



L.A. Care
HEALTH PLAN®

For All of L.A.

COMPLIANCE & QUALITY COMMITTEE MEETING BOARD OF GOVERNORS

February 20, 2025 • 2:00 PM

L.A. Care Health Plan

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



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

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AGENDA

**Compliance & Quality Committee Meeting
Board of Governors**

Thursday, February 20, 2025, 2:00 P.M.
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

To listen to the meeting via videoconference please register by using the link below:
<https://lacare.webex.com/weblink/register/r83359c9b5dda55abe6fe281fcfdf7be2>

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 248 718 94035 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

Stephanie Booth, MD, *Chair*

1. Approve today’s meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve January 16, 2025, Meeting Minutes *Chair*
4. Chairperson’s Report *Chair*
 - Education Topics
5. Chief Compliance Officer Report Todd Gower
Chief Compliance Officer
 - Audit Committee Charter Review
6. Chief Medical Officer Report Sameer Amin, MD
Chief Medical Officer
7. Population Health Management Overview & Updates Elaine Sadocchi-Smith, FNP, MPH, CHES
Director, Facility Site Review
Director, Population Health Management
8. Public Comment on Closed Session Items

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

9. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
10. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Three potential cases
11. THREAT TO PUBLIC SERVICES OR FACILITIES
CA Government Code Section 54957
Consultation with: Todd Gower, Chief Compliance Officer, Michael Sobetzko, Senior Director, Risk Management and Operations Support, and Miguel Varela Miranda, Senior Director II, Regulatory Operations
12. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Gov. Code § 54956.9(d)(1)
L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069
Department of Health Care Services (Case No. Unavailable)

RECONVENE IN OPEN SESSION

ADJOURNMENT

**The next Compliance & Quality Committee meeting is scheduled on
Thursday, March 20, 2025 at 2:00 p.m.
and may be conducted as a teleconference meeting.**

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

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE & QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

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 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

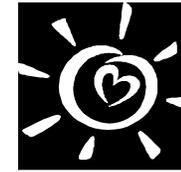
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A.

Care’s Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 16, 2025



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, Chairperson
Al Ballesteros, MBA*
G. Michael Roybal, MD
Fatima Vazquez

Senior Management

Ilan Shapiro, MD, Board of Governors
Sameer Amin, MD, Chief Medical Officer
Terry Brown, Chief of Human Resources
Todd Gower, Chief Compliance Officer
Augustavia J. Haydel, General Counsel
Alex Li, Chief Health Equity Officer
Gene Magerr, Chief Information Security Officer, Information Security
Noah Paley, Chief of Staff
Acacia Reed, Chief Operations Officer
Edward Sheen, MD, Chief Quality and Population Health Executive
Maggie Marchese, Senior Director, Audit Services
Miguel Varela Miranda, Senior Director II, Regulatory Operations, Compliance
Michael Sobetzko, Senior Director, Risk Management and Operations Support, Compliance
Michael Devine, Director, Special Investigations Unit, Special Investigations Unit

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:05 P.M.</p> <p>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.</p>	
APPROVAL OF MEETING AGENDA	The meeting Agenda was approved as submitted.	Unanimously Approved 3 AYES (Booth, Roybal, and Vazquez)

DRAFT

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PUBLIC COMMENT	<i>There was no public comment.</i>	
APPROVAL OF MEETING MINUTES	The November 21, 2024 meeting minutes were approved as submitted.	Approved unanimously. 3 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth reported that the information presented to the committee and Board can be challenging to review. The Compliance Work Plan contained 33 acronyms and many are not defined, making it difficult to understand the material. While some acronyms are well known, others are not. Committee members see information monthly, unlike staff who work with it daily and have contextual knowledge. The infrequent exposure and lack of context makes it difficult for Board members to grasp the meaning and progress of various initiatives. Snapshots of data from different months without description makes it hard to assess progress. The lack of understanding makes it difficult for the Committee to provide meaningful oversight or guidance.</p> <p>Chairperson Booth then addressed the committee's responsibilities. She referenced the responsibilities outlined in the 2025 Compliance Program Plan. The committee is in a difficult position of being responsible for oversight and approval, yet lacking the expertise and contextual information to make informed decisions. Approvals, in part, are based on trust and respect for the staff, but oversight may be hampered by an information gap.</p> <p>Chairperson Booth suggested an independent auditor could help with information presented by staff, particularly as internal audits are consolidated under Compliance. An independent verification could assist the committee when dealing with complex issues. She emphasized that this was not a matter of distrust, but rather a measure for responsible oversight.</p> <p>Todd Gower, <i>Chief Compliance Officer</i>, acknowledged Chairperson Booth's comments and the discussion about accountability, particularly regarding the compliance program documents. He explained that the purpose is to outline the responsibilities of the Compliance Officer and the Board's role. The structure is intended to demonstrate L.A. Care's compliance efforts to regulatory bodies, Centers for Medicare & Medicaid Services (CMS), California Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC). He emphasized that his primary role is to inform the Board and ensure a culture of compliance. Mr. Gower stated that the content is based on Office of Inspector General (OIG) guidance, outlining board member responsibilities such as active engagement, ensuring adequate resources which he addresses through budget planning with the Chief Executive Officer (CEO), and promoting a culture of compliance. He detailed how they promote this culture through education, annual training, and</p>	

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	<p>CEO-led senior leadership meetings. He acknowledged the challenges of maintaining this culture during the pandemic and described the monitoring and evaluation processes, including third-party assessments of the compliance program. He stressed the importance of timely and effective responses to issues raised by regulatory agencies. Regarding Board accountability and transparency, Mr. Gower stated they strive to provide information without overwhelming the board, typically presenting it quarterly. He acknowledged the feedback on timeliness and follow-up, suggesting they can improve by providing more context or more direct explanations of what is being updated. He explained that the work plan presentations are designed to show progress and future plans. Mr. Gower agreed that they need to address identified gaps to enable the Board to take on more responsibility, emphasizing the need for improved understanding. He mentioned discussions with Augustavia J. Haydel, <i>General Counsel</i>, about Board education, suggesting potential Board discussions and training programs similar to those he conducted in the past. He acknowledged the feedback received and stated their commitment to continuous improvement and transparency, clarity, timeliness, and organization of information presented to the board and committee. He apologized for the acronyms issue and stated he would try to explain them more clearly in the meeting.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>Martha Santana-Chin, <i>Chief Executive Officer</i>, thanked the Committee for the opportunity to speak and noted the significance of Compliance and Quality in the daily operations of L.A. Care. She acknowledged the interest that regulators, members, and stakeholders have in these areas. She thanked Board Member Dr. Ilan Shapiro for attending the meeting.</p> <p>She noted the outpouring of support and kindness she and her colleagues had received in response to recent challenges. She spoke about the unprecedented disasters that had recently occurred in Los Angeles. She described the devastation caused by historic windstorms and subsequent fires, emphasizing the loss of lives and homes, as well as the severe impact on affected communities, including neighborhoods where L.A. Care employees reside. Despite these hardships, she commended the resilience and unity displayed by the L.A. Care team and its partners, who mobilized quickly to support those in need. Ms. Santana-Chin reported that 227 L.A. Care employees were directly impacted by evacuations, with nine losing their homes. The Human Resources team adjusted policies to provide additional flexibility and support for affected employees. She highlighted the strong camaraderie among staff members during this crisis. Beyond its internal response, L.A. Care also took extensive steps to support its members and the broader community. Approximately 20,000 members had been affected by evacuation orders, either mandatory or advisory. To assist them, L.A. Care implemented flexible authorization processes to ensure that hospitals and nursing facilities could swiftly accommodate patient</p>	

