AGENDA
Children’s Health Consultant Advisory Committee Meeting
Board of Governors
Tuesday, August 17, 2021, 8:30 a.m.
L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

To join the meeting via videoconference please use the link below:
https://lacare.webex.com/lacare/j.php?MTID=m494f0441625bcb1394f2551f8b2e9d85

To join the meeting via teleconference please dial:
+1-415-655-0002
Meeting Number: 146 263 5978
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 may listen to the committee’s meeting by teleconference or videoconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628-6420.

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the Agenda item to which your comment relates.
Comments received by voicemail, email or text by 8:30 a.m. on August 17, 2021 will be provided in writing to the members of the committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, 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 Agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

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

1. Approve today’s Agenda
2. Public Comment
3. Approve May 18, 2021 Meeting Minutes
4. Chairperson Report
5. Chief Medical Officer Report

Tara Ficek, MPH
Chair

Richard Seidman, MD, MPH
Chief Medical Officer
6. **State Budget Update** P.15

Cherie Compartore, MPA, Senior Director, Government Affairs, Government Affairs

7. **Membership (CHC 100)** P.28

Richard Seidman, MD, MPH

**ADJOURNMENT**

The next meeting is scheduled on September 21, 2021 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 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) 694-1230. 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.
CALL TO ORDER

Stephanie Booth, MD, Committee Chairperson, opened the meeting without a quorum, and a quorum was subsequently reached.

Member Booth called the meeting to order for the L.A. Care Compliance and Quality Committee and the L.A. Care Joint Powers Authority Compliance and Quality Committee at 2:04 p.m.

She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.

APPROVAL OF MEETING AGENDA

The Meeting Agenda was approved as submitted.
<table>
<thead>
<tr>
<th>AGENDA ITEM/ PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC COMMENT</td>
<td>No Public comment was submitted.</td>
<td></td>
</tr>
<tr>
<td>APPROVAL OF MEETING MINUTES</td>
<td>Chairperson Booth stated that there are corrections that needs to made to the meeting minutes. Linda Merkens, Senior Manager, Board Services, asked that she please state the corrections for the record. Chairperson Booth stated that under the Chief Medical Officer report, where it states “CalAIM brings additional funds and services” and “L.A. Care will be better able to meet the needs of its members.” She noted that it does not seem that the State will be providing enough money at this point. She wonders if Dr. Seidman would like to change the wording. Richard Seidman, Chief Medical Officer, responded that it is a matter of interpretation the statement can stand as written from his perspective. The fact that the State is providing an additional set of services, that’s new money. Whether it’s enough is a different question. Chairperson Booth stated that under the Chief Medical Officer report, where it’s reads “people will not be scaled to by the State.” She does not understand what it means. Augustavia J. Haydel, General Counsel, responded that she believes it was a grammatical error and the intent of the sentence was that the State will not be weighing individuals they will instead rely on individuals to self-attest. Chairperson Booth noted that on page 14, under Quality of Care, the fourth bullet point, it should read, “member, provider, vendor, and employees.” The March 18, 2021 meeting minutes were approved with the corrections mentioned above.</td>
<td>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)</td>
</tr>
<tr>
<td>CHAIRPERSON REPORT</td>
<td>Chairperson Booth reported</td>
<td></td>
</tr>
<tr>
<td>CHIEF MEDICAL OFFICER REPORT</td>
<td>Richard Seidman, MD, MPH, Chief Medical Officer, reported the following from his Chief Medical Officer report (a copy of his written report can be obtained from Board Services). <strong>COVID-19 Update</strong> By early May, 2021, there were more than 150 million cases and nearly 3.2 million deaths from COVID-19 worldwide. Following a 6-week decline in cases after the winter surge, a nine-week long increase in global cases has pushed the number of new cases worldwide to the highest weekly average since the beginning of the pandemic. These increases have been driven by the surge in India, accounting for 90% of the cases in Southeast Asia, 46% of cases and 25% of deaths globally.</td>
<td></td>
</tr>
</tbody>
</table>
As vaccination counts continue to rise and increasing cases in hot spots throughout the country declined, the United States has seen a 27% reduction in the 14-day average case rate and a 4% reduction in deaths. California and Los Angeles are seeing a sustained reduction in cases and deaths. Los Angeles County moved into the Yellow Tier of the Blueprint for a Safer Economy on Thursday, May 6 after meeting the thresholds in our adjusted case rate and percent positivity for COVID tests for two weeks in a row.

