



AGENDA

**Children’s Health Consultant Advisory Committee Meeting (CHCAC)
Board of Governors**

Tuesday, August 18, 2020, 10:00 AM

L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Suite 1025, Los Angeles, CA 90017

DRAFT

California Governor issued Executive Order N-25-20 and N-29-20, which, among other provisions, amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

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Meeting Number: 146 185 7312

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The 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.

Comments received by voicemail, email or text by 10:00 am on August 18, 2020 will be provided in writing to the members of the committee at the meeting.

Once the meeting has started, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over for the item.

Public comments will be read for up to 3 minutes at the meeting.

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Welcome

Tara Ficek, MPH
Chair

1. Approve today’s meeting agenda *Chair*

2. Public Comment *Chair*

3. Approve June 26, 2020 meeting minutes P.3 *Chair*

4. Chairperson Report *Chair*

5. Chief Medical Officer Report P.9
Katrina Miller Parrish, MD, FAAP
Chief Quality and Information Executive

6. DHCS Required Preventive Care Outreach for Children
Katrina Miller Parrish, MD, FAAP

7. ACEs Aware Program
Michael Brodsky, MD,
Medical Director, Behavioral Health and Social Services, Behavioral Health

8. COVID-19 Health Disparities Outreach P.18
James Kyle, MD, MDiv,

Adjournment

The next meeting is scheduled on September 15, 2020 at 2:00 P.M.

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

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BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – June 26, 2020

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*
 Ilan Shapiro, MD, FAAP**
 Rebecca Dudovitz, MD, MS*

Lyndee Knox, PhD**
 Rosina Franco, MD*
 Toni Frederick, PhD**
 Gwendolyn Ross Jordan**
 Nayat Mutafyan*
 Maryjane Puffer, BSN, MPA**

Diana Ramos, MD**
 Richard Seidman, MD, MPH**
 Diane Tanaka, MD*
 James Kyle, MD**
 Hilda Perez**

*Absent **Via Teleconference

***Via Teleconference (Not posted - not counted as Quorum)

Management

Katrina Miller Parrish, MD, FAAP,
Chief Quality and Information Executive, Health Services
 Nai Kasick, *Senior Director, Health Services*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, <i>Chair</i> called the meeting to order at 1:11 p.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 1:20 p.m. The Agenda for today’s meeting was approved as submitted.	Approved unanimously. 11 AYES (Bloch, Ficek, Frederick, Jordan, Knox, Kyle, Perez, Puffer, Ramos, Seidman, Shapiro)
APPROVAL OF THE MEETING MINUTES	Member Rosina Franco stated that on page 3 of the minutes under “Reproductive health”, It should read “medical assistants” not “medical assistance”. The minutes of the January 21, 2020 meeting were approved with the corrections noted above.	Approved unanimously. 11 AYES
CHAIRPERSON REPORT	There was no report from the Chairperson.	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p> <ul style="list-style-type: none"> COVID-19 Update 	<p>Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following report:</p> <p>He thanked committee members for being able to meet.</p> <p>At time of this report there were 100K reported COVID-19 cases throughout the county. L.A. Care moved to make its staff work remotely. Staff began working from home on Monday, March 16. Approximately 90 percent of workforce is working from home. L.A. Care is following all guidance of public health officials. Staff will be returning in phases. Earliest teams to return will be FRC and CRC staff. Opening the FRCs and CRCs is highest on the list for the organization. Some of the most important things done are high risk member activities. Elderly and people with underlying conditions were becoming more ill and dying more frequently. L.A. Care started a robocall outreach campaign. Over 200K members received messages. It also gave members the option to be connected to an operator to get live help for resources they may need.</p> <p><i>(Committee achieved a quorum at 1:20pm.)</i></p> <p>Telehealth – Many members have avoided visiting their doctor offices due to fear of infection. L.A. Care launched Telehealth in January of this year. At first L.A. Care received about 10 calls per month to over 60 calls per month. L.A. Care is now at 30 to 50 calls per day range. Members can receive services that they are not getting through their doctor offices. In addition to the outreach to over 200K, L.A. Care reached out to African American communities, Native American communities, and other communities of color. L.A. Care attempted to contact over 30K African Americans with high risk conditions and chronic conditions. L.A. Care successfully connected with over 11,000 members. Members were asked if they had any unmet needs. They normally responded that they were relatively ok. They did not ask to be connected with high level care.</p> <p>Member Hilda Perez asked Member Seidman how members can help their community using the community resources available. Member Seidman responded that he spoke about targeting communities with health disparities. The information shared was about high risk African American outreach.</p> <p>Member Diana Ramos, MD, asked what if members do not have the capability for tele video. Member Seidman responded that when it comes to virtual care can be telephone or video call, both are forms of virtual care. He noted that not many people have</p>	

