn, *Executive Director, Medi-Cal*
Marina Acosta, *Program Manager, Health Equities*
Wendy Schiffer
* *Absent* ***Via Teleconference*
****Via Teleconference (Does not count towards Quorum)*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 2:10 p.m. Member Seidman introduced Member Stephanie Taylor, PhD.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved as submitted.	Approved Unanimously. 8 AYES (Baackes, Batchlor, Flores, Manchanda, Munoz, Seidman, Shutlz, Taylor)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The October 31, 2019 meeting minutes were approved as submitted.	Approved Unanimously. 8 AYES
CHAIR AND VICE CHAIR ELECTIONS	This agenda item was tabled for a future meeting.	
CalAIM Phinney Ahn, MPH	Phinney Ahn, MPH, presented on the <i>Medi-Cal Healthier California for All</i> program (<i>a copy of the presentation can be obtained from Board Services</i>).	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Waiver Proposal</p> <ul style="list-style-type: none"> • Medicaid Waivers: <ul style="list-style-type: none"> - Offer states flexibility in how they operate their Medicaid programs - Allow states to test Medicaid innovations through pilots, provide coverage to individuals not typically eligible for traditional Medicaid, deliver additional services to specific groups, and more • Medi-Cal Healthier California for All: <ul style="list-style-type: none"> - Proposal for upcoming Medi-Cal waiver for 2021-2025 - Unlike previous waivers, contains significant implications for Medi-Cal managed care plans, including L.A. Care - Must be approved by Centers for Medicare and Medicaid Services(CMS) <p>Primary Goals</p> <ul style="list-style-type: none"> • Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health (SDoH) • Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility • Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform • Key Details: <ul style="list-style-type: none"> - Institutes an annual open enrollment for Medi-Cal managed care - People would be able to enroll in Medi-Cal at any time during the year but could only change plans during the annual open enrollment period - Allows for beneficiary exemptions mid-year in certain circumstances • Implications for L.A. Care: <ul style="list-style-type: none"> - Could simplify the administrative operation of Medi-Cal - Could result in improved Healthcare Effectiveness Data and Information Set and quality scores <p>Enhanced Care Management</p> <ul style="list-style-type: none"> • Key Details <ul style="list-style-type: none"> - ECM would be a new statewide health plan benefit and In Lieu-of Services would become new reimbursable service options, replacing Whole Person Care, Health Homes, & Targeted Case Management 	

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	<ul style="list-style-type: none"> - Funding not tied to individual enrollments; incorporated into overall capitation rate - ECM is very similar to Health Homes but will include additional populations - DHCS will offer a menu of potential “in lieu-of” services that are optional for plans, and which would be considered in the medical cost basis for future rates - DHCS expects plans to coordinate with County partners • Implications for L.A. Care <ul style="list-style-type: none"> - Opportunity to expand in-person care management and non-traditional services to address SDOH needs, but with unclear financing <p>Behavioral Health</p> <ul style="list-style-type: none"> • Key Details: <ul style="list-style-type: none"> - Payment reform – transition to value-based or rate-based reimbursement - Administrative integration – single Department of Health Care Services (DHCS) contract with each county - Regional contracting – counties can jointly contract with DHCS • Implications for L.A. Care: <ul style="list-style-type: none"> - May be intended to facilitate potential contracting arrangements between managed care plans and county mental health plans - May require revision of Behavioral Health referral procedures, e.g. to allow for more substantive triage - Lengthy implementation timeline <p>Member Flores asked Ms. Ahn if she feels there will be a pilot related to the Surgeon General’s initiative for age screening. Ms. Ahn responded that L.A. Care is reviewing and she sees it being a part of assessment tools that health plans will utilize in the future.</p> <p>Member Seidman stated that with respect to Member Flores’ question state regulators intend to mandate screening for pediatric and adult populations. The State will begin to reimburse for these services beginning in January. A requirement for providers to receive training will be waived. The results of the screening may contribute to identifying members eligible for Whole Person Care initiative services.</p> <p>Member John Baackes, CEO, stated that it is not clear how it will be paid, because it is not included in the benefit package or in the capitation. He believes the State is setting</p>	