The Los Angeles County Department of Public Health press release on May 6th declares “Los Angeles County's case rate remains low and stable.” Cases in Los Angeles have dropped from more than 15,000 per day down during the winter surge to less than 300 a day in late April, a 35% reduction since late March. Over the same period of time, hospitalizations dropped 37% and deaths dropped by 87%. L.A. Care has identified over 120,000 cases, 20,000 hospitalizations, and over 4,000 deaths (16% of LA County total) among our members.

The demand for vaccinations has dropped nationwide to 2.1 million per day, down from a peak of over 3 million per day. Los Angeles County experienced a 30% reduction in vaccine administration in the last week of April. Despite these declines, more than 550k L.A. Care members have received at least one vaccine, accounting for more than 10% of the nearly 5 million L.A. County residents vaccinated to date. L.A. Care staff are working closely with the Department of Public Health to identify and confirm populations for targeted outreach to improve vaccination coverage in demographic (65+ for example), geographic (SPAs 1 and 6) and race and ethnic groups (African Americans) where we are seeing lower vaccination rates.

L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine.

Member Hilda Perez asked how many L.A. Care members have been vaccinated. She noted that there was much being done to outreach to members and people in the community. Dr. Seidman asked Member Perez if she would like to know how many L.A. Care members were vaccinated at the vaccine clinics or the total number of members that have been vaccinated. Member Perez asked if she can receive both figures. Dr. Seidman responded 640k L.A. Care members are partially vaccinated. The numbers that are being shared were updated for the meeting today. L.A. Care receives weekly updates.

Member Al Ballesteros thanked Dr. Seidman for his effort. He asked Dr. Seidman what L.A. Care is doing to outreach to members. Dr. Seidman responded that it is a multi-faceted approach to
### AGENDA ITEM / PRESENTER

