

BOARD OF GOVERNORS

Provider Relations Advisory Committee Meeting

May 20, 2025 • 1:00 PM

Lobby Conference Room 100

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

*L.A. Care offices have moved to 1200 W. 7th Street, Los Angeles, CA 90017.
Public meetings will continue to be held in the Board Room at 1055 W. 7th Street.*

DRAFT



L.A. Care
HEALTH PLAN®

AGENDA

Provider Relations Advisory Committee Meeting Board of Governors

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

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=ma21d70a44766f6ce86896a13d6d5ccbe2>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting Number: 2489 045 1825 Password: lacare

Teleconference Sites

Hector Flores, MD
1720 E. Cesar Chavez Avenue
Los Angeles, CA 90033

George W. Greene, Esq.
515 S. Figueroa Street, Suite 1300
Los Angeles, CA 90071-3322

Zahra Movaghar
1025 N. Brand Blvd. Suite 100
Glendale, CA 91202

Haig Youredjian
3604 San Fernando Rd.
Glendale, Ca. 91204

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.

The process for public comment is evolving and may change at future meetings.

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

George Greene, Esq., *Chair*

1. Approve today's Agenda *Chair*
2. Public Comment (*Please read instructions above.*) *Chair*
3. Approve February 19, 2025 Meeting Minutes *Chair*
4. Chairperson's Report *Chair*
5. Chief Executive Officer Report *Martha Santana-Chin*
 - May Revise and the Future of Medicaid *Chief Executive Officer*

Cherie Compartore
Senior Director, Government Affairs

Committee Issues

6. Participating Physician Group (PPG) Scorecard and
Internal Performance Metrics

Noah Paley
Chief of Staff
Todd Gower
Chief Compliance Officer
Suma Simcoe
Deputy Chief Operating Officer
Priti Golechha
Senior Medical Director, Care Delivery

7. Open Forum

Chair

ADJOURNMENT

Chair

The next Committee meeting is scheduled on Wednesday, August 20, 2025 at 9:30 AM
The order of items appearing on the agenda may change during the meeting.

**THE PUBLIC MAY SUBMIT COMMENTS TO THE COMMITTEE BEFORE DISCUSSION
OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN
WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO
BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.**

**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.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72
HOURS BEFORE THE MEETING:**

1. At L.A. CARE'S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care's Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Committee Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request 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

Provider Relations Advisory Committee

Meeting Minutes – February 19, 2025

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 Moazzzez, 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

Martha Santana-Chin, *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	<p>George Greene, Esq., <i>Committee Chairperson</i>, wished everyone a Happy New Year and welcomed the Committee to the first meeting for 2025. He 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.</p> <p>Richard Ayoub and Monica Gutierrez-McCarthy requested Committee approval for their remote participation due to emergency circumstances.</p> <p>The Committee approved the remote participations of Mr. Ayoub and Monica Gutierrez-McCarthy</p> <p>Committee Chairperson Greene described the process for public comment.</p>	<p>Approved unanimously by roll call. 9 AYES (Ayoub, Booth, Flores, Greene, Gutierrez-McCarthy, Matovsky, Movaghar, Silver, and Youredjian)</p>
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved unanimously by roll call. 9 AYES
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES	The November 20, 2024 meeting minutes were approved as submitted.	Approved unanimously by roll call. 9 AYES

DRAFT

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	<p>Chairperson Greene noted this Committee is starting the year with a new L.A. Care Chief Executive Officer, Martha Santana-Chin. This committee was created as a forum for L.A. Care providers to raise challenges they experience with L.A. Care systems, and collaboratively work on issues to improve care for communities and patients. He looks forward to working with Ms. Santana-Chin in continuing the dialogue via this forum.</p> <p>Chairperson Greene and the Hospital Association of Southern California (HASC) are very welcome Ms. Santana-Chin, and he invited Ms. Santana-Chin to meet with the hospital leaders. HASC hosts a quarterly meeting of hospital leaders in Los Angeles County to talk about L.A. Care, the hospitals, and general patient issues. HASC continues to develop opportunities to work collaboratively with L.A. Care.</p>	
CHIEF EXECUTIVE OFFICER'S REPORT	<p><i>(Committee Member Tyson joined the meeting.)</i></p> <p>Ms. Santana-Chin noted it is great to hear that the genesis of this was to focus on addressing challenges and work on opportunities. Having worked 20 years of her career on the provider side, she knows first-hand some of the issues that have plagued the delivery system for decades. One aspect of her new role at L.A. Care is working with several friends through relationships built over decades. The Committee's commitment to working with the vulnerable populations in the communities, those that oftentimes goes dismissed or disenfranchised, has a special place in her heart.</p> <p>Ms. Santana-Chin commented, who would have thought that we would get to a place where Medi-Cal as could be used as a tool to address the whole person? Social drivers of health and the promise of those services is something that everyone has championed in one way or another over the years. Looking ahead to 2025, there is anxiety in anticipating the federal cuts that could affect the benefit programs. She added she would hate to see any regression in the level of services. It will take a collective group of leaders in the County, throughout the state and across the country to protect the coverage advances that have been made and the benefits we provide to the people that we serve.</p> <p>Ms. Santana-Chin looks forward to working with this Committee to defend the programs. There are many opportunities and many challenges. Ms. Santana-Chin is excited to partner with a provider community. L.A. Care serves one in four County residents, which is a very powerful concept. She believes they can collectively make an impact by selecting priorities to focus on and by streamlining delivery of services and benefits throughout the County with systemic changes. There are burdens on the provider community, some of it is self-inflicted.</p>	

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	<p>Since Ms. Santana-Chin joined L.A. Care, she has had opportunities to meet with leaders at the regulatory agencies and there is a willingness to partner with L.A. Care. She hopes that this Committee will develop a constructive agenda to streamline delivery of the best care possible to the members we serve. The leaders at this table can help L.A. Care do that through partnership, collaboration, and holding one another accountable. It will take strategy, focus, prioritization, and all rowing in the same direction. Ms. Santana-Chin is confident in a bright future and looks forward to partnering with the Committee members.</p> <p>She joined the L.A. Care team during very dire circumstances when on day two on the job the fires broke out in Eaton Canyon and Pacific Palisades. Many L.A. Care staff members were personally impacted. The L.A. Care team rose to the occasion and L.A. Care is in good hands. She spent a lot of time with the Senior Leadership Team and with the folks running the operations. Everybody on the team is 100% committed to partnering with the provider community to deliver high value services. Ms. Santana-Chin expressed appreciation for the opportunity to attend this meeting. She is learning and welcomes advice or insights from Committee members. She is looking forward to participating.</p> <p>Committee Member Ayoub welcomed Ms. Santana-Chin to L.A. Care. He noted the expiration of the CalAim initiative in December 2026 and asked if L.A. Care is looking beyond that point for funding those benefits. Ms. Santana-Chin responded that L.A. Care is actively talking through strategy and will work on forecasting the budget negotiations at the federal level. Many state leaders want to continue many of the services, such as community supports (CS) and enhanced care management (ECM) services. They may fight to continue to have some iteration of that continue through the next federal waiver period. In an ideal world, several of the CSs deliver value by stabilizing beneficiaries and avoiding downstream cost in the system. Over the next few years L.A. Care hopes to demonstrate the cost savings. When L.A. Care can demonstrate cost savings and if the state rules allow it, L.A. Care would continue CS and ECM services. There are uncertainties. L.A. Care is working very closely with state regulators to understand the direction they will take. So far, there is no indication that will take their foot off the gas. Approval for transitional rent was achieved in late December 2024. Unless something dramatic happens and the federal administration bars those services, the state intends to continue. Right now, everything is status quo. L.A. Care continues to provide benefits through CS and ECM and is planning for what is to come.</p>	
COMMITTEE ISSUES		

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Participating Physician Group (PPG) Scorecard and Internal Performance Metrics	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, Acacia Reed, <i>Chief Operating Officer</i>, Noah Paley, <i>Chief of Staff</i>, and Suma Simcoe, <i>Deputy Chief Operating Officer</i>, presented the current Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. <i>(Please contact Board Services for a copy of the presentation.)</i></p> <p><u>Medical Management.</u></p> <p>MCLA authorization processing timeliness is at 100%-99.9 %, or 99.6-99.9 %, for decision making, whether expedited, urgent or post-service request decisions, or standard routine decisions. L.A. Care had excellent performance in this measure going back for a few years now. L.A. Care is very proud of the work it is doing.</p> <p><u>In-patient Hospital admissions.</u></p> <p>This is an important marker of the quality of care that L.A. Care delivers to its network. L.A. Care understands that patients would rather spend time at home than in a hospital. If patients are in a hospital, L.A. Care wants to make sure they are there for the appropriate amount of time.</p> <p>L.A. Care is tracking along the same number of in-patient hospital admissions as in the prior year.</p> <p>For L.A. Care's delegated provider groups for Seniors and People with Disabilities (SPDs), Medi-Cal Expansion (MCE), Temporary Assistance to Needy Families (TANF), L.A. Care determines if a provider practice is above or below standardization deviations or above or below the median. L.A. Care's Medical Management Department staff continue to have conversations with the practices about in-patient hospital admissions.</p> <p>L.A. Care is tracking re-admissions rates, which are consistently in the 19-20% range. L.A. Care is working on driving this down further. Emergency department visits have been holding at a steady rate.</p> <p>Dr. Amin reported on L.A. Care's potentially avoidable emergency department visits with extensive review of the reasons members go to the hospital instead of getting outpatient care in a less acute format. L.A. Care is developing mitigation strategy, reviewing telehealth access and resources in the community. David Kagan, MD, <i>Senior Medical Director, Direct Network</i>, will provide detail on access and availability to specialty care. If members see their primary care doctors and the needed specialists earlier, it will decrease the rate of avoidable hospital admissions.</p>	

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	<p>Dr. Amin presented the CalAIM scorecard from July 2024 to September 2024. L.A. Care has all 14 of the community support programs running. There has been rapidly growing throughput, particularly with the housing bundle of CS programs. L.A. Care had a dramatic increase in ECM utilization with changes in leadership, in the incentive programs and payment methodology. There was a dramatic increase in L.A. Care's CS engagement with the community. In the future, L.A. Care will present return on investment (ROI) information. If L.A. Care and providers invest in the programs as a healthcare community, L.A. Care needs to make sure that investment is in the right places.</p> <p>ECM had 16,150 members in the second quarter of 2023, and 32,023 members by the fourth quarter of 2024. L.A. Care made changes in leadership, reformatted the program, and updated incentives, which engaged the ECM community and provider partners. L.A. Care has worked very closely with Department of Healthcare Services (DHCS). DHCS has given L.A. Care positive feedback and L.A. Care has the majority of ECM membership in California.</p> <p>Mr. Paley reported that Call the Car (CTC) performance is reviewed through daily logs and monthly reports in close collaboration with CTC. CTC's performance in all eight of the service level agreement (SLA) categories agreed to with CTC, six are fully compliant with the SLAs through the end of January, CTC is meeting or exceeding compliance with service-level requirements in all categories—except for hospital discharges and transfers, where the compliance threshold is 100 percent. at 99% in hospital discharges and 98% on hospital transfers.</p> <ul style="list-style-type: none"> • For hospital discharges in January, CTC's on-time performance percentage was 99%. More specifically, out of a total of 3,208 total hospital discharges trips, 3,189 were performed on time. • For hospital transfers in January, CTC's on-time performance percentage was 98%. More specifically, out of 1,009 hospital transfers trips, 989 were performed on time <p>Mr. Paley noted that L.A. Care is required to perform hospital transfers within three hours, and L.A. Care is pursuing a goal to perform all hospital discharges within three hours. To achieve 100% on-time performance of hospital discharge and transfer trips, L.A. Care is contracting with a supplemental transportation vendor, All Town, whose drivers will be dispatched by which will work with CTC to use All Town drivers to supplement resources, to ensure full and sustained compliance with hospital discharges and hospital transfers. L.A. Care will ensure adequate and prompt credentialing of All Town drivers. L.A. Care expects to complete the process and to onboard All Town by the end of this month.</p>	

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	<p>Committee Member Ayoub asked how L.A. Care will measure ROI of the CS programs, will it be with hospital readmissions, emergency room readmissions, and overall costs of health care. Dr. Amin welcomes recommendations. It is complicated because it is not easy to determine cost the benefits before and after implementation of the programs.</p> <p>Committee member Zahra Movaghar asked about the average length of time that members stay enrolled in the ECM program. Dr. Amin responded that when ECM was first introduced, it was to be a continuum of care, with general case management by the primary care physician (PCP), more complex case management (CCM) or high-risk case management coordinated by the health plan, and ECM for members with the highest comorbidities. There was an active conversation with DHCS about ECM, whether it should it be conducted by the health plan. L.A. Care is already doing CCM as it is a National Commission on Quality Assurance (NCQA) accredited function. In conversations with DHCS, the decision was made that ECM should happen in the community. L.A. Care worked with its partners to develop these high risk case management services.</p> <p>It takes time to develop infrastructure, and L.A. Care has worked very hard to build that up with the provider community. The program has matured. ECM is working well, but long-term outcomes are not known as it is too early to tell. L.A. Care is not seeing people discharged from ECM to a high degree. Dr. Amin reported that at the beginning of ECM and CS L.A. Care had a safety net initiatives department responsible for CS and ECM services. That department was non-clinical and apart from case management. ECM was moved back into the case management department and is run as a case management program. It is now in medical management., clinically led, and that has led to the increase in numbers improving the enrollment.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, reported that the claims volume has increased from last year. Ms. Reed thanked Mr. Paley and his team for working with the provider community to submit claims electronically rather than on paper. This helped with timely payment to meet regulatory requirements. The claims payments were higher, and the interest payment went down, which showed progress in paying the claims correctly the first time. This is an indication of a healthy process at L.A. Care.</p> <p>Regarding MCLA claims processing timeline by process date, staff were challenged in meeting requirements for the 90-day timeline when Coordination of Benefit Agreement (COBA) claim process was implemented in summer 2023, which is when Centers for Medicaid/Medicare Services (CMS) was sending L.A. Care secondary claims once the</p>	

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	<p>primary was paid. L.A. Care received a very large volume of claims, and the system was set up to process claims first in-first out. The secondary claims were rarely received, and those created workflow issues. Process improvements were made to prioritize payment of facility and inpatient claims. The claims adjustment rate is going down, which is a good indication that L.A. Care is paying claims correctly the first time. Overall, all the claims payment amount, interest rate adjustment, are aligning towards staff's goal to always pay the claim correctly first time.</p> <p>Provider dispute resolution is another indicator that the volume has gone down, except for one month. This means there are fewer complaints from the providers. L.A. Care is working to improve turnaround time.</p> <p>Committee and Board Member Stephanie Booth asked if those that are auto adjudicated. Ms. Reed noted that the paid claims would count this as a duplicate. Auto adjudicated claims can have paid claims and denied claims. Ms. Reed noted Committee Member Booth asks about root cause and process improvements. L.A. Care has been working with Advanced Analytical Lab (AAL) reporting team to create predictive modeling using two years of data. Based on that, AAL created a machine learning process which went live a month ago. Every day the Claims team will receive 200 claims that are prone to errors or were adjusted for some reason in the past. The new process will provide an opportunity to review it again, ensure it is being paid correctly before the payment goes out. Unfortunately, certain types of claims had more errors. This provides an opportunity to increase training, update documentation, or move queues to the right people.</p>	
Access and Referrals	<p>David Kagan, MD, <i>Senior Medical Director, Direct Network</i>, noted as Ms. Santana-Chin mentioned earlier, L.A. Care's goal for this year is to work on challenges that are internal priorities with the Provider Relations Advisory Committee (PRAC).</p> <p>There are challenges in the healthcare system. This Committee is represents stakeholders in the healthcare system, so this is the right place to work through some of those challenges. Members and provider are concerned about delays and access issues caused by unintended processing mistakes. Dr. Kagan thinks that when looking through member grievances, member calls, member concerns, there are fixable process issues.</p> <p>L.A. Care's goal for 2025 is to begin to unpack the problems and understand how to educate and work with providers to resolve obstacles and members feel like what they ask for is moving smoothly and flowing correctly.</p>	

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	<p>For example, when a provider orders CPAP, there are 15 to 20 codes required for the equipment. Providers do not always understand the detail that needs to go into the order. Members perceive there is a delay because they do not understand what is happening in the background. Then it takes four weeks to get the equipment out where it could have been processed faster.</p> <p>L.A. Care is creating simplified processes to help members and providers understand how to order things correctly; create the right links and move things with the system. Dr. Kagan, mentioned L.A. Care's vendor, Western Drug is on the call. Western Drug has been helpful and thanked Committee Member Youredjian in their conversations about specific issues that have come up and helped identify some of these root cause issues and how they can work together to partner to try to avoid these follow ups from happening in the future. Dr. Kagan also tend to notice the lack of understanding, particularly on the member side on how the system works. There is an expectation that you could sometimes go to the doctor, and you are going to get what you need right there, which is not always how things happen. You have to send prescriptions, have to actually get measured, have to get the right equipment, somebody has to come to your house and actually make sure that the stocking fade or that you can get the bed in the room, but you actually have to do things to make sure the equipment and what you are asking for actually is the right thing for you. L.A. Care has made considerable effort to try to even get specialty providers to go to the home to make sure that the members are able to get the equipment they want. Dr. Kagan does not think members fully understand that. Because no one has explained to them what is going to happen, members think there is just a delay.</p> <p>When a prescription order is placed, it can take four weeks for a specialized wheelchair. Dr. Kagan noted that when members call asking questions, they do not always get the clarity they want because people answering the phone do not know exactly what to tell them to explain the process. There are ways to leverage the provider community and the member community through the Regional Advisory Community Committees (RCACs), Executive Community Advisory Committee (ECAC), and Provider Relations Advisory Committee.</p> <p>He noted that durable medical equipment (DME) has become a focus for L.A. Care because members need the equipment relatively quickly. Dr. Kagan is looking forward to working with Committee members to streamline the DME specialty referrals and to make sure people get to a right specialist at the right time frame.</p>	

