BOARD OF GOVERNORS

Provider Relations Advisory Committee Meeting

August 21, 2024 • 9:30 AM

L.A. Care Health Plan

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

L.A. Care offices has moved to 1200 W. 7th Street, Los Angeles, CA 90017, but will continue to have its public meetings at 1055 W. 7th Street until early 2025.

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L.A. Care
HEALTH PLAN®

AGENDA
Provider Relations Advisory Committee Meeting
Board of Governors
Wednesday, August 21, 2024, 9:30 A.M.
Lobby Conference Room 100, 1055 West 7th Street, 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=m7bfbb5ccd40205b21fd908329618cb2c
To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2485 300 1389   Password: lacare

Teleconference Site

Richard Ayoub	**Hector Flores, MD**
Project Angel Food	1720 E. Cesar Chavez Avenue
922 Vine Street, Los Angeles, CA 90038	Los Angeles, CA 90033
Michelle Tyson, MD	**Haig Youredjian**
Call The Car	Western Drug Medical Supply
21950 Copley Drive,, Diamond Bar, CA 91765	3604 San Fernando Road, Glendale, CA 91204

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

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

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

George Greene, Esq., *Chair*

Welcome

1. Approve today's Agenda   *Chair*

2. Public Comment *(Please read instructions above.)*   *Chair*

3.   Approve May 15, 2024 Meeting Minutes   p.4

4.   Chairperson's Report

Chair

5.   Chief Executive Officer Report

John Baackes
Chief Executive Officer

Committee Issues

6.   Participating Physician Group (PPG) Scorecard and Internal p.16
Performance Metrics

Sameer Amin, MD
Chief Medical Officer

7.   Open Forum

Chair

ADJOURNMENT

The next Committee meeting is scheduled on November 20, 2024 at 9:30 AM
and may be conducted as a teleconference meeting.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE PROVIDER RELATIONS ADVISORY 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.

NOTE: THE COMMITTEE meets quarterly on the 3rd Wednesday at 9:30 AM.   AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT http://www.lacare.org/about-us/public-meetings/board-meetings and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at http://www.lacare.org/about-us/public-meetings/board-meetings and can be requested by email to BoardServices@lacare.org.

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

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BOARD OF GOVERNORS
Provider Relations Advisory Committee
Meeting Minutes – May 15, 2024

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

L.A. Care
H E A L T H   P L A N

Members

George Greene, Esq., *Chairperson* **	Zahra Movaghar
Richard Ayoub	John Raffoul
Stephanie Booth, MD	Amanda Ruiz, MD *
Hector Flores, MD **	David Silver, MD
Monica Gutierrez-McCarthy *	David Topper *
Alice Kou, MD *	Michelle Tyson, MD
Sabra Matovsky	Haig Youredjian **
Ashkan Moazzez, MD, MPH, FACS, CHCQM *	*Absent ** Via Teleconference*

Management/Staff

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	George Greene, Esq*., Committee Chairperson*, welcomed everyone and called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:38 A.M. The meetings were held simultaneously. Mr. Greene described the process for public comment.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 10 AYES (Ayoub, Booth, Flores, Greene, Matovsky, Movaghar, Raffoul, Silver, Tyson and Youredjian)**
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES	The minutes of the February 21, 2024 meeting were approved as submitted.	**Approved unanimously by roll call. 10 AYES**
CHAIRPERSON'S REPORT	Chairperson Greene noted the dialogue and issues on which the Committee has focused. There are opportunities for improvement for L.A. Care, some vendors worked to improve	

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	their engagement with providers and relationships with providers. L.A. Care and its vendors share a goal of providing good patient care and patient services to the beneficiaries. Chairperson Greene expressed excitement about the update on metrics that L.A. Care is tracking. L.A. Care is listening to providers when issues are raised at this forum. Chairperson Greene added L.A. Care demonstrates leadership in wanting to collaborate with providers, and it demonstrates that the work that this committee is leaning into is and will make a positive impact. He expressed his appreciation to John Baackes, *Chief Executive Officer*, Sameer Amin, MD, *Chief Medical Officer,* and all of L.A. Care's team for listening to the comments that have been made, not just that this committee, but what they are hearing on an ad hoc basis from organizations like the Hospital Association of Southern California.	
CHIEF EXECUTIVE OFFICER'S REPORT	Mr. Baackes thanked Chairperson Greene for his comments about collaboration. Mr. Baackes expressed he was distressed to see in the last two weeks that the California Hospital Association was suing Anthem Health Plan over the very issues that have been discussed in this Committee about care around the complex and hard-to-place patients needing sub-acute hospital care. Mr. Baackes feels this is a step backward in light of the work of this Committee is doing by collaborating with the hospital association and the skilled nursing facilities. Last year, concerned parties from 30 hospitals and 80 skilled facilities were brought together by L.A. Care to discuss the issues in the system. It was not a problem that resides in the lap of any particular entity, and the main way to get a solution is by collaborating around and not by going to court. Mr. Baackes hoped that the example set here would be followed by others and avoid litigation of the kind that is now in process. Mr. Baackes provided an update on the Medi-Cal eligibility redetermination process. L.A. Care has completed twelve months. As of May 2024, L.A. Care has 2,331,000 Medi-Cal members. L.A. Care has added 51,352 new members who were released from "on-hold." These were people who had not completed their redetermination process which were put on hold for 90 days and 2,800 of them completed the process and eligibility was reestablished back to the effective date. L.A. Care lost 8,704 members, who were disenrolled because they no longer qualified for Medi-Cal. Most of these are people whose income exceeded the eligibility ceiling of 138% of the federal poverty level or may have moved out of Los Angeles County. L.A. Care had 52,800 people placed on hold for 90 days who did not complete the redetermination process and were disenrolled. This brings L.A. Care's current Medi-Cal enrollment to 2,324,000.	