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	<p>transfers, facilitated prescription refills without obstacles and proactively contacted high-risk members to assess their medical and logistical needs, such as access to medical equipment and specialized care. Ms. Santana-Chin noted the vital role that L.A. Care’s Community Resource Centers (CRCs) played in the response efforts. These centers remained open throughout the weekend, distributing N95 masks, hygiene kits, and emergency supplies while also connecting members and community residents with essential resources. She noted that L.A. Care intends to further strengthen these services moving forward. She addressed the impact on the provider network, explaining that L.A. Care worked closely with healthcare providers to assess the extent of the damage and disruptions, including facility closures and workforce challenges. Ensuring continued access to care was the top priority. She reported that approximately 22 primary care facilities, as well as Community-Based Adult Services (CBAS) centers, nursing homes, and dialysis facilities, had been affected. Many of these facilities had to evacuate and relocate their patients rapidly. Thanks to the health services team, no disruptions in patient care were reported. Ms. Santana-Chin noted the recovery process will take a long time and rebuilding the community would likely take years. It is import to maintain an ongoing dialogue to understand and respond to evolving needs. L.A. Care remains committed to collaborating with County agencies, elected officials, healthcare providers, and community-based organizations through the recovery process. She invited the Committee to share ideas and perspectives that could further enhance L.A. Care’s response and recovery efforts. She praised the leadership team for their exceptional work in mobilizing resources and refining the organization’s business continuity plan based on lessons learned from this crisis. She expressed hope that such emergencies would not recur soon but assured attendees that L.A. Care will be prepared.</p> <p>Board Member Shapiro thanked Ms. Santana-Chin for L.A. Care’s comprehensive effort. He asked what the Board can do to help and he wondered if there are any resources, barriers or connections that can help L.A. Care be more effective in this time of emergency.</p> <p>Ms. Santana-Chin responded that she failed to mention that L.A. Care has been monitoring operations to make sure that it is able to continue to deliver on its obligations. She expects that L.A. Care may come to the Board with a request in February. L.A. Care has to do more to learn about what specifically the provider community, members and community partners need to survive and eventually thrive. She noted that there have been many offers of support. The community resource center team has been very creative about building bridges and relationships and connecting individuals with services, but to get more information around what is specifically needed in the community, L.A. Care will come back to the Board with a request for support.</p>	

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	<p>Board Member Shapiro inquired about potential ways to leverage the connection with the California Medical Association (CMA) to provide additional support for healthcare providers. He noted the importance of ensuring that providers remain stable and fully equipped to continue delivering care to L.A. Care members. He asked if there were specific requests that could be made to CMA to strengthen this support. He also raised the issue of public health messaging, particularly in relation to respiratory and cardiovascular conditions that could be exacerbated by the disaster's aftermath. He noted the need for clear communication strategies to help members manage conditions such as asthma, emphysema, cardiovascular diseases, and renal complications.</p> <p>Ms. Santana-Chin responded by acknowledging that the Los Angeles County Medical Association (LACMA) clinicians and other stakeholders had already begun organizing efforts to support providers and members. She also noted that L.A. Care had reached out to the Department of Public Health to assess how they could effectively contribute. She emphasized that as more information becomes available, they would refine the messaging strategy and keep stakeholders informed. She invited Dr. Amin to share his thoughts.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, acknowledged the ongoing efforts to support providers and members, and noted Ms. Santana-Chin's leadership in organizing the response. He noted that as time progresses, the Board would likely have more responsibilities, and a more in-depth discussion would take place during the Executive Committee meeting. Dr. Amin provided updates on collaboration efforts, mentioning that discussions had already taken place with LACMA and the community health department to secure additional equipment and resources for community resource centers. He emphasized the need for a broader conversation with DHCS to potentially reduce administrative burdens related to emergency services. All involved parties had been highly responsive, and there were no immediate additional needs beyond organizing operational efforts and ensuring coordinated care especially given that some clinics, centers, and skilled nursing facilities (SNFs) remained non-operational. Dr. Amin suggested reviewing L.A. Care's disaster recovery plan at an upcoming Board or Executive Committee meeting to assess short-, medium-, and long-term recovery strategies. He raised concerns about members struggling to refill prescriptions due to lost documentation, the process of obtaining replacement member ID cards, and access to care as provider offices are permanently displaced. He proposed exploring ways to help affected providers find new locations to continue their services.</p>	
HEALTH SERVICES		