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	<p>Chairperson Greene asked about educational opportunities, assuring collaboration from HASC to bring appropriate representatives from hospitals to take part in the learning opportunity. He added that if L.A. Care has begun planning, he suggests to starting with member education. CPAP has become a common reason for delays and L.A. Care could work with provider communities to tackle CPAP issues, then move on to DME based on what members call about. Chairperson Greene added to Committee Member Silver's comments, there are opportunities to educate provider groups on outpatient issues through medical management discussions. HASC has noted there are several DME orders at hospital discharge that HASC could help L.A. Care address.</p> <p>Dr. Kagan responded there are opportunities to get the order action filled quickly. One venue is the newly launched provider. There are other methods that L.A. Care can utilize to try to get these orders in correctly to the right place. Dr. Kagan confirmed that a new member portal has been launched and Staff will present it to the Committee.</p> <p>In Los Angeles County, health plans delegate responsibilities to partners, delegation does a lot of good things, and it can complicate member experience. While the L.A. Care team is organizing around what L.A. Care can do better to strengthen its operations, this is an example of the critical nature of partnership. L.A. Care cannot operate alone. L.A. Care can apply standards and best practices, with input from this Committee. One reason L.A. Care established the PRAC is to hear feedback from its provider and PPG communities.</p> <p>Committee Member Hector Flores appreciated the presentation and suggested for these types of services, whether a specialty referral or a DME referral, there is a triad of the origin, which is usually the physician or their office, a vendor and a patient. It would be best to have everybody in the same room to figure out how each contributes to the problem and how we can be part of the solution. As Ms. Santana-Chin mentioned, standardization will help inform member expectation in ordering a wheelchair, there will be parameters required to expedite service. Committee Member Flores recommended looking at some of L.A. Care's high-volume or problem prone issues in DME. It could be CPAP, a wheelchair or a mechanical bed. Get the originator, the vendor and the patient representative to talk about how and identify common problems and how to resolve them. Everybody is trying to do the right thing, but if we are not, as a physician, prescribing the order correctly with sufficient information, problems are created downstream. We do need to standardize. Everybody has a different idea of what patients need. We also need to understand what standardization will do for efficiency, affordability and convenience for the patient at the same time.</p>	

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	<p>Mr. Paley commented that the Network team is working among the PPG sub networks regarding specialties required by DHCS and member access to care survey reports about access to routine and urgent appointments and grievances about access to specialty services and travel distance to get those services. L.A. Care is putting the information together and will review it with PPG partners in joint operations meetings. Mr. Paley noted that Committee Members Zahra Movaghar and Sabra Matovsky and other provider partners will be interested in this information, and L.A. Care needs to identify the specialty referral issues to understand where to apply joint efforts.</p> <p>Committee Member Movaghar noted that they look at wait times for specialty in terms of easiest to access specialists and specialty types, and those with the longest wait. They found it is not an issue of payment, as they pay well above Medicare for some specialty types to the point where this year they will post a loss, given financial expenditures in trying to improve access and wait time. They hear from specialists is that it would be much easier if they had access to ambulatory surgery centers as opposed to hospitals. It curtails their ability to provide that care. They are using some of the historical funds they have gotten from the SB 510 settlements to augment specialty care payments.</p> <p>Committee Member Sabra Matovsky suggested for the agenda at a future meeting an issue that the clinics bring up all the time, the CAHP survey. They usually see about 300 reviews for patients related to primary care. They have 750,000 patients and more than 160 sites, so when they get 300 patient comments on the consumer survey, that is two per site. It is hard to extrapolate what that information means. With larger groups, if there could be an oversampling that gives us more confidence that the CAHP survey is a reflection of actual care. Ms. Matovsky added that the L.A. Care advanced nurse practitioner program would help them with primary care access.</p> <p>Mr. Paley noted L.A. Care is working on assigning members to nurse practitioners. He thanked Ms. Matovsky for the guidance and collaboration. L.A. Care is also working to onboard more urgent care centers, with 40 or more in the credentialing process. Unfortunately, the minute clinics in L.A. Care's network have gone down from 12 to 6 sites. L.A. Care is working to address the items Committee Member Matovsky just raised.</p> <p>Committee Member Youredjian commented that Western Drug is a fairly high-volume provider of DME, medical supply and respiratory services for L.A. Care. They are proud of a decade's long partnership with L.A. Care. Western Drug has struggled in the past with certain systems on retrieving referrals and authorizations and being able to request</p>	

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	<p>authorizations or reauthorizations. Committee Member Youredjian added that Western Drug is working very closely on L.A. Care’s recently launched provider portal with Geoffrey Vitrano. It was an exciting development because it will enhance Western Drug’s service model and the delivery of care for L.A. Care members. A pilot test project is underway on this provider portal, and results so far have been great. It is something that they had been requesting for quite some time. Committee Member Youredjian thinks that through these types of automations and innovations, they can enhance delivery of patient care, be more prompt in the manner in which it is processed, and it creates efficiencies between the plan and the provider that they previously did not have. Western Drug is also in the process of upgrading its operating systems. They will be able to integrate the information that they retrieve from L.A. Care’s provider portal in their operating systems so that they can further enhance the data available on the delivery of care and the timing, metrics and KPIs. They are excited to share this with L.A. Care as well once they hit the ground running.</p> <p>Chairperson Greene commented on what Committee Matovsky stated in terms of access to care, there is always a trade-off. HASC keeps track of waiting time for specialists. When a member needs to be referred to a specialist that is closer to them, but that wait time maybe two2 or three months, we must ask them to travel. The member may not like it, but the provider could see them in two or three weeks. This is an endemic problem right now. It is that either we do not have enough providers although we keep adding it is an ongoing process in terms of beefing up the specialist network, but there is still, even in the commercial environment, there is a long wait time. He doesn't know if this is patient member education or education managing expectations. There is wait time all over the place and if the member has to travel, they file a grievance. That is a trade-off, otherwise they must wait three months.</p> <p>They have seen in the data that through eligibility redetermination, several patients that were disengaged from the medical system were disenrolled. And we had patients that came in through My Health LA that seem to be sicker. Grievances have increased from 2023 to 2024. The demand on the specialist network as substantially sicker members enrolled over the course of this past year has been substantial. We have practices that are buying up some of the more independent physician providers. And joining groups that no longer take that account, so there are a lot of factors that are really impacting cost, availability, need to travel. But we have seen a change in our demographic in terms of patient population that is also exacerbating some of the specialty issues. We have seen the same on the hospital side coming out of the pandemic, we are seeing people present with a much higher acuity, and we</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>think it is only going to continue especially when you look at the Medicaid population with what is happening with the administration. We think that people were worried about people staying away from trying to access the care they need, which means they are going to show up with an even higher acuity when they go into a health crisis.</p> <p>Mr. Paley thanked Members Movaghar and Matovsky for the comments on issues impacting specialty referrals. L.A. Care will study the information to identify underlying causes and address this problem. Ms. Movaghar and Ms. Matovsky have raised extremely good points about some of the challenges and the impacts. L.A. Care is working on the concerns that members expressed about access to specialty care.</p>	
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	<p>Edward Sheen, MD, <i>Chief Quality and Population Health Executive</i>, presented a review of Consumer Assessment of Healthcare Providers and Systems (CAHPS) results. He introduced Hannah Paek, <i>Quality Improvement Program Manager</i>. One of her initial areas of focus is CAHPS.</p> <p>Dr. Sheen provided an update on the work L.A. Care is doing on CAHPS and member experience improvement. From a regulatory perspective, L.A. Care is performing well, Star in Medicare programs requires high performance across multiple domains. Member experience, encompassed by CAHPS and the survey, accounted for a large portion of the final Star score; in 2025 it will be about 1/3 of the score. The focus has been on Healthcare Effectiveness Data and Information Set (HEDIS) measures in pharmacy and clinical domains. That work is still important, but CAHPS is used in the national move towards increasing the weighting and is going to be increasingly important to our mutual success in the Star program. When L.A. Care performs well on Star, it can carry substantial financial benefits that L.A. Care can reinvest back into benefits and care for members. It also translates into financial incentive payments for the provider community.</p> <p>Dr. Sheen focused on L.A. Care's strong belief that members in the safety net deserve an experience of care that is just as good, if not better than, the experience of everyone else within reach. This is a fundamental principle of health equity. Members with better care experience have greater adherence and more trust in the healthcare system and overall better health outcomes.</p> <p>CAHPS is a survey instrument that was developed by the Agency for Healthcare Research and Quality (AHRQ), which is part of Health and Human Services (HHS). AHRQ collaborated with universities to develop a validated survey instrument administered by Centers for Medicare and Medicaid Services (CMS). The survey is fielded around late</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>February until late spring. Most of the feedback L.A. Care receives for CAHPS reflects the 2024 member experience. As L.A. Care improves on CAHPS it also is looking ahead towards improving for 2025 and 2026. L.A. Care is aggressively building out a team and infrastructure to focus on CAHPS, with a goal to be a leader in CAHPS, a leader in member experience, not only in Los Angeles but in California and nationally. L.A. Care wants to be the example of exceptional member experience, elevate the safety net and advance health equity through this work. Historically member experience has not been a rigorously measured area of focus by many health plans. L.A. Care providers at the PPG level and the provider level, run other surveys like CG CAHPS that can provide feedback for incentive programs, strategic planning and quality improvement.</p> <p>There are about five domains in the CAHPS score: getting needed care, getting appointments in care quickly, access to care, care coordination, getting prescription drugs and pharmacy and customer service. Generally, a few hundred members are sampled randomly, a very small sample size and that is one of the challenges with CAHPS. Each of the domains consists of two to three questions. Each domain can get L.A. Care a Star sub-score that rolls up into a rating for CAHPS that becomes that 1/3 of the overall Star rating.</p> <p>There's a lot of best practices out there and most providers have experience clinically or operationally with patient care. There is an opportunity for L.A. Care and providers, as a community, to learn from each other and continue to help each other to grow and improve, and better serve members.</p> <p>Dr. Sheen acknowledged the challenges of CAHPS. The small sample random survey, the subjectivity, and the very specific questions. If the focus is on setting the right expectations with members and helping providers incorporate the right communication points and tactics into the workflows for how they communicate with members, the variation in performance will be reduced and providers will perform more consistently to help members have a better care experience and providers will score higher in these surveys. The member clinical quality of care they receive, and health outcomes may not fully correlate with their subjective experience. That can be a challenge and an opportunity, communicating with them in the right way, can improve the perception of care experience even with other barriers in healthcare systems. L.A. Care has generational workforce challenges regarding enforcement issues that is not going to get better overnight. Setting realistic expectations with members, like offer to call the specialist office when there is a referral, help patients to follow up by making sure that lab results are provided and communicated. Those are concrete steps we can take independent of access that can improve the member care experience and help them</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>to better understand and feel that providers care for them, even if access is a challenge. This is an example of some best practices and opportunities to improve the measure, such as pre-scheduling the next appointment or procedure for the member at checkout. Using the touch point when a member is in the office, helping them to understand a recommendation for certain types of care, tests and treatments, helping them to understand the reason and that the provider has their best interest in mind, to build trust in the system. This is a sampling of best practices, but again, the point is if we isolate what the question is really asking about, to Mr. Paley's point about teaching to the test, we have opportunities here to improve the survey performance and genuinely improve member experience.</p> <p>Dr. Sheen noted there are opportunities for L.A. Care to be very intentional about communicating with members to improve their experience and improve CAHPS performance. Dr. Sheen and his team are actively working on a member journey map to better understand the DSNP journey. L.A. Care will contact providers to better understand what providers are doing in member experience. The goals to build an ecosystem that is committed to member experience improvement and continue to focus on key targeted opportunities.</p> <p>Chairperson Greene thanked Dr. Sheen for his presentation. Committee members will follow up with him and his team directly if they have any questions, comments or suggestions. The Committee wants to continue to receive updates.</p> <p>Committee Member Flores thanked Dr. Sheen for his presentation. He also thanked L.A. Care for its provider educational series. He suggested incentives for providers to participate with those programs, with a special recognition for providers who attend 70% of the programming for the calendar year, to recognize the effort. The conferences are very valuable in addressing the various issues Dr. Sheen just presented.</p>	
Transitions of Care STARs Metrics	<p>David Kagan, MD, and Donna Sutton, <i>Senior Director, Stars Excellence</i>, provided an update on Transitions of Care STARs Metrics. Transition of care is a concept that has gotten a lot of attention at the state level. What makes some of these measures and processes challenging is that state regulators have very specific ways that they want the transition done. There are various specific tasks that must be documented in the medical record to ensure that L.A. Care can demonstrate that it has met the metrics. The challenge behind some of these is that it is very dependent on L.A. Care provider partners to achieve the metric, there are limitations on what L.A. Care can do as a health plan because the hospitals must demonstrate that those things happen.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>For transitions of care, there are four key components to succeed.</p> <ul style="list-style-type: none"> • It has to be reflected in the outpatient medical record that the primary care provider was notified within 72 hours of the member's hospital admission. • The primary care provider must be notified within 72 hours of member's discharge from the hospital, and they have to get a copy of the discharge summary. • And there has to be a demonstration later down the line that a medical reconciliation happened, and a follow up appointment happened in 30 days. <p>Looking historically at internal metrics, L.A. Care is doing well with the follow up appointment. L.A. Care is good at getting patients into the office in a certain period. The areas where L.A. Care has trouble and needs partnership is around how L.A. Care can ensure everyone is notified that a member is moving in the system. When a member is admitted or discharged, how can L.A. Care make sure that the notification travels from the hospital back to the primary care office, and that primary care office documents receipt of the notification and do the appropriate follow up. L.A. Care 2025 is working hard on all these things because it is the best thing for the member. It helps make sure that they have smooth transitions in and out and everyone is informed. It can become fragmented as members get admitted to different hospitals, different emergency departments. Different systems do not always interact simply. L.A. Care will work with hospital partners to ensure that the notifications and transitions are happening smoothly. L.A. Care has done a lot of work internally in building community health workers that reach out to members to help them make appointments, schedule follow up, and get into the provider office, which is a reason L.A. Care is doing well with follow-up appointments done correctly.</p> <p>In response to a question about proper documentation, Dr. Kagan noted it can be a note in the file. It must be documented on the medical record to demonstrate the notification, the format is not specified. L.A. Care can send a fax, but it must get into the medical record, which is the a challenge.</p> <p>Committee Member Tyson commented she is willing to participate in any workgroup or committee by L.A. Care to address issues around access to care and information received from L.A. Care's physician groups. One thing is that health plans do things differently. Hospitals send information to the PPGs right away. PPGs understand they have three days in which to book patients back into the clinics. She suggested reviewing other models in the delivery system. Doctors and provider groups contracted with multiple health plans are probably doing this. Committee Member Tyson commented that Call the Care hears the the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>metrics about perception of what the members are getting. She could inform providers about what they are hearing from dissatisfied people and why they are dissatisfied.</p> <p>Dr. Kagan thanked Committee Member Tyson for her comments and asked what members talk about in the car. Committee Member Tyson responded that members talk about L.A. Care, the members are great. If the member is mad, they say terrible things. If they are happy, they also say terrible things, and say forget us, this did not happen. They also say when something is not right or they do not feel like they have access, or that they need something. Call the Car's (CTC) team translates that to whoever they are talking about. The members are very vocal, many of them are extremely happy with being able to get where they need to go. But they are also concerned with barriers to their access to care. There is a lot of feedback from the members that when they are in the car. CTC's drivers hear a lot of grievances about the members' perception of what they should be getting when they are told no. why and how they are told no. This is not because the regulations and rules and such that do not allow for whatever they think that they should get. CTC drivers hear both grievances and compliments.</p>	
OPEN FORUM	<p>Chairperson Greene reminded the Committee that this section is for other topics for future committee meeting or if there are standing agenda items that they would like added to agenda.</p> <p>Chairperson Greene would like to get update on advanced nurse practitioner that he has brought a year ago.</p> <p>Mr. Paley noted Committee Member Matovsky will provide information to Chairperson Greene.</p> <p>Committee Member Booth would like the Committee members to think about how to encourage patients to get involved in their own care, because that is the one thing we completely skip, we must do this for them. Doing things for their own care would help build their confidence.</p> <p>Dr. Kagan noted the health plan makes appointments with their primary care physician for patients discharged from the hospital so the primary care physician can reconcile their medication. When they do not follow up, the health plan nurse practitioner calls the member to reconcile the medication. Patient accountability must be a big part of follow up because there is only so much the system can do.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Greene agreed and added he would like to have some conversation around the Los Angeles wildfires. From the hospital perspective, they saw opportunities to improve engagement, communication and support of post-acute care providers, specifically skilled nursing facilities. Chairperson Greene shared that Huntington Hospital, which was miles from the epicenter of the Eaton fire, had over 60 skilled nursing facility patients show up at their emergency department, and most of them did not have medical records. Many of them had dementia and could not even tell the hospital staff their names. There were several skilled nursing facilities impacted by the fires. There were challenges already in trying to place patients upon discharge from a hospital into post-acute care settings. The impact of the wildfires will exacerbate this situation. HASC has been working on a portal to help hospitals identify skilled nursing facilities to appropriately discharge patients. That project will be facing more headwinds because of the fires. There is a rapidly aging population, and before the fires and before the pandemic post-acute care community lacked capacity and workforce.</p> <p>Committee Member Tyson noted that the Crown City Medical Group campus was destroyed in the wildfire. The entire area was surrounded by fire that night, including several nursing homes, and the patients were put at the 7-eleven on the corner. People just carried them out as quickly as they could. The devastation in Altadena and Pasadena affected Medicaid members that she has served for 30 years, they have been displaced and disrupted. Everyone has made best efforts through telemedicine. She thinks the problem is there are many seniors that will probably not be able to return to the nursing facilities because it is looking like a five to six year recovery from the devastation. The community is quickly realizing this. They are selling properties, particularly those that were Medicaid recipients for the longest time, even members of Crown City Medical Group in Altadena and Pasadena. We should talk about where and how this community, particularly seniors and others, where they will be able to get hospital care. Huntington is overbooked. Committee Member Tyson does not see an immediate resolution for all these nursing homes with the level of destruction.</p> <p>Chairperson Greene noted for future agenda, HASC has starting to track patients who are not keeping specialty appointments, particularly dialysis patients with advanced chronic illnesses. They want to make sure that they stay in care. Because of the immigration concerns and other things that are happening, HASC is tracking dips in utilization.</p> <p>Committee Member Sabra Matovsky echoed Committee Member Tyson, because they had an facility impacted in Pasadena. They are trying to expedite getting people back in, but it looks like it is going to be a long hard road. Regulatory hurdles are making it impossible to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>expedite the process. This is a long-term problem. If the provider community could come together, it could influence authorities to stop citing facilities affected by the wildfires.</p> <p>Committee Member Tyson asked if their hospital has been seeing these kids in NICUs in jeopardy for not having their maternal presence. Ms. Santana-Chin thanked Committee Member Tyson for bringing this up. She added that reports of immigration enforcement at hospitals have all been proven false. L.A. Care has reached out to the hospital community to ask if anyone has had ICE visits in recent weeks. Every report that L.A. Care received has been that any of what seen on social media has been false. Ms. Santana-Chin encouraged all to please communicate that to L.A. Care reports on deportation threats or the wildfire recovery. The Attorney General's office has asked L.A. Care to provide impact stories that they can use in the work that they are doing, and Secretary Johnson has offered to facilitate flexibilities where needed. L.A. Care is ready to help.</p> <p>Committee Member Flores commented that the county system plays a major role in the governance of L.A. Care. Going back to the point about collaboration, it would be helpful to invite them to this meeting, to begin planning how to respond to the emergencies mentioned today. Ms. Santana-Chin thanked Dr. Flores for the recommendation. She added L.A. Care would invite the appropriate individuals. She shared that the hospital community went through a process to develop best practices and lessons learned from the pandemic, which involved the County. During the wildfires, L.A. Care pulled together representatives from the hospital community, key community stakeholders and representatives from the County. Ms. Santana-Chin stated there are opportunities to improve the infrastructure for crisis response for providers in the community. L.A. Care is aware of the County agencies taking a leadership role and getting several parties together. The charge for L.A. Care is to make sure that its provider network is informed and facilitating productive discussions.</p> <p>Chairperson Greene acknowledged lessons learned from the wildfire and the charge for the post-acute care system and a number of the other topics that were addressed today are all very worthy of the Committee's collective attention. He thanked everyone for their patience and involvement. There was substantive conversation today, and this is a great platform for continued collaborative dialogue, with a focus on solutions and making opportunities reality.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 12:00 pm.	