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	About 265,000 Kaiser members left L.A. Care's because Kaiser signed a direct contract to serve Medi-Cal. This brought L.A. Care's membership down to about 2,450,000. Today, L.A. Care has about 2,350,000 Medi-Cal members. The loss of about 1000+ members is less than 4% of total enrollment.	
	Behind the numbers, there was a lot of commotion and churning. L.A. Care took a deep dive into the data, and saw that about 42% of people re-enrolled. They were those that instead of going through the redetermination process just reapplied. There were a lot of people that did not renew. It is believed that most have moved and no longer reside in Los Angeles County. During this period, eligibility was expanded for undocumented residents between 26 and 49. At the beginning of 2024, L.A. Care added about 155,000 new members from that population. In terms of revenue, there has not been a big bump but enrollment is a little better than the 13% loss that L.A. Care forecast. L.A. Care lost about 4 or 5%.	
	L.A. Care was involved in a coalition of hospitals and providers in getting the managed care organization (MCO) tax reinstated last year, with the bulk of the proceeds intended for Medi-Cal to improve provider reimbursement. In the Governor's announcement of the May State Budget revise this year, that was reversed, and the proceeds of tax will now be going to the State's general fund. This means the increased Medi-Cal funding projected in 2025 and 2026 is gone. The increases in the 2024 budget are protected, but that was the smallest amount of funding from the tax, and was only directed for primary care, behavioral health and OB-GYN providers. It is also clouded by imposing adjustments to aid codes with fees connected, while L.A. Care reimburses most providers through capitation, not fees.	
	L.A. Care is discussing with regulators about how to equate the fee for service schedule increases with capitation rates. In some cases, L.A. Care may already be paying more than the increased amount. This will not get resolved in time to provide any money until December. The payments coming out of the MCO tax for 2024 will come out as another lump sum payment at the end of the year, for services that were provided during the year. L.A. Care hoped that the funding would appear in rates that providers received simultaneously with services being provided.	
	There will be a ballot initiative in November to have the MCO tax permanently fund Medi-Cal. L.A. Care cannot take a position on the ballot initiative. The ballot initiative number will be announced shortly.	
	Committee Member Raffoul asked when the ballot initiative would take effect, if it is approved. Mr. Baackes responded it should go into effect in 2026.	

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	Committee Member Matovsky asked if the ballot initiative is approved or not, will there be legal action and how is the coalition addressing the Governor's move to take those funds. Mr. Baackes responded that unfortunately, because it was done during the budget process, the Governor can do exactly what was done. There is no basis to sue for redirecting the funds, and it has to be reauthorized every year in the budget. The coalition managing the ballot initiative was contacted by the Governor's office in advance, offering that a withdrawal of the ballot initiative would result in funding for 2026. Unfortunately, the answer to that offer was no.	
COMMITTEE ISSUES		
Participating Physician Group (PPG) Scorecard and Internal Performance Metrics	Sameer Amin, MD, *Chief Medical Officer*, Tara Nelson, *Senior Director, Utilization Management*, Priti Golechha, *Senior Medical Director, Care Delivery*, Steven Chang, *Senior Director, Case Management,* and Suma Simcoe, *Deputy Chief Operating Officer*, provided information on the Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. *(A copy of the report may be obtained by contacting Board Services.)*	
	Dr. Amin expressed he is proud of L.A. Care's performance over the last 12 months. He added that when there is a change in performance, L.A. Care actively monitors the issues to ensure that remediation is effective to turn correct the metrics. He added that a report will be presented by staff who are doing the actual work. Committee Members can see their faces, hear their voices and see the quality of their work, so that they have confidence in the health plan and have open dialogue on the quality of the work. Staff wanted this Committee to understand that L.A. Care is in a position to collaborate with L.A. Care's network providers. L.A. Care wants to demonstrate openness that providers expect from the entire healthcare ecosystem and from other health plans. This Committee can advocate as a group with all health plans and work together for an open environment, see all the data on performance. L.A. Care wants to provide the same data about patient care and medical management.	
	Ms. Nelson discussed the internal performance on processing authorizations, turnaround timelines and the recent status.	
	• Urgent pre-service request decisions are made within 72 hours from the receipt of the request. L.A. Care has consistently been above 99%. L.A. Care's internal goal is to make decisions within the first 24 to 36 hours. L.A. Care prioritizes to make sure those decisions are not delaying any care for members.	

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	• Standard routine service request made within five business days of the receipt was in the upper 99% to 100%. Internal goal is five days, but staff try to process these by three to four days to ensure those decisions are made timely. • Expedited urgent, concurrent service request decisions made within 72 hours are timely at 98.99%. Staff wants to communicate with providers within 36 hours to meet regulatory requirement for completing the letters within 72 hours, including translation. • Post service requests decisions for both inpatient and outpatient is consistent at 99% to 100%. There was a drop in November due to an oddity with a couple of cases that were processed late. The issue was discovered through analysis and resolved quickly. Overall timely at 98.99% and above. Dr. Amin noted that over the course of last two years, L.A. Care has improved. He credited the Utilization Management team and Ms. Nelson's leadership. L.A. Care is consistent for two years with 99 to 100% compliance. Dr.. Golechha presented the utilization data for hospital admissions, readmissions and related metrics, and developed a scorecard for L.A. Care's provider network. She reviewed L.A. Care's inpatient admissions and performance month over month from November 2022 to October 2023. There was a six-month lag in the claims and encounter results. She reviewed the performance for the last year for those months. There was improvement in total inpatient hospital admissions from the prior year. A lot of effort has gone into complex case management and transitions of care. Staff is monitoring performance and making sure the initiatives are working. L.A. Care's hospitalization rate decreased The improvement reflects the hard work by L.A. Care delegates. There was a significant decrease in inpatient hospital admissions from last year going into this year, compared to last year in the same period of time. Statistically from the largest providers, the confidence interval is going to be smaller because the membership is larger. They are affecting the network average. The providers with smaller membership will have a wider confidence interval. This is the normal variation of the network average. L.A. Care is focused on the delegated provider network which are falling outside of those network averages, working on networking and collaborative discussion to create strategies to decrease hospital admissions or readmissions to ensure that members are getting the care where they need it, without unnecessary hospitalization.	