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Dr. Amin provided his CMO Report. <i>(A copy of the report can be obtained from Board Services)</i>. Key strategic initiatives and ongoing wildfire relief efforts are addressing immediate concerns while maintaining long-term goals. He acknowledged the strategic objectives for each department, which align with 2025 goals. The response from L.A. Care’s internal teams began as soon as the wildfires started, an emergency roll call was conducted within the case management and utilization management teams to assess staff availability and ensure continuity of services. Despite personal hardships, including some employees losing their homes, the majority of staff remained operational, with some working from community resource centers. This dedication ensured that regulatory compliance standards were met, and service processing continued without delays. The team also maintained authorization of essential provider services to prevent disruptions in patient care.</p> <p>Dr. Amin addressed the status of healthcare facilities and providers. Hospitals remained largely functional, with some postponing elective procedures to prioritize emergency care. There were minor concerns with facilities such as Providence and UCLA in the San Fernando Valley, as well as Huntington Memorial in Pasadena. However, more significant challenges arose with SNFs, some of which sustained damage and required patient relocation. L.A. Care coordinated transportation to move affected individuals to other facilities, working to minimize administrative complications. Partnerships with post-acute care facilitated smooth transitions. The wildfire also impacted Community-Based Adult Services (CBAS) centers, forcing them to operate remotely for a short period. Efforts were underway to reduce administrative burdens and expedite emergency services through the DHCS. Rehabilitative care centers, particularly in Glendale and the San Fernando Valley, also faced challenges, requiring emergency patient relocations. Some members were identified as suitable for lower levels of care, potentially improving their long-term placement options.</p> <p>The third key focus was member support. L.A. Care collaborated with DHCS to ensure emergency pharmacy measures were in place and quickly removed refill restrictions, allowing members to obtain replacements without prior authorization. Case management teams proactively reached out to homebound members and those in evacuation zones, categorizing them by risk level to prioritize outreach efforts. Most members reported stable conditions, though some needed assistance with housing and respiratory care. The Enhanced Care Management (ECM) network, consisting of around 80 provider groups, implemented similar emergency measures, effectively reaching the highest-risk members.</p> <p>L.A. Care leveraged its community support programs, including asthma remediation initiatives, to provide targeted assistance. Providers specializing in pulmonary care were engaged to monitor and</p>	

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	<p>support members, particularly concerning air quality issues. Messaging was coordinated to ensure members received timely health guidance. Dr. Amin noted ongoing efforts to refine outreach strategies. The medical management and pharmacy teams were collaborating with communications and advanced analytics to identify the most vulnerable members within the affected population of 20,000 individuals. Plans were underway to conduct proactive outreach through robocalls or text messaging to check on respiratory health and other social or medical needs. He concluded by welcoming feedback on additional measures L.A. Care could implement to further support affected members.</p> <p>Board Member G. Michael Roybal, MD, asked about a similar emergency response during Santa Ana winds, as those conditions often lead to increased asthma flare-ups, if proactive measures, like those taken during the wildfire response, are implemented during such wind events. Dr. Amin stated that the Care Management team has protocols, he wasn't aware of any specifically addressing high wind events. He will discuss it with the team and explore adding it to their planning. Board Member Roybal asked about the impact on providers whose offices have been destroyed. He inquired about the number of affected providers and the plan for the displaced patients. He raised concerns about patient reassignment and the impact of lost revenue on provider recovery.</p> <p>Noah Paley, <i>Chief of Staff</i>, reported that the network and health services teams are surveying impacted providers and tracking office closures and reopenings daily, prioritizing access to care for L.A. Care members. They are collaborating across departments to develop sustained assistance mechanisms for affected providers. Data on impacted providers and response efforts are being compiled by the risk management team, with daily command center meetings. The communications and community relations teams are working to disseminate information to mitigate impacts, in coordination with Anthem and Blue Shield Promise and large delegated entities to synchronize activities. Community resource centers are distributing masks to providers, especially street medicine providers, and the County helped publicize the mask distribution at Emergency Centralized Response Centers (ECRC).</p> <p>Chairperson Booth inquired about extending clinic hours at existing facilities. Mr. Paley responded that they have not yet explored network-side flexibilities, focusing instead on assessing provider needs and establishing alternative care access for impacted members. He anticipates presenting a proposal to the Board in February for sustained provider relief. Dr. Amin added that L.A. Care extended hours at the CRCs.</p> <p>Acacia Reed, <i>Chief Operations Officer</i>, added L.A. Care was notified of a 180-day extension for timely claims filing. Dr. Amin commented that prior authorization requirements were removed for discharge activities and L.A. Care delegated providers with shared, dual, or full risk contracts were</p>	

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	<p>mandated to do the same, ensuring a free flow for discharge activities across the network. Mr. Paley added that Network Communications and Health Services are in constant contact to communicate flexibilities implemented and ensure delegated provider groups follow the temporary guidelines. The flexibilities were recently extended and L.A. Care is informing the provider network.</p> <p>Ms. Reed stated that the care management team has been proactively calling members, and the customer solution center is gathering information on impacted members with medication concerns a top priority. Members are reporting displacement and new addresses, and the team is assisting with ID card requests, primary care provider changes and other related needs. She also mentioned that the Advanced Analytics Lab is using Los Angeles County data to identify members who may have lost their home, with the goal of providing this information to Dr. Amin's team for outbound calls. Additionally, Dr. Amin's team is preparing member navigators and advocates in the customer solution center to support these calls. Mr. Paley added that Call The Car, the transportation vendor, has offered significant transportation assistance, including potentially transporting people other temporary housing centers. L.A. Care is currently evaluating utilization and cost implications and the vendor has been very helpful.</p> <p>Board Member Vazquez thanked Dr. Amin and the team for the updates and expressed gratitude for the health plan services and proactive approach, especially social media outreach on Facebook and Instagram. She noted the mask distribution is a valuable tool and the community needs to feel supported and heard during this time.</p>	
MEMBER EXPERIENCE SURVEY RESULTS	<p>Linda Carberry, <i>Manager, Quality Performance Management</i>, gave a report Member Experience Survey Results. <i>(A copy of the presentation can be obtained from Board Services).</i> The presentation focused on the significance of regulatory survey results in assessing member perceptions and expectations of L.A. Care. These results contribute to health plan ratings and help identify areas for improvement in member experience. The presentation covered multiple surveys, including Medi-Cal Consumer Assessment of Healthcare Providers and Systems Health Plan Survey (HP-CAHPS), qualified health plan enrollee experience survey (QHP EES), Medicare Advantage (MA), and Prescription Drug Plan (PDP), Dual Eligible Special Needs Plans (D-SNPs), and PASC-SEIU health workers, highlighting key findings, trends, and areas requiring attention.</p> <p><u>Survey Background and Response Rates</u> The report included data from various regulatory surveys:</p>	