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:

George Greene, Esq., *Chairperson*

Date Signed _____

BOARD REPORT EXECUTIVE SUMMARY

Report Title: Performance Monitoring, Medical Management.

Date: 5/12/2025

Prepared By: Priti Golechha, MD, Senior Medical Director, Health Services

1. Purpose of the Report

This report presents our performance trends over time in authorization compliance and utilization metrics, both for LA Care as a whole and for individual provider networks (PPGs).

2. Background / Context

This report specifically shows our performance over time for following:

- Authorizations processing timelines.
 - Inpatient hospitalizations utilization.
 - Emergency room utilization.
 - Avoidable emergency room utilization.
 - Cal-aim Community Supports (CS) and Enhanced Care Management (ECM) highlights.
-

3. Key Considerations / Analysis

MCLA Authorization & Utilization Summary (Sept 2024–Feb 2025):

- Authorization requests consistently met DHCS timelines, with 99.2%–100% compliance across all categories.
 - Inpatient and ED utilization showed slight year-over-year increases, though not statistically significant.
 - Avoidable ED visits remain driven by ambulatory-sensitive conditions; improvement efforts continue with PPGs.
 - Readmissions have declined, reflecting successful care transition initiatives.
 - We continue to collaborate with identified outlier PPGs through Medical Management JOMs to drive targeted performance improvements.
-

4. Recommended Action / Decision Requested

This report is intended to inform the Board of our current performance related to authorization compliance and service utilization. It outlines the initiatives underway to improve timely access to care and to address both underutilization and overutilization of services, in alignment with DHCS contractual requirements. We welcome the Board’s feedback to help guide and strengthen our ongoing efforts.

Board Action Needed:

This report is for information and discussion only.

Proposed Motion (if applicable): N/A

5. Next Steps / Timeline N/A

Attachments / Supporting Materials: *Performance Monitoring April 2025*



L.A. Care
HEALTH PLAN®

For All of L.A.

Board of Governors Commentary

April 01, 2025 – April 30, 2025



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

Commentary for general awareness (MCLA Medical Management)

- **MCLA Authorization Processing Timelines:**

- Expedited/Urgent Pre-Service or Concurrent Requests: Decisions were consistently made within 72 hours, with compliance rates ranging from 99.5% to 100% between September 2024 and February 2025.
- Standard/Routine Pre-Service Requests: These were completed within 5 business days, maintaining a compliance range of 99.7% to 100% over the same period.
- Post-Service Requests: Decisions were finalized within 30 calendar days, with performance ranging from 99.2% to 100% during the stated timeframe.

- **MCLA Inpatient, Non-OB Inpatient Admissions, and ED Utilization through September 2024:**

- We continue to monitor these utilization trends closely. Although the graph suggests a possible increase compared to the previous year, statistical analysis indicates that the difference is not significant. Ongoing surveillance remains in place.

- **MCLA Avoidable ED Utilization through September 2024 :**

- Monitoring continues, with efforts focused on collaboration with PPGs and LA Care initiatives to improve this metric. The most common drivers of avoidable ED visits remain acute ambulatory-sensitive conditions such as upper respiratory infections, sore throats, otitis media, and urinary tract infections.

- **MCLA Readmissions through September 2024:**

- We have observed a reduction in readmission rates compared to the previous year, attributed to focused collaboration with PPGs and initiatives around care transitions. Continuous monitoring and targeted strategies are in place to sustain improvement.

- **PPG Comparisons and U-Charts for MCLA Utilization Metrics:**

- We maintain monthly Medical Management Joint Operating Meetings (MM JOMs) with PPGs, sharing face sheets and integrated data sets that help them identify key drivers of overutilization. This data has been well-received and is being used to co-develop improvement strategies with LA Care. Notably, the same PPGs consistently appear as outliers, and these are being prioritized for targeted interventions through JOMs.

- **Cal-AIM Community Supports services highlights and ECM Enrollment:**

- ECM enrollment continues to rise, likely driven by enhanced outreach efforts and contractual changes with ECM providers. Monitoring efforts are ongoing to support and sustain this growth.

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *Performance Monitoring April 2025 – MCLA Claims Operations*

Date: *05/13/2025*

Prepared By: *Suma Simcoe, Deputy Chief Operating Officer*

1. Purpose of the Report

To demonstrate consistent adherence to compliance standards and to highlight areas of operational efficiency along with any gaps that signal opportunities for improvement.

2. Background / Context

Provide transparent, data-driven insights into how Claims Integrity is performing against the following regulatory compliance standards.

- Claims Processing Metrics and Trending
 - Claims Timeliness Compliance Metrics
 - PDR Timeliness Compliance Metrics
-

3. Key Considerations / Analysis

Ensure compliance with the following standards.

- 95% of claims processed within 30 calendar days
- 99% of claims processed within 90 calendar days
- 95% of PDRs acknowledged within 15 working days
- 95% of PDRs dispositioned within 45 working days

Additional comments

- PDR compliance was not met in January and February, attributed to:
 - the volume of SIU cases received.
 - delays in submitting the documentation (medical records, case notes, etc.) to Advize Healthcare
 - misalignment on the vendor's TAT as compared to SOW.
 - L.A. Care/Edifecs Opportunity – Issue identified July 26, 2024, after an Edifecs upgrade took place.
 - Issue: claims incorrectly rejecting before entering into the core system.
 - Resolution: 72,690 claims were ingested into the core adjudication system starting at the end of February, further contributing to the variances between months.
-

4. Recommended Action / Decision Requested

Inform the Board of the department's adherence to the above compliance standards and overall performance during the quarter.

Board Action Needed:

X For Information Only

☐ For Discussion

☐ For Approval / Decision (specify below)

Proposed Motion (if applicable): N/A

5. Next Steps / Timeline N/A

Attachments / Supporting Materials: *Performance Monitoring April 2025*

BOARD REPORT EXECUTIVE SUMMARY

Report Title: Transportation Service Updates

Date: 5/20/2025

Prepared By: Noah Paley, Chief of Staff

1. Purpose of the Report

The purpose of this board report is to provide updates on transportation related customer service improvements, service level agreement results, provider engagement in board meetings, and the new transportation vendor activation.

2. Background / Context

- Customer Service Improvements and Provider Engagement: Call the Car (CTC) line staff and leadership, including Michael Fell (COO) and Dr. Michelle Tyson (CEO) have been attending Board Meetings over the last two months to present process improvements for member experience, listen firsthand to member concerns, and manage transportation to/from the meetings. CTC staff's in-person attendance at all relevant L.A. Care stakeholder meetings will continue. To that end, CTC staff and the transportation team within L. A. Care's Contracting and Relationship Management (CRM) department will attend the RCAC 2 meeting on May 19 to address the concerns raised in the recent motion submitted by that community advisory committee regarding transportation issues.
 - Service Level Agreement Results: CTC Service Level Agreement (SLA) results have remained stable over the last 6 months and all SLAs are being met with the exception of hospital discharges and transfers.
 - New Transportation Vendor: To facilitate CTC achieving and maintaining 100% compliance with timely hospital discharges and transfers, All Town Transportation drivers were activated to provide transportation services effective May 1.
 - All Town is supporting up to 40 NEMT trips per day.
-

3. Key Considerations / Analysis

- While complete remediation of issues is ongoing for transportation related issues, the in-person support and recent improvements provided by CTC have been effective, as evidenced by the positive reception to CTC's efforts expressed by members during the ECAC meeting on April 9 and Board of Governors meeting on May 1.
 - Current CTC SLA results for on-time hospital discharges is holding steady at 99% and hospital transfers has increased from 98% to 99% for the month of May. CRM will continue to closely monitor CTC's on-time performance and gauge the impact of the additional vendor on CTC's compliance with timely hospital discharges and transfers.
-

4. Recommended Action / Decision Requested

Board Action Needed:

- ☒ For Information Only
- ☐ For Discussion
- ☐ For Approval / Decision (specify below)

Proposed Motion (if applicable):

N/A

5. Next Steps / Timeline

- No immediate action from the board is required.
-

Attachments / Supporting Materials:

N/A

Provider Relations Advisory Committee Quarterly Meeting

Performance Monitoring

April 2025

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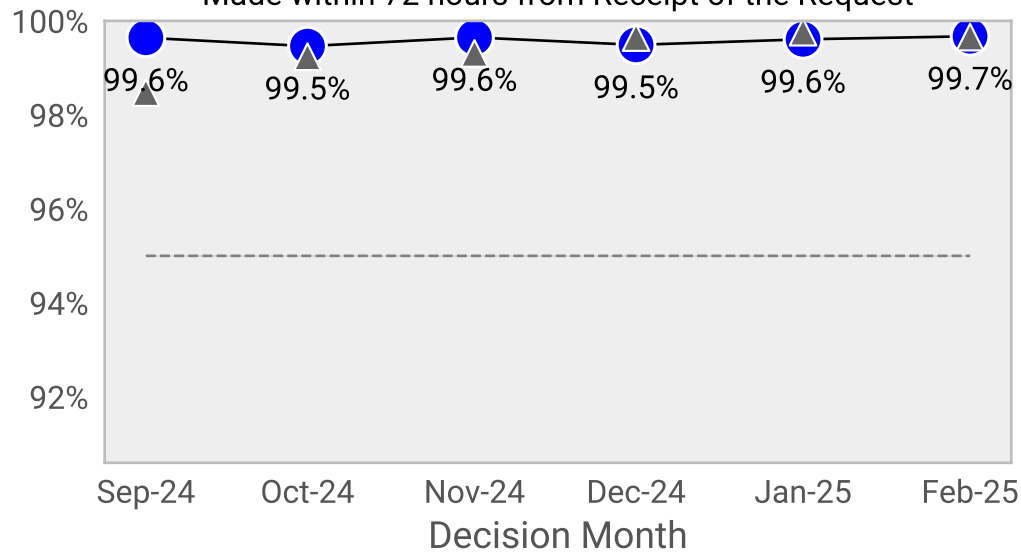
Medical Management



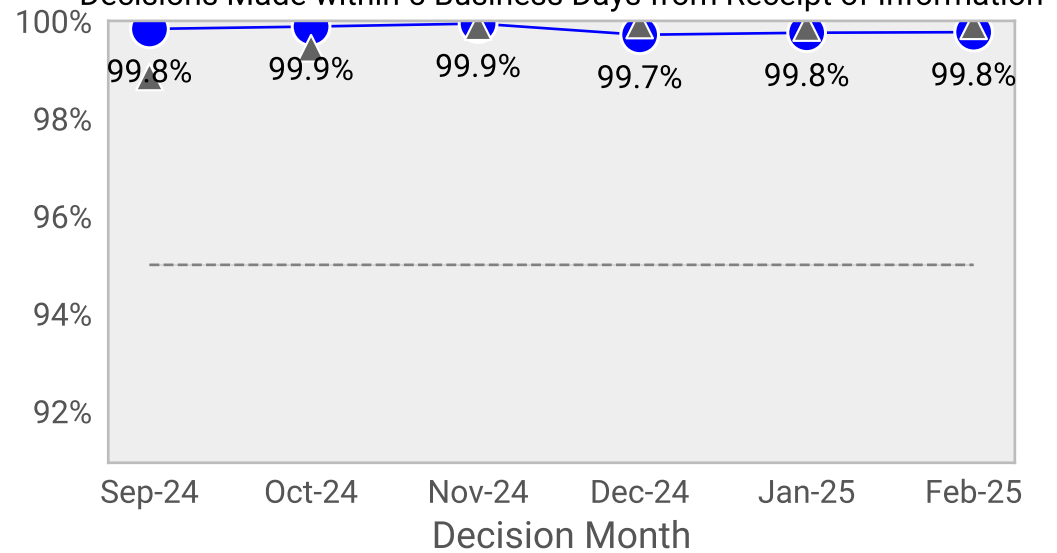
L.A. Care
HEALTH PLANS

MCLA Authorization Processing Timeliness

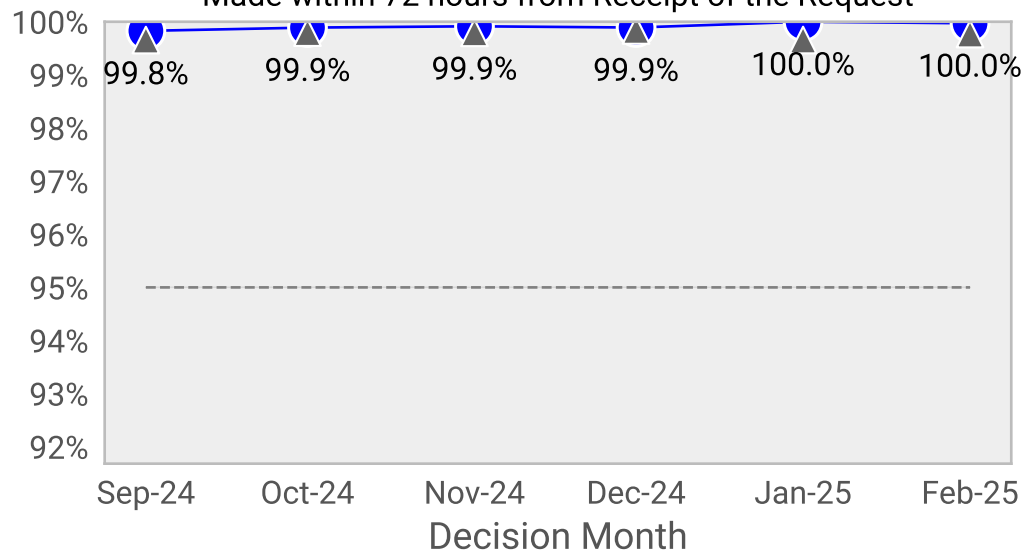
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



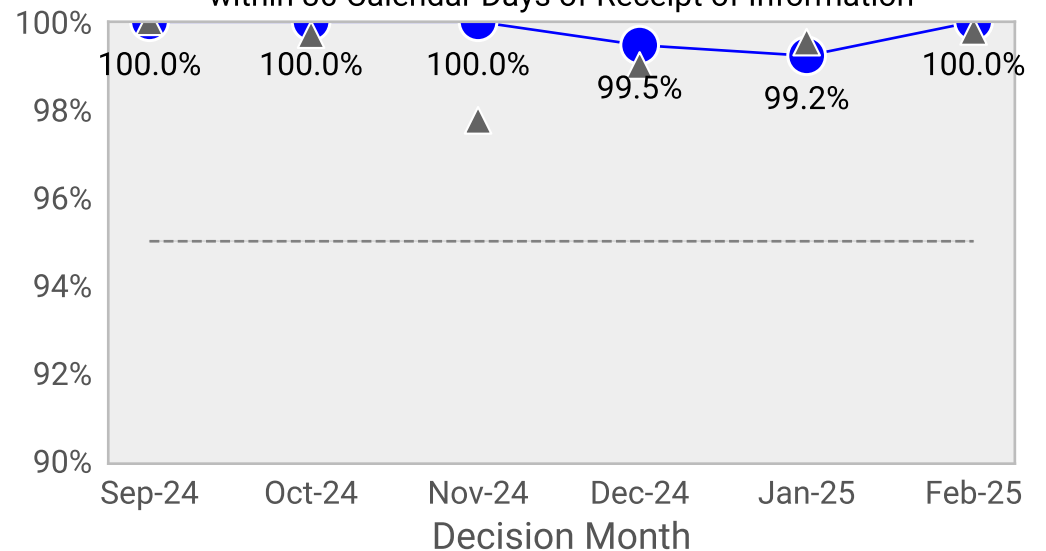
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



Expedited/Urgent Concurrent Service Request Decisions Made within 72 hours from Receipt of the Request



Post Service Request Decisions within 30 Calendar Days of Receipt of Information

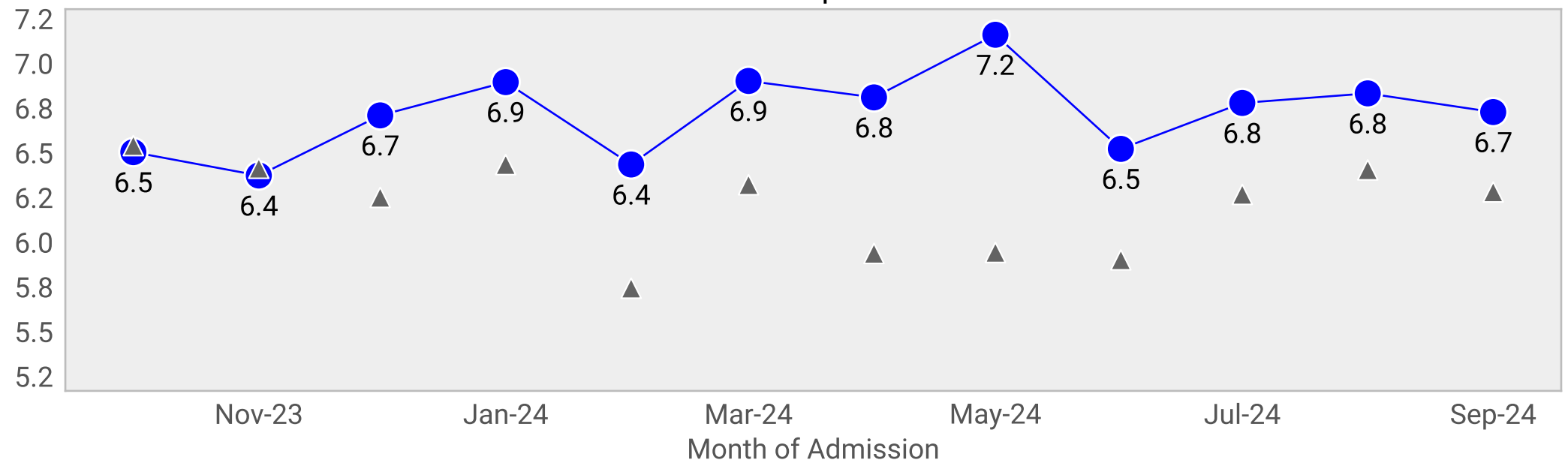


Triangles display the previous year's performance for the same month.