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	Committee Member Hector Flores expressed that a lot of the Medi-Cal focused contracts with hospitals may not be as efficient as they need to be. Some hospitals expressed concerns that outpatient follow up is not well managed. This can lead to patients being readmitted or with an extended length of stay because of not connecting with the medical home that was supposed to receive the patient at discharge. There is a whole host of issues to address with that. Dr. Amin agreed and thanked Committee Member Flores. He added that L.A. Care is working on transitions of care through case management, and significant focus on the hand offs is critical in improving L.A. Care's performance. David Kagan, MD, *Senior Medical Director, Direct Network*, noted L.A. Care asked the hospitals for this data because hospitals have expressed concern with the variation in performance of the admitting position and how that affects the length of hospital stays. L.A. Care is working on the mechanics of hospital assignments for patients. Committee Member Zahra Movaghar asked if L.A. Care observed a difference between admission rates for full risk patients when there is a hospital physician relationship compared to shared risk. Dr. . Golechha noted that L.A. Care is reviewing the risk profile with the data and not seeing significant difference, but will continue its review. L.A. Care looked at admissions and 30 day readmission rate to see how L.A. Care is performing compared to last year. Compared to last year, the trend looks better. L.A. Care is looking into the factors which might affect increased hospitalization, and is working with delegated network providers. L.A. Care is having collaborative discussions on how to make sure the members are properly transitioned between levels of care and the members visit their primary care physician (PCP) or telehealth, to avoid readmissions. L.A. Care reviewed emergency room (ER) utilization and it was found to be very similar year over year while slightly lower in some months. Dr. Amin proposed that L.A. Care educate members about other available urgent care resources. The inpatient hospital admission rate is hard to move, while readmissions and admissions are down, the data shows areas where L.A. Care can intervene to improve the rates. In response to a question if it is possible to separate this between avoidable and non-avoidable re-admissions, Dr. Golechha noted L.A. Care staff specifically defined ambulatory, sensitive, acute and chronic conditions that could be managed well by the PCP level to avoid emergency room utilization. The conditions in this particular metric, compared with last year, had no significant difference.	

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	Dr. Amin noted this metric seems to be the most stubborn metric. The question has always been around access and education. The health care system was not built to deal with the queue, similarly, the primary care system was not built to deal with acute issues. The metrics are hard to move. Dr. Amin noted that when patients feel truly sick, they go to the urgent care, because the PCP office is not able to provide acute care.	
	Committee Member Flores added that patients with Medi-Cal, except for relatively new members, were enrolled in Medi-Cal when they did not have access, and the default access was the emergency room (ER) where they would be seen quickly. These are old habits that are hard to break, and a lot of educational effort is needed when the patient is enrolled in Medi-Cal. For the previously uninsured, their only access point had been ER. Another aspect is educating patients about 24/7 access to a clinician. Because many of them are working, they do not have time and won't get paid if they take a day off to go see a doctor. ER is the only place to go after hours if there is no urgent care nearby. These are multi-faceted issues and it takes a lot of ongoing education, as well as transformation of the practices that serve them.	
	Dr. Amin noted that there is a new utilization algorithm with more sensitivity to identify completely inappropriate utilization. When a chronic condition has flared, that patient needed ER, but if that chronic condition was managed better, they would not need to go to the ER.	
	Committee Member Michelle Tyson asked if urgent care utilization is included in the utilization performance. Dr. Golechha responded this includes ER only and not urgent care.	
	Dr. Golechha noted that staff plans to meet with the delegated provider network to review comprehensive integrated data sets on their performance to make sure that it is clear to providers what is happening and how it might affect the population health for members. Staff plans to also review member experience and access data along with quality data and metrics. L.A. Care reviews access and quality metrics with medical management metrics compared to network average, as well as PCP utilization.	
	Dr. Amin noted that some of the issues that L.A. Care has been experiencing are related to different regulatory agencies giving different regulatory input as to what health plans are and are not allowed to do through the credentialing system. Dr. Amin added that mid-level organizations, like the physician assistant organization, verifies the hours and certifies they can practice independently. Dr. Amin suggested a presentation by credentialing staff at a future meeting.	

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	Dr. Amin presented a dashboard of performance metrics for community supports (CS) programs in Enhanced Care Management (ECM), a program under California Advancing and Improving Medi-Cal (CalAIM). L.A. Care reviews the dashboard regularly to monitor performance for recuperative care, medically tailored meals, environmental accessibility, adaptations, respite services, personal care services, centers for housing navigation, and housing deposits. The dashboard will be made available online. L.A. Care has implemented and has members enrolled every community support in ECM. In 2023, L.A. Care invested $80.01 million in these programs and L.A. Care is growing the ECM enrollment.

Mr. Baackes noted that L.A. Care is currently working on payment methodologies to make sure that contracted providers are getting reimbursement in caring for these patients. L.A. Care will institute an incentive pool for new enrollees into the program and is in conversation with Department of Health Services about this. The current enrollment is 35,000 members, and continued increase is expected in 2024. Dr. Amin noted for the CS program, the data shows the benefit of the investment.