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	<ul style="list-style-type: none"> • Medi-Cal HP-CAHPS (Adult and Child): Conducted between February and May 2024, with response rates of 17.24% (Adult) and 17.46% (Child). L.A. Care maintained a 3.5 STAR Health Plan Rating for 2024. • QHP EES (Quality Health Plan Enrollee Experience Survey): Conducted between February and May 2024, with an 18.01% response rate and a 4-star Quality Rating System (QRS) score. • MAPD CAHPS DSNP: Administered between February and June 2024, with a 37.35% response rate and a 3-star Medicare rating. • PASC-SEIU: Conducted between November 2023 and February 2024, with a 17.51% response rate as part of preparations for accreditation in 2026. <p><u>Key Findings</u></p> <p>Medi-Cal HP-CAHPS:</p> <ul style="list-style-type: none"> • Adult surveys saw increases in all six rated measures (0.5%–3.5% improvement). • Child surveys showed mixed results, with two out of five measures increasing by 1%, but three measures declining. • Health plan ratings and access to care improved for both Adult and Child surveys. • 60% of responses were in Spanish, underscoring the need for multilingual support. <p>Covered CA, Medicare DSNP, and PASC-SEIU:</p> <ul style="list-style-type: none"> • QHP EES: 21 out of 30 QRS measures improved (0.3%–6.5%). • MAPD CAHPS DSNP: Had a high response rate, exceeding the national average by nearly 2%, with four out of nine STAR-rated measures improving (0.25%–2%). • PASC-SEIU: The highest-scoring measure was "How Well Doctors Communicate" (90.17%). <p><u>Areas of Improvement</u></p> <p>Despite positive trends, several areas were identified for improvement:</p> <ul style="list-style-type: none"> • Medi-Cal HP-CAHPS (Adult & Child): <ul style="list-style-type: none"> ○ Access to specialists and routine care remained challenging. ○ Doctor communication and customer service interactions needed improvement. • QHP (Covered CA): <ul style="list-style-type: none"> ○ Rating of specialists and care coordination required attention. ○ Long wait times for customer service were a concern. • MAPD CAHPS DSNP: <ul style="list-style-type: none"> ○ Timely urgent care and prescription drug access were noted as areas for improvement. ○ Members wanted easier health plan forms and better provider communication. • PASC-SEIU: 	

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	<ul style="list-style-type: none"> ○ Ratings for personal doctors, specialists, and overall healthcare access needed improvement. ○ Health plan customer service and claims processing required enhancements. <p><u>Next Steps</u> To address these concerns, L.A. Care plans to:</p> <ul style="list-style-type: none"> ● Differentiate between "Rated" and "Member Experience" measures. ● Educate providers about rated survey questions and their impact on plan ratings. ● Develop information packets to help providers understand their survey results. ● Expand virtual provider outreach and training, focusing on improving CAHPS scores. ● Encourage responses shifting from "Sometimes/Never" to "Usually/Always" to improve ratings. 	
QUALITY OVERSIGHT COMMITTEE (QOC) REPORT	<p>Edward Sheen, MD, <i>Chief Quality and Population Health Executive</i>, Quality Oversight Committee (QOC) Report. <i>(A copy of the presentation can be obtained from Board Services).</i></p> <p><u>Member Experience Initiatives</u> Dr. Sheen emphasized the importance of improving member experience, as a moral obligation and a regulatory priority, noting that Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Assessment Survey (HAS) collectively account for 40% of L.A. Care’s DSNP Star Ratings. Recognizing that L.A. Care historically lacked a formal infrastructure to improve CAHPS performance, a cross-functional leadership team was established last year to address this. Moving forward, the Quality Improvement (QI) and Health Services teams will lead clinical aspects of member experience, while the Product and Operations teams led by Mr. Paley will focus on non-clinical improvements such as customer service operations. The goal is to scale these efforts to ensure an enterprise-wide commitment to enhancing the member journey.</p> <p><u>Policies and Procedures Review</u> The committee reviewed and approved all QI policies and procedures at the November meeting. Key leaders presented updates and all policies underwent thorough compliance and legal review to ensure alignment with regulatory and contractual requirements.</p> <p><u>Quality Improvement (QI) Work Plan Updates</u> Dr. Sheen provided highlights from the 2024 QI work plan and outlined priorities for 2025:</p> <ul style="list-style-type: none"> ● 2024 Accomplishments: <ul style="list-style-type: none"> ○ A colorectal cancer screening initiative with Cologuard successfully screened 2,500 previously unscreened members. 	

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	<ul style="list-style-type: none"> ○ A major push to improve childhood immunization status (CIS-10), including new incentives and home visit programs. ○ Improvement in Medical and Managed Care Accountability Sets (MCAS) performance rates by 3-17%, despite the exit of Kaiser as a plan partner. ○ A 75% reduction in MCAS-related sanctions. ○ Stronger Healthcare Effectiveness Data and Information Set (HEDIS) performance, with all measures improving except Kidney Health Evaluation for Diabetics (KED). ● 2025 Priorities & Challenges: <ul style="list-style-type: none"> ○ Challenges include access to care, workforce shortages, health literacy barriers, vaccine hesitancy, and increasing regulatory pressures from DHCS and CMS. ○ L.A. Care has filed a legal appeal regarding new MCAS policies, with a hearing scheduled for March in Sacramento. ○ Covered California’s financial risk exposure is increasing due to changes in the Quality Grant Incentive (QGI) program, raising the need for financial and product strategy adjustments. <p><u>Key Improvement Pillars for 2025</u> Dr. Sheen outlined six core focus areas:</p> <ul style="list-style-type: none"> ● Deepening Provider Engagement and Accountability – Expanding partnerships with provider groups (PPGs), ensuring regular performance reviews, and fostering collaborative solution development. ● Expanding Member Outreach & Engagement – Enhancing digital engagement, social media outreach, and community-based health initiatives. ● Increasing Care Access – Using analytics to identify care access gaps, improving provider network capacity, and exploring home-based and digital care solutions. ● Enhancing Provider & Member Incentives – Aligning incentives with performance goals and introducing new member rewards for preventive care engagement. ● Improving Data Management & Integrity – Strengthening health information exchange, enhancing provider training on coding and documentation, and optimizing data collection for quality measures. ● Strengthening Partnerships – Enhancing collaboration with Blue Shield Promise and Anthem to share best practices and align incentives. <p><u>Administrative Updates and Next Steps</u></p>	