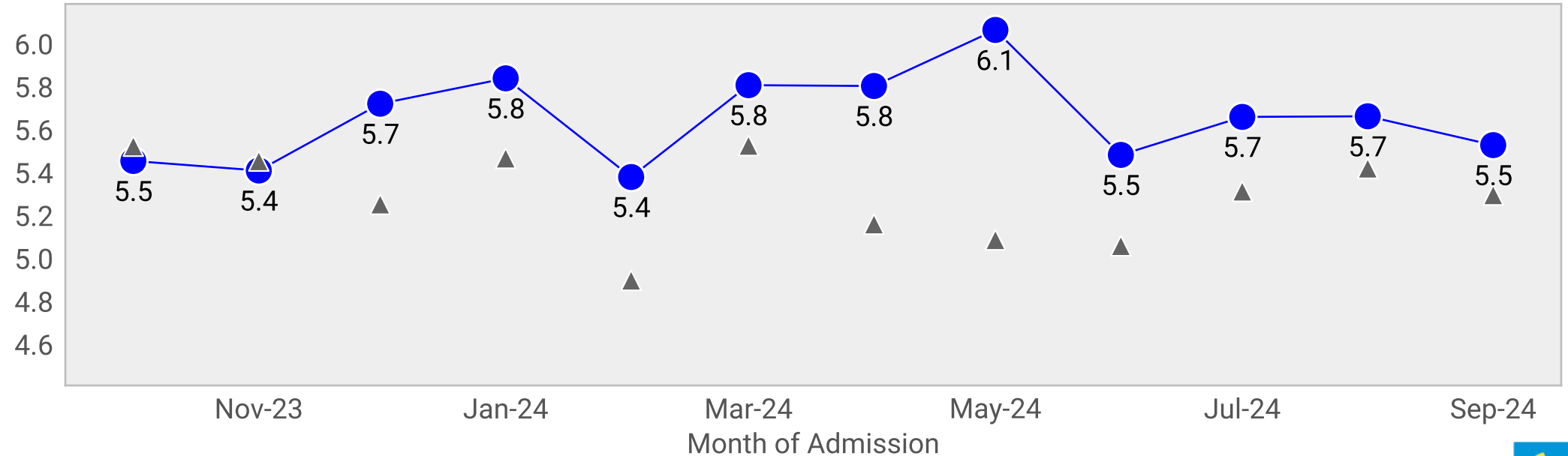
Only includes authorizations processed directly by L.A. Care.



Total MCLA In-Patient Hospital Admissions PTMPM



Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



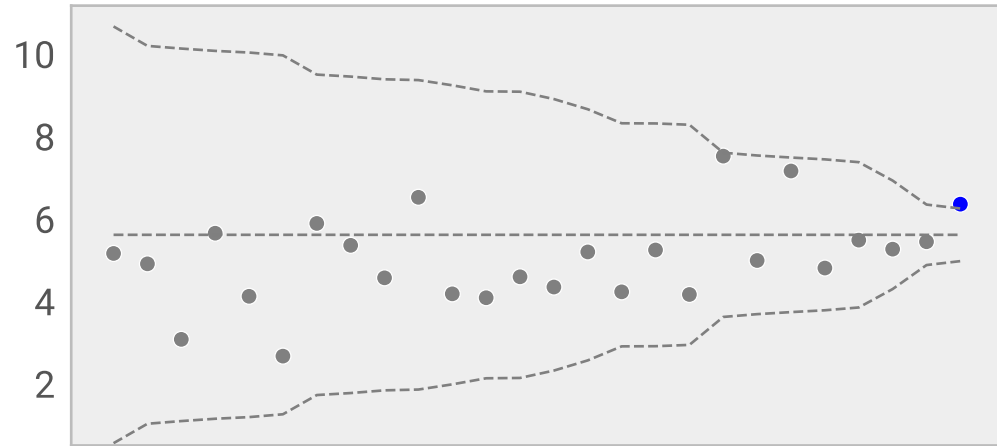
Triangles display the previous year's performance for the same month.

MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG

U' Charts

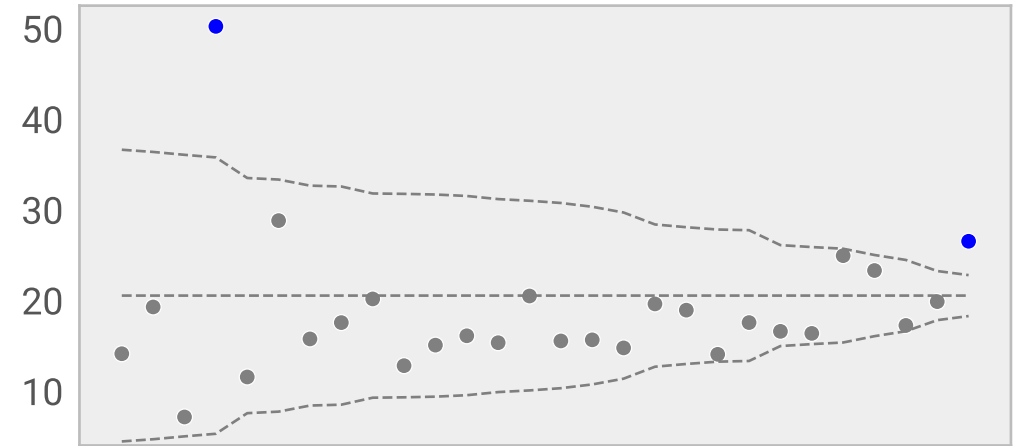
Assessment Period: Oct 2023 through Sep 2024

MCE



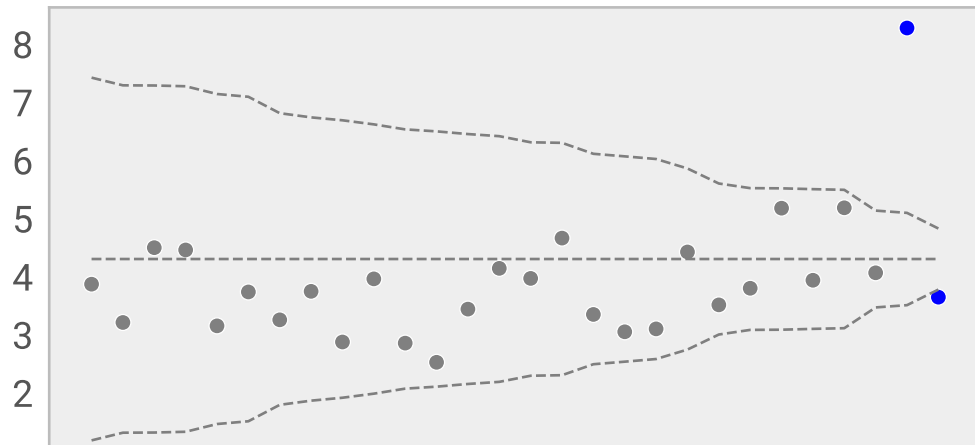
PPGs Sorted from Smallest to Largest Member Months

SPD



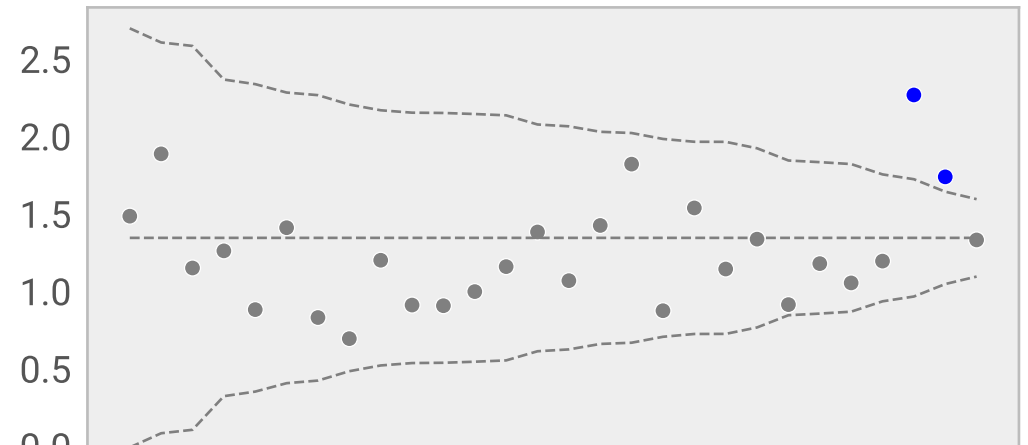
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



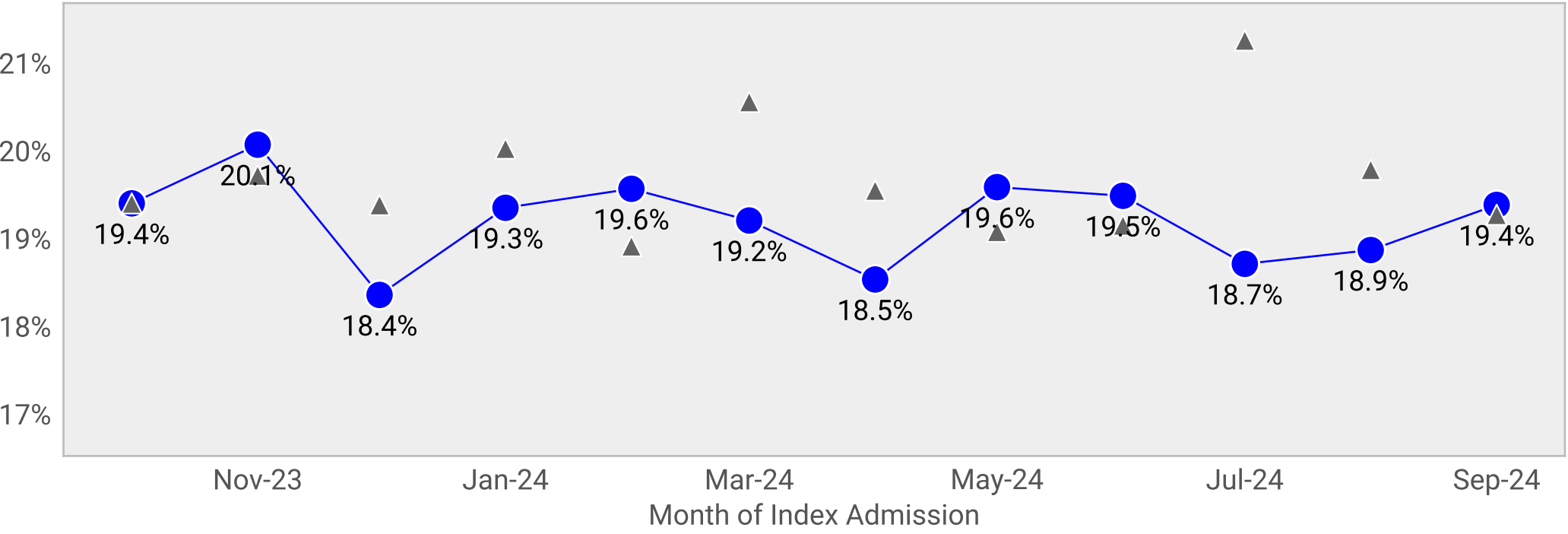
PPGs Sorted from Smallest to Largest Member Months

TANF - Child



PPGs Sorted from Smallest to Largest Member Months

Total MCLA In-Patient Hospital 30-Day Re-admission Rates



Triangles display the previous year's performance for the same month.