<table>
<thead>
<tr>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>communication. L.A. Care is using social media, robocalls, live calls, and member newsletters. L.A. Care is trying to use multiple communication channels and several strategies.</td>
<td></td>
</tr>
<tr>
<td>Dr. Seidman noted that there are several billboards across the county and they have received much media coverage. The Communications team has been busy working on that. Certainly at the immunization events, they have had ongoing coverage from the media and they continue to work on those efforts. He noted that there are changes frequently and as guidelines and recommendations change, L.A. Care has been doing its best to work with Public Health officials to be consistent in the messaging. It has been identified that if enough trusted sources of truth say the same message over and over again it helps.</td>
<td></td>
</tr>
<tr>
<td>Member Ballesteros asked Dr. Siedman what his stance is on the delivery system. He asked if it is better or more effective in getting to members. He asked about the community center’s role in this opposed to private providers. He asks because the community health centers have gotten so much capacity from the State and federal government, I know there is access that is not all being used necessarily. His clinics have capacity to take patients that aren’t members to help them get vaccinated and they promote that.</td>
<td></td>
</tr>
<tr>
<td>Dr. Seidman responded that early in the pandemic the community health centers played a critical role in getting vaccines administered to the most vulnerable communities in the county. The addition of the federal direct supply local Department of Public Health. that was prioritizing even when supply was short. They were sure that Federally Qualified Health Centers received as much of the supply as possible. Now that supply outstrips demand in most settings, he doesn’t have a great answer, one of efforts being made is to increase supply to most providers. Excess capacity is a reality.</td>
<td></td>
</tr>
<tr>
<td><strong>Television Education and Dietician Support</strong>&lt;br&gt;Due to the Covid-19 pandemic, the Health Education team of registered dietitians and health educators have been providing over the phone consulting and group appointments have been suspended. Working with the IT security department, the Health Education team is now able to offer both group appointments and individual consulting using both video and audio on following patient education services: diabetes, healthy heart, weight management, asthma, self-care during pregnancy, etc.</td>
<td></td>
</tr>
<tr>
<td>WebEx offers a visual component not available telephonically. This visual component greatly enhances the personalization and effectiveness of the education experience. These include:</td>
<td></td>
</tr>
<tr>
<td>- The ability to show visual cues or written material which can assist hard of hearing members</td>
<td></td>
</tr>
<tr>
<td>- Demonstration food portion sizes which can assist cognitively challenged members</td>
<td></td>
</tr>
<tr>
<td>- Exhibit portion sizes with plate, cup, and measuring spoon demonstrations which can assist members with low health literacy, particularly those with difficulty understanding numbers such as 6oz or 1/3 cup</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM/PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------</td>
</tr>
</tbody>
</table>
|                       | • And the ability to visually demonstrate the correct use of medical devices, such as glucometers during diabetes education.  
• The team plans to measure member satisfaction, participation levels, and education effectiveness using WebEx. | |
|                       | L.A. Care continues its robust COVID-19 communication plan including the COVID-19 resource page on L.A. Care’s website and frequently asked questions (FAQs) document available to our Call Center and Nurse Advice Line vendor staff. These resources are updated frequently, including information to address vaccine hesitancy and information to help them find and schedule appointments for COVID-19 vaccinations. Provider communications efforts have included a QI Webinar focused on vaccine hesitancy and communication tips for talking with patients and a COVID-19 CME event. | |
|                       | **California Advancing and Innovating Medi-Cal (CalAIM)**  
Work is in full swing throughout the organization led by a cross functional team to manage preparation for the implementation of CalAIM deliverables by 1/1/22. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the LA County administered Whole Person Care Program (WPC) into a combined set of benefits called Enhanced Care Management (ECM) and in Lieu of Services (ILOS). L.A. Care is well positioned to meet the Population Health Management (PHM) goals included in CalAIM because the requirements are aligned with the NCQA PHM requirements.  
L.A. Care has provided comments to the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) and continues to work closely with the L.A. County Department of Health Services and the Department of Health Care Services (DHCS) regarding the State’s proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program.  
Member Perez stated that she is proud and honored to be part of this Board and organization. She thanked L.A. Care for listening to the community in regards to the food pantries/security and for being inclusive of members and for the development of the new Equity Council Steering Committee. She noted that these difficult times have challenged us in many different ways. She remembers that she was begging to get additional resources to the RCAC 6 region due to the number of cases in that area and there not being enough emergency rooms, medical supplies, and protective equipment. It is really overwhelming to see the organizations make the commitment, partnership and providing a way for other organization to advocate for vaccines and more testing. She mentioned that the ‘Flu vaccine clinics, COVID-19 vaccine clinics, and food pantries, are opening up more and more. She noted that even the interpreters do their part at the community resource center events to help the community get vaccinated. | |
<table>
<thead>
<tr>
<th>AGENDA ITEM/PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>She also noted that L.A. Care is making great efforts in reaching out to members including using its social media pages to get the message out. She thanked Mr. Baackes for being open to all petitions and requests made by members.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Seidman thanked Member Perez, as you know, and can imagine, your comments and support of our board, comments, means an awful lot to our staff. He appreciates very much her comments, quite a few staff benefit from hearing from her directly. It has been tough year for everyone. Helps to plan for the next efforts. Finally planning back to school events now.</td>
<td></td>
</tr>
<tr>
<td>QI INCENTIVES: PAY-FOR-PERFORMANCE UPDATES</td>
<td>Henock Solomon, <em>Senior Manager, Incentives, Population Health Management</em>, gave an update on L.A. Care’s Quality Incentives: Pay-For-Performance (P4P) Program (A copy of the presentation can be obtained from Board Services.).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- L.A. Care incentives programs are currently all no-risk or “up-side”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The programs promote provider accountability and offer a business case for quality improvement.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Performance measurement and reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Peer-group benchmarking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Value-based revenue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Designed to align the quality improvement goals of Plan Partners, Independent Physician Associations (IPA), clinics and physicians.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Aim to foster systematic process improvements and better care coordination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Reduce variation and promote consistency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accomplishments &amp; Updates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In response to COVID, L.A. Care advanced MY 2019 P4P payments to solo physicians and clinic organizations (Q2 2020)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• MY 2019 Medi-Cal final results and payments (Q4 2020)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- L.A. Care paid the difference to those earning more than the advancement, and not asking for dollars back from those earning less.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Over 900 Physician payments, totaling $12.4 million.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Over 60 Clinic payments, totaling $12.2 million.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Over 50 IPA* payments, totaling $15.9 million.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• MY 2019 L.A. Care Covered (LACC) and Cal MediConnect (CMC) VIIP for IPAs (Completed Jan 2021)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Incentive payments included for LACC.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM/ PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>- Example incentive payments for CMC (payouts to begin MY 2020).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MY 2020 P4P Programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- IPA Final Action Plan results completed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Updated measures and performance targets shared with network.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Reports and payments will be completed Q4 2021.</td>
<td></td>
</tr>
<tr>
<td>IPA Action Plan Results and Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020 Action Plan Submissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Member experience focus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Medi-Cal: 40/48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- LACC: 20/20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- CMC: 15/15</td>
<td></td>
</tr>
<tr>
<td>2019 Action Plan Analysis (18 IPAs requested to complete action plans)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 13 out of 18 IPAs (72%) showed an improvement in their selected Action Plan measure(s):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Healthcare Effectiveness Data and Information Set (HEDIS): 8 out of 8 (100%) IPAs improved</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Utilization Management: 1 out of 1 (100%) IPA improved</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Encounters: 1 out of 3 (33%) IPAs improved</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Member Experience:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ 2 IPAs did not receive CG- Consumer Assessment of Healthcare Providers and Systems (CAHPS) results due to small sample sizes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ 3 out of 4 (75%) IPAs improved</td>
<td></td>
</tr>
<tr>
<td>Chairperson Booth asked that since 2019 there were only 18 IPAs that had issues and needed to submit an action plan. Mr. Solomon confirmed that there were only 18 IPAs that needed to submit an action plan. He noted that the methodology was changed to select the groups that required an action plan in 2020. L.A. Care wanted most groups to submit an action plan related to member experience given that it was a high area of focus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson Booth asked if using these scores would help bring L.A. Care’s overall scores up. Mr. Solomon responded that he believes they do. Everything here will contribute to overall scores. He has seen improvement within these domains.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 Update