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	<ul style="list-style-type: none"> • The committee formally accepted and approved the minutes from multiple subcommittees, including the Credentialing and Peer Review Committee, Utilization Management Committee, and Behavioral Health Quality Committee. • Regular meetings with Blue Shield Promise and Anthem are ongoing, with the next meeting scheduled for February. • L.A. Care remains committed to leveraging every available tool to enhance member care and meet regulatory standards while maintaining its core mission of health equity. 	
POPULATION HEALTH MANAGEMENT OVERVIEW & UPDATES	<i>This report will be given at the March meeting.</i>	
HEALTH EQUITY		
QUALITY IMPROVEMENT & HEALTH EQUITY COMMITTEE (QIHEC) REPORT	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, provided a summary report from the Quality Improvement and Health Equity Committee (QIHEC) meeting. <i>(A copy of the report can be obtained from Board Services).</i></p> <p>Dr. Li provided a summary report from the QIHEC meeting, noting that there was one meeting since his last report. A couple of key theme emerging from the QIHEC's committee members: the need to work is the development of a member-focused strategy that leverages trusted partners and resources, specifically CRCs and strategic partners, providers need more help and not more paperwork and member experience is important. The QIHEC also recommends focusing not only on clinical care but also on reducing social determinants/drivers of health to further drive wellness. They are developing outreach and dissemination strategies for these initiatives.</p> <p>The committee also handles routine tasks such as approving clinical guidelines and addressing regulatory requirements like diversity, equity, inclusion, and health equity training for providers. He mentioned the media report was already covered at the full board meeting. Dr. Li also noted that a key take away from the past year is that many providers and members desire a greater physical presence from the health plan, beyond virtual interactions or interactions by faxes and electronic communications. Increased presence at a provider offices and access to CRCs is seen as important with to tighten the relationship between L.A. Care, providers and membes. Dr. Li then highlighted several specific initiatives. He showcased a double-sided member resource flyer developed in partnership with CRC members and the Consumer Health Equity Committee. The flyer addresses key social needs and includes a QR code linking to the website and CRC resources. These flyers are</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>distributed to provider offices within the CRCs, resulting in consistent use and increased engagement. He also discussed the QI team's focus on child and adolescent health as part of the MCAS initiatives and L.A. Care's Health Equity Mitigation Plan. This is a key area for managed care performance measures, particularly given post-pandemic challenges and increased regulatory scrutiny. Since the pandemic, there is also an increased focus on communities with lower rates of preventive services. The QI team also conducted community member surveys to understand barriers like to childcare, such as transportation and other childcare needs. He thanked Ms. Reed and her team for allocating live agents to support automated calls and in-person outreach calls to assist with appointment scheduling. Looking ahead to 2025-26 and 2026, L.A. Care plans to the plan is to continue the on-going working with trusted health and community partners, including exploring mobile clinic events at CRCs. Dr. Li then discussed the upcoming DHCS requirement for diversity, equity, inclusion, and health equity training for providers. Recognizing the time constraints faced by providers, the health plans have collaborated with other health plans (Health Net, Anthem Blue Cross, Blue Shield Promise) to ensure that providers only need to complete the training once, even if they contract with multiple plans. They also partnered with Community Clinic Association of Los Angeles clinic association to develop the training program, leveraging the association's expertise and inviting internal staff and community providers to review the curriculum. The curriculum has been submitted to DHCS for approval. Dr. Li shared photos from an event that took place after the QIHEC meeting, highlighting the organization's commitment to addressing gun violence awareness and safety, as per the board's request. They are The team will continue to work with our providers, community members and other key stakeholders to identify and exploring how to leverage community resources and partnerships to improve access to services for our members. further engage members in this effort, and they plan to enhance these strategies in 2025.</p>	
COMPLIANCE		
CHIEF COMPLIANCE OFFICER REPORT	<p>Mr. Gower presented the Chief Compliance Officer Report. <i>(A copy of the written report can be obtained from Board Services).</i></p> <p>Chief Compliance Officer Report Summary for January 2025 Strategic Compliance Plan for 2025</p> <ul style="list-style-type: none"> • Developed during a two-day Leadership Summit in October 2024. • Focus on aligning compliance strategy with L.A. Care business priorities. • Establish clear objectives and measurable performance metrics to assess compliance program effectiveness. • Prioritize regulatory adaptation and risk management to navigate industry challenges. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>4. The structure and function of the L.A. Care Compliance Program including its framework, goals, work plans, activities and progress toward goals etc.; and its relationship to Internal Audit;</p> <p>5. Effectiveness of the compliance program — the Board needs to learn about Compliance successes, learning opportunities and nonsuccesses; along with next steps, including Root Cause Analysis; investigations; referrals to entities outside of L.A. Care; financial recoveries; Corrective Action Plans (CAPs), CAP implementation and outcomes; and future plans, such as monitoring or a follow-up audit;</p> <p>6. Results of internal, external and regulatory body audits; findings and plan for how findings will be managed; any related fees, fines or other forms of negative reinforcement levied on the L.A. Care Health Plan;</p> <p>7. Industry trends and developments; trends related to regulatory body perception of the industry; trends related to fraud waste and abuse;</p> <p>8. Compliance as it relates to LA Care delegates and delegated functions; how Delegation Oversight handles the oversight of this function; findings; consequences and outcomes; and</p> <p>9. How the compliance program aligns with the fiduciary responsibilities of L.A. Care.</p> <p>Board members should know this is not an exhaustive list. It is meant to inform the L.A. Care Board of Governors, and specifically Compliance & Quality Committee members, regarding the kinds of L.A. Care compliance information they should expect to learn about and understand. This way, Board members can pursue what they deem to be L.A. Care’s best interest, and their deepening knowledge of Compliance will allow each member to make the most informed Compliance-related decisions they are capable of making.</p> <p>Mr. Gower stated that he will add the suggested amendments to the motion that will be presented to the Board. Augustavia Haydel, <i>General Counsel</i>, noted that the language from last years motion can be updated and added to this years motion. The amendments with OIG elements will be added.</p> <p>The 2025 Compliance Program Plan was approved with the amendments mentioned above.</p>	<p>Approved unanimously. 3 AYES</p>
<p>PROVIDER TRAINING PROGRAM OVERVIEW</p>	<p><i>This report will be given at the March meeting.</i></p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ANNUAL COMPLIANCE TRAINING UPDATE	<p>Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, reported on the 2025 Annual Compliance Training Update. <i>(A copy of the written report can be obtained from Board Services).</i></p> <p>Compliance Monitoring & Training</p> <ul style="list-style-type: none"> • Annual Compliance Training: <ul style="list-style-type: none"> ○ Achieved 99.6% completion among employees. ○ Covers Code of Conduct, HIPAA, Fraud Prevention, and Cybersecurity, General Compliance. • External Learning Provider Training: <ul style="list-style-type: none"> ○ Ensures compliance education for contracted providers. ○ Introduces new training on Diversity, Equity & Inclusion (DEI) and fraud prevention in 2025. • Health Risk Reassessment (HRA) and Encounter Data Collection remain ongoing compliance focus areas. 	
ENTERPRISE RISK ASSESSMENT	<p>Mr. Sobetzko, Amanda Asmus, <i>Senior Director, Care Management</i>, Miguel Varela, <i>Senior Director II, Regulatory Operations</i>, Jyl Russell, <i>Senior Director, Business Support Services Organizational Excellence</i>, Loren Maddy, <i>Senior Director, Risk, Adjustment, Encounter Reporting and Analytic</i>, Greg White, <i>Director, Healthcare Analytics</i>, David Inglese, <i>Director, Contracting and Procurement</i>, reported on the Enterprise Risk Assessment. <i>(A copy of the written report can be obtained from Board Services).</i></p> <p>Enterprise Risk Assessment (ERA) Outcomes</p> <ul style="list-style-type: none"> • Identified 75 unique risks, with 9 top risks requiring immediate attention. • Shift toward integrating risk management into strategic decision-making. • Emphasis on aligning risks with L.A. Care’s mission, with ongoing monitoring of select risks. <p>Regulatory & Risk Considerations</p> <ul style="list-style-type: none"> • Monitoring DOJ guidance on corporate compliance programs. • Addressing emerging risks, including cybersecurity threats and third-party compliance vulnerabilities. • Strengthening regulatory adherence across all operational levels. 	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<i>There was no public comment.</i>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CLOSED SESSION	<p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES CA Government Code Section 54957 Consultation with: Todd Gower, Chief Compliance Officer, Terry Brown, Chief Human Resources Officer, Darren Lee, Deputy Chief Human Resources Officer, and Michael Sobetzko, Senior Director, Risk Management and Operations Support</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES CA Government Code Section 54957 Consultation with: Tom MacDougall, Chief Information and Technology Officer, and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p>	
ADJOURNMENT	The meeting adjourned at 4:40 p.m.	