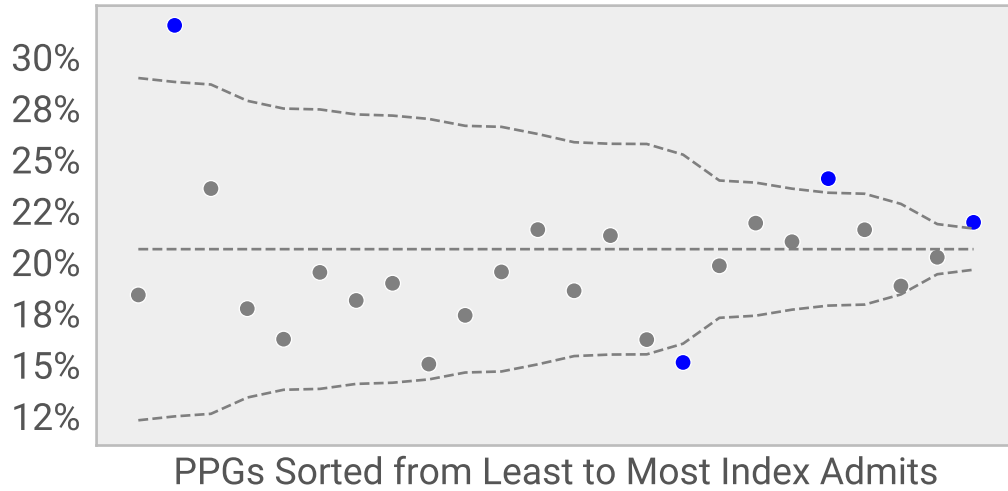


MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG

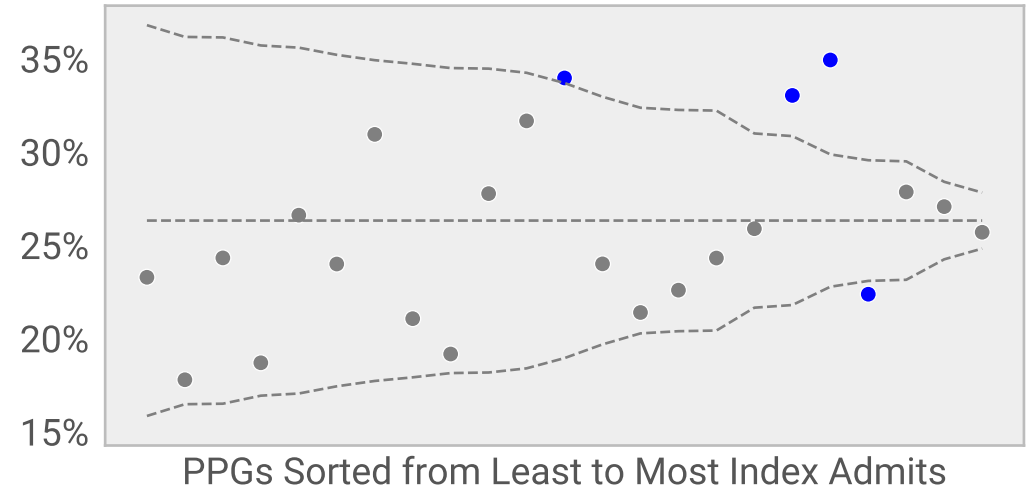
P Charts

Assessment Period: Oct 2023 through Sep 2024

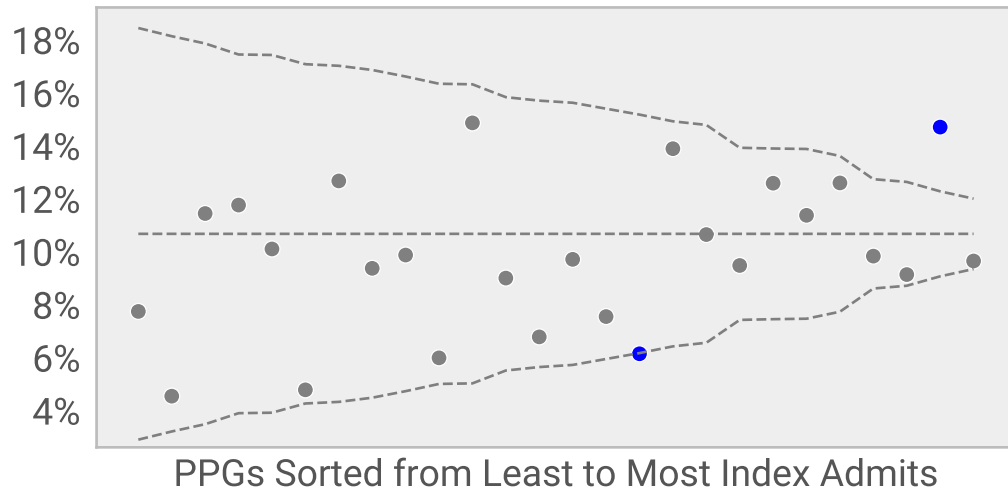
MCE



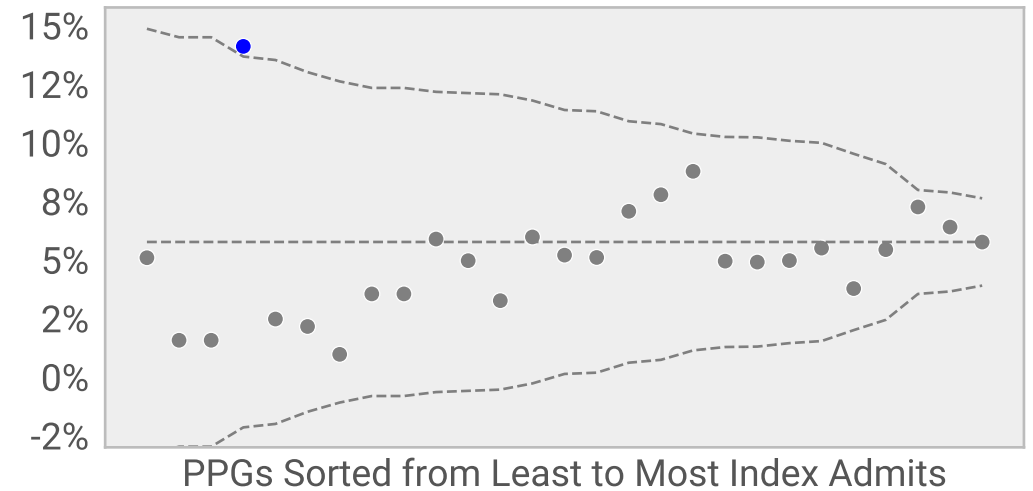
SPD



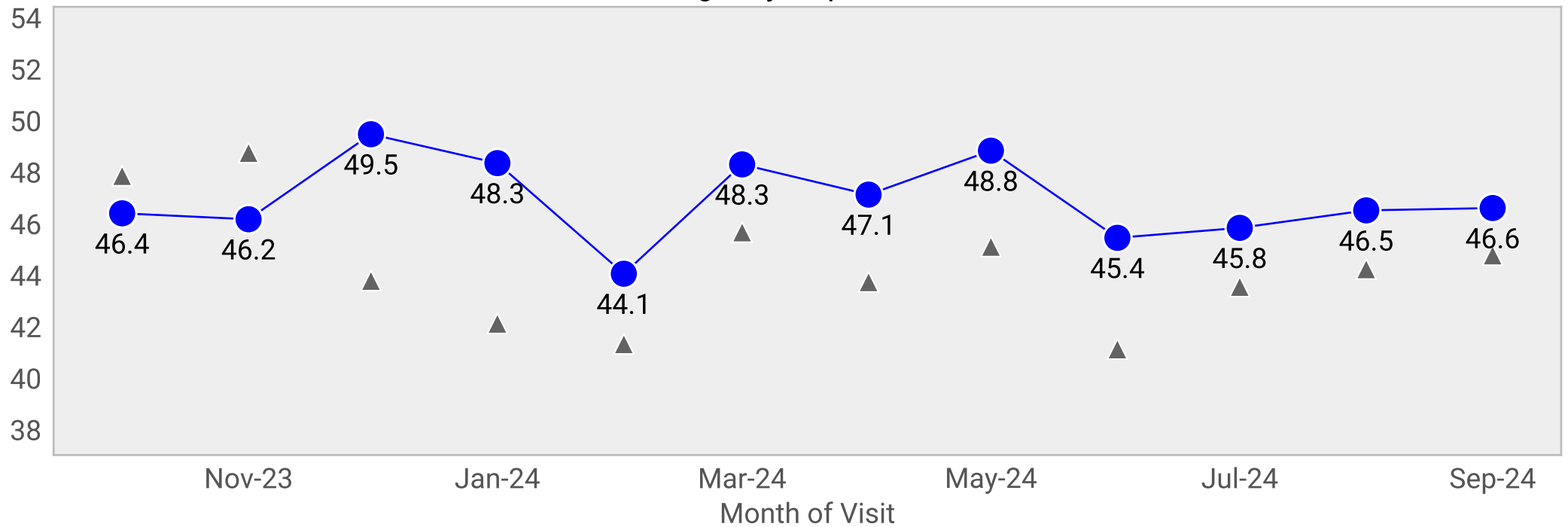
TANF - Adult



TANF - Child



Total MCLA Emergency Department Visits PTMPM



Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

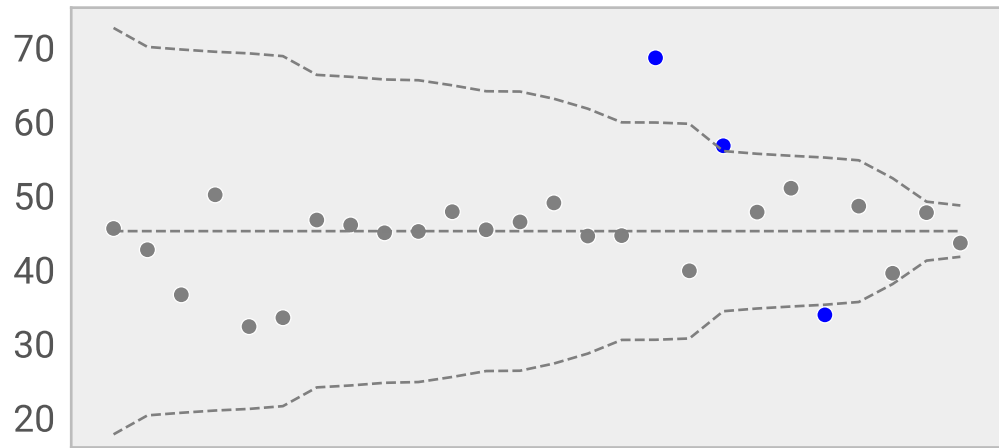
Triangles display the previous year's performance for the same month.

Total MCLA Emergency Department Visits PTMPM by Segment and PPG

U' Charts

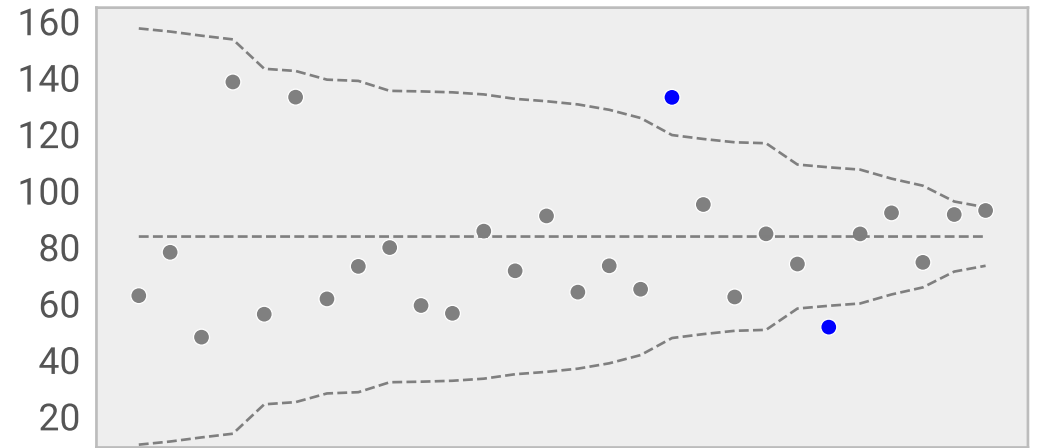
Assessment Period: Oct 2023 through Sep 2024

MCE



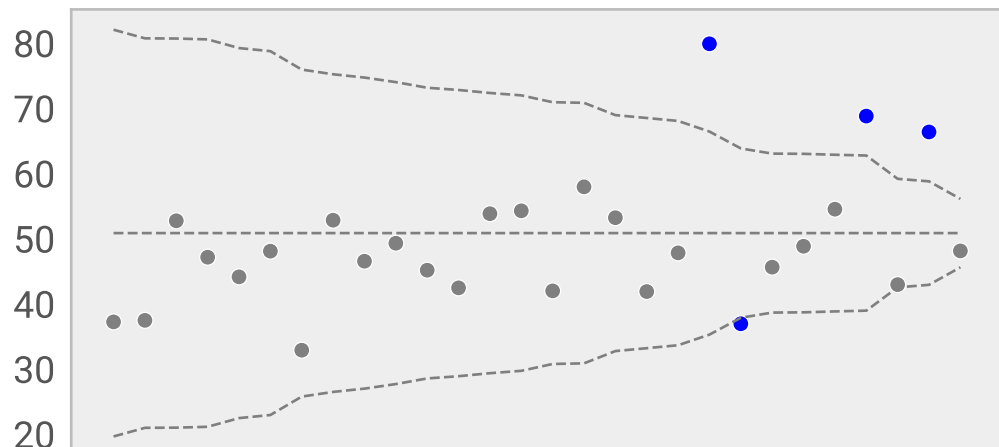
PPGs Sorted from Smallest to Largest Member Months

SPD



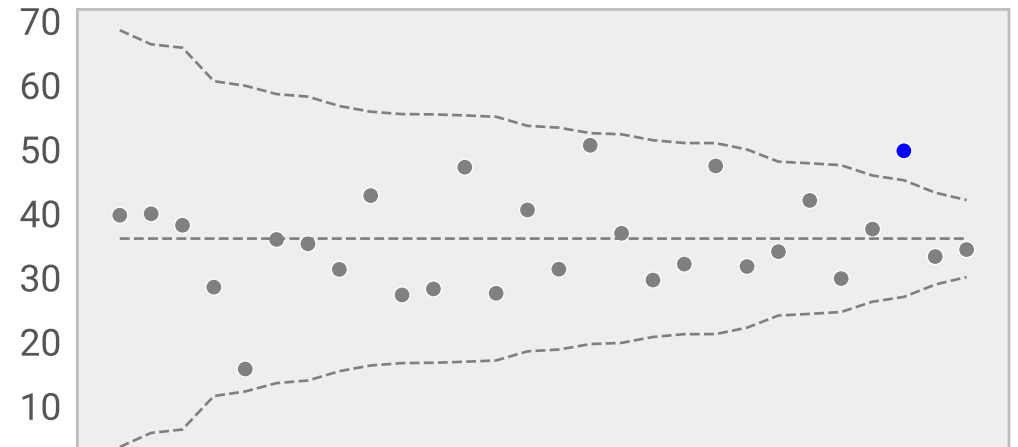
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

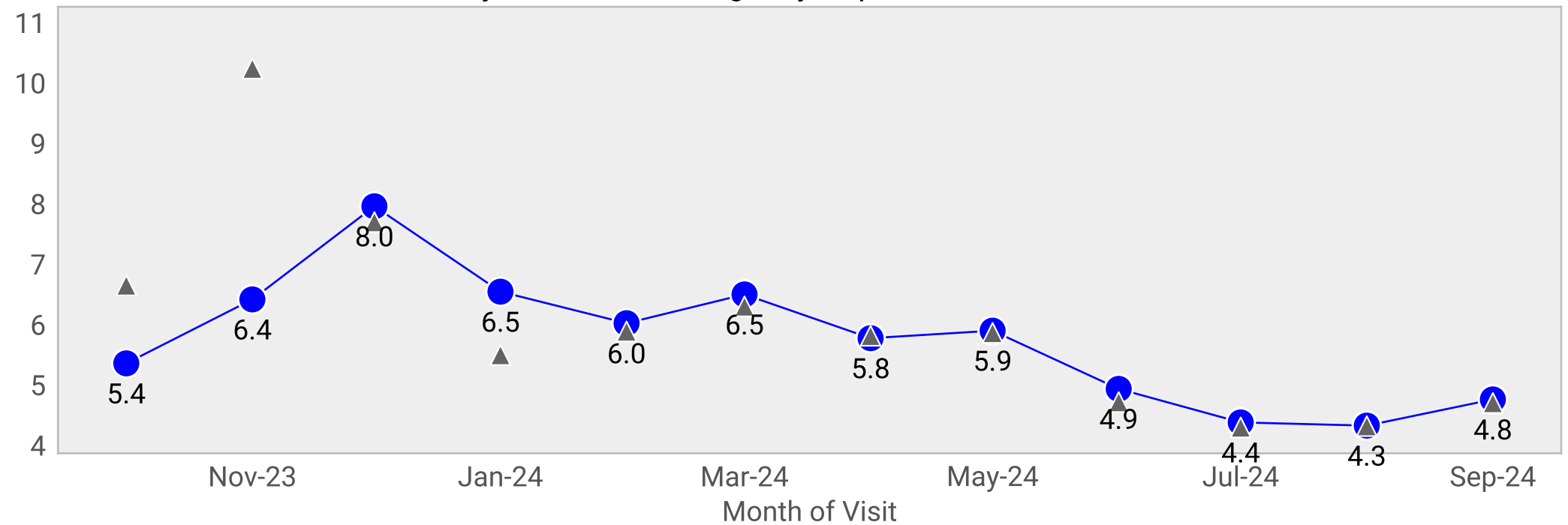
TANF - Child



PPGs Sorted from Smallest to Largest Member Months

Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

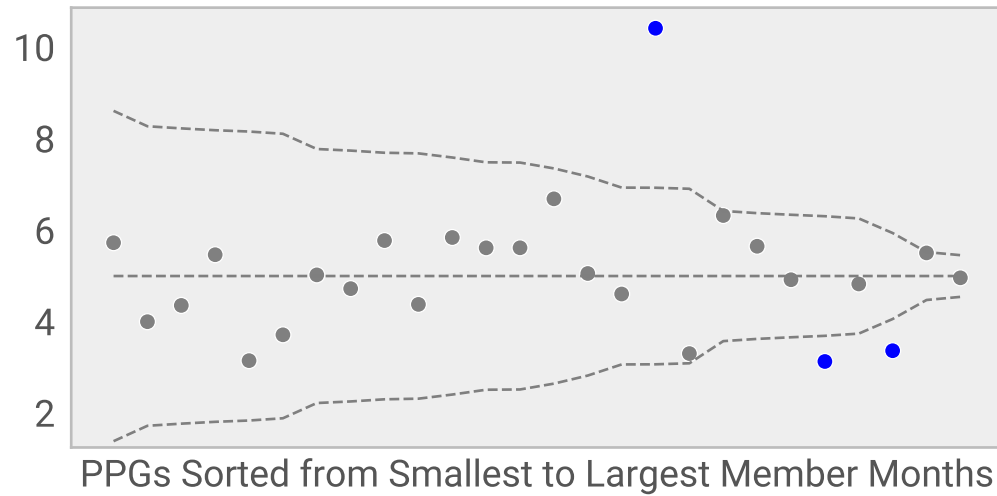
Triangles display the previous year's performance for the same month.

MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG

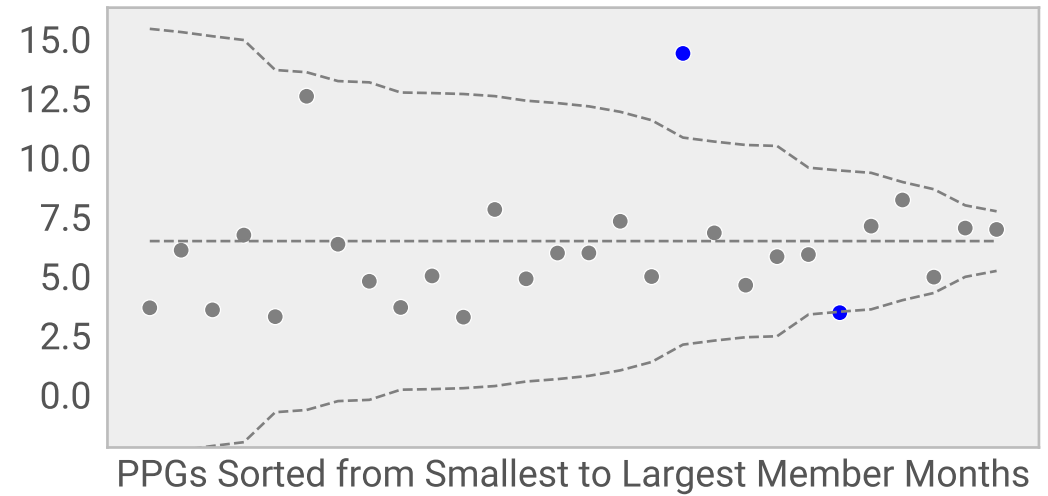
U' Charts

Assessment Period: Oct 2023 through Sep 2024

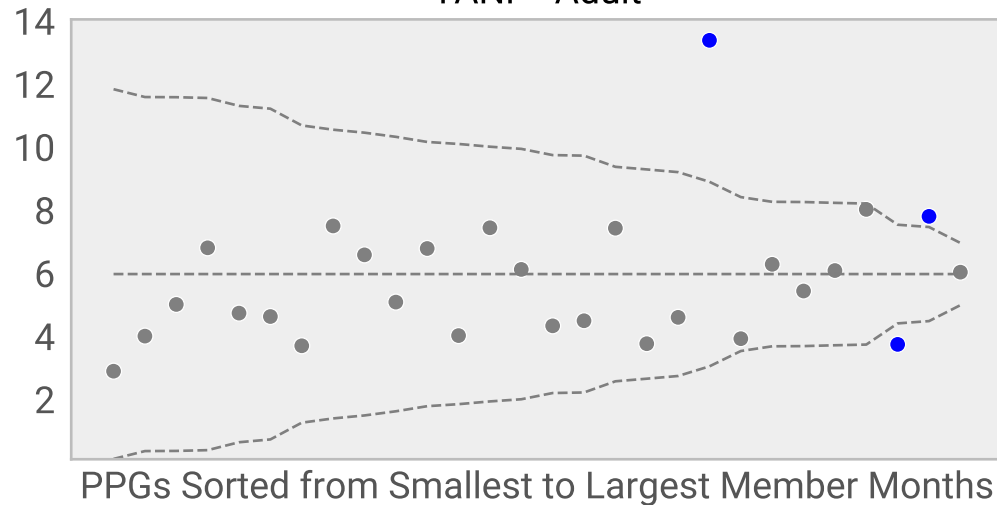
MCE



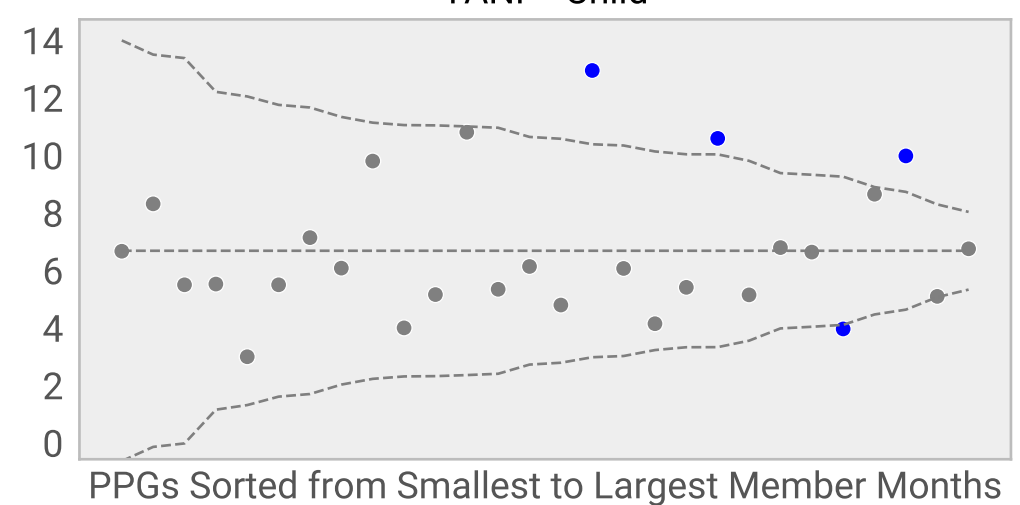
SPD



TANF - Adult



TANF - Child



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

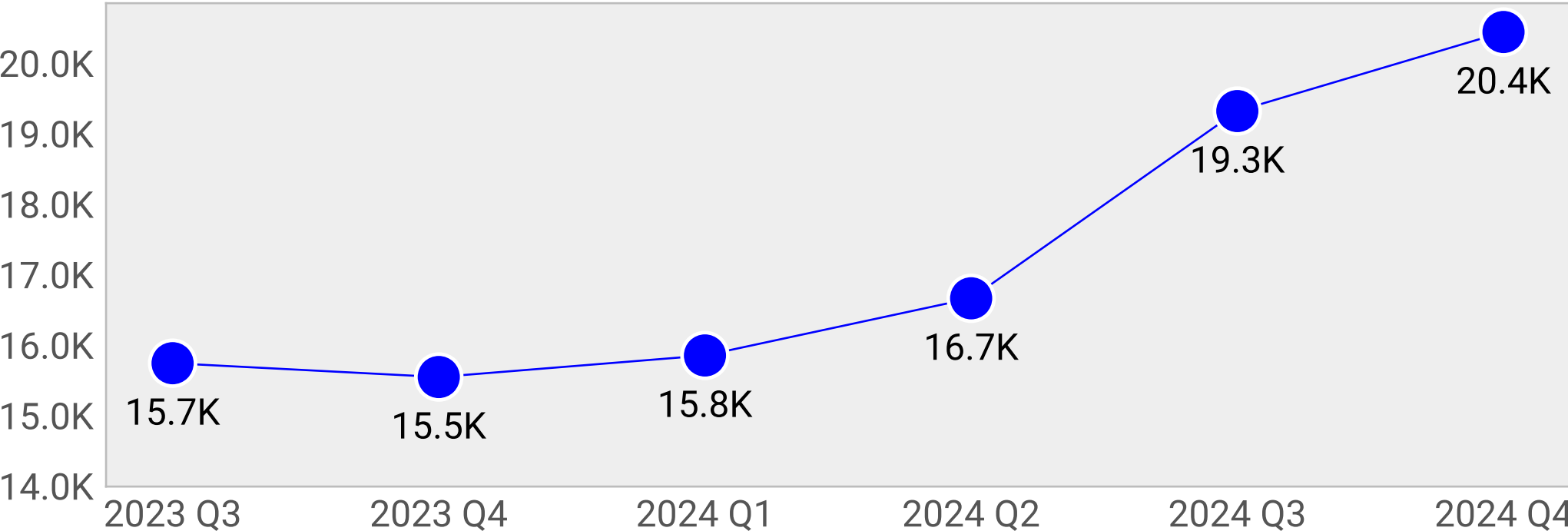
Total Members Receiving CalAIM Community Support Services from October 2024 to December 2024: 20,383



Total Members Enrolled in Enhanced Care Management in 2024: 28K

Total Contracted Providers: 86

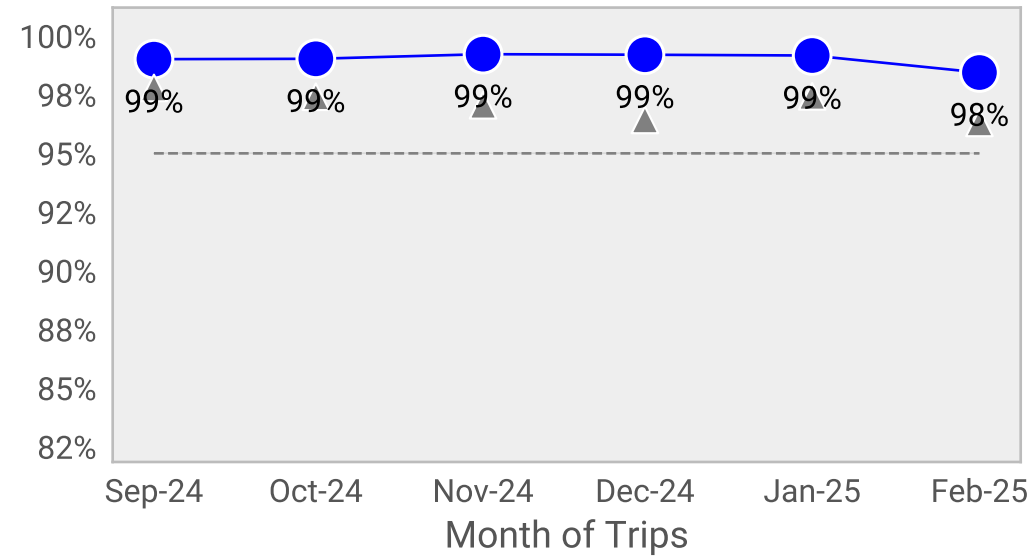
Quarterly Enrollment Trend



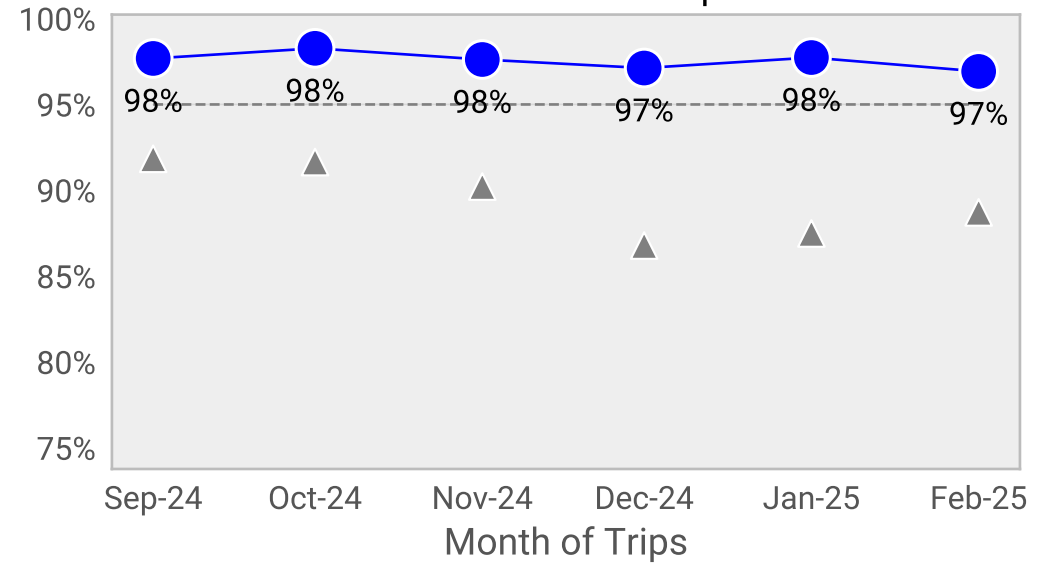
Call the Car

Call the Car On-Time Pick-Up Performance

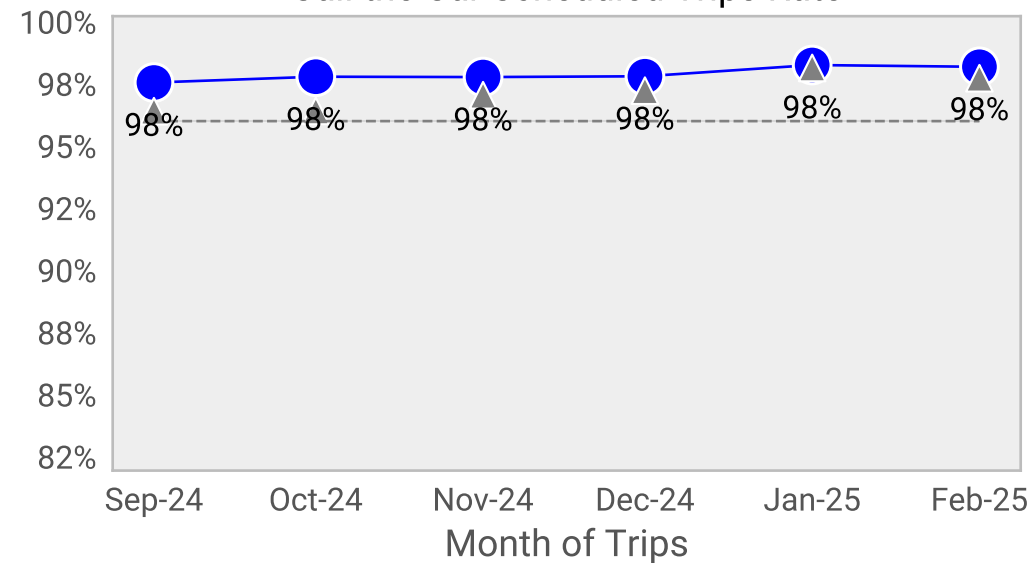
Call the Car Discharge Trips Rate



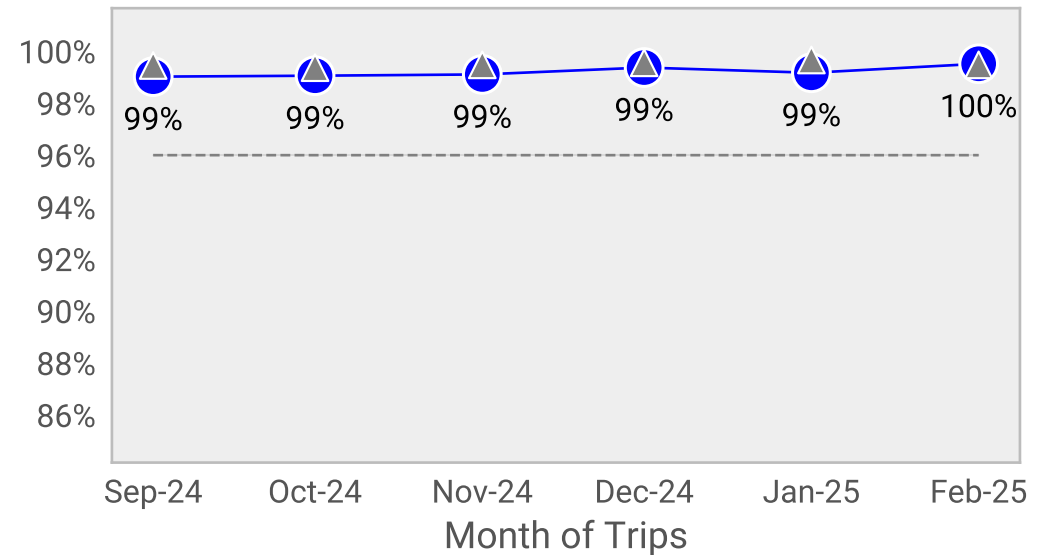
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate

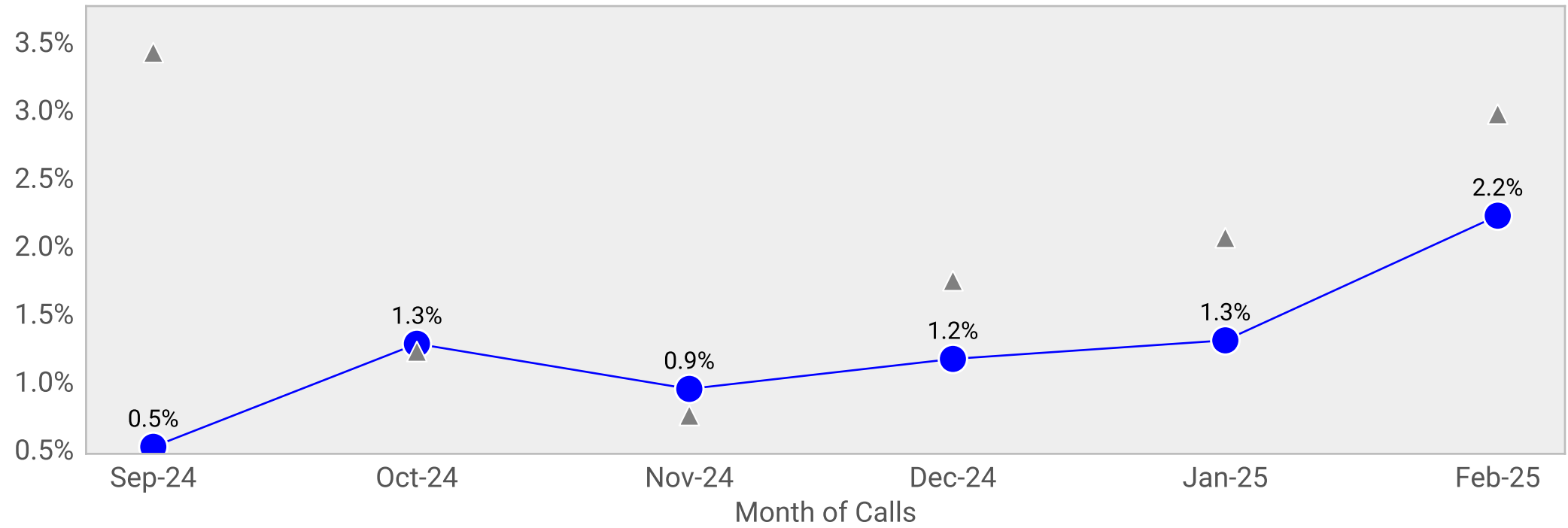


Call the Car Will Call Trips Rate



Triangles display the previous year's performance for the same month.

Call the Car Abandonment Rate



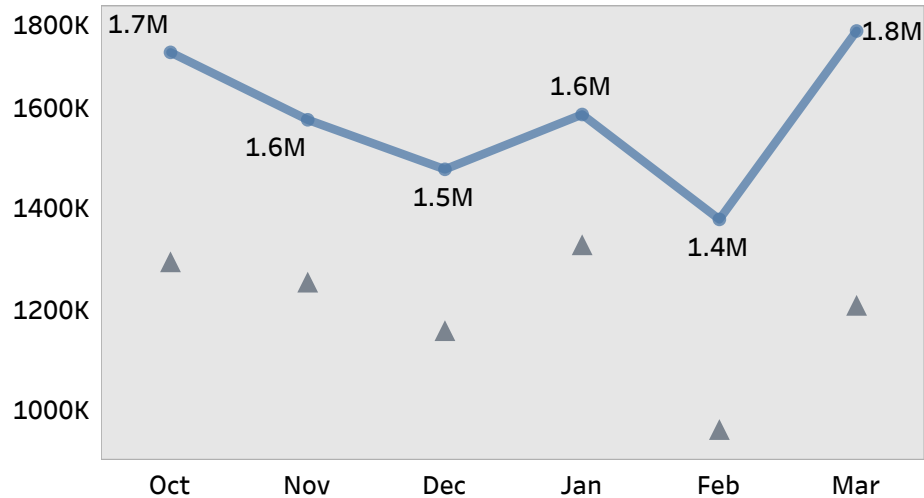
Triangles display the previous year's performance for the same month.



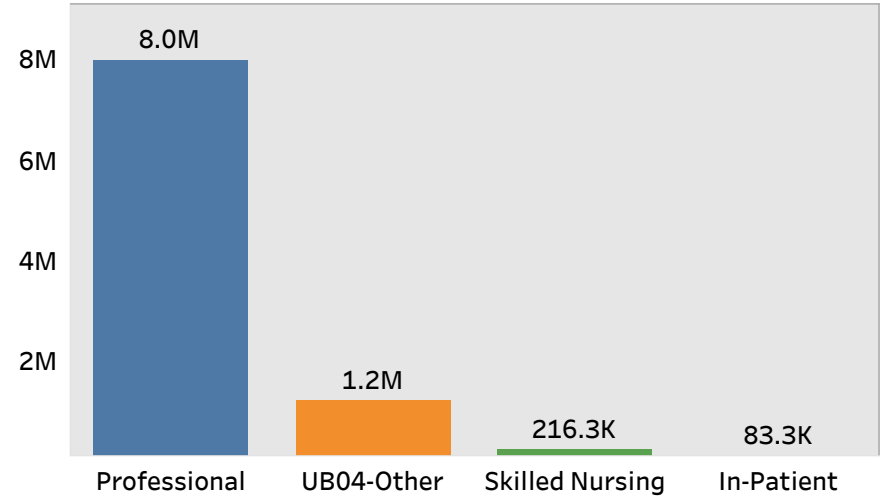
Claims Operations

MCLA Claims Received

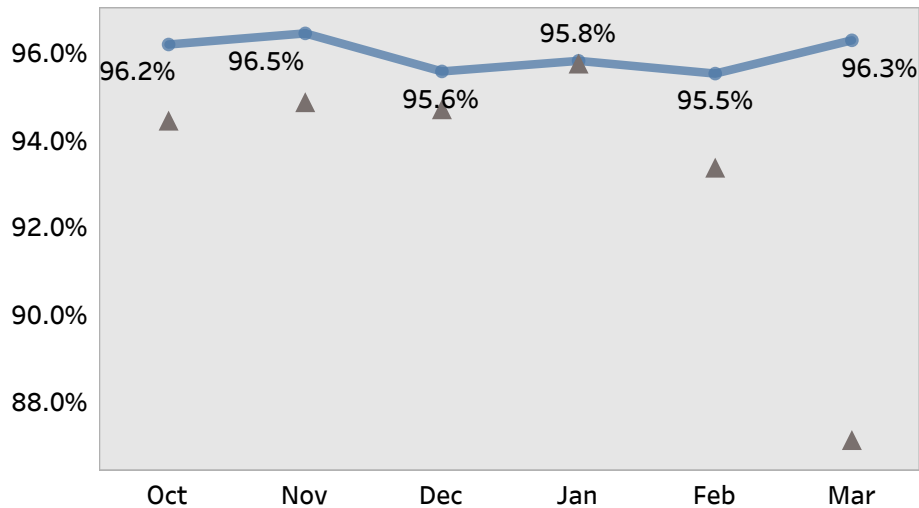
Total Claims Volume Received Oct-2024 to Mar-2025



Most Recent 6 months' Volume by Service Type Oct-2024 to Mar-2025



% of Claims Submitted Electronically Oct-2024 to Mar-2025



Triangles display the previous year's performance for the same month.