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	trouble accessing a simple phone. There are many with smartphones. The barriers with people having smartphones is their data plans. Appointment rates are lower than ever before. He noted that the FRCs can be used by members to conduct telehealth calls and video calls by providing access to free Wifi.	
<p>PREVENTIVE CARE FOR WOMEN & CHILDREN IN THE COVID-19 ERA</p> <p>Katrina Miller, MD, FAAP</p>	<p>Katrina Miller Parrish, MD, FAAP, <i>Chief Quality and Information Executive, Health Services</i>, Jacqueline Kalajian, MPH, <i>Health Education Program Manager II, Health Education</i>, Keren Mahgerefteh, MPP, <i>QI Project Manager II</i>, Sinthu Kumar, MPH, <i>Quality Improvement Project Manager II, Quality</i>, and Grace Mhi Kim Crofton, MPH, <i>Advisor Quality Performance Informatics</i> gave a presentation about Promoting Preventive Care for Women & Children in the Covid-19 Era (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <p>Quality Improvement Initiatives</p> <ul style="list-style-type: none"> • In a typical year, the organization develops various initiatives for members and providers to promote: <ul style="list-style-type: none"> ▫ Well Care Visits ▫ Cancer Screenings ▫ Immunizations for adults & children • Initiatives are developed by cross functional teams and may originate in various departments across the organization • Types of initiatives include: <ul style="list-style-type: none"> ▫ Member Outreach – automated calls, mailers ▫ Provider Outreach – reports, incentives ▫ Community Outreach – social media campaigns • COVID has led to some modifications, but women and children's health continue to be a priority <p>Healthy Pregnancy Program (Prenatal Care)</p> <ul style="list-style-type: none"> • Phone call – Live agent outreach calls to assist with prenatal appointment scheduling. Health Education Advocates educates members about the availability of telehealth visits and assists with scheduling. • Mailer – Monthly member mailing of trimester specific health education materials such as TEXT4BABY, WIC, nutrition, breastfeeding postpartum depression, and Newborn Referral Form 	

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	<ul style="list-style-type: none"> • Fax – COVID-19 guidelines provider fax blast, distributed between June 15 – June 16, 2020 <p>In response to COVID-19, L.A. Care saw an expansion of the health promoter activities to support transition to Telehealth services. The availability of blood pressure monitor & cuff and weight scale to pregnant members for remote monitoring and reporting. Providers are able to refer pregnant members to receive the durable medical equipment. No prior authorization required. Medical equipment vendor will send the Durable Medical Equipment to member after validating mailing address. The turnaround time is less than 48 hours after the order.</p> <ul style="list-style-type: none"> • Provider fax blast sent on May 1, 2020: L.A. Care direct network OB/GYN and family medicine providers Department of Health Services OB/GYN and family medicine providers • Program will be evaluated <p>Healthy Mom Program (Postpartum Care)</p> <ul style="list-style-type: none"> • Phone call – Live agent outreach calls to Medi-Cal, L.A. Care Covered, and Cal MediConnect members to assist with postpartum appointment scheduling. Health Education Advocate educates members about the availability of telehealth visits and assists with scheduling. • L.A. Care’s maternal health landing site with health education information. The site includes the state Department of Public Health COVID-19 Maternal Health Resources. <p>Healthy Baby Program (0-24 months)</p> <ul style="list-style-type: none"> • Monthly health education mailing in regards childhood developmental milestones and Immunizations schedule, Text4Baby, and Department of Healthcare Services (DHCS) Newborn Referral Form. • Immunization preventive health reminder interactive voice response calls. <p>Quality/ Healthcare Effectiveness Data and Information Set Guidance to Provider Groups and Practitioners</p> <ul style="list-style-type: none"> • Distribution of letter and info to practitioners and medical groups providing guidance on alternate care and telehealth options: <ul style="list-style-type: none"> ▫ Underscored importance of maintaining care for newborns and infants 	

