

BOARD OF GOVERNORS

Provider Relations Advisory Committee

Meeting Minutes – November 20, 2024

1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

George Greene, Esq., *Chairperson*
 Richard Ayoub **
 Stephanie Booth, MD
 Hector Flores, MD **
 Monica Gutierrez-McCarthy *
 Alice Kou, MD *
 Sabra Matovsky
 Ashkan Moazzez, MD, MPH, FACS, CHCQM

Zahra Movaghar
 John Raffoul
 Amanda Ruiz, MD *
 David Silver, MD
 David Topper
 Michelle Tyson, MD **
 Haig Youredjian

**Absent ** Via Teleconference*

Management/Staff

John Baackes, *Chief Executive Officer*
 Augustavia Haydel, Esq., *General Counsel*
 Sameer Amin, MD, *Chief Medical Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Sabra Matovsky, <i>Committee Vice Chairperson</i> , welcomed everyone and called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:37 A.M. The meetings were held simultaneously. Ms. Matovsky described the process for public comment. <i>(Committee Chairperson George Greene joined the meeting.)</i>	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 10 AYES (Ayoub, Booth, Flores, Greene, Matovsky, Moazzez, Movaghar, Silver, Tyson and Youredjian)
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES	The August 21, 2024 meeting minutes were approved as submitted.	Approved unanimously by roll call. 10 AYES