After encouraging trends before the run up to the June 15 broad reopening in California, we are now seeing increasing trends worldwide with over 200 million reported cases of COVID-19 and over 4.2 million deaths. With the combination of lagging vaccination numbers and the rapid emergence and spread of the delta variant, COVID-19 numbers are increasing nationwide as well, now reaching over 100,000 cases per day, most notably in the southern states with low vaccination rates. LA County is reporting increased cases, hospitalizations and deaths over the past 4-6 weeks with hospitalizations still at lower rates than during the fall and winter surge, but doubling in the past 2 weeks to over 1,400 per day. Notably, the current surge is impacting adults under 50 at higher rates than other age cohorts, and African Americans at the highest rates compared to other race/ethnic groups. The vast majority of cases are in the unvaccinated and the data continue to demonstrate the safety and efficacy of the COVID-19 vaccines, particularly in preventing serious disease and death.

Among L.A. Care members, there have been over 140,000 cases and 4,200 deaths reported since the beginning of the pandemic. Despite reporting over 950,000 L.A. Care members having received at least one dose, vaccination rates among our members are below Countywide rates, consistent with what other Local Initiative Health Plans are reporting across the state. The Department of Health Care Services (DHCS) announced a new program requiring Plans to submit a COVID-19 response plan and funding for member incentives to further encourage our members to get vaccinated. We are still learning the details of this just-announced program and will keep the Board informed.