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	<ul style="list-style-type: none"> ▫ Letter accompanied by grid of HEDIS measures including those for children and women’s health. Information included hyperlinks to reference sources ▫ Earlier letter indicated that LA Care is monitoring impact of COVID-19 and continuing with Pay-4-Performance program with potential modification to policy if warranted • Internet radio – lacare.org/internet-radio – for providers, streaming content about: <ul style="list-style-type: none"> ▫ Delivery of care with guidance on managing and containing COVID-19 ▫ Info on Teledoc, Minute Clinic, and Nurse Advice Lines ▫ Recommendations on managing prenatal and postpartum care ▫ In development – detailed information and guidance on the State Managed Care Accountability Set <p>Member Ramos asked if the ability to send the Blood Pressure cuff as a DME is an L.A. Care specific benefit or is a general Medi-Cal benefit that can be used by Medi-Cal providers in general. Member Seidman responded that it is Medi-Cal benefit.</p> <p>Member Maryjane Puffer, <i>BSN, MPA</i>, asked if it is determined that prenatal management is more effectively/consistently delivered to patients through telehealth strategies, “is there a plan to adopt this practice going forward?”</p> <p>Member Seidman responded that if data shows this, yes. He noted that regulators might get in the way. He has been asked if L.A. Care will continue to use telehealth as an alternative use of care and his answer has always been yes.</p> <p>Member Ficek asked Member Seidman what L.A. Care is doing to ensure quality of service. She noted it is important that there is no loss in quality. She also inquired on the impact on employers and employees. Dr. Miller Parrish responded that L.A. Care is looking at how it can address that. There is information from Teledoc that will help track quality. The impact of telehealth will be determined later once a survey is completed.</p> <p>Member Ficek stated that L.A. Care can look at outcomes as well to determine the impact on quality. Member Seidman stated that in terms of work force no show rates have been long thought as a proxy for dissatisfaction. There is a reason why no shows are lower for telehealth visits compared to face to face visits. The opportunity to work remote and eliminate the time driving to work. Not only are employers saving time and money they are helping to keep employees safe.</p>	

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	<p>Dr. Susan Fleischman asked “how do you identify pregnant women early in their pregnancy if they are existing members rather than those identified on the PE file from DHCS?” Ms. Kasick responded that L.A. Care is currently using presumptive eligibility data from DHCS. L.A. Care has explored other options with limited success, but is always considering new sources data to cross reference and identify. This has been very challenging.</p> <p>Dr. Miller Parrish noted that they get helpful information from data exchanges. L.A. Care uses data received through Medi-Cal forms instead of what is received through the State.</p> <p>Member Ramos asked Dr. Miller Parrish for the DME Code used for the BP Cuff and Monitor. Ms. Kasick responded “The DME code for the BP cuff and monitor kit is A4670 and the weight scale is E1639. The Healthy Pregnancy Program makes both available to direct network and DHS assigned members. Please feel free to reach out with any questions.”</p>	
ADJOURNMENT	The meeting was adjourned at 2:35 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:

Tara Ficek, *MPH, Chair*: _____

Date Signed: _____

COVID-19 Update

There are now nearly 20 million reported cases of COVID-19 worldwide and over 700,000 deaths, with the highest rates of new infections in the United States, Brazil and India. In the United States, there are nearly 5 million reported cases and over 160,000 deaths, with the highest rates of new infection in Texas and Oklahoma, extending all the way to the east coast through the Southeast. Los Angeles County is now reporting over 200,000 cases (38% of cases reported in CA) and nearly 5,000 deaths (50% of deaths reported in CA). The highest rate of new infections in CA is now occurring throughout the Central Valley. In contrast to the surge in cases and hospitalizations we were experiencing in Los Angeles in late June into July when the Department of Public Health had to re-close higher risk activities such as indoor dining, fitness centers and personal care providers, Los Angeles is now seeing decreased rates of hospitalizations (-18%) and deaths (-16%).

Our local Health Department is now expressing cautious optimism about the progress we have made together since late June, and is continuing to stress the importance of compliance with the current preventive measures and restricted activities. Preparations are now underway for the upcoming flu season as vaccine trials, clinical trials and research continues to try to develop new and more effective ways to prevent and treat COVID-19.

L.A. Care has completed telephonic outreach to more than 250,000 members at increased risk for COVID-19, including target outreach to African Americans, LatinX, Alaskan/Hawaiian/Native Americans/Pacific Islanders and is now developing outreach to members 18-40, the age cohort within which we are now seeing the highest rate of new infections.

Initial Health Assessments (IHA)

- Work is underway to revise the reports, enhance training and create a coordinated monitoring program with Clinical Assurance (CA), Facility Site Review (FSR), Delegation Oversight (DO), and L.A. Care's internal audit team to address the Corrective Action Plans (CAPs) identified in the Summer 2019 DHCS audit. The State has temporarily suspended the IHA requirement during the Covid-19 Emergency and the DHCS audit scheduled for this summer has been postponed until summer 2021. Despite the current suspension of the requirement, IHAs meet an important clinical need and will eventually need to be completed. DHCS has asked Plans to encourage members and Providers to continue to offer routine care including IHAs.
- L.A. Care's IHA monitoring process is in place and we are encouraging providers to complete IHA encounters through virtual methods as much as possible and we will re-start monitoring of delegates in late August/early September 2020.

Routine Visits and Prevention

- A new Provider Opportunity Report (POR), "Missing Vaccines Report", is now available to help providers identify which shots kids need before the recommendation is past due. A webinar tutorial on how to use the new Missing Vaccine(s) Report will be shared with providers and posted on our website.
- There were four social media campaigns conducted in June and July encouraging children under two years old to get vaccinated during the COVID-19 outbreak and fax blast campaigns encouraging teens to be screened for chlamydia infection as recommended.

- Facility Site Review (FSR) Update
- All FSR audits scheduled for March, April, May and June were cancelled. The team began conducting virtual site audits for Initial FSRs for the Direct Network, Relocations and Corrective Action Plan (CAP) Follow Up visits on July 1st. In partnership with all of the other Medi-Cal Managed Care Plans in L.A. County, L.A. Care's FSR Leadership developed a process to ensure a smooth virtual audit experience and went live on a new FSR documentation system on July 1st. This new system will enable better coordination and data sharing with the L.A. FSR Collaborative.

Population Needs Assessment (PNA)

L.A. Care's 2020 Population Needs Assessment (PNA) fulfills DHCS requirements and was submitted in June, 2020. The PNA was a collaborative effort led by the Health Education, Cultural and Linguistics team with support from Population Health Management, Quality Improvement, and Community Outreach and Education. The PNA report captures information on member demographics, health disparities, health status and disease prevalence, access to care, stakeholder engagement and an action plan. Required metrics to track health plan performance and identify and track health disparities include HEDIS and CAHPS data sets. The report also includes member input on the PNA findings. Noteworthy member feedback includes: 1) members are largely satisfied with care provided by L.A. Care; 2) members expressed a desire for more information regarding community services, particularly around food banks; 3) members wanted more education on flu vaccination, specifically that the vaccination does not cause flu and 4) members were unsure whether all L.A. Care members are made aware of language access services. The PNA concluded with an action plan targeting performance goals and supporting activities in the areas of flu, postpartum care, and asthma.