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

APPROVED BY:

Stephanie Booth, MD, *Chairperson*
Date Signed: _____



L.A. Care
HEALTH PLAN®

For All of L.A.

Population Health Management: Overview and Updates



Compliance & Quality Committee (C&Q)
February 20, 2025
Elaine Sadocchi-Smith FNP, MPH, CHES
Director, Population Health Management



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

PHM Content & Background

L.A. Care's Population Health Management (PHM) addresses:

Regulatory Requirements

- **NCQA's** PHM standards (2024 survey complete and 2026 survey on track)
- **CalAIM** PHM Program to ensure all program requirements are met and collaborating with local health departments and other managed care plans that serve L.A. County
- **Initial Health Appointment (IHA)**
- **Annual Cognitive Health Assessment (ACHA)**

Patient-centered Care Across the Continuum of Health

- PHM works collaboratively across the enterprise to provide services to members through a **holistic patient-centered model of care**, engaging members regardless of their location on the health continuum.
- The continuum of coordinated, comprehensive care uses **evidence-based practice guidelines** to improve member outcomes and quality of life
- Management of the **"Focused PHM Index"** which is one of the Enterprise level goals for the year

PHM Content

The program description addresses member needs throughout the continuum of care including

- Keeping Members Healthy
- Early Detection/Identifying Emerging Risks
- Chronic Condition Management
- Complex Case Management
- Transitional Care Services
- Patient Safety

The PHM program annually assesses the population and analyzes data

- PHM **Population Health Assessment**: NCQA requirement
- PHM **Population Needs Assessment** is no longer a DHCS requirement (Medi-Cal).

L.A. Care is working with other managed care plans and Los Angeles Health Departments on their **community health assessment (CHA) and community health improvement plan (CHIP) towards a shared SMART goal and submitting** an annual PHM Strategy report.

SMART Goal: Reduce maternal and infant mortality disparities for Black and Native American Persons by at least 5% annually in Los Angeles County to make progress towards the 50% bold goal.

PHM
Cross-Functional Team

- **Cross Functional Team (CFT)** reviews and connects the Population Assessment findings to existing programs, initiatives and workgroups to address targeted populations, develop new programs, and expand community offerings based on assessment findings.

PHM Content

The PHM Program conducts an annual Impact Evaluation, including quantitative and qualitative analysis of each program and intervention

- Measuring Effectiveness of the Diabetes Management Program: Hemoglobin A1c Control for Patients with Diabetes- HbA1c Control < 8% (Clinical Measure)
- Measuring Effectiveness of Utilizing Medically Tailored Meals- (Utilization Measure)
- Measuring Well Child and Well Care Visit Utilization (Utilization Measure)
- Measuring Member Experience in Case Management (Member Satisfaction Measure)

Focused PHMI Cycle for 2024-2025 includes goals and initiatives across the organization

- Preventive Care and Immunizations
- Colorectal Cancer, Breast Cancer, and Cervical Cancer Screening
- Prenatal and Postnatal Care
- Diabetes HbA1C control and adding Kidney Health Evaluation for patients with Diabetes
- ED visit follow-up service
- Medication Therapy Management
- Depression screening

Focused PHM Highlights (Enterprise-wide goals)/Goals Met

Focused Population Health Goal Index 2023-2024

Total Goals = 9

Reward Ranges: Min: 5-6/9:55.6%-66.7%, Mid: 7/9:77.8%, Max: 8-9:88.9-100.00%.

Met at Max range (Oct 2023- Sept 2024): Met 8 / 9 goals; 88.9%.

Focused PHMI Goal Category	Number of Goals (met as of 09/30/2024)
Keeping Members Healthy	5 (4 MCLA, 3 D-SNP, 4 LACC) Met: 4 / 5
Early Detection of Emerging Risk	1 (1 MCLA) Met: 1 / 1
Chronic Condition Management	3 (2 MCLA, 3 D-SNP, 2 LACC) Met: 3 / 3
Total	9 goals

PHM Highlights (PHM Goals Aligned with the PHM Program Description)/Goals Met

PHMI Population Health Goal Index 2024-2025

Total Goals = 18

Reward Ranges: Min: 11-13/18: 61.1%-72.0%, Mid:14-15/18: 77.8%-83.3%;
 Max: 16-18/18: 88.9%-100.00%

Met at Min range (Oct 2023- Sept 2024): Met 12 / 18 goals; 66.7%.