COVID-19 outreach efforts to date include the development of a robust communication plan and social media campaign. We have mobilized our care teams and Community Health Workers (CHWs), made live calls and robocalls to targeted member cohorts, shared information about the safety and efficacy of the vaccines, and information encouraging members to get vaccinated will be included in our annual member mailing. We have also participated in many media requests and produced a series of L.A. Care Medical Director videos to address COVID-19 vaccination. Our Communications department, in collaboration with Inland Empire Health Plan, developed a bilingual COVID-19 vaccination television and radio public service announcement campaign that will air during August. The campaign stars well-known Hispanic actor Jaime Camil. L.A. Care Communications also launched a separate celebrity COVID-19 vaccine billboard campaign in collaboration with the Leonard Nimoy Family Foundation and featuring the late Star Trek actor. L.A. Care is also collaborating with the Los Angeles County Department of Public Health (LAC DPH) and the California Medical Association (CMA) to further expand the network of COVID-19 vaccine providers.
California Advancing & Innovating Medi-Cal (CalAIM)

- Our Safety Net Initiatives (SNI) department is working on the Enhanced Care Management (ECM)/In Lieu of Services (ILOS) Model of Care (MOC) development to be submitted to DHCS by September 1, 2021 that outlines how L.A. Care and Plan Partners will transition existing members being served by Whole Person Care (WPC)-LA and the Health Homes Program over to CalAIM. These detailed questions cover provider capacity, managed care plan systems and processes, contracting and ensuring equitable access to services.

- Staff across the organization are working to develop foundational systems to administer the various new benefits coming into the Plan including ECM/ILOS, the new major organ transplant program being transitioned from the State to the Plans, and the new population health management requirements effective in January 2023.

Population Health Management (PHM)

- The PHM team is working on the 2021 PHM Program Description to guide our quality improvement efforts throughout the year across the continuum of care needs of our members.

- The PHM team submitted all documents for the baseline evidence for the National Commission on Quality Assurance (NCQA) PHM requirements for initial review of the 2023 accreditation process and is addressing feedback from the consultants as it is received.

- DHCS plans to contract with a vendor to provide a PHM platform. We will need to learn more about the details on what the State is planning and how this would impact Health Plans with data platforms who are already pulling data for the population, segmentation and stratification of members.

- The PHM team is co-facilitating the Inpatient Workgroup which is working to improve oversight and management of inpatient utilization and to mitigate risks to patient care. Currently talking with Participating Provider Groups (PPGs) about HIE platforms being used and how to best connect them.

National Committee for Quality Assurance (NCQA)

- While the full accreditation cycle is a 3-year cycle, accreditation compliance requires constant monitoring throughout the entire cycle. We are in the process of completing our baseline assessment of compliance now that we are in Year 1 of the look back period which we will be accountable for during our next triennial accreditation survey in 2023.

- NCQA has announced that it is moving from their current Multicultural Health Distinction (MCH) recognition of Health Plans to a new Health Equity Accreditation offering. L.A. Care provided input during the public comment period for the new program and will retain our current MCH Distinction until 2024 at which time we plan to undergo a survey under the new Health Equity standards. The primary differences between the two programs are the addition of standards addressing organizational readiness, the inclusion of sexual orientation and gender identity (SOGI) data, and a requirement to report HEDIS results stratified by race and ethnicity.

Quality and Equity

- Dr. James Kyle, L.A. Care’s Medical Director for Quality, Diversity, Equity and Inclusion and team conducted an Equity Strategic Planning retreat and completed an initial SWOT analysis to identify opportunities to ensure that equity, diversity and inclusion are considered in all of our work at L.A. Care.

- Co-Chaired Inaugural Strategic Partnership meeting to amplify LA vs. Hate program.

- L.A. Care is participating in the Institute of Medicaid Innovation (IMI) National Grant for State Learning Collaborative on Improving Birth Outcomes using Midwives
Dr. Seidman, Dr. Kyle and Dr. Parrish are responding to multiple media requests to address vaccine hesitancy and the need to continue doing more to promote COVID-19 vaccination among those not yet vaccinated. Dr. Kyle participated in a community panel discussion on vaccine hesitancy.