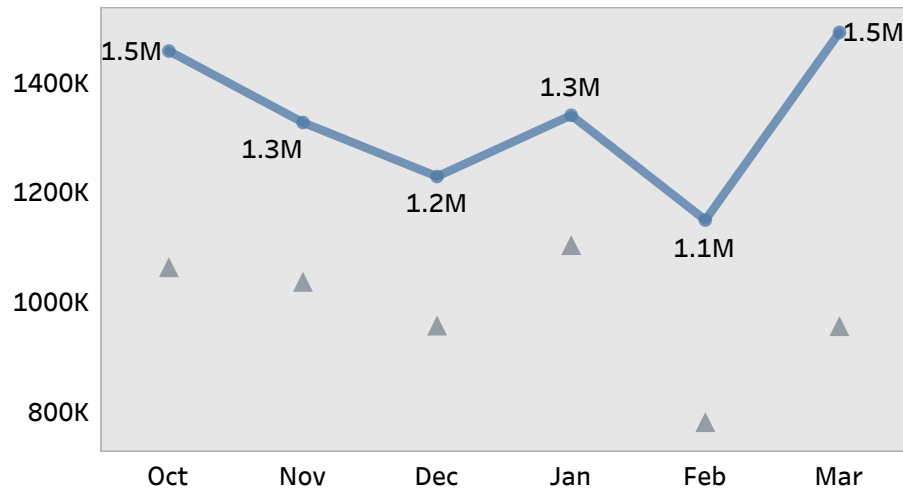
Charts based on Month of Receipt

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

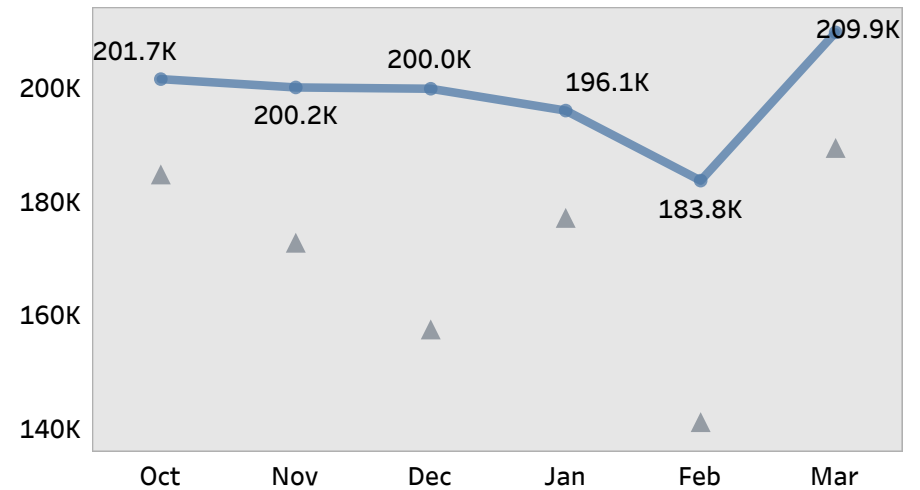


MCLA Claims Volume Received by Service Type

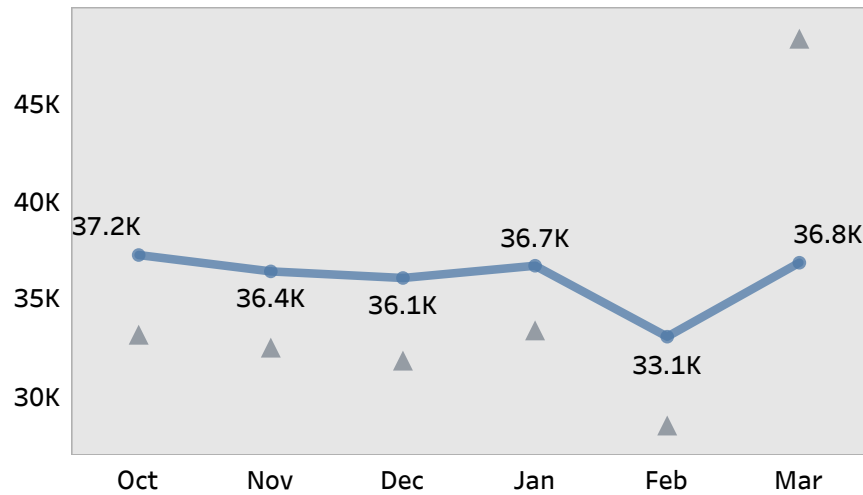
Professional Oct-2024 to Mar-2025



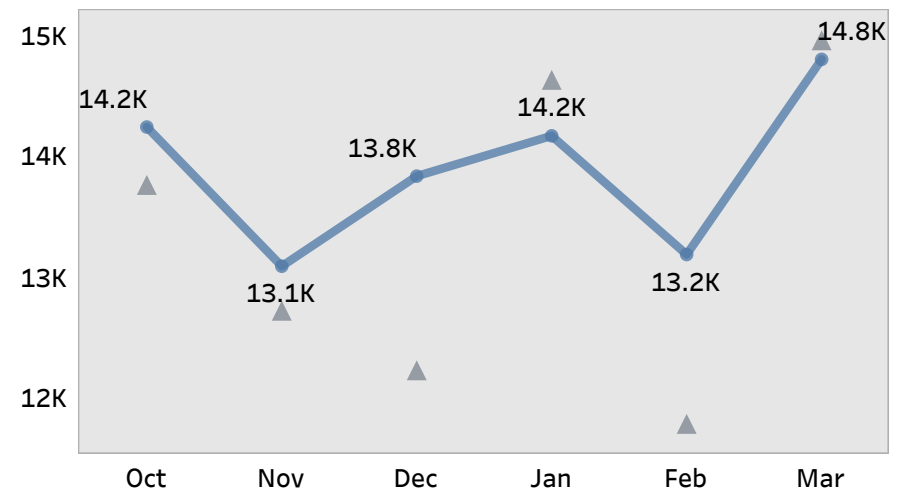
UB04 Other Oct-2024 to Mar-2025



Skilled Nursing Oct-2024 to Mar-2025



In-Patient Oct-2024 to Mar-2025



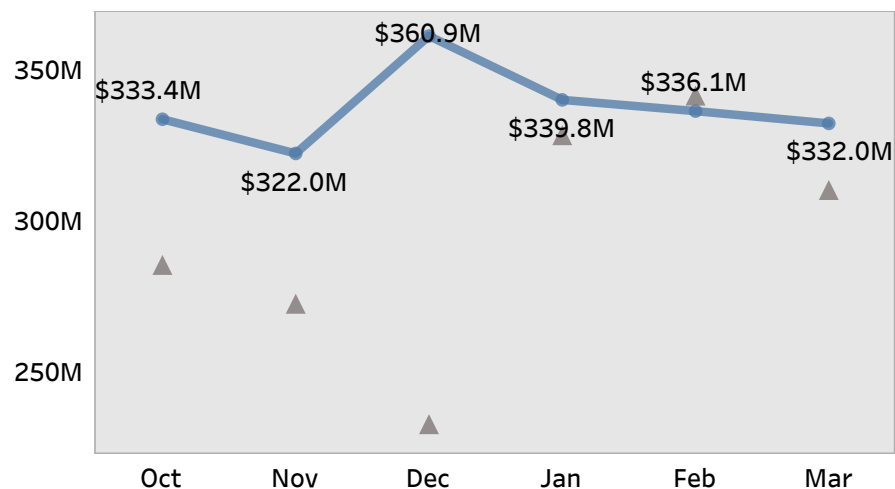
Triangles display the previous year's performance for the same month.

Charts are based on Month of Receipt.

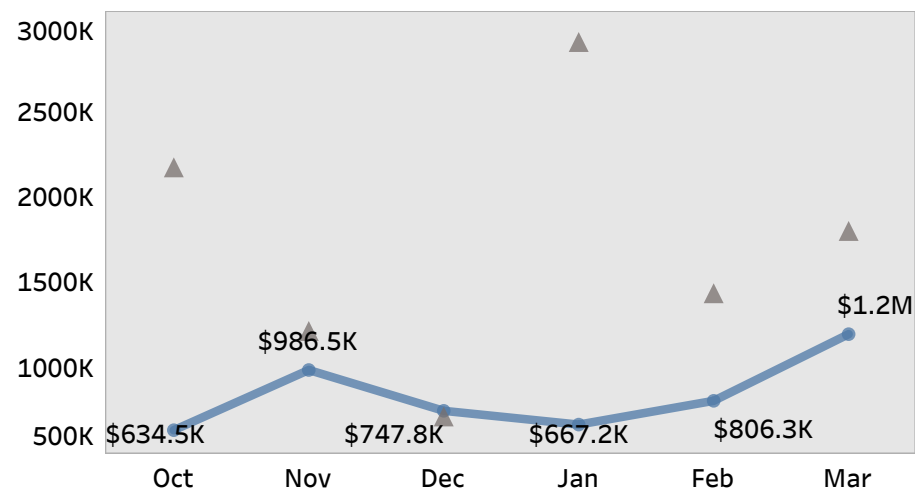


MCLA Payment Processing

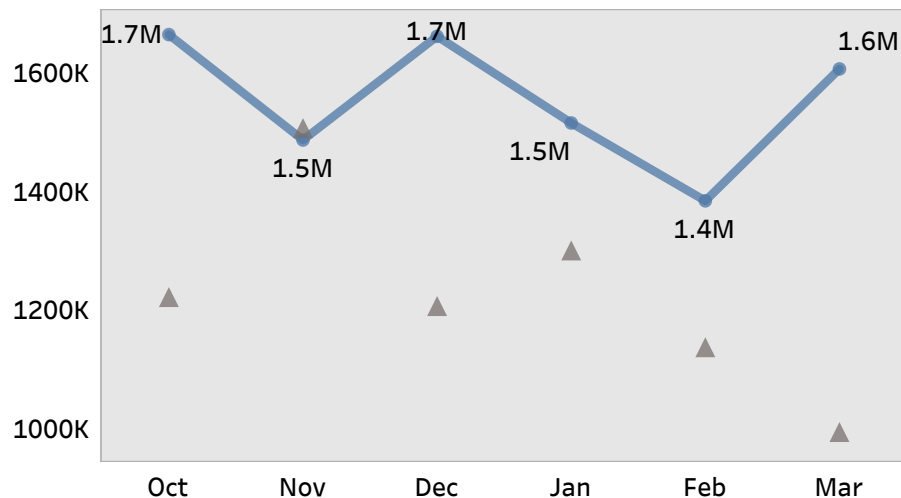
Total Paid (including Interest) Oct-2024 to Mar-2025



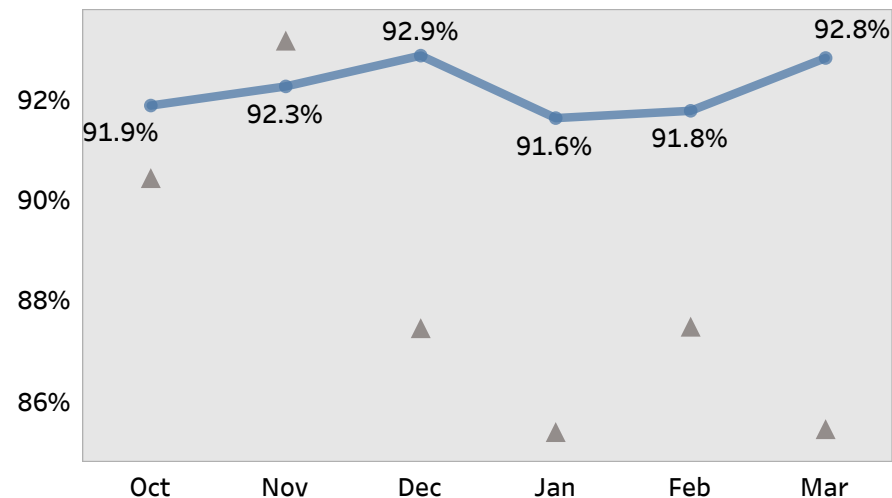
Total Interest Paid Oct-2024 to Mar-2025



Total First-Pass Adjudicated Claims Volume Oct-2024 to Mar-2025



% of First-Pass Claims Auto-Adjudicated Oct-2024 to Mar-2025



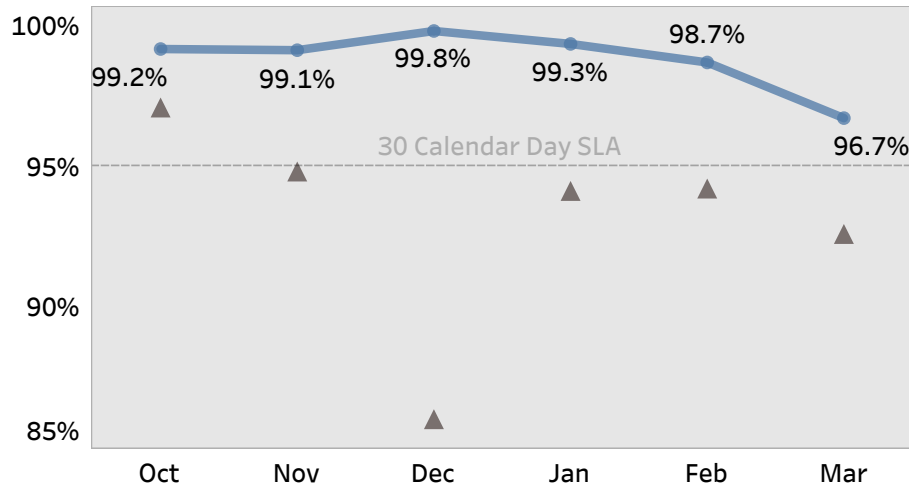
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

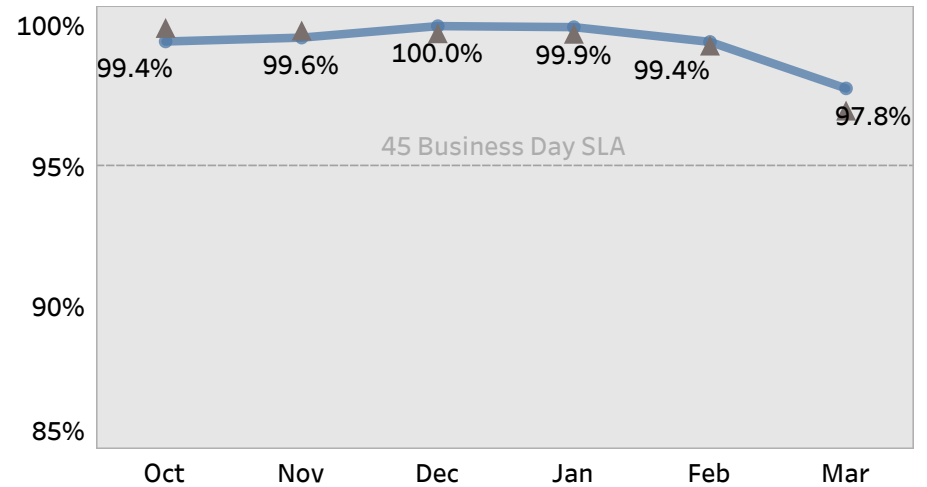


MCLA Claims Processing Timeliness - by Process Date

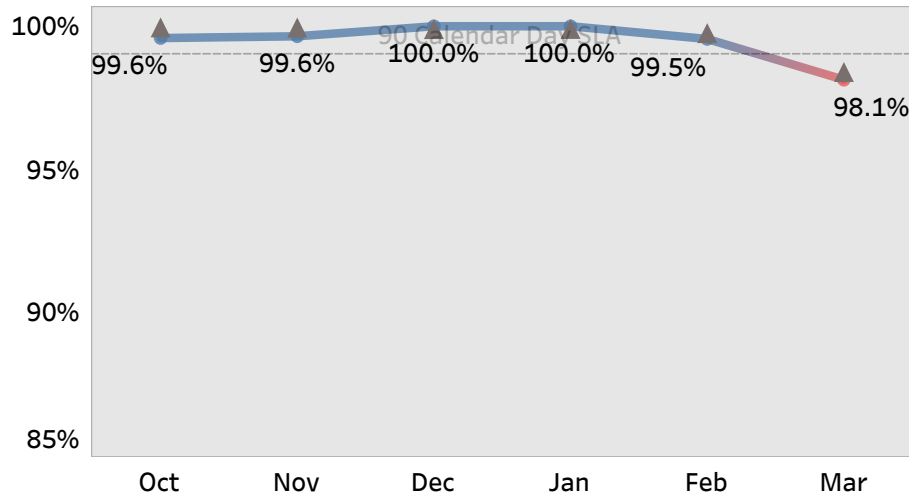
% Processed within 30 Calendar Days **Oct-2024 to Mar-2025**



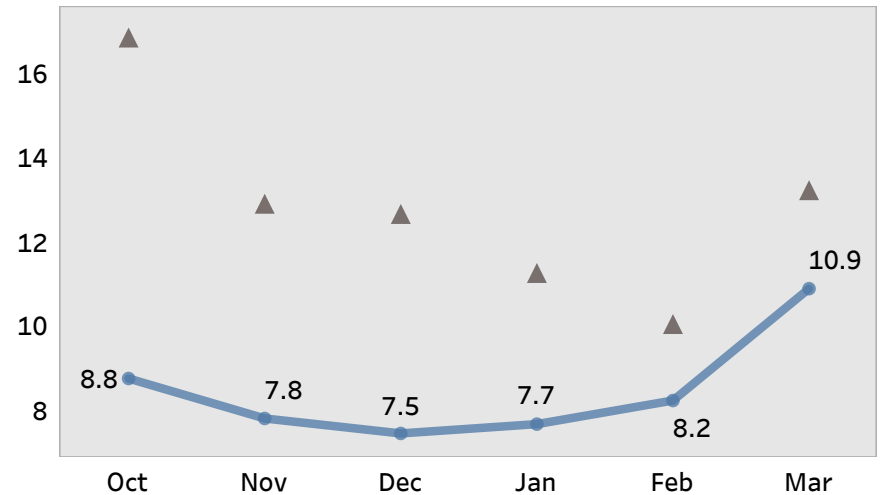
% Processed within 45 Business Days **Oct-2024 to Mar-2025**