Mr. Baackes noted that CalAIM was originally announced, it was announced as if community supports would pay for themselves. That idea is no longer touted, but originally it was projected to save money by reducing hospitalizations and avoiding ER utilization. He pointed out that Medi-Cal does not cover the cost of the care being provided. Putting a roof over someone's head or whatever the cost that is, will not save enough money to pay for the program with medically tailored meals. Mr. Baackes expressed concern that health plans will be blamed for lack of cost savings. A study done in Camden, New Jersey for 10 years showed that providing a host of the CS to a group of mostly dually eligible for Medicare and Medicaid didn't save any money. The program was judged a failure, but the improvement in quality of life for the participants was not a metric in the evaluation. Dr. Amin noted there is no metric about quality of life and if none of the patients went to the hospital, the savings would only make up about 20% of the cost of CS benefits such as housing, supportive services and housing deposits. The likelihood that any further benefit in total cost of care can be found is unlikely. It would be great if there is some way to incorporate that into return on investment, but the assumption is that 5-10 years down the line, the beneficiaries will be in a better situation. Maybe the participant moved on to employer-based insurance, and does not have Medicaid. L.A. Care will continue to review the data, and initially advocated to regulators that if they want CalAIM to continue, it needs proper funding in the Medicaid rates. | |

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	Mr. Chang clarified the numbers presented include L.A. Care plan partner enrollment and L.A. Care has about 70% of statewide enrollment.	
	Committee Member Richard Ayoub noted Project Angel Food is L.A. Care's largest supplier for medically tailored meals in CS. With that contract and reimbursements, the analysis can compare 3-6 months of meals because there might be a difference in cost. Mr. Baackes agreed that extended data will show better returns in the long term for patients benefiting from medically tailored meals.	
	Ms. Simcoe presented a Claims Operations dashboard. One significant impact was the implementation of the coordination of benefit agreement. L.A. Care began receiving a very high volume of claims from Centers for Medicaid and Medicare Services (CMS), which affected work queues. The Change Healthcare cyberattack in February 2024 significantly impacted claims volume. There were multiple updates in SNF rate, COVID related diagnoses, certain procedure evaluation management payments, and Call The Car. All of these impacted Claims productivity and the timeliness of claims payments. These ultimately resulted in a little bit of a higher interest than normal. In April, L.A. Care received a very unusually high volume of claims. Providers are catching up with the claim submissions. L.A. Care worked with different claims processing vendors so it has options to mitigate future impacts on claims volume. The percentage of electronic claims received decreased slightly because providers were unable to electronically submit claims.	
	Ms. Simcoe reviewed the volume of claims. In April, L.A. Care received 493,000, a very high volume of claims. SNF volume is down slightly in April. When L.A. Care started receiving claims again, there was a very high volume of duplicate claims. L.A. Care receives secondary claims from CMS and providers also submit the claim for the same services. L.A. Care's system is set up to process first in, first out. The claims volume clogged the system. In October 2023 to January 2024, call back claims were responsible for L.A. Care not meeting the required turnaround time. Ms. Simcoe talked about claims timeliness and noted the average turnaround time for claims processing has improved significantly.	
	Committee Member Raffoul congratulated staff for the fantastic job shown by the metrics.	
	Ms. Simcoe reviewed claims denial and adjustments. A reason for the high denial rate is that duplicate claims received by L.A. Care from CMS and providers. While L.A. Care is processing the call back claims, the system was set up to pay the primary claim at 0, which counted as a denial. Staff changed the logic in March so paying 0 because the primary insurer paid the eligible amount, is considered a paid claim. That is why the volume immediately	

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	went down drastically. For claims related to Call The Car, L.A. Care have made significant improvement and the average processing time is 39 days.	
	Dr. Amin asked Committee Members for feedback on the data provided in the performance dashboard.	
	Chairperson Greene noted it was a lengthy report and he thinks this is exactly the type of update for which this group was looking. There may be additional comments after closer review. He thanked the team for the work into putting this together and expressed his appreciation for the transparency.	
	Dr. Amin thanked Acacia Reed, *Chief Operating Officer*. Ms. Reed oversees the Claims Department and has done an amazing job of working with Ms. Simcoe to get the claims data headed in the right direction. Dr. Amin asked the Committee Members if they would be interested in further discussion regarding over/under utilization as presented earlier around re-admissions, admissions, and avoidable ER use.	
	Committee Member Movaghar asked about the target for admissions. Dr. Golecha noted that L.A. Care is currently looking at normalizing the network average, especially ER use and hospitalization. L.A. Care is stratifying by aid codes, because their SPD members are likely to have higher rates of utilization. L.A. Care is reviewing access to care because a network utilization average might not be the right target for all. L.A. Care is creating an internal average standard considering multiple factors for members. Dr. Amin added the expectation is 95% to 99%, which are the usual regulatory baselines.	
OPEN FORUM	Dr. Amin noted that this section is for topics to discuss at future meetings, such as advocacy collaboration on how to get other health plans to publish a dashboard that has all the information that L.A. Care has provided.	
	Chairperson Greene suggested a conversation about metrics related to Call The Car (CTC). Dr. Amin responded that Committee Member Tyson, CTC is on the line so she add her input as well. L.A. Care has worked collaboratively with CTC in the last year and a half and synced on the metrics that L.A. Care is tracking. L.A. Care has built a number of metrics into the contract with CTC, and is actively monitoring them. L.A. Care are collaborates with CTC in trying to meet those metrics and achieved the goals on a regular basis in 2023. During discussions with this Committee, L.A. Care learned that some facilities and some members still have some concerns, and that probably comes from a lag in experience versus a lag in the metrics. L.A. Care discuss corrective action process with CTC. Noah Paley, *Chief of Staff*,	

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	added that L.A. Care is carefully monitoring CTC's performance. When there are deficiencies below the agreed upon performance levels that are regulatory and contractual requirements, L.A. Care communicates immediately with CTC to discuss remediation and ensure that performance meets required service levels.	
	AJ Lopez, *Director, Provider Relations* added that CTC was selected through request for proposal process and reaffirmed about nine months ago, after L.A. Care requested for information from the competitors. CTC conducts up to 250,000 rides per month, roughly 6,600 a day, which requires thousands of phone calls every day. Unfortunately it just takes one case to delay service. His team monitors the account regularly; in many cases, hour by hour for complex transports.	
	Angela Pena, *Senior Manager, Provider Contracts and Relationship Management,* added that CTC works very closely with L.A. Care and is a good partner. CTC responded quickly and is working to implement corrective action plans. L.A. Care has seen improved service level throughout recent months.	
	Committee Member Tyson thanked L.A. Care and Mr. Lopez' team. She noted that CTC's day to day operation is not as easy as it looks. It is a very robust program and CTC is getting better every day because L.A. Care is very responsive. CTC try to be as equally responsive to make certain these issues are covered. There are a number of issues in transportation that can escalate very quickly. CTC values and is trying to support a network of patients with transportation. CTC is aligned with L.A. Care in compliance. CTC is looking at every avenue possible down to the subcontracted vendors and all the way up and down every piece of this massive amount of information. Committee Member Tyson noted that transportation is a very complex delivery of care, CTC is making certain that it is utilized properly for the people in Los Angeles County. CTC will continue collaborating and moving forward. CTC appreciates and thank the L.A. Care team for their collaboration.	
	Dr. Amin thanked Committee Member Tyson and reviewed indicators such as calls answered within 30 seconds, abandonment rate on incoming calls, scheduled on time performance, discharge on time performance, transfer on time performance, provider cancellations and/or provider missed pick-ups, member complaints and grievances. L.A. Care set benchmarks for each of these at 100% rate. Dr. Amin wanted to make sure that everybody sees that L.A. Care is tracking these very closely and monitoring compliance.	
	Mr. Lopez provided context on transportation for a health plan and noted that other health plans, even outside of California, are looking to L.A. Care for the best industry practices.	