Discussions at L.A. Care’s Technical Advisory Committee (TAC) and with Community Clinics Association of Los Angeles County (CCALAC) to explore opportunities to address underlying issues including structural racism, to better understand their contribution to and opportunities to address social determinants of health (SDOH) and health outcomes.

Dr. Seidman is on the Integrated Healthcare Association Board with a broad cross sector group of stakeholders which has added Health Equity to their agenda. Dr. Seidman and Dr. Kyle are on the IHA Equity Committee that will hold its first meeting in September. Dr. Seidman is also on the Executive Committee of the Board of the California Quality Collaborative, the quality improvement organization led by the Purchasers Business Group on Health which is also committed to collaborating with other organizations to push an equity agenda with broad support.

Dr. Kyle and team met with Vincent Holmes, Principal Analyst for the County CEO Service Integration Branch, Dr. Scorza, Executive Director of Racial Equity for Los Angeles County, and Derek Steele, ED for Social Justice Learning Institute to begin planning for a partnership to support minority youth diversion programs aimed at high school aged young people.

L.A. Care’s Member Equity Council heard a presentation from our Behavioral Health department on LGBTQ+ Cultural Competency and Health Equity. Overall, the Member Equity Council is on track to meet its goals including:

- Ensure effective member input
- Focus on social determinants of health (housing, food security)
- Establish and build community partnerships

Consumer Health Equity Council (CHEC) meeting to occur on July 22. Members will provide feedback on telehealth services at L.A. Care. Operations and QPM will provide an overview of services and data and lead a discussion on member experience with telehealth. This activity meets Member Equity Council’s Component 1 metric, Member Voice.

L.A. Care creating a Provider Equity Recognition Award to be rolled out in 2021. Components include disparities focused around Healthcare Effectiveness Data and Information Set (HEDIS) metrics, and SDOH with a focus on food security.

Ongoing efforts in creating a Medical Legal Partnership at L.A. Care with local law schools focused around eviction and tenant rights. Currently drafting a revised plan for a post-pandemic environment.

Currently analyzing Appeals & Grievances and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data with a health equity lens to see if data illuminates any disparity trends. (In line with department goals)

**Quality Improvement-Initiatives**

In our ongoing efforts to improve member experience (CAHPS) and quality performance (HEDIS) scores, the following are examples of some of the work we are doing to improve our outcomes and scores:

- In response to the increased focus on lead screening from the State Legislature and DHCS, reports of assigned members due for screening are now going out to providers to inform their outreach efforts.
- Health Education’s initiatives involving identifying members with diabetes and high-risk pregnancies are being refined and reports are being generated on a monthly basis.
- In addition to the technical assistance and practice coaching offered by our internal Transform L.A. team, provider coaching will be offered to low-performing Direct Network providers through a contracted vendor to offer a resource to help them improve patient-provider communication and establish a culture of patient-centered care and exceptional service.
• Healthy Baby Brochures will go out to ages 0 to 6 months on a monthly basis to inform parents of the benefits of regular well child visits and routine childhood immunizations.

• A memo informing providers that no prior authorizations are required for obstetrical care, breast cancer screenings and cervical cancer screenings

Stars and Quality Strategy
• Work is underway to build the infrastructure, systems and processes to achieve a 4 Star rating for the D-SNP product we will be implementing in January 2023. Member experience which includes member touchpoints as they receive care and service from their Plan, provider groups, and from our contracted provider network, contributes a significant amount to our overall rating and will require the strategic focus of the entire organization.

• Inpatient Workgroup: Both Anthem Blue Cross and Blue Shield Promise expressed interest in joining the plan quality collaborative to oversee and monitor network hospital quality and safety. Molina, Health Net and L.A. Care have initiated discussions on establishing a collaborative that includes standardizing metrics, scorecards, and incentives to increase the focus on efforts to improve inpatient quality and safety.