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	<p>Chairperson Greene thanked Ms. Matovsky for calling the meeting to order. He wished everyone a happy holiday season and hoped that everybody will have an opportunity to spend time with family and friends.</p> <p>Chairperson Greene congratulated retiring CEO, John Baackes and thanked him for his service. He commended Mr. Baackes for creating the Provider Relations Advisory Committee, a forum for L.A. Care providers to have conversations on how to efficiently work collaboratively to serve L.A. Care members. He thinks there has been more transparency and conversation, and there have been improvements in L.A. Care's operations by engaging with providers. Chairperson Greene hoped that this sets the stage for Mr. Baackes' successor to continue this committee and its work. As this committee continues its mission and is successful, it will result in better care for L.A. Care members.</p>	
CHIEF EXECUTIVE OFFICER'S REPORT	<p>Mr. Baackes commented on the results of the recent election. Proposition 35 was approved in California with 67 % of the vote, an affirmation that the public understands the important role that Medi-Cal plays for the beneficiaries and the communities. He hoped that the additional funding will begin next year. It will go up in increments, estimated to be about \$2.6 billion in 2025, \$3.2 billion in 2026 and over \$4 billion in 2027. Other good news is that it showed that a coalition of like-minded folks with a common goal can accomplish things from the ground up. Mr. Baackes was pleased that L.A. Care started the coalition in June 2022.</p> <p>The industry faces an uncertain future and many challenges with the new federal administration, which was not particularly friendly to Medicaid and the Affordable Care Act. He added that he regrets announcing his retirement a year ago, because he likes a good righteous fight, and would rather be leading the charge than watching from the sidelines. He will find a way to participate, because he thinks there will be a lot to do in the next few years.</p> <p>Mr. Baackes reported that L.A. Care is in great financial shape. L.A. Care had two consecutive stellar financial performance years as a public health plan, which is important because L.A. Care's reserves are in a healthy position. Rates to begin January 1, 2025 are expected to be finalized in December, with very small incremental increases. In some rate categories there will be decreases. L.A. Care's healthy reserve level will enable it to honor all of its obligations. Mr. Baackes assured the committee that there will be no change in L.A. Care's strong financial relationship with providers.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The new administration previously projected it wanted to impose work requirements for Medicaid beneficiaries and block grants to fund Medicaid, and L.A. Care’s reserves are going to be more important than ever.</p> <p>Geoffrey Paul Vitrano, <i>Lead Executive Owner Innovation & Implementation</i>, will preview L.A. Care’s provider portal. Mr. Baackes was glad to be ending on a high note, with the development of this provider portal.</p> <p>Chairperson Greene asked if California Department of Health Care Services (DHCS) offered any justification for the minimal rates for health plans and decreases for the provider community in terms of specialty costs this past year and the year prior.</p> <p>Mr. Baackes responded that DHCS claims it is due to acuity. In 2020 fiscal year through 2023, there were three claw backs for rates in the prior year. Even with those claw backs, L.A. Care was able to have good financial performance. DHCS clawed back \$280,000 from 2023 rates, claiming that the acuity of the members was lower than was built into the health plan rates in 2023. Due to the elimination of Medi-Cal eligibility redetermination during those years, L.A. Care was continuing enrollment for all.</p> <p>The State made three retroactive acuity adjustments. Because of lower acuity, according to DHCS, the rates will reflect that in the next year. The health plans have all pushed back on DHCS immediately taking back funding because of an acuity error on their part. L.A. Care has advocated that acuity should be for the remaining members, and acuity is higher. The normal way for DHCS to reflect that in the rates is to wait three years and look back, and then adjust rates going forward. L.A. Care has told DHCS to use current data. L.A. Care met with DHCS representatives. They will go review data more current than a three year look back. L.A. Care and the health plan trade associations, Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP), are pushing very hard.</p> <p>Committee Member Richard Ayoub asked about L.A. Care reserves and how long it could last. Mr. Baackes responded that L.A. Care’s reserves are about \$1.5 billion. In normal operations that is 90 days of operations. This is not significant level of reserves because there have been times when DHCS has delayed payment. L.A. Care has always agreed to do so because the reserves allow the plan to continue operations.</p> <p>L.A. Care has pointed out to Michelle Baass, DHCS Director, that some safety net hospitals get half of their funding through L.A. Care’s reimbursement for services performed for members, and the other half comes from directed payments based on arcane actuarial</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>processes. The directed payment is made twice a year, and the providers call L.A. Care to ask for an advance payment when needed. Mr. Baackes also pointed out to Director Baass that it has become an annual event for L.A. Care to advance payment three or four months ahead of the State’s directed payments to safety net hospitals. After a month or two, the hospitals are asking to get an advance on the next one, with L.A. Care acting as a de facto bank. Mr. Baackes pointed out to the DHCS Director, that L.A. Care is lousy banker because L.A. Care does not charge interest. L.A. Care is losing money. A part of L.A. Care’s success is that half of its revenue comes from investment income. When L.A. Care makes an advance to a provider, it loses some interest income. L.A. Care used to get paid by DHCS at the beginning of the month, but now DHCS asks for a delay and L.A. Care gets paid at the end of the month. This is usual practice in most States. The reserves allow L.A. Care to operate successfully and it all balances out at some point.</p>	
COMMITTEE ISSUES		
