L.A. Care HEALTH PLAN
For All of L.A.

ECAC
Meeting Presentations

December 9, 2020

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY
SINCE 1997

List of Motions approved at December 3, 2020 Board of Governors Meeting

Motion BOG 100.1220*
To designate Community Coalition and New Life Community Food Pantry Pomona as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2021.

Member Impact: None

Motion BOG 101.1220*
To authorize an amendment extending the current contract with Toney Health Care Consulting (SOW 3) for care management and utilization management services through December 31, 2021, at an additional cost of $4,532,000, for a total contract not to exceed $10,332,000.

Member Impact:
These care management services impact approximately 3,500 high and low risk L.A. Care CMC members. For utilization management related activities, the need will depend on a number of factors, such as staffing shortages and rise in membership.

Motion EXE 100.1220
To approve revisions of the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to CEO and General Counsel (including respective designees) to make any non-substantive changes or changes that may be required by the County upon their review.

Member Impact: None

Motion EXE 101.1220
To approve L.A. Care's 2021 State and Federal Policy Agenda, as submitted.

Member Impact:
L.A. Care supports public policies that increase resources for the safety net, and/or leads to improved access and quality of health care services for its members.

Motion EXE 102.1220
To authorize the disbursement of funds up to $7.1 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care's FY 2019-20 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.

Member Impact: None

Motion FIN 100.1220*
To accept the Quarterly Investment Report for the quarter ending September 30, 2020, as submitted.

Member Impact: N/A

***Motions approved in Consent Agenda**

List of Motions approved at December 3, 2020 Board of Governors Meeting

Motion FIN 101.1220*
To approve Accounting & Financial Services Policy AFS-029 (Annual Budgets and Board of Governors Oversight), as submitted.

Member Impact:
This action will not directly affect L.A. Care members.

Motion FIN 102.1220*
To approve the allocation of funds for L.A. Care Credentialing/Peer Review Committee Physician Stipends, in the amount of $12,500, for the period of October 1, 2020 through September 30, 2021.

Member Impact:
Positively impacts all L.A. Care members by maintaining a high quality of care review process with participation of external participating physicians with various specialty types.

Motion FIN 103.1220*
To authorize staff to amend a contract with QPerior in the amount of $450,000 (total contract not to exceed $4,850,000) to provide services to December 31, 2021.

Member Impact:
Improving processes and reporting capabilities and will enhance the customer experience for L.A. Care members.

Motion FIN 104.1220*
To delegate authority to the CEO to amend our existing furniture agreement with Westfall Commercial Furniture to extend to January 1, 2024, carry over any unspent balance and to add $1,000,000 to the agreement for a new total not to exceed $2,575,000 to purchase standard office furniture, equipment and installation labor.

Member Impact:
L.A. Care members will benefit from this motion by providing furniture, fixtures and equipment to staff to effectively and efficiently perform their job duties.

Motion FIN 105.1220
To accept the Financial Report as submitted for September 2020.

Member Impact: N/A

Motion CHC 100.1220*
To appoint Susan Fleischman, MD, as member of Children's Health Consultant Advisory Committee (CHCAC), for the L.A. Care Plan Partners seat.

Member Impact: N/A

***Motions approved in Consent Agenda**

EXECUTIVE COMMUNITY ADVISORY COMMITTEE (ECAC) - GOVERNMENT AFFAIRS UPDATE
Wednesday, December 9, 2020

MEDI-CAL UPDATE

Two important changes are taking place in Medi-Cal this month:

1. Medi-Cal income eligibility limit is increasing to 138% of the federal poverty level. This means that the income eligibility limit will increase to $1,468 for one person and $1,983 for a couple, and will increase each year in April. The current limit is $1,294 for one person and $1,747 for a couple. People who are currently receiving Medi-Cal with a share of cost may now be eligible for free Medi-Cal.

2. California will stop flipping Medi-Cal recipients between free and share of cost Medi-Cal based on who is paying the Medicare Part B premium. This problem has existed for some time and can cause significant disruptions, including disenrollment from managed care and unaffordable health care costs during the months when a recipient is on share of cost Medi-Cal. The new rule will allow DPSS to deduct the same amount as the Part B premium regardless of whether the recipient is currently paying it or the state is paying it as a benefit of free Medi-Cal.

   Individuals who are applying for the first time must still pay the premium themselves for the state to subtract the payment as an income disregard. However, once a person is eligible for Medi-Cal, the person will continue to be eligible for free Medi-Cal.

These changes are expected to benefit tens of thousands of California residents and about 11,000 people in Los Angeles County, so it may take some time to re-determine eligibility based on these rules. All changes should be retroactive to December 1, 2020 if the person is found eligible. For more information about these changes please contact your local DPSS office or visit https://dpss.lacounty.gov/en/health.html.

DACA IS RESTORED

In November, a federal judge invalidated restrictions on the Deferred Action on Childhood Arrivals (DACA) program that protected over 640,000 young undocumented immigrants from being deported. There are about 200,000 DACA recipients in California. In July, the Secretary of Homeland Security Chad Wolf issued a memo saying that new DACA applications wouldn't be accepted and that renewals would be limited to one year, not two. The restrictions came after the Supreme Court blocked the Trump Administration from ending the program. The federal judge argued that Wolf was unlawfully appointed as acting secretary because he didn't follow the rules of succession. For that reason, Wolf's memo is invalid. While the Department of

Homeland Security denounced the ruling and said they will explore other options to review DACA, the decision is considered a victory by immigration rights advocates and DACA recipients. This is a temporary win and L.A. Care Health Plan remains hopeful that all the DACA restrictions will be rejected by President Elect Biden when he assumes office in January. Government Affairs will continue to monitor and engage on this issue and provide updates.

CALFRESH BENEFIT UPDATE

Recently, the California Court of Appeal ruled that the Department of Social Services must replace CalFresh benefits ("food stamps" or "SNAP") when they are electronically stolen from recipients. The Court of Appeal decision reverses a trial court ruling that said the state is not responsible for replacing stolen benefits. This ruling is an important step for Californians who rely on CalFresh benefits to prevent hunger. The point of food assistance is to make sure people can eat. With California and the country both experiencing record levels of hunger, it's vitally important for government to safeguard necessary food assistance for eligible recipients. For more information on CalFresh, please visit https://dpss.lacounty.gov/en/food/calfresh.html.

LOS ANGELES COUNTY BOARD OF SUPERVISORS UPDATE

State Senator Holly Mitchell will be the next Second District supervisor on the Los Angeles County Board of Supervisors. With her victory, the L.A. County Board of Supervisors, will be an all-female board for the first time in history. Holly Mitchell came to politics in 2010 after leading a large L.A. child and family care organization, and she is known among her peers in the Legislature as an astute anti-poverty policymaker. She is a mother of an adult son and had her big break in the Senate five years ago when she stood up to argue that the budget failed to appropriately serve poor Californians. L.A. Care has worked very closely with Senator Holly Mitchell in the past and many of our RCAC members have had the pleasure of speaking to her as part of L.A. Care's local office and Sacramento Advocacy visits.

L.A. Care HEALTH PLAN
For All of L.A.

Appeals and Grievances

LisaMarie Golden, Director, CSC Appeals and Grievances

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Objectives

- Understanding your rights
- Understanding an appeal versus a grievance
- Understanding expedited versus standard
- Who may Request an Appeal
- Grievances/Complaints
- Appeals
- Interventions
- Next Steps
- Questions

Understanding Your Rights

- L.A. Care Members have the right to file an Appeal and/or Grievance when dissatisfied with services, care and/or coverage
- Appeals & Grievances are investigated by LA Care.
- Appeals and Grievances are important because:
  - Members have the opportunity to share their experience
  - They enable us to learn about Member perceptions of L.A. Care
  - We find opportunities for improving our services

What is a Grievance?

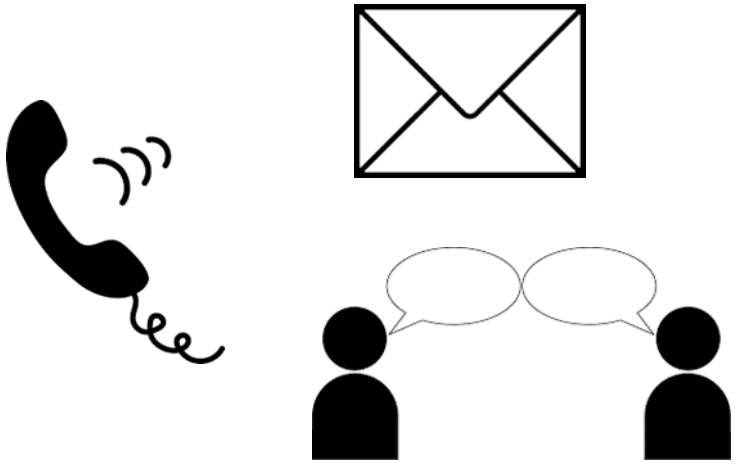
- Sometimes called a complaint.
- A grievance is the process used when a member is not happy with his or her health care.
- Grievances are about services or care received or not received.
- The grievance can be in writing or made verbally. You have the right to file a grievance.