Pharmacy Update
The pharmacy team continues to develop and expand the Comprehensive Medication Management Program in affiliation with the USC School of Pharmacy which has been funded by the California Right Meds Collaborative. The program provides technical assistance and support to practices to identify and better manage members with poorly controlled diabetes, and has shown promising results in improving outcomes and reducing disparities in measures such as glycosylated hemoglobin (HgbA1c) and blood pressure. The Clinical Pharmacy Program continues to provide an L.A. Care Pharmacist to partner with three different FQHCs to date to manage members with Diabetes assigned to these clinics, with notable reductions in A1c levels. Both programs include academic detailing to build capacity within our network to improve care and outcomes.

Medication Adherence – Comprehensive Adherence Solutions Program (CASP)
As we prepare for the DSNP transition, the pharmacy team is prepared to launch a comprehensive medication adherence outreach program. Intern pharmacists and a staff clinical pharmacist will be outreaching to non-adherent or at-risk members to offer mail order service, 90-day prescription conversion, and medication education to overcome any potential hurdle members may be facing to become adherent.

• Outreach started June 14, 2021, and below is the current status as of July 19, 2021:
  o Total attempts: 130
  o Total successful calls: 49
  o Total interventions: 102, including patient education, 90-day supply conversion, mail order referral, medication synchronization, vaccine education, and medication therapy management (MTM) program referral.

• We are working with CSC to restart and revamp IVR medication refill reminder calls later this year. This call campaign was on pause in mid-2020 as a result of Telephone Consumer Protection Act (TCPA) guidance. We are also adding medication adherence and mail order pharmacy advertisement as part of the on-hold message for general phone queues for all LOBs.

• L.A. Care pharmacists provided a pharmacy in-service presentation to Community Resources Center (CRC)/Family Resource Center (FRC) staff on July 13, 2021 and July 15, 2021 to educate member-
facing staff of our pharmacy services, such as our free mail order pharmacy program and how to look up our formularies.

- In an effort to promote our mail order pharmacy service and medication adherence, the pharmacy team added a message about mail order on both lacare.org and calmediconnectla.org home page carousels.

**Transitions of Care Program (TCP)**

As of July 12, 2021, there are 61 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 chronic disease state management (see above). Thus far, three TCP members have been identified as eligible for CRMC, and one TCP member has been enrolled into the CRMC program.

**Medication Therapy Management (MTM)**

As a result of the findings from the SDoH survey implemented by MedWiseRx (formerly SinfoniaRx), we have also successfully referred 63 members to Social Services to address potential SDoH-related needs and concerns.

Starting January 1, 2022, Medication Therapy Management (MTM) services will be provided by our Pharmacy Benefit Manager, Navitus. With Navitus performing MTM for L.A. Care members, we will be able to leverage the member’s familiarity with Navitus to streamline communications in hopes of improving the MTM completion rate, optimizing D-SNP readiness, and addressing more gaps in care.
L.A. Care Health Plan

2021-22 State Budget

August 17, 2021
**Budget**

*Children and Youth Behavioral Health Initiative*

Multi-Year Investment

TOTAL: $4.4 billion over five years

- Primarily funded through federal funds available through the American Rescue Plan Act (ARPA).
- 14 discrete programs or services funded through the Initiative.
- New programs or services to be implemented in Medi-Cal managed care:
  - Student Behavioral Health Incentive Program
  - Dyadic care
  - School-based behavioral health services fee schedule
  - School partnership infrastructure and capacity grants*
  - Evidence-based behavioral health program grants*

*Multiple entities, including plans, are eligible to apply for and receive grant funding for school partnership infrastructure and capacity and EBP BH programs.*
Budget

Postpartum Eligibility
• Expands eligibility from 60 days to 12 months for postpartum individuals.
• Effective 04/01/22.
• In effect for up to five years, consistent with ARPA.
• Reference WIC Section 15840.