% Processed within 90 Calendar Days **Oct-2024 to Mar-2025**



Average Calendar Days to Process **Oct-2024 to Mar-2025**



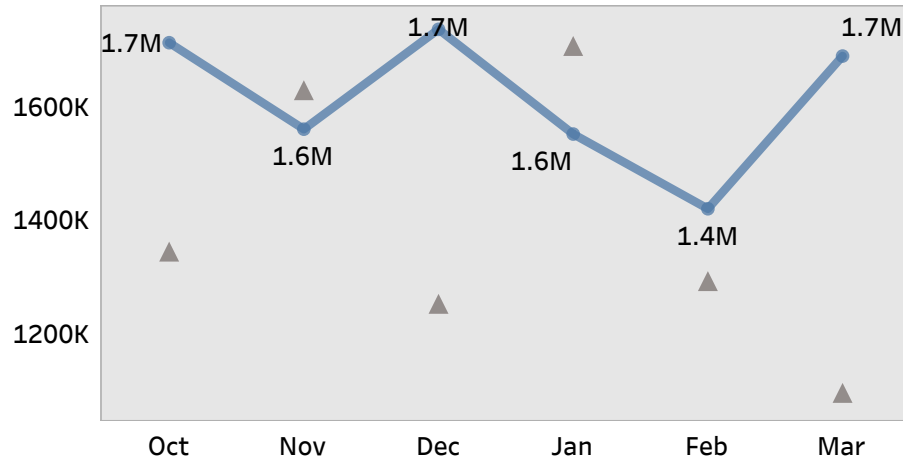
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

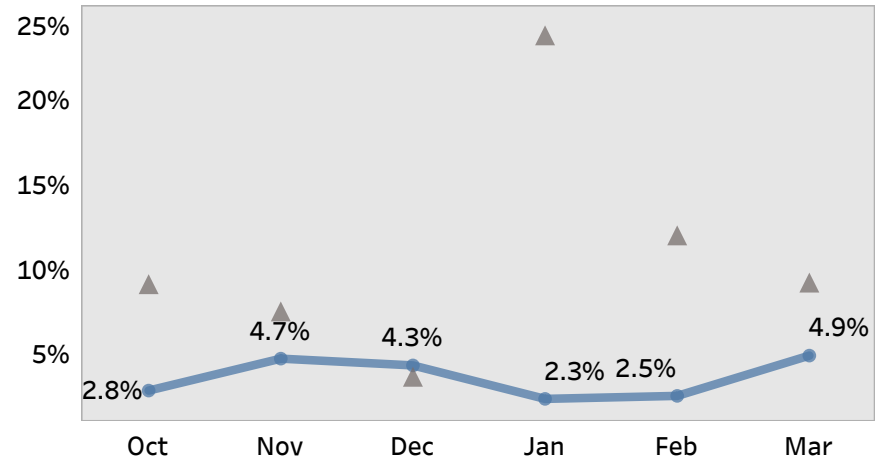


MCLA Claims Denials and Adjustments

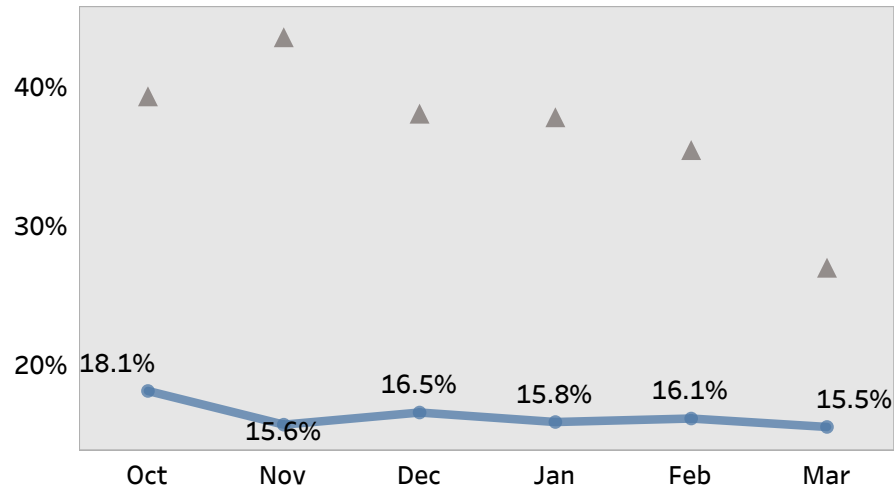
Total Claims Processed (Originals + Adjustments) **Oct-2024 to Mar-2025**



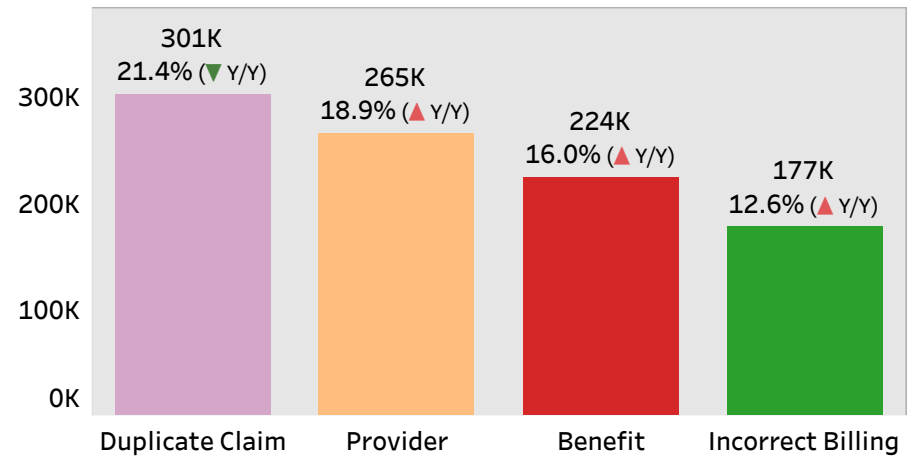
% of Total Claims Processed that are Adjustments **Oct-2024 to Mar-2025**



First-Pass Claims Denial Rate **Oct-2024 to Mar-2025**



Most Recent 6 months' Denial Volume by Reason **Oct-2024 to Mar-2025**



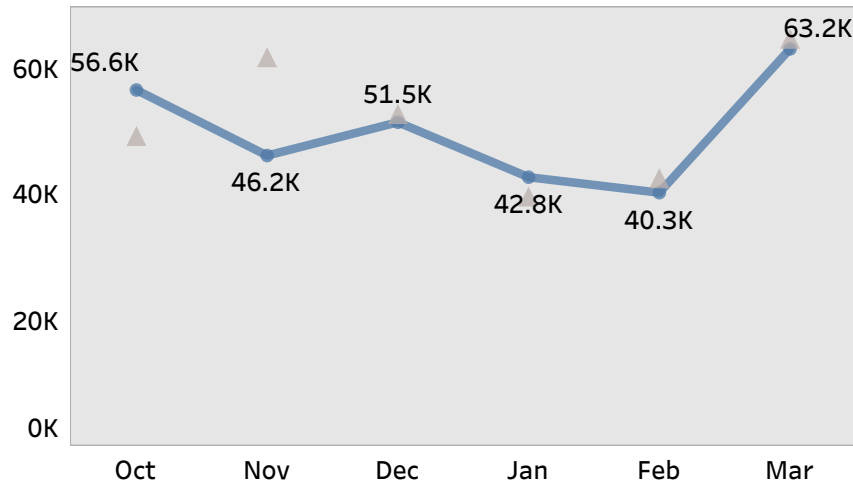
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

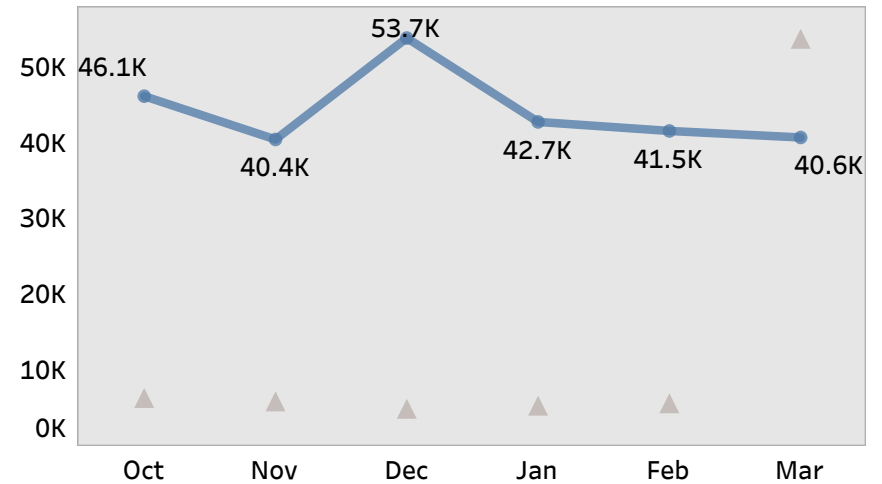


MCLA Denial Volume by Reason

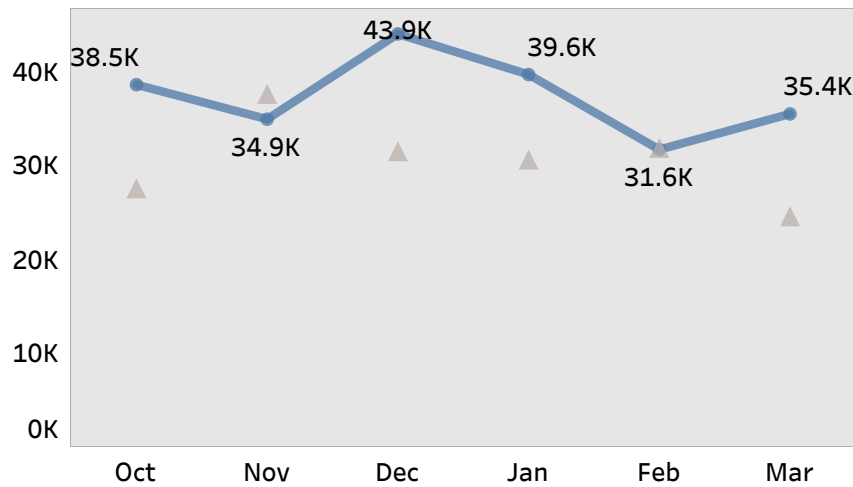
Duplicate Claim **Oct-2024 to Mar-2025**



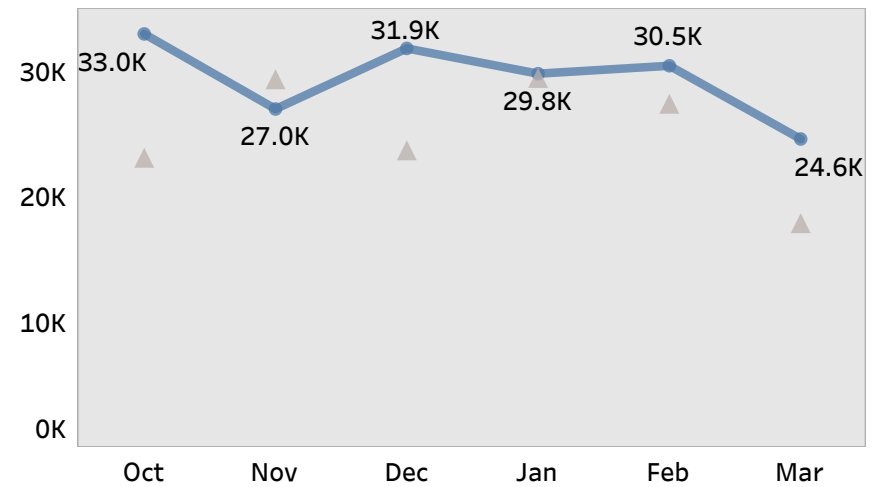
Provider **Oct-2024 to Mar-2025**



Benefit **Oct-2024 to Mar-2025**



Incorrect Billing **Oct-2024 to Mar-2025**



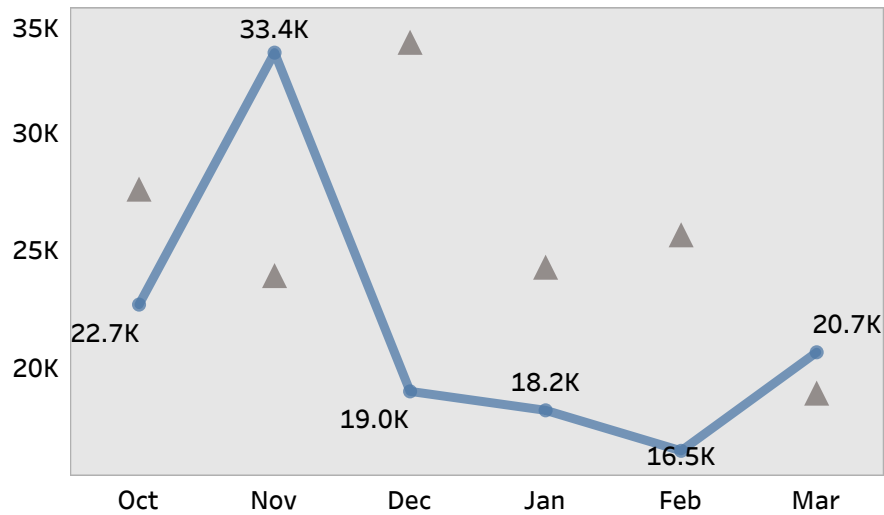
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

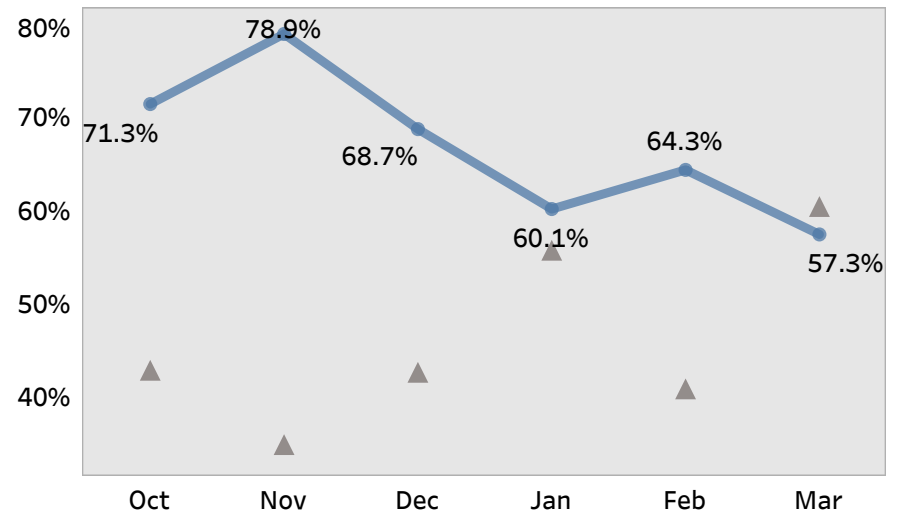


MCLA Provider Dispute Resolution Processing

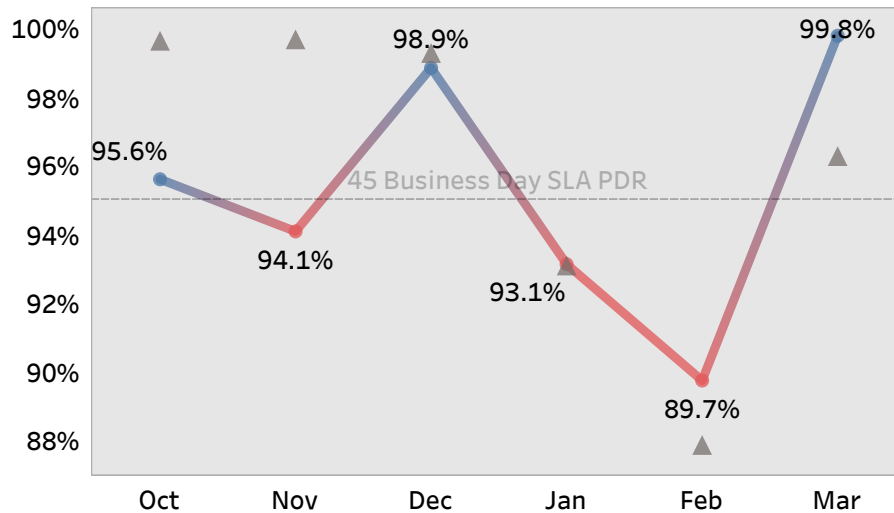
PDR Volume Received Oct-2024 to Mar-2025



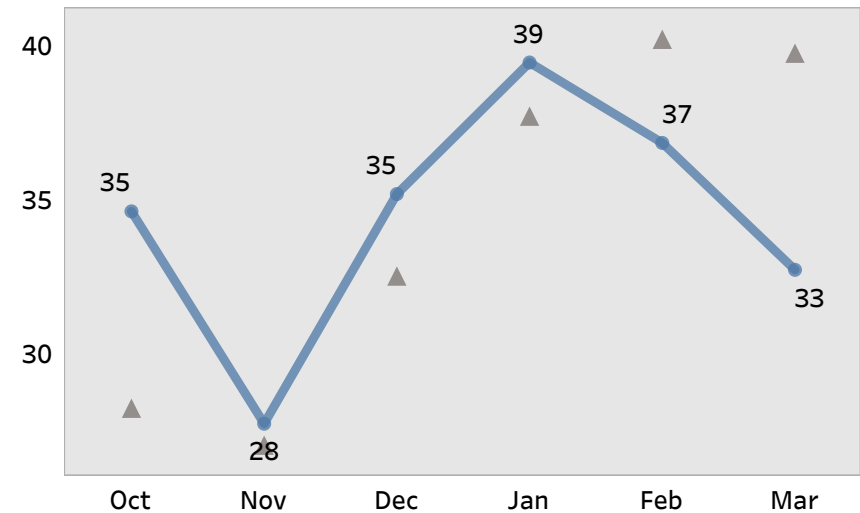
% of Closed PDR Cases that are Upheld Oct-2024 to Mar-2025



% Closed within 45 Business Days Oct-2024 to Mar-2025



Average Business Days to Process PDRs Oct-2024 to Mar-2025



Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed