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	Chairperson Greene thanked everyone engaged on this issue.

Chairperson Greene encouraged the Committee Members to reach out to him or any member of L.A. Care leadership with issues they would like to see discussed by this Committee. He expressed that the work that we all do is hard, meaningful and impactful, but we got to recharge ourselves in order to really lean in. He wished everyone a great summer. | |
| **ADJOURNMENT** | The meeting adjourned at 11:08 a.m. | |

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

APPROVED BY:

_____
George Greene, Esq., *Chairperson*
Date Signed _____

DRAFT

Provider Relations Sub-Committee Quarterly Meeting

Performance Monitoring
August 2024

Table of Contents

Medical Management

MCLA Authorization Processing Timeliness

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

99.8%   99.7%   99.7%   99.5%   99.6%   99.8%
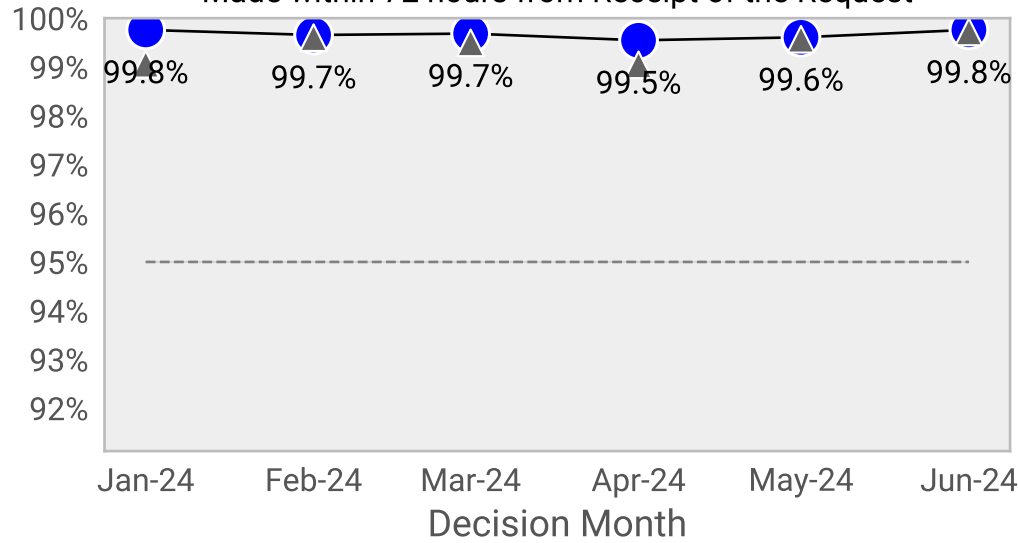
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information
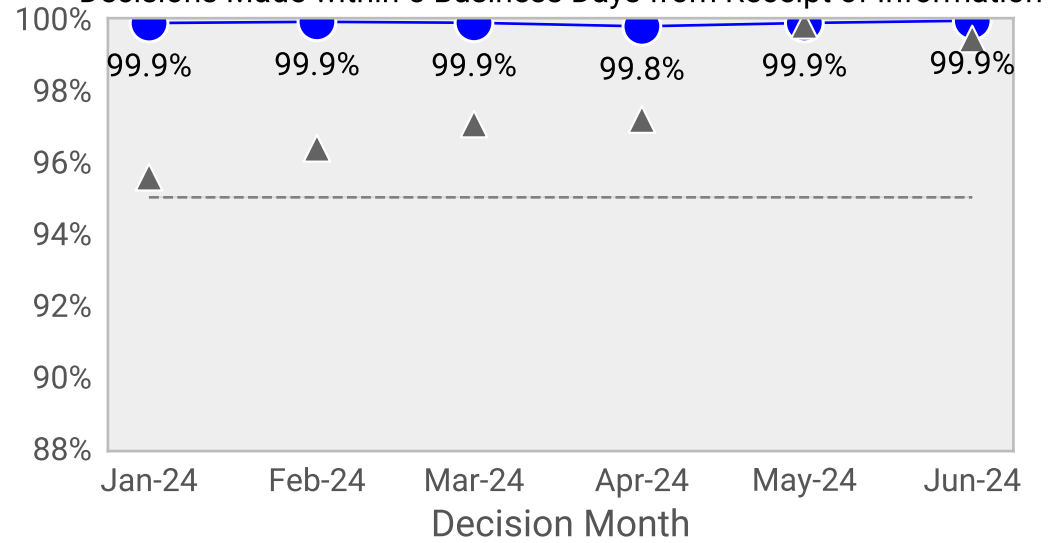
99.9%   99.9%   99.9%   99.8%   99.9%   99.9%