PHM Goal Category	Number of Goals (met as of 09/30/2024)
Keeping Members Healthy	5 (3 MCLA, 3 D-SNP, 3 LACC) Met: 3 / 5
Early Detection of Emerging Risk	1 (1 MCLA) Met: 1 / 1
Chronic Condition Management	6 (4 MCLA, 5 D-SNP, 2 LACC) Met: 3 / 6
Transitions of Care	3 (3 MCLA, 3 D-SNP) Met: 2 / 3
Member and Provider Experience	3 (2 MCLA, 3-D-SNP, 2 LACC) Met: 3 / 3
TOTAL	18 Goals

CalAIM Updates and Highlights

Transitional Care Services

- **Care Management Model**
 - **Texting Campaign with mPulse:** Exploring member texting solutions to decrease manual calls and increase timely engagement with high and low-risk TCS members
 - **Letter Automation:** Working on developing automated faxed TCS letters to Hospitals and PCPs
 - **TCS Central Intake Line:** Aiming to increase Member and Provider calls each quarter
 - **TCS Medication Reconciliation Pilot:** L.A. Care Pharmacy supports TCS Community Health Workers with 10 weekly medication reconciliations.
- **ADT Data Improvements:**
 - Readmission Risk Tool (RRT) is used to identify eligible TCS members, and the TCS Team assigned to the member
 - RRT was updated to include:
 - Real-time ADT data
 - SNF Admission Data
 - More accurate identification of responsible TCS Team to support members

CalAIM Updates and Highlights

Transitional Care Services

- **Pregnant Individuals Care Model**
 - This model includes individuals who have been hospitalized during pregnancy, admitted during the 12 months postpartum, and discharged related to delivery.
- **All pregnant individuals are considered High Risk for TCS**
 - The care manager/Community Health Worker (CHW) assists members throughout their transition and ensures culturally and linguistically appropriate support
 - The care manager/CHW ensures all required **care coordination** and follow-up services are completed per the policy guide, including but not limited to:
 - **Coordination with discharge facility** & post-discharge summary
 - **Follow-up appointment** with Provider within 7 days post-discharge
 - **Medication Reconciliation**
- Eligible members are referred to programs based on needs, such as Doula services, medically tailored meals, WIC, lactation support, behavioral health support, etc.

CalAIM Updates and Highlights

Community Partnership with Local Health Jurisdictions and Managed Care Plans

- Bringing together 7 MCPs that serve L.A. County to develop a formal, **collaborative relationship** with the 3 Local Health Jurisdictions (LHJs) in Los Angeles County. This spirit of collaboration has allowed for opportunities such as:

- All key partners working together to collectively **drive improvement in Maternal and Infant health**
- MCPs learn what barriers LHJs are experiencing and how MCPs can contribute to in-kind staffing/funding and data exchange.
- MCPs and LHJs learn current **processes**, available **data**, and **current Maternal and Infant Health initiatives**.
- Three LHJs **work collaboratively** instead of in silos in the process.
- MCPs participating in upcoming **LHJ Community Health Assessment (CHA) and Community Health Improvement Plans (CHIPS)**

CalAIM Updates and Highlights

Community Partnership with Local Health Jurisdictions and Managed Care Plans

- Planning and developing opportunities to assist CHA/CHIPs with **funding from each MCP in 2025:**

CalAIM May PHM Policy guide – MCPs must collaborate with the LHJ to foster a unified planning process. MCPs must coordinate on what types of staffing/funding are provided.

Local Health Departments have shared their funding requests for the CHA/CHIP contribution.

Current Projected Funding Request Breakdown: The PHM team continues to work with the Strategic Investment team and Los Angeles MCPs to determine the appropriate allocations. Currently, the MCPs stand to fund 50% of the request as a meaningful contribution for 3 years.

Prime MCP	Total Investment
L.A. Care	\$5,517,907.30
Health Net	\$2,752,135.20
Kaiser	\$645,00.00
Total	\$8,915,042.520

CaAIM PHM Key Performance Indicators

Key Performance Indicators (KPIs)

PHM KPI Metrics	Mean (Standard Deviation)	Median (Range Across Plans)	LA Care Rates - November 2023
Percentage of members who had more ED visits than primary care w/in 12 mo	10%(6%)	8% (1%-26%)	9.20%
Percentage of members who had at least one primary care visit w/in 12 mo	48%(18%)	49% (8%-77%)	44.10%
Percentage of members with no ambulatory or preventive visit w/in 12 mo	40% (18%)	40% (9%-93%)	43.50%
Percentage of members eligible for CCM who are successfully enrolled in the CCM program	26% (29%)	12% (0%-100%)	15.20%
Care Management for High-Risk Members after Discharge	12% (17%)	6% (0%-74%)	0.79%
Percentage of members who received CHW benefit	0.06% (0.18%)	0.00% (0%-0.85%)	0.00027%
Percentage of contracted acute care facilities from which the MCPs receive ADT notifications	49% (31%)	50% (0%-100%)	74.70%
Percentage of contracted skilled nursing facilities from which MCPs receive ADT notifications	19% (29%)	0% (0%-79%)	50.00%
Percentage of acute hospital stay discharges which had follow up ambulatory visits within 7 days post hospital discharge	36% (12%)	35% (14%-70%)	38.00%

- DHCS pended PHM KPI in February 2024. ETA October 2024
- L.A. Care is participating with DHCS and other health plans to develop revised KPI specifications.

CaAIM PHM KPI Interventions

CHW Interventions

- CHWs work with Community Resource Center (CRC) staff to ensure walk-in members are **screened for SDOH needs and CHW Benefit eligibility**
- CHWs table at internal CRC events to inform members of the **CHW Benefit and screen for eligibility**
- Staff tables at community fairs, in collaboration with the Communications Department, inform attendees of the CHW Benefit offered by LA Care and screen for eligibility
- **DHCS** support HEDIS Outreach calls for the W30 measure and CHW Benefit eligibility and interest screening.
- Call campaigns to high utilizers to encourage nurse advice line

CaAIM PHM KPI Interventions

Members with ED visit, at least 1 PCP visit, and no PCP visit within 12 months

- Call campaigns to high utilizers to **encourage nurse advice line**
- Text and social media campaigns to “get back to care” and “**get your well-care visits.**”
- **After-hours care resource flyer** targeting high utilizers to educate on options for care when PCP office is closed (e.g., Urgent Care, Teladoc, and Nurse Advice Line)
- Text campaign reminding members to **schedule annual visit** and see PCP at least once a year
- Outreach interventions (text campaigns, mailers, automated calls) for different measures educating members on importance of seeing PCP at least once a year and to **complete screenings/tests/appointments**
- Member surveys are embedded in text campaigns to understand better **why members see PCP**