What is an Appeal?

- An appeal is when you don't agree with our decision not to cover services
- If you think we have made a mistake in denying medical service or you don't agree with the decision, you can ask for an appeal.
- If you ask for an appeal, it means you are asking us to change the decision we made.
- An Appeal is a formal request by:
  - a member
  - the member's representative
  - the member's doctor

How do I file a an Appeal or Grievance?

- Write, visit or call L.A. Care at:
  L.A. Care Health Plan
  Customer Solution Center
  1055 West 7th Street
  Los Angeles, CA 90017
  1(888) 839-9909
  1(213) 438-5748 (fax)



- L.A. Care can help you fill out the grievance form over the phone or in person.

- You can file an appeal via your online portal

What is the difference between an Appeal and Grievance?

Appeal:	Grievance:
• You have been denied a medical service and you are unhappy with the decision. • You received a letter letting you know that your services have been denied.	• You are unhappy with the service or care given to you by your doctor, specialist, medical group, hospital, pharmacy or L.A. Care.

Expedited versus Standard

- Members have the right to request an expedited review.
- An expedited appeal is done if the standard timeframe for making a determination could seriously jeopardize the Member's life, health or ability to regain maximum function.
- L.A. Care's Physician Reviewers determine if the Appeal and/or Grievance meets the requirements for an expedited review.
- Decision
  - 72 hours
  - 30 Calendar Days

Who May Request an Appeal?

- A Member, a treating provider acting on the Member's behalf, or a Member's authorized representative.
- If you chose to have an authorized representative act on your behalf you will need to submit an Authorization Representative Document (ARD)/ Appointment of Representative (AOR).

Notification Requirements

	Grievance	Appeal
Filing	Anytime	60 Days/180 days
Acknowledgment	5 Calendar Days	5 Calendar Days
Standard Resolution	30 Calendar Days	30 Calendar Days
Expedited Resolution	72 hours	72 hours

Next steps if you do not agree

- Depending on your insurance plan you can proceed with the following:
  - DMHC IMR/Consumer Complaint
  - State Hearing
  - Auto Forward to Independent Review Entity (Maximus)

Grievances

Grievances/Complaints - MCLA

Quantitative Analysis

- 4% increase in grievance volume from Q1 to Q2
- 30% of MCLA grievances related to Access to Care issues
  - 27% - Access to Providers
  - 9% - Delay in Authorization
  - 6% - Delay in Pick up time

*Approx. 42% of **all** Access to Care issues are resolved at the time of the call*

Qualitative Analysis

The two primary reasons for Delay in Authorization were:

- Primary Care Physician
- L.A Care Health Plan

Grievances related to Delay in Authorization decreased by 56% from Q1 to Q2.

Grievances/Complaints - CMC

Quantitative Analysis

- 21% increase in grievance volume from Q1 to Q2
- 89% increase in grievance rate/1000 from Q1 to Q2
- 269% increase in Pharmacy Access to Care related grievances during Q2
    - 58% resolved at the time of the call

*Approx. 37% of **all** Access to Care issues are resolved at the time of the call*

Qualitative Analysis

The two primary reasons for Pharmacy Access to Care issues are:

- Unable to fill Rx or inadequate supply
- Access to Pharmacy and/or medication

A preliminary review of the grievances resolved at the time of the call have identified CVS Pharmacies as a possible trend. Members are reporting CVS pharmacy does not have medication on hand and/or or allegedly advising the member the medication is not covered and to pay out of pocket.

Grievances/Complaints - LACC

Quantitative Analysis

- 25% increase in grievance volume during Q2
- 17% increase in grievance rate/1000 during Q2
- 48% increase in grievances related to Billing and Financial matters
    - 37% - Billing disputes discrepancies
        - 38% resolved at the time of the call
    - 24% - Premium related grievances

*Approx. 30% of **all** issues are resolved at the time of the call*

Qualitative Analysis

The two primary reasons for Billing and Financial issues are:

- Billing discrepancies or disputes
- Premium disputes

A preliminary review of grievances related to Billing and Financial matters identified 38% of the issues were resolved at the time of the call through the following actions:

- Member Education to advise the notice they received is not a bill but a notice to advise the member the provider has billed the Health Plan or to request the member's health plan information
- Provider education regarding the member's benefit plan and Claim address with a request to cease all notices to the member

Grievances/Complaints - PASC

Quantitative Analysis

- 1.3% increase in grievance volume during Q2
- 7% increase in grievances related to Billing and Financial matters
    - 51% - Billing disputes discrepancies

Qualitative Analysis

The two primary reasons for Billing and Financial issues are:

- Billing discrepancies or disputes
- Collection

A preliminary review of grievances related to Billing and Financial matters identified the issues were related to the following:

- Member Education to advise the notice they received is not a bill but a notice to advise the member the provider has billed the Health Plan or to request the member's health plan information
- Provider education regarding the member's benefit plan and Claim address with a request to cease all notices to the member
- Member education to contact LAC upon receipt of initial notice. Members often waited until Collection notice to call LAC

Appeals

Appeals - MCLA

Quantitative Analysis

- 78.57% increase in appeal rate/1000 compared Q3 FY18-19
- 51.67% average overturn rate (7.87% increase compared to same period last year)
  - 86% - Pharmacy
  - 3% - AltaMed
  - 1.5% - Regal Medical Group
  - 1.5% - Health Care LA, IPA

Qualitative Analysis

Pharmacy related appeals continue to be the top reason for appeal submissions. The primary reason for overturns is the prescriber responds to the request for additional supporting documentation after the initial decision has been issued. An audit finding related to Reconsideration of a denial at the PBM level resulted in an Operational change which contributed to the increase in volume compared to prior periods

Appeals - CMC

Quantitative Analysis

- 24% increase in appeal rate/1000 compared Q3 FY18-19
- 31% average overturn rate (3.4% increase compared to same period last year)
    - 75% - Pharmacy

Qualitative Analysis

The appeal rate/1000 has increased during this review period compared to prior fiscal year's baseline period. Pharmacy related appeals continue to be the top reason for appeal. The primary reason for overturn is the prescriber responds to the request for additional supporting documentation after the initial decision has been issued. An audit finding related to Reconsideration of a denial at the PBM level resulted in an Operational change which contributed to the increase in volume compared to prior periods.

Appeals - LACC

Quantitative Analysis

- 46% decrease in appeal rate/1000 compared to Q3 FY18-19
- 55% average overturn rate (27% increase compared to same period last year)
  - 67% - Pharmacy
  - 25% - Health Care Partners

Qualitative Analysis

Although the rate/1000 decreased during this review period compared to prior fiscal year's baseline period, the % of appeals overturned has increased by 27% compared to the prior fiscal year baseline for the same period. An audit finding related to Reconsideration of a denial at the PBM level resulted in an Operational change which contributed to the increase in volume compared to prior periods.

Appeals - PASC

Quantitative Analysis

- No statistically significant trends and/or variances
- 50% overturn rate
  - 50% - Pharmacy

Qualitative Analysis

The primary reason for overturn is the prescriber responds to the request for additional supporting documentation after the initial decision has been issued. An audit finding related to Reconsideration of a denial at the PBM level resulted in an Operational change which contributed to the increase in volume compared to prior periods.

Interventions

Appeals and Grievance Interventions October 2019 – September 2020

- Ongoing collaboration with Transportation Vendor management team to monitor transportation issues
- Vendor training to appropriately identify member dissatisfaction and duty to report to LA Care for track and trending/resolution
  - Call the Car
  - DHS
  - Beacon
  - Teledoc
  - Nurse Advice Line
- A&G/Plan Partner joint meetings to review grievance data for emerging trends
  - Area of opportunity identified low confidence level in reporting grievances resolved at the time of the call in Appeal & Grievance denominator.

Next Steps

Next Steps

- Participate in the Member Experience workgroup to drive improvement across key measures to decrease pharmacy appeals and grievances
- Enhance grievance resolution categories to support data analytics. Currently, an option to document the resolution is “Completed”. Further analysis of the outcomes associate with this resolution will need to be vetted in the development of new resolution code structure
- Enhance appeal categories to support reason for overturn
- Complete assessment of opportunities to educate members regarding their responsibilities to ensure appropriate benefit card is provided to servicing provider

Questions or Comments?

Auleria Eakins, Communications and Community Relations Update

December Update

- FRC/CRC Update
- LA vs Hate United Against Hate Week
- Health Promotors Update
- Communications Department Update
- Black History Month
- Upcoming Presentations to ECAC