Video Remote Interpreting Pilot with Plan Partners

As 40% of L.A. Care members indicate a primary language other than English, and in response to increasing member requests for interpreting services at medical appointments, L.A. Care is partnering with Anthem Blue Cross and Blue Shield Promise of California to pilot Video Remote Interpreting (VRI) at select clinics. Clinics with a high number of Limited English Proficient (LEP) and American Sign Language (ASL) members will be selected for this pilot. VRI pilot goals include:

- Increase member access to qualified face to face interpreting services
- Reduce wait times by implementing real time requests
- Eliminate known barriers for accessing face to face interpreting services including:
 - 10-day advance notice for requesting a face to face interpreter
 - limited interpreter availability for certain languages including ASL
 - limited interpreter availability in some regions of L.A. Care's service area
- Eliminate concerns over the increasing cost of face to face interpreting services despite the best negotiated pricing with vendors
- Increase member and provider satisfaction by offering a convenient language access option
- Improve compliance with Title VI and Title 28 and other regulations while simultaneously improving member experience scores
- Optimize L.A. Care resources

Healthy Pregnancy and Healthy Heart Pilot– supporting telehealth services

In order to support L.A. Care’s Direct Network and the Los Angeles County Department of Health Services providers offering telehealth services during the pandemic, L.A. Care Health Plan launched the Healthy Pregnancy and Healthy Heart Program. The Program is designed to reduce the frequency with which these members need to see their doctors in a face to face setting. The program eliminates the need for prior authorization to obtain low cost monitoring devices, blood pressure cuffs and weight scales, to members who are pregnant or who have been diagnosed with congestive heart failure (CHF). Providers eligible for the pilot were informed about the availability of the DME, member selection criteria, and how to request the DME. The need for prior authorization was removed to simplify the referral process and quick delivery of the DME. L.A. Care’s contracted vendor is responsible for verifying member eligibility, confirming member address, delivering the equipment, and reporting fulfilled orders to L.A. Care. Since the program launch, L.A. Care has provided the blood pressure monitor cuff and weight scale to 13 eligible members.

Health Information Technology

- L.A. Care and First 5 LA are entering into a partnership to help medical practices improve child development by implementing developmental screening tools and increasing access to community resources.
- eManagement is implemented with 94 providers serving 75,000 MCLA members.
- Transform L.A. works remotely with eight practices representing 61 providers, 2,200 Direct Network members, and 22,000 L.A. Care members.

Health Equity

- L.A. Care has been accepted into the Disparities Leadership Program, which is part of Disparities Leadership Center by Massachusetts General Hospital and Harvard Medical School. L.A. Care staff will participate in this year-long program to learn about new opportunities to continue to address inequity and disparities.

Quality Improvement-Initiatives

- DHCS officially closed the 2019-2021 Medi-Cal Performance Improvement Projects due to COVID-19. DHCS plans to reinstate the process in late summer after a new contract is initiated with an External Quality Review Organization.
- Webinars for PPGs and providers were re-launched July 15th.
- ADD Evaluation of Beacon ADHD Outreach Calls intervention was completed. Overall, members that were outreached via Beacon calls did not show significantly higher ADD measure compliance (Initiation and Continuation) compared to members that were not reached.

National Committee for Quality Assurance (NCQA) -- Standards + HEDIS + CAHPS:

- NCQA Triennial Standards Audit: L.A. Care provided the required submission to NCQA for our triennial standards audit in June 2020. This submission includes evidence of compliance including program

documents, evaluations, policies and procedures, meeting minutes, and other types of documentation. The file review portion of the audit typically takes place on site, but this year was conducted virtually on August 3rd and 4th with NCQA. Overall, the feedback from NCQA was positive. Some additional files will be reviewed later in August, after which L.A. Care will receive preliminary results from NCQA.

- The Healthcare Effectiveness Data and Information Set (HEDIS) 2020 rates for all lines of business were reported to NCQA, Medicare was not required this year, Medi-Cal allowed the rotation of final HEDIS 2019 rates if performed better than HEDIS 2020. L.A. Care chose not to rotate any HEDIS 2020 measures with HEDIS 2019 as there were no significant drops!
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2020 surveys for Medi-Cal were submitted to the National Committee for Quality Assurance (NCQA) and attested by L.A. Care Health Plan. NCQA will likely release Medicaid CAHPS scores in September 2020, but with notation indicating COVID-19 impact on response rate and scores. The Centers for Medicare and Medicaid Services (CMS) will not release Medicare CAHPS 2020 scores. The Center for the Study of Services (CSS) will prepare unofficial CAHPS reports for Medicaid, Medicare, and L.A. Care Covered (LACC).