<p>L.A. Care’s Provider Portal Preview</p>	<p>Mr. Baackes introduced Mr. Vitrano, who has been at L.A. Care for almost ten years. Three staff in L.A. Care followed him from Philadelphia who had worked with him at AmeriHealth Caritas: Mr. Vitrano, Noah Paley, <i>Chief of Staff</i>, and Acacia Reed, <i>Chief Operating Officer</i>. Mr. Vitrano was in charge of customer service at AmeriHealth. He has been a wonderful asset and has been really critical in a lot of the technological innovations in L.A. Care’s customer service function and other operations. Mr. Vitrano thanked Mr. Baackes.</p> <p>Mr. Vitrano provided a demonstration of the functions and features of the first release of L.A. Care’s provider portal scheduled to be launched at the end of December 2024. The portal is targeted for users to check real time eligibility, authorizations and status of claims submitted. The portal provides functionality and features according to the provider type. For a service provider or a prescribing provider, it will automatically go to a profile to view functions is available. Notice of action letters associated with the authorizations will be attached online. Users can view all the information available.</p> <p>Mr. Vitrano talked about coverage. With L.A. Care’s delegated model it can be difficult to correctly direct authorizations. In the benefit query of this portal, users can select a benefit, such as community support, inpatient/outpatient, anything that would have either financial or the authorization responsibility. A benefit query will provide brief information of the actual benefit detail for allowed limits, benefit year, prior authorization if required, and any member co-pay responsibility.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care has added a document application system for submitting authorizations, the prescription, doctor's notes. Providers will be informed about requirements to provide a DME certification. When an authorization is entered into the system, it will be sent to the team that reviews authorizations. Anything done in the portal by the user creates a transaction record, and the user is informed about eligibility and movement of members. L.A. Care has the ability to send bulk secure messages to providers or to individual users. The portal will show up to one hundred most recent authorizations with the status.</p> <p>The portal was not created to replace Payspan and provider remittance advice. It will allow the user to easily find the check number for paid claims. Information about L.A. Care's compliance delegated oversight and audits is going to be available. It will create efficiency for L.A. Care staff and providers. Mr. Vitrano noted that webinars on how to use the portal will be available.</p> <p>In response to a question if it will be the same for claims processes, Mr. Vitrano responded that L.A. Care encountered issues with claims that need attachments or invoice, and current processes will continue.</p> <p>Mr. Vitrano was asked if it will populate with names, and he noted that a user can search for a provider available in that network. L.A. Care is not responsible for selecting the provider. Each user will only be able to see information for their account. For example, Call the Car (CTC) does not need to see authorizations for other providers.</p> <p>Michelle A. Tyson, M.D. noted CTC will use this portal for authorizations, eligibility, and resubmission of disputes. CTC would like more detailed information. Mr. Vitrano noted that CTC is high on the list of L.A. Care's trusted providers and will arrange a meeting.</p> <p>Mr. Vitrano noted that as the provider portal rolls out, it will be new for all users. L.A. Care will release a basic version. Demonstrations have been done with a few providers. L.A. Care will provide training for users.</p> <p>Chairperson Greene congratulated and thanked L.A. Care, noting that this is continued progress. He volunteered his association to help with training or webinars to offer to their collaborators and partners. HASC does a very good job of getting in touch with all the hospitals in Los Angeles County and can help send out invitations to the appropriate people.</p> <p>Chairperson Greene asked how much data will be loaded when the portal is launched or will it be on a go forward basis. Mr. Vitrano noted that Tom MacDougall, <i>Chief Technology and</i></p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Information Officer</i>, and Mr. Baackes are the masterminds of this project, along with many staff members at L.A. Care. Past data will be available and searchable but will not have the same look as current data. The next phase will include the SAR level data which is the more detailed.</p> <p>Dr. Tyson asked if a provider would have the ability to know whether or not the member had transportation and were on their way with transportation to a dialysis appointment or physician appointment. Mr. Vitrano noted that if the authorization was submitted by the provider, they will see the authorization. They will not see the claim unless it reports up to them. A PPG will be able to see that transportation was done for the member. It's all about permissions and hierarchy. Dr. Tyson noted that CTC is sensitive to the fact that transportation is a costly benefit. CTC is also sensitive to the fact that utilization has gone up. She asked if CTC could see in real time that CTC is taking the member to a covered location, for example, a pharmacy. Mr. Vitrano responded that the pharmacy claims will not be in this launch. Mr. Vitrano reiterated that reauthorizations are not the same as an initial authorization. Members who are on recurring supplies or service would need a reauthorization periodically.</p> <p>In response about a member in the direct network moving to a PPG, Mr. Vitrano responded that would be a transfer, and the new provider would have historical information. That is part of what L.A. Care is trying to do because members move around.</p>	
<p>Participating Physician Group (PPG) Scorecard and Internal Performance Metrics</p>	<p>Acacia Reed, <i>Chief Operating Officer</i>, presented the Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. <i>(Please contact Board Services for a copy of the presentation.)</i></p> <p>Priti Goleccha, MD, <i>Senior Medical Director, Care Delivery</i>, presented the MCLA Authorization Processing Timeliness. Timely processing is above the target, close to 99% throughout the months. Inpatient hospital admission PTMPM increased. L.A. Care looked at some of the data to figure out what might be causing this. Some of that could be the behaviors going back to pre-COVID era. Going forward, L.A. Care will have more data to show at future meeting to show comparison of utilization patterns pre-COVID, how COVID affected it, if L.A. Care is going to see a new normal, or something else might be causing the spike.</p> <p>Dr. Goleccha presented the comparison of Provider Participating Groups (PPGs) and L.A. Care's provider network. The confidence intervals for the largest PPG with the higher membership is smaller vs the PPGs with lower membership is larger. Medical Management is talking to the consistent outliers for this metric and working with them to figure out what</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>might be causing the spike. Staff is also working with them to create initiatives with members perspective to decrease those numbers.</p> <p>Dr. Goleccha talked about MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG. Compared to last year, it is consistently lower. There are some seasonal trends which were also there in the previous years but are consistently lower. Staff is working on the transition scale of care initiatives to keep the low readmission and consistently bring it down further.</p> <p>Comparisons of PPGs and the outliers, staff is working with the PPGs to understand what might be causing this: is this a particular disease condition, a particular zip code. Staff is working with them to create initiatives to bring that down.