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	<p>it up as a benefit outside of managed care. He will learn more in the future, because the Surgeon General invited him to be a part of the Trauma Informed Primary Care Implementation Advisory Committee.</p> <p>Member Seidman stated that everything is pending approval from the CMS. L.A. Care is required to submit a transition plan by July in advance of the approval of the waiver. He stated L.A. Care will determine how to transition services in the existing Health Homes program that is being managed at the plan level through contracted community based care management entities. Whole Person Care is currently operated by the county.</p> <p>Member Elan Shultz stated that two major issues are being discussed at the County: how to address an adequate rate structure to support the valuable sources that are being provided under Whole Person Care that is separate from labor and workforce; and the second issue is how to engage in this conversation with the State. A third issue is how can the County and L.A. Care implement the services for members. There isn't much guidance and this needs to be figured out in the coming months. He stated that his office is very concerned about the timeline.</p> <p>Member Baackes stated that Enhanced Care Management (ECM) is the permanent replacement to Health Homes, which was considered a demonstration program. Money will be built into the capitation rates for the managed care plans. It is essential that the county, Health Net, and L.A. Care begin to discuss how to make the program operational. He is very concerned about the administrative load placed on the Health Homes reimbursement. He noted that there is an Executive committee that meets with L.A. Care monthly to address those issues.</p> <p>Ms. Ahn stated that there is a committee that was formed by L.A. Care with the California Department of Health Care Services and Health Net.</p> <p>Member Flores asked Member Baackes if the health plan will still have an ability to identify members who qualify for ECM.</p> <p>Member Baackes responded that the health plans are currently responsible for complex care management. ECM is for a high capacity population.</p>	
SOCIAL DETERMINANTS OF HEALTH	Marina Acosta, MPH, <i>Health Equities Program Director II</i> , presented information on SDoH (<i>a copy of the presentation can be obtained from Board Services</i>).	

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Marina Acosta, MPH	<ul style="list-style-type: none"> • L.A. Care has been engaged in SDoH activities for some time to better coordinate and prioritize SDoH efforts in Los Angeles County • Enterprise-wide planning committee discusses goals and priorities <ul style="list-style-type: none"> - Priority tool created and was completed by committee members to narrow down topics • Established a framework to leverage existing resources, programs and services funded by federal, state, local governments and community-based organizations (CBOs) <ul style="list-style-type: none"> - Strengthen links to CalFresh, and local L.A. food banks (CBOs) currently available - Create L.A. Care initiatives where gaps still exist like medically tailored food programs • L.A. Care Members have access to: <ul style="list-style-type: none"> - Community Resource Centers (CRC) programming includes Department of Public Social Services workers, case managers on-site, and includes co-location of community based organizations to provide services to members - Community Link - Referrals for social services by Customer Solution Center <p>Members requested the following services: care management, Health Homes program, Housing for Health, recuperative care beds, medically tailored food pilot, community health workers, new Medi-Cal waiver, <i>Medi-Cal Healthier California for All</i> (Enhanced Care Management and in-lieu of services), human arc, and Veggie Vouchers.</p> <p>L.A. Care’s efforts include:</p> <ul style="list-style-type: none"> • Data analytics – Optum specifically. Can be proactive and targeted with certain SDoH indices. • Member educational campaigns – CalFresh, utilities programs, tenant rights and eviction, transportation, Lifeline program • Community Health Investment Fund – For members and the community. Grants for CalFresh & Earned Income Tax Credit enrollment, eviction prevention, immigration education, job placement • Clinic training – Clinic support staff receive CalFresh enrollment training • Legislative and coalition building – L.A. Care’s policy priorities and Los Angeles Homeless Health Summit 	

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	<p>Member Taylor asked how L.A. Care gets this information out to the public, and how can providers receive education on SDoH?</p> <p>Member Seidman responded that L.A. Care has information on its website. Members can contact the Customer Solution Center, use the community link on the L.A. Care website, and they can also visit any of L.A. Care’s CRCs. The resources are made available to anyone.</p> <p>Member Flores thanked Ms. Acosta for her presentation. He stated that most medical groups contract with multiple managed care plans. He stated that he would like to see L.A. Care be an agency for other social services.</p> <p>Member Baackes stated that he agrees and L.A. Care would like to do that. He noted that L.A. Care’s CRCs help members and people in the community can get help accessing social services. He would like Medi-Cal managed care plans to also be agents of social safety net services. If L.A. Care does a screening and determines that someone qualifies for food stamps or vouchers he would like L.A. Care to approve and help facilitate retaining those services for its members.</p> <p>Member Rishi Manchanda, MD, thanked Ms. Acosta for her presentation. He stated that it resonates with much of his work. He noted that the CRCs can be very helpful with addressing SDoH. He noted that while some providers do get “burned out”, there are other providers who will say “this is what we need”. It is an efficiency gap, not a lack of understanding.</p>	
REVIEW COMMITTEE CHARTER	This agenda item was tabled for a future meeting date.	
FUTURE MEETING SCHEDULE	<p>The committee decided to meet on a quarterly basis in January, April, July, and October. A schedule will be forwarded to committee members once dates are set by staff.</p> <p>Proposed future agenda items:</p> <ul style="list-style-type: none"> • Sample of provider groups comprehensive work on how they establish partnerships to address SDoH • Setting goals for the committee • Define work plans • SDoH work plan 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 4:00 p.m.	

DocuSigned by:

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

APPROVED BY: _____

Richard Seidman, MD, MPH

 Date Signed