Provider Incentives

- All Measurement Year (MY) 2020 Program Descriptions have been released with the exception of the LACC VIIP Program Description which should follow soon.
- A new Direct Network Incentive Program has been approved which will measure and report Direct Network performance as any other contracted IPA and distribute incentive payments to physicians contracted in the Direct Network proportionate to their individual membership and performance.
- The teams are prepping code for processing data for all MY 2019/RV 2020 final P4P reporting and payments.
- MIPS payments were calculated and sent to out-of-network CMC providers. This gets L.A. Care compliant with CMS requirements. The incentives team will now make these payments annually.

Quality Informatics

- Cozeva Bridge: This is a pilot to evaluate the impact on quality and risk adjustment scores in collaboration with Health Net. The Cozeva platform is able to pull clinical data directly from participating providers EHRs. By collecting additional diagnostic and procedure codes, and via the use of natural language processing, the technology has the potential to reduce the amount of time and expenditures required to collect supplemental data and conduct chart audits to identify and document this additional information. The Cozeva team will be conducting onboarding of providers and user training of provider staff.

Pharmacy

Clinical Pharmacy Pilot Program (Ambulatory Care):

- L.A. Care Health Plan's Pharmacy Department created this program to collaborate with our medical groups and contracted providers by directly assisting in the management of chronic conditions (diabetes, hypertension, hyperlipidemia, etc.). The goal of this program is to improve outcomes and reduce the cost of care by assigning an L.A. care clinical pharmacist to select practice sites. The association of improved clinical outcomes such as improvements in glycosylated hemoglobin (HbA1c)

levels and blood pressure levels resulting in lower costs (decreased complications, and decreased ER and inpatient admissions) has been well documented.

- Results from 90 members receiving Clinical Pharmacy services at the Wilmington Community Clinic indicate high member satisfaction, a reduction in no show rates, and improvements in optimizing drug regimens and dosing, adherence. Outcomes include an average A1c reduction of 2.6%. Baseline A1cs ranging from 8.9 to 13.6%.

Comprehensive Medication Management (CMM) – Telephonic Consult:

- As part of our new CMM Telephonic Consult service, an L.A. Care pharmacist will conduct CMM services for CMC members who are eligible for Medication Therapy Management and meet criteria for the Medication Reconciliation Upon Discharge (MRP) HEDIS measure. As part of this program, an L.A. Care pharmacist will complete both a comprehensive medication review (CMR) and medication reconciliation with the member. A summary of the CMR in the form of a medication action plan (MAP) will be mailed to the member, and any clinical recommendations along with member feedback will be faxed to the provider.
- Pharmacy, Quality Performance Management, and Population Health Informatics have collaborated to generate weekly reporting of members discharged from contracted hospitals via the Health Information Exchange platforms, eConnect and Collective Medical Technologies (EDIE-PreManage), in an effort to complete medication reconciliation within the 30-day turnaround time.
- The Pharmacy department is exploring ways to spread this program including increased integration into our transitions of care program and enhanced collaboration with our contracted provider groups.

Safety Net Initiatives

Health Homes Program

The Health Homes Program now has over 8,400 ever-enrolled members, far exceeding the projected enrollment in the program. Enrolled members are served via a network of 33 Community Based Care Management Entities (CB-CMEs). These entities, mostly L.A. Care network providers, provide the required enhanced care management services to their assigned and enrolled members and are responsible to submit “claims” directly to L.A. Care to document and report the care provided. Over 83,000 claims have been submitted to date. An evaluation of the program is being conducted along with a Year 1 Program Report.