Medi-Cal Doula Benefit
• Adds a Doula benefit to Medi-Cal program, effective 1/1/22. No other detail provided.
• SB 65 policy bill currently in legislature with more detail.
  - Includes at least 4 appointments during the prenatal period, continuous support during labor and delivery, and at least 8 appointments during postpartum.
  - Effective 7/1/23.
Budget

Medi-Cal Expansion

• Expands full-scope Medi-Cal to adults ages 50 and over regardless of immigration status.
• Implementation no sooner than 05/01/22.
• Reference WIC Section 14007.8.

Elimination of Medi-Cal Asset Test

• Eliminates the Medi-Cal assets test, so that seniors, and individuals with disabilities, with assets of more than $2,000 do not lose or are not denied Medi-Cal coverage.
• Implementation no sooner than 07/01/22.
• Reference WIC Section 14005.62.
Budget

Optional Benefits

- Permanently eliminates the suspension of optional benefits, including:
  - Audiology and speech therapy
  - Incontinence creams and washes
  - Optician and optical lab services
  - Podiatric services
- Reference WIC Section 14131.10.

Continuous Glucose Monitors

- Adds continuous glucose monitors as a Medi-Cal covered benefit for beneficiaries with Type 1 diabetes.
  - Effective 01/02/22.
  - No trailer bill language.
Budget

Over the Counter Medications

• Reinstates adult over the counter cough/cold and acetaminophen in Medi-Cal program.
• Effective 07/01/21.
• Reference WIC Section 14132.

Whole Genome Sequencing

• Adds whole genome sequencing as a Medi-Cal benefit for infants one year of age or younger receiving inpatient hospital services in an intensive care unit.
• Effective no sooner than 01/01/22.
• Reference WIC Section 14132.
Budget

Telehealth

• Extends all telehealth PHE flexibilities through 12/31/22.
• Requires DHCS to convene a stakeholder workgroup on billing and UM policies to inform the 2022-23 State Budget.
• Specifies stakeholders for this workgroup, including Medi-Cal managed care plans.
• Adds remote patient monitoring as a Medi-Cal covered modality for services deemed appropriate.
• Reference WIC Section 14124.12.

Proposition 56

• Permanent elimination of the Proposition 56 suspensions that would otherwise have been effective on 7/1/21 for most Proposition 56 supplemental payments.
Budget

**DMHC Quality and Equity Standards**

- DMHC to establish quality measures and equity benchmark standards, including enforcement actions for non-compliance.
- Requires coordination and collaboration with DHCS for Medi-Cal managed care plans.
- Reference HSC Sections 1399.870.and 1399.871.

**Medi-Cal Pharmacy Carve-Out**

- Carves out the prescription drug benefit from managed care into fee-for-service.
- Implementation date of 1/1/22.
Budget

Community Health Workers
- Adds community health workers as a Medi-Cal allowable provider type.
- Effective 01/01/22.
- No trailer bill language.

Covered California $1 Premium Subsidy Program
- Fund the $1 per month premium required for the cost of providing abortion services, for which federal funding is prohibited.
- Covers subsidies authorized for the 2022 coverage year.
QUESTIONS
Budget

DMHC Quality and Equity Standards

- DMHC to establish quality measures and equity benchmark standards, including enforcement actions for non-compliance.
- Requires coordination and collaboration with DHCS for Medi-Cal managed care plans.
- Reference HSC Sections 1399.870 and 1399.871.

Medi-Cal Pharmacy Carve-Out

- Carves out the prescription drug benefit from managed care into fee-for-service.
- Implementation date of 1/1/22.
Budget

Community Health Workers
• Adds community health workers as a Medi-Cal allowable provider type.
• Effective 01/01/22.
• No trailer bill language.

Covered California $1 Premium Subsidy Program
• Fund the $1 per month premium required for the cost of providing abortion services, for which federal funding is prohibited.
• Covers subsidies authorized for the 2022 coverage year.
QUESTIONS
Date: August 19, 2021

Committee: 

Chairperson: Tara Ficke, MPH

Issue: Approval of CHCAC member

Background:

Member Impact: None

Budget Impact: None

Motion: To approve the following nominees as members of the Children’s Health Consultant Advisory Committee (CHCAC), effective September 2, 2021:

- Children Now, for the seat representing a maternal and child health advocate.