</p> <p>The utilization PTMPM is seeing a very similar picture. Staff is wondering about this new normal and the impact comparing to pre-COVID era to see if is this something which might be actually going up because patients are not afraid. Staff will have more data on this next year as well but have not seen any particular disease condition or particular ICD tense which might be causing this higher intake compared to last year.</p> <p>Dr. Goleccha presented the MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM data. There was the expected spike between November to December that is seasonal. It was slowly going down and it would be staying up a little bit during this month toward spring like last year.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, presented the data for CalAIM Community Support Services. L.A. Care is continuously working with PPGs with L.A. Care members to get more eligible members using these benefits. The assumption is when they are using these services, their adverse utilization and disease progression would help because L.A. Care is working on their social determinants of health (SODH) which might be affecting their health.</p> <p>Enhanced Care Management (ECM) is another benefit under the CalAIM. L.A. Care is tracking members quarterly who are enrolled in ECM to make sure more members are enrolled. Enrollment is slightly going up from the 4th quarter of 2023. As they get lower risk, they might come out of the ECM category, that is why the up and down trend.</p> <p>Noah Paley, <i>Chief of Staff</i>, presented the performance data of Call The Car (CTC). With the assistance of Dr. Tyson and her team, rigorous monitoring of CTC's performance through October is ongoing. In six of the eight service level categories, CTC is performing above the</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>applicable metrics. L.A. Care is working on onboarding a transportation vendor to supplement CTC's performance in the categories of hospital transfers and discharges. CTC's performance on these two categories has substantially improved and are still at 98% since the implementation of the corrective action plans last year. They have increased from the high 80s, to low 90s, to 98 %. Onboarding an additional transportation vendor would help in those areas to bring them up to 100%. Mr. Paley asked Dr. Tyson if she has anything else to add regarding the collaboration with L.A. Care on onboarding a supplemental transportation vendor.</p> <p>Dr. Tyson thanked Mr. Paley and noted that it has been a collaborative effort with everybody over here, especially with the two SLAs that were at a 100%. CTC endeavored to move these patients out of the hospitals because the complaints are high. CTC has spent a lot of time educating them to know what that the time frame is. The supplemental transportation vendor that L.A. Care is arranging will be something that CTC can outpost at these particular hospitals where CTC has the most difficulty. Dr. Tyson added CTC can actually achieve a 100%.</p> <p>Chairperson Greene thanked Dr. Tyson and Mr. Paley. He expressed his appreciation because when this challenge was brought to L.A. Care and to this committee, there was not a pushback. There was a commitment to engaging to work collaboratively to find solutions and to improve. The data shared demonstrated improvement.</p> <p>Chairperson Greene informed that he just sent a message to the team at Hospital Association of Southern California (HASC). He has not heard directly from any of HASC members as of late regarding CTC and transportation issues. He expressed his appreciation and commitment to try to work on this important issue because this transport issue with these members is very important. It sounds like CTC is on a path to hopefully achieve as close to 100%.</p> <p>Suma Simcoe, <i>Deputy Chief Operating Officer</i>, talked about Claims Operations metrics. Claims processing has improved. Timeliness and accuracy are moving in the right direction. The automation rate and electronic claim submission rate has also improved. Interest payment is going down. This is an indication that L.A. Care is paying claims correctly first time. The increase in interest payment in July was related to settlements.</p> <p>Claims payment timeliness is showing significant progress, for the most part we are processing 95% of the claims within 30 days calendar days and 99% of the claims within 90 days. L.A. Care receives a lot of duplicate Claims because of the implementation of COBA</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>claims. Medicare send us the claims and then the providers also submit the same claims. Most of the claims from Medicare are from out of network providers. These providers are not in L.A. Care’s system and therefore we must deny these claims with a request to provide w-9 so that we can setup the providers in our system and pay the claims. The benefit denials are related to D-SNP claims where we need primary EOB to process the secondary claims. L.A. Care is working with its CRM team on additional provider education opportunities e.g., missing modifiers etc. This will further reduce the denial percentage.</p> <p>For Provider Dispute Resolution (PDR) performance, nothing is standing out except that the upheld rate went down a little bit due to retroactive COVID-19, CTC, and other PDRs that were processed during this quarter. Staff is working towards improving the ‘upheld’ rate. One of the reasons for PDR overturn is prior authorization timing. Sometimes the prior auth is not available when we process the original claims. When the providers submit the paper authorization along with PDR, L.A. Care overturns the denial and pay the claim. We are working on improving the prior auth process by loading the auths directly into the Claims payment system. We are also working on improving the average turnaround time on the PDRs.</p> <p>Chairperson Greene requested for data on the average length of members enrollment in ECM, how long do they stay in the program.</p> <p>Dr. Amin noted that L.A. Care should be able to get that information. He added one of dilemmas with DHCS is that they keep saying, “well, people will graduate, and we know hat many of these people should never graduate because they are going to need this level of care for the rest of their lives.” He was very concerned that if DHCS may come back at some point and ding L.A. Care in some way because L.A. Care is keeping members in ECM longer than their actuaries deem appropriate.</p> <p>L.A. Care is very concerned that DHCS is averaging the rate for people that are in long term care with people who are eligible for long term care but still being cared for in the community. That blended rate waters down the amount of money L.A. Care gets. The reason they are doing this rationale is that they wanted to incent the plans to move people out of long-term care. Once somebody is in custodial care after 90 days, it is very difficult - you cannot move them out. In the minds of the actuaries and the regulators, L.A. Care and providers have to consistently give them the data to show that is not going happen and, do not do your pricing methodology around that because it does not match the reality. It</p>	


APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>becomes academic exercise as a policymaker. I do not understand how it would actually incent plans to move people out to the community because they will recalculate the rates based on more people in the community.</p>	
<p>OPEN FORUM</p>	<p>Chairperson Greene asked for comments from the staff and topics of interest that the committee would like to bring back for discussion.</p> <p>Dr. Tyson is interested in the Committee continuing its trajectory for next year, and what the PRAC will be looking at focusing on going forward.</p> <p>Chairperson Greene asked about the point staff person for the PRAC. He added that if Committee members have thoughts about the work of the PRAC or agenda items that could be built into a work plan for next year. He made a commitment to working with staff to develop initial thoughts on a work plan for next year. Chairperson Greene noted that if the Committee members have thoughts on issues or research for the staff to review with this committee for discussion in 2025, to please email him and Dr. Amin.</p> <p>Committee Member Hector Flores thanked everyone for a great meeting. His topic for the future is the managed care organization (MCO) tax, if there will be legislation and maybe hearings, and a stakeholder advisory committee. There are gubernatorial and legislative appointments, and the PRAC could consider nominating Los Angeles County participants at that level to set guidelines. He noted that prior to the national election the Centers for Medicaid and Medicare Services (CMS) was concerned about disparity between payments by Medi-Cal health plans versus non Medi-Cal health plans. That is something that the new administration might want to explore. Committee Member Flores thinks it would be useful for PRAC to hear those perspectives. A separate issue is the Office of Health Care Affordability (OHCA) and cost targets, as to how local health plans begin to address that or at least what may be anticipated.</p> <p>Dr. Amin noted these are great topics. It can be confusing for health plans because (OHCA) was not originally targeting Medi-Cal plans. They indicated it would get to that later. Dr. Amin thinks plans should not assume they would be isolated from that because the OHCA is targeting providers and hospitals. We need to work with them because cost issues may affect the ability to serve members. He feels it should be more integrated and endorsed health plan participation.</p> <p>Chairperson Greene agreed. He thinks that OHCA is staffed with individuals who are policy wonks and may know nothing about health care. They will be making some of the most</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>important decisions about hospitals for the foreseeable future. Ultimately if this office is not managed well and hospitals potentially will shut down services and some will close. He has been talking to staff at L.A. Care about the general shortage of specialists, in particular those that take Medi-Cal patients in certain areas of Los Angeles County. He has asked what can be done to improve access to care, because providers in L.A. Care's direct network are experiencing something similar. Part of Prop 35, the way the money was bucketed and the bulk of funding goes for primary and specialty care reimbursement, which the hospitals supported because if there are not those doctors in the community, they are going to wind up in the hospital emergency rooms. Part of the problem is that a Medicare plus rate is used and there are still not enough doctors, so there is little relief from the MCO tax nor the targeted rate increase (TRI) funds. Medicare rates are not enough and there is no support for higher rates. Another part of that problem is that Medicare and Medi-Cal rates are being cut, now at 87.5 %. He worries about the future of Medicare and Medicaid in this current environment. It will be difficult for hospitals and providers for the next few years and unfortunately it might extend beyond the next four years.</p>	
ADJOURNMENT	The meeting adjourned at 11:30 a.m.	

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

APPROVED BY:
DocuSigned by:

0D914BF8EC774E8...
George Greene, Esq., *Chairperson*
Date Signed 3/3/2025 | 4:30 PM PST

APPROVED