Community Clinics Unit

- Collective Medical Technologies – As of June 30, Watts Health Corporation and East Valley Community Health Center are now live and actively using the platform to coordinate effective transitions of care, bringing our total to 9 CB-CMEs.
- Physician Leadership Program – Cohort 4 held their final celebration on Thursday, June 11. On June 29, we released the Request for Qualifications to identify a vendor who can transform our current program by offering leadership services for additional provider types such as NPs, PAs, LCSWs, and Dentists.
- CHW Training Program – On June 16, Loma Linda University Health delivered the evaluation report summarizing cohort two activities (26 CHWs), which demonstrated positive CHW growth in knowledge and skills to enhance service delivery under the Health Homes Program.

Programs Development Unit

- SNI worked with LAHSA and Western Drug to launch an expedited DME process for Project Roomkey, now providing temporary shelter for more than 4,000 Los Angeles County residents at increased risk of COVID-19.
- SNI organized a Countywide Benefits Entitlement Services Team (CBEST) webinar for HHP CB-CMEs. CBEST is an SSI / SSDI enrollment advocacy program for people experiencing homelessness.
- SNI is continuing to work with DHS Housing for Health on launching Housing for Healthy CA, and has identified target permanent supportive housing buildings.



MEMO

Date: 8/18/20

To: Children's Health Consultants Advisory Committee (CHCAC)

Dept: QI Department

From: Quality Improvement Department, Child and Adolescent Workgroup, Keren Mahgerefteh, MPP

Cc: Dr. Parrish, Dr. Kyle, Maria Casias and Bettsy Santana

Re: LA Care QI response to 2020 Children Now Report

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

Background:

- On July 2020 Children Now a nonpartisan, multi-issue research, policy development, and advocacy organization dedicated to promoting children's health and education in California and creating national media policies that support child development released the report on Children's Medi-Cal Managed Care in California Counties: A Landscape. The report focused on children's reliance on Medi-Cal to receive their health care and preventive services yet stated that due to the manner that managed care plans in California are contracted and paid underperforming managed care plans are not incentivized to improve their performance.
- The report emphasized that even though the State sets performance expectations the payment paid to managed care plans are not based on its performance.
- The report indicated that managed care plans success of providing children, the needed services vary widely across the state and even within counties.
- The report recommended that the State pay Medi-Cal health plans based on their performance, specifically based on the degree that the Medi-Cal health plan provide quality care and improve health outcomes for kids.
- Moreover, Children Now recommended that Department of Health Services (DHCS) should restructure Medi-Cal payments for children's services to: guarantee delivery of preventive care and screenings, support care coordination of services, reward plans for children's health outcome improvements and disparity reductions as well as establish meaningful consequences for failure and poor performance.
- Additionally, six health plan performance metrics and four health plan compliance metrics were selected for this report which included data pulled from various sources with date ranges from 2016-2019. The managed care health plans were marked if they hit the high performance level, minimum performance level for each metric and state averages were also provided.

- In regard to the six health plan performance metrics L.A. Care Health Plan was above the minimum performance level in all of the six metrics and exceeded the high performance level for thirteen-year old adolescents receiving all immunizations 2017-2018. L.A. Care is performing higher than Health Net in 3 out of the 6 metrics listed and the same for one of the metrics.

L.A. Care's Response:

- L.A. Care is working on improving care for children through several interventions. It is important to note that managed care health plans conduct interventions such as outreach to members about available services. These interventions are conducted through various methods. L.A. Care conducts paid social media ad campaigns that are targeted to reach members all throughout L.A. County, robo-call campaigns to inform members regarding preventive visits that are needed, member mailers with educational material, member educational events and presentations to our members through The Executive Community Advisory Committee (ECAC) which is an advisory committee to L.A. Care's Board of Governors.
- In 2019, we started promoting and educating our providers on the Bright Futures Periodicity schedule and there are Continuing Medical Education course offered on these topics as part of our continued efforts to improve care. We also have targeted Missing Vaccine(s) reports for providers to provide them with the information needed to see which members are missing vaccines (antigen level data).
- While we conduct interventions we have found that data capture and proper coding are a continuing challenge. Some of the lowest rates in the report are due to administrative data capture. When record review is conducted rates are often much higher. This can be seen through the difference of our administrative rates for measures which do not include chart review versus our hybrid rates which do include chart retrieval.
- Additionally, when a measure is non Healthcare Effectiveness Data and Information Set (HEDIS) and a new measure managed care plans are to start tracking the data and data capture can therefore be incomplete at first. L.A. Care has more recently started to conduct data capture for infants and toddlers under age 3 receiving a developmental screening. As this is a non HEDIS measure and it is the plans first time reporting the data in 2020 the data is therefore incomplete which does not indicate that the screening did not occur but that data capture needs to be enhanced.
- Moreover, another reason that the service is not captured by the managed care plan as having occurred is that oftentimes Medi-Cal members transition to a commercial plan or seek care outside their current help plan making data capture a challenge on many measures. Therefore, it not the that the managed care plan did not provide the service but that that member received care elsewhere.