CaAIM PHM KPI Interventions

Complex Care Management

- Hired and trained **new Care Managers** to support CCM members
- **Retrained** existing CMs who support CCM members
- Use of Interdisciplinary Care Team meetings to **identify** members eligible for CCM
- **Use of alternative phone number** searched for members with invalid phone numbers.
- Mailing **Unable to Contact Letters** and CM flyers to educate members about CCM
- Developed call scripting to support staff with **improving member understanding of CM benefits**
- **Timely member follow-up** 1 day following discharge to offer CM support

CaAIM PHM KPI Interventions

Transitional Care Management

- **Hired additional TCS CHWs and Care Coordinators** to support eligible TCS members.
- **Increased assigned daily case assignments** for CHWs
- Ongoing refinement of operational processes to **increase caseload capacity**
- Added additional Care Coordinators to TCS call queue to **triage more member and provider calls**
- Developed call scripting to support staff with **improving member understanding of TCS benefits**

Transitional Care Management for Prenatal-Postpartum

- TCS Birthing Individuals program moved to Health Education in Q2 2024
- Resources were allocated to integrate TCS Birthing Individuals into prenatal and postpartum initiatives
- Developed workflows and updated call scripts to support staff with **improving TCS member engagement** and to refer to appropriate resources.
- **Hired TCS CHWs and Care Coordinators** to support eligible TCS Birthing Individuals population
- Newly hired staff are being trained to support eligible member population and take on TCS Birthing Individuals caseload

CaAIM PHM Next Steps

Collaboration

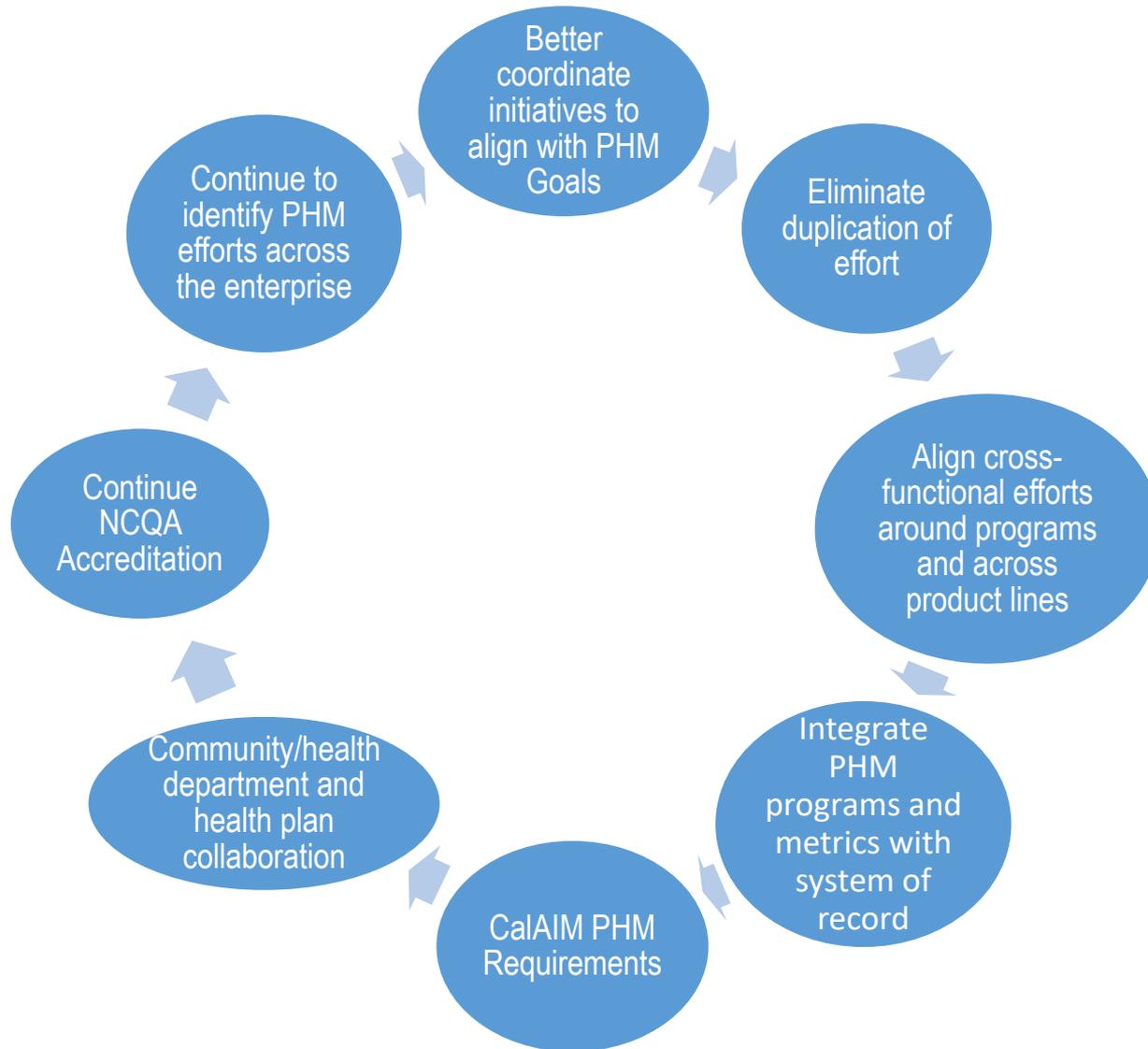
- **Continue meeting and working with MCPs and 3 L.A. health jurisdictions to:**
 - Meet SMART Goal of reducing maternal and infant mortality disparities for Black and Native American persons
 - Meaningfully contribute to LHJ CHA/CHIP by participating in the process and contributing through in-kind staffing or funding
 - Start data sharing as outlined in May 2024 PHM policy guide (start Q2 2025)
 - Engage with L.A. Care Community Advisory Committee for CHA/CHIP input
- **Health Services Strategy Management:**
 - Optimize Population Health Management (PHM): The Health Services Division will adopt a PHM-based integration framework that will enable all departments to coordinate key success drivers that are fundamental to PHM implementation. Drivers will be embedded in all subsequent strategic initiatives:
 - Data Analytics and Technology
 - Aligned Incentive Contracting
 - Network Development and Optimization
 - Robust Provider Engagement
 - Effective Member Engagement
 - Value-Based Practice Transformation
 - Care Coordination and Integration

CaAIM PHM Next Steps

Program Strategy

- Program strategy due November 22, 2025
- 2024 NCQA PHM Program Description to be included in program strategy
- 2024 Annual Population Assessment to be included in program strategy

CalAIM PHM Priorities



Questions?