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

99.7%   99.8%   99.6%   99.8%   99.9%   100.0%
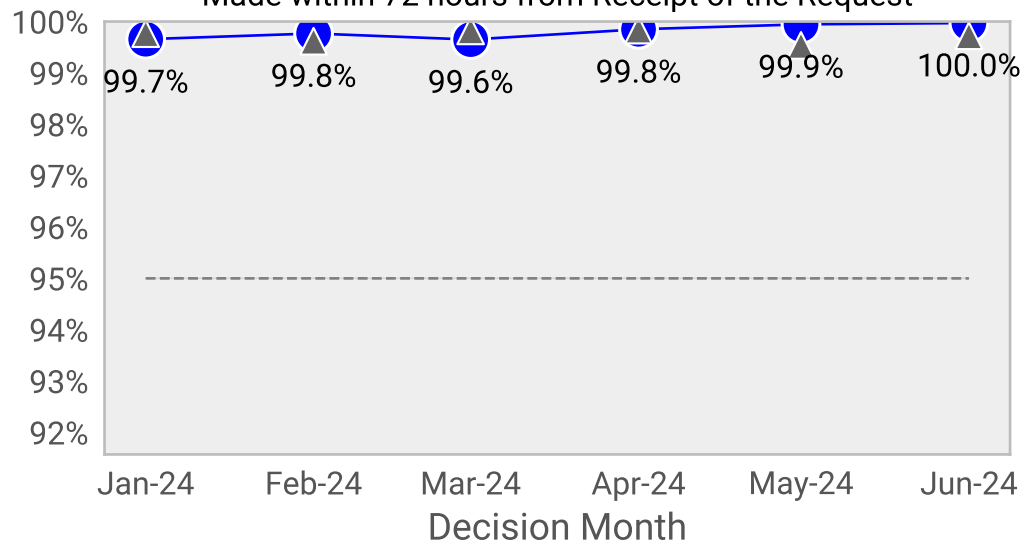
Post Service Request Decisions within 30 Calendar Days of Receipt of Information

99.5%   99.8%   100.0%   99.9%   99.9%   99.8%
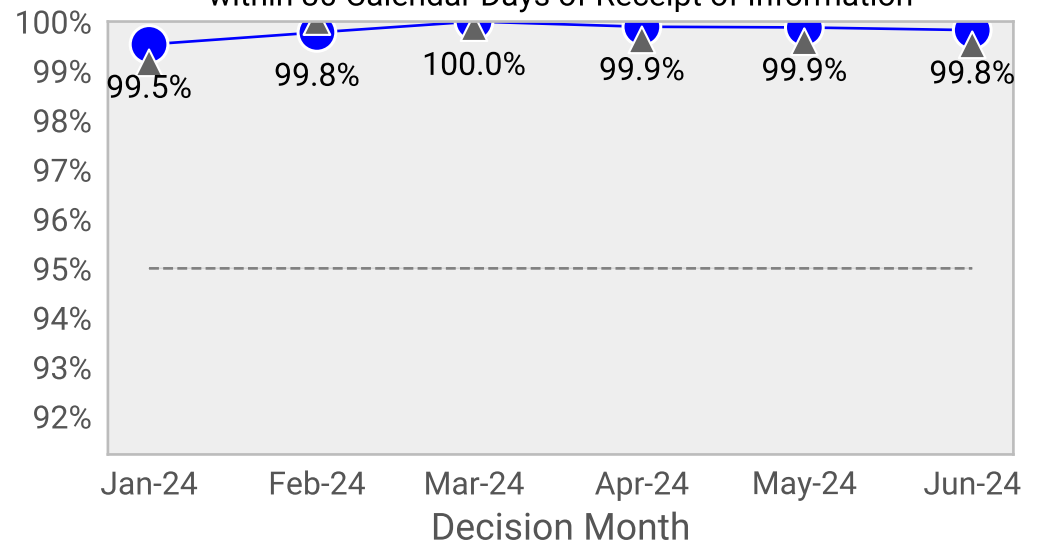
Triangles display the previous year's performance for the same month.

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

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Total MCLA In-Patient Hospital Admissions PTMPM

Month of Admission

Data points: 5.7, 6.3, 5.9, 5.9, 5.8, 6.1, 6.2, 6.1, 6.3, 6.1, 6.4, 6.6
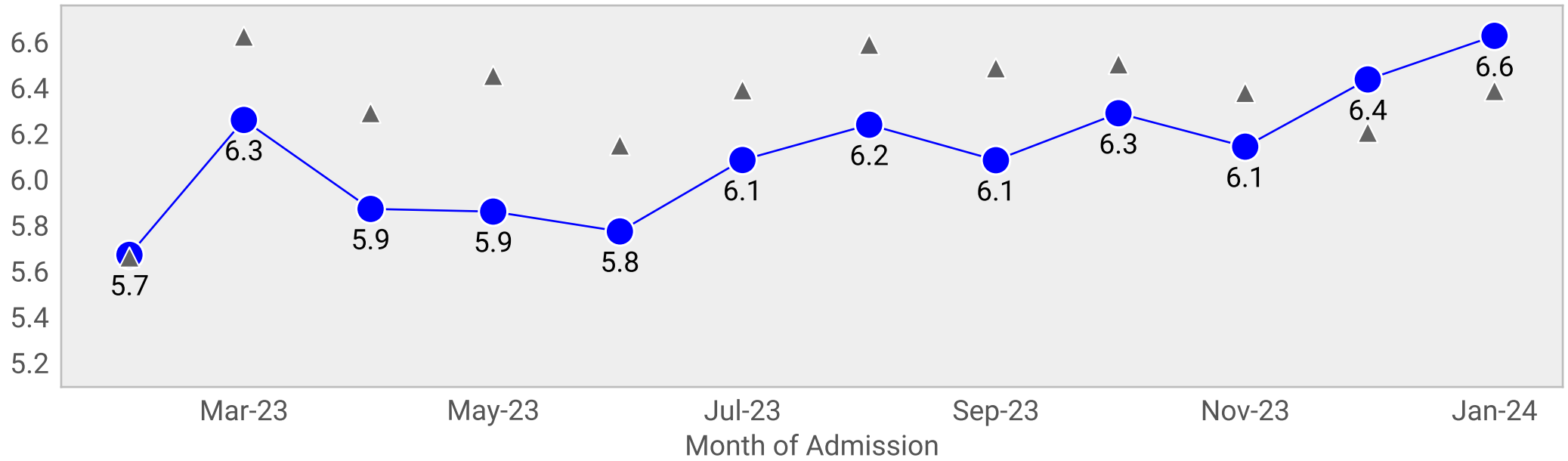
Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM

Month of Admission

Data points: 4.9, 5.5, 5.1, 5.0, 5.0, 5.2, 5.3, 5.1, 5.3, 5.2, 5.5, 5.6

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

L.A. Care
HEALTH PLAN.
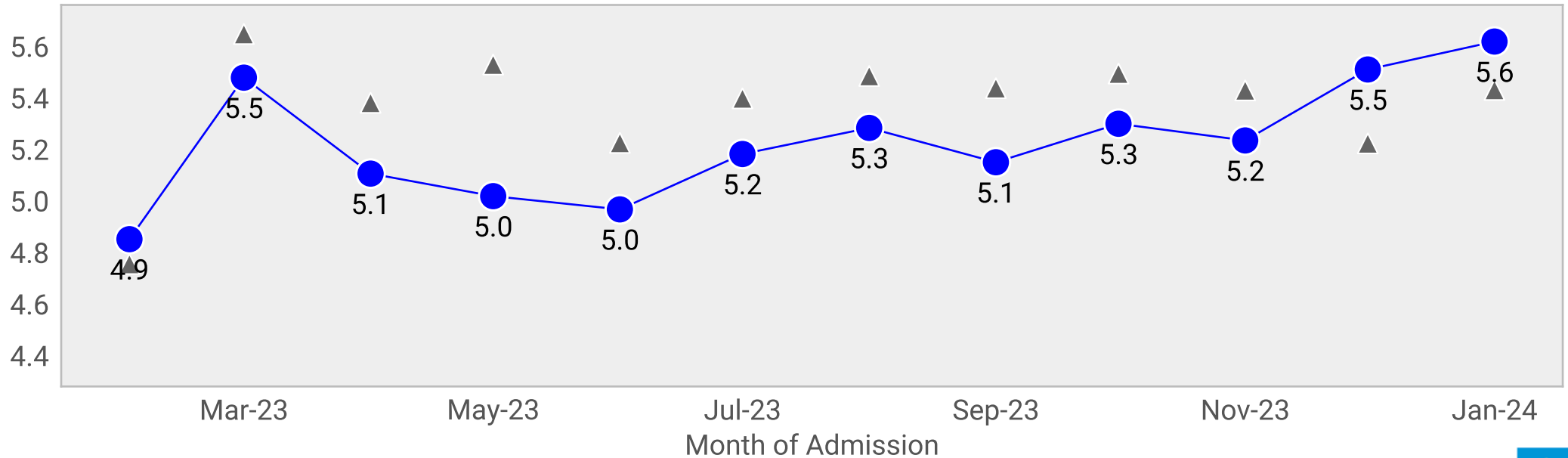
MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG
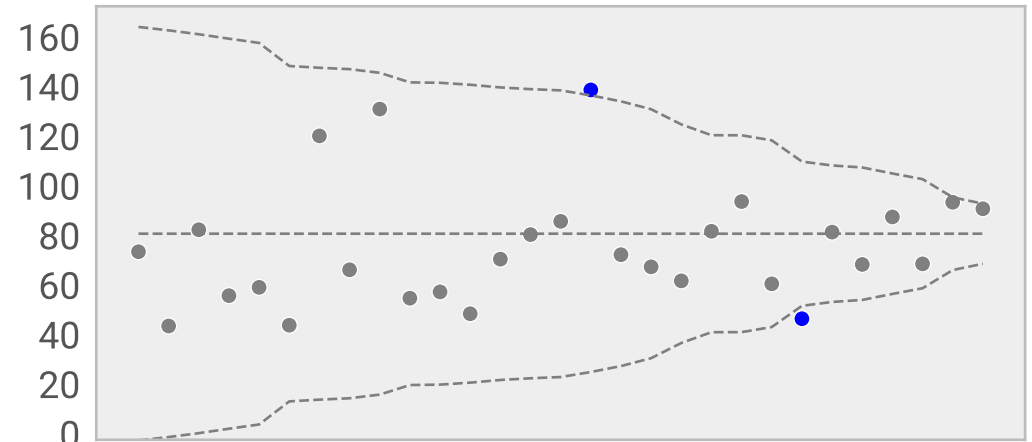## U' Charts
Assessment Period: Feb 2023 through Jan 2024
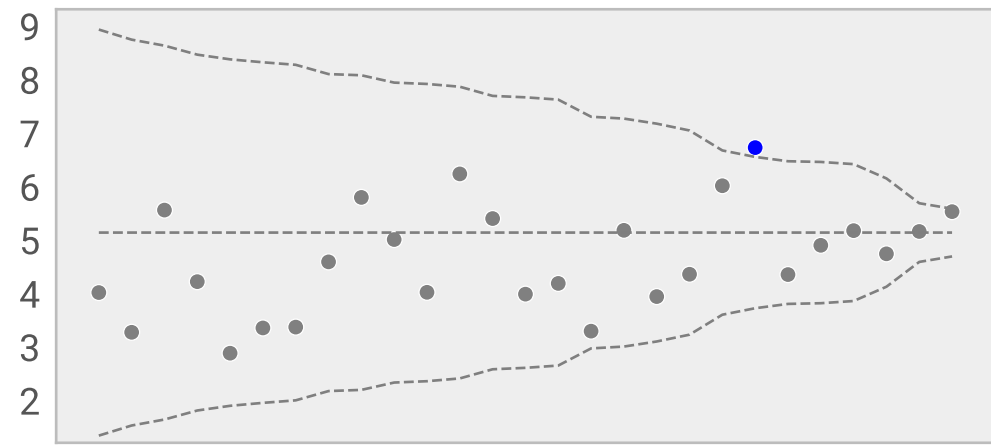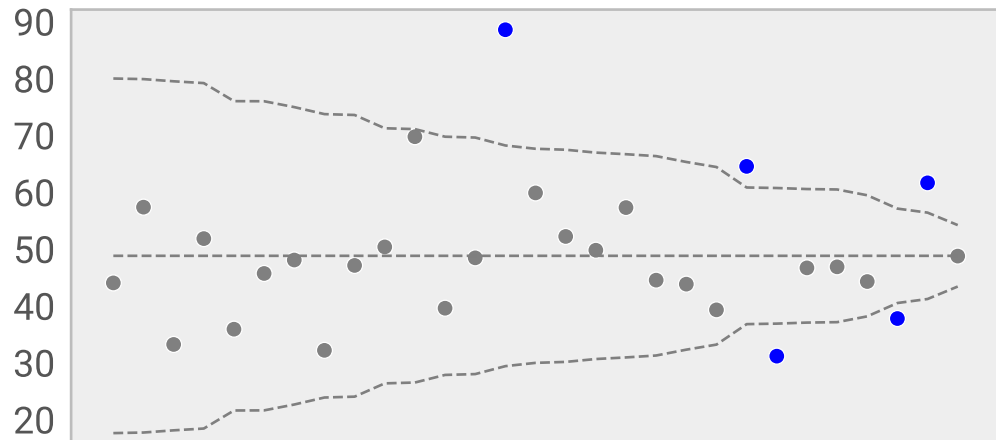
MCE

PPGs Sorted from Smallest to Largest Member Months
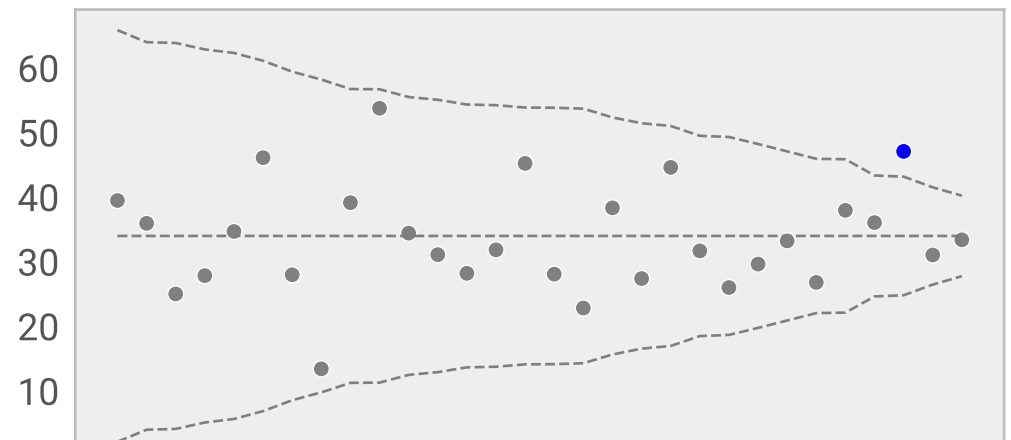
SPD
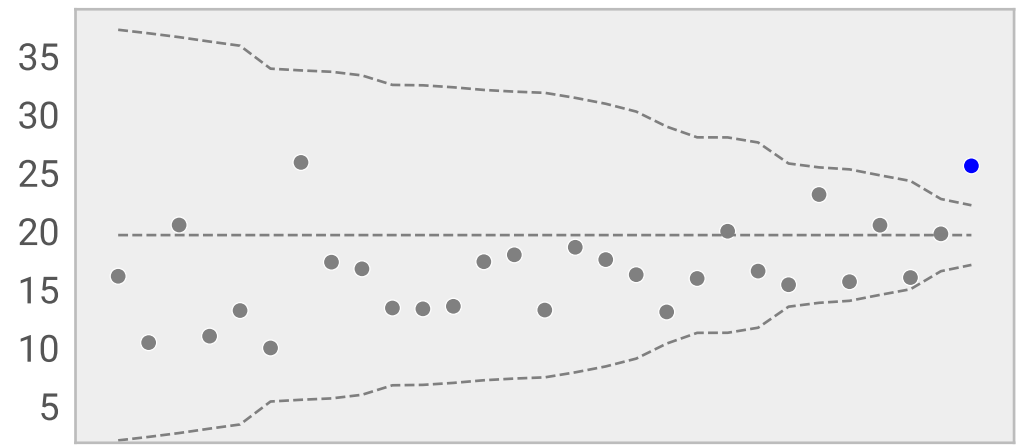
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult
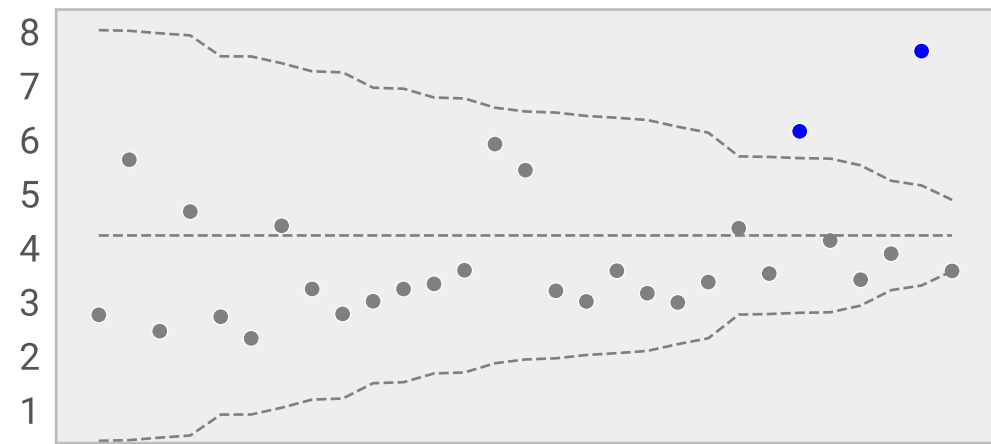

PPGs Sorted from Smallest to Largest Member Months

TANF - Child