L.A. Care's Feedback to Report:

- Managed care plans are subject to Performance Improvement Plans (PIP) and sanctions in the case that they perform low.

- With the auto assignment setup managed care plans have an incentive to perform high to be given the auto assignment members.
- Pay for performance (P4P) to providers, is one of many ways plans help providers continue feel encouraged to provide quality care to members.
- Reducing payment to providers that already feel under paid could reduce the number of providers in the system further creating access to care issues for managed care members.
- While it is important for the managed care plan to provide access to all of the services, just because a service is offered does not mean that all members want to use the service. A member not wanting to use the service is a personal choice and while the health plan continues to provide education and share the importance it is still the members right to refuse or not engage in care.

L.A. Care's Recommended Next Steps:

- L.A. Care will work with Children's Health Consultants Advisory Committee (CHCAC) to find appropriate contact at Children's Now.
- L.A. Care will reach out to Children Now to discuss the findings and discuss policy solutions.

Addressing Disparities

James Kyle, MD, MDiv

Medical Director for Quality, L.A. Care Health Plan



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L.A. Care Responds to COVID Health Disparity

- In response to the mounting evidence on the national and local level, L.A. Care leadership moved quickly to address the racial disparity for COVID-19 infections and mortality in LA County.
- We have partnered with The California Endowment, the L.A. County Department of Public Health, the City of Los Angeles and local healthcare leaders.
- We are collecting member data and observing County data.
- Key leaders within L.A. Care have also volunteered to develop a plan to address this challenge.



An Emerging Strategy

- Our Customer Service Center and Community Resource Center Departments made live calls to high-risk Black/African American, Latinx, American Indian/Alaska Native and Native Hawaiian and Pacific Islander members.
- On June 4, we partnered with The California Endowment and the LA County Department of Public Health to host a Covid 19-Disparity Leadership Summit virtually with key community and political leaders to discuss a wider approach to COVID racial disparity.
- Launched radio campaign in collaboration with Communications and Marketing with tailored messages regarding COVID-19 prevention specifically for those disproportionately impact. Started airing on of 7/1/2020 on REAL 92.3 and KOST 103.5.
- Launched zip-code targeted social media campaign for lack/African American, Latinx, American Indian/Alaska Native and Native Hawaiian and Pacific Islander communities focused on prevention, testing, telehealth, mail-in pharmacy and emotional health.



COVID-19 L.A. Care Data

- As of 8/3/2020 L.A. Care data showed:
 - 20,217 total confirmed cases
 - 4,686 members hospitalized
 - 766 reported deaths
 - County wide: 192,480 Cases, with 4,692 reported deaths as of 8/4/2020.
 - Data from a number of L.A. Care sources including HIE, Encounters, Costas Lab Data, QNXT, Compliance Reporting (including Plan Partner, PPG, Internal UM, and CSC)
- We are collaborating with L.A. County Department of Public Health modeling and data sharing as we monitor the spread of COVID-19.



High Risk Demographics

- LA Care has identified 18,276 high risk Latino members (disabled & diabetic)
- LA County Data 8/4/2020 192,480 Confirmed Cases
- Latinos 114 cases/100,000
- African Americans 102 cases/100,000
- Whites 78 cases/100,000
- Asians 73 cases/100,000
- AI/AN 50 cases/100,000

- Based on the data we are expanding our outreach to include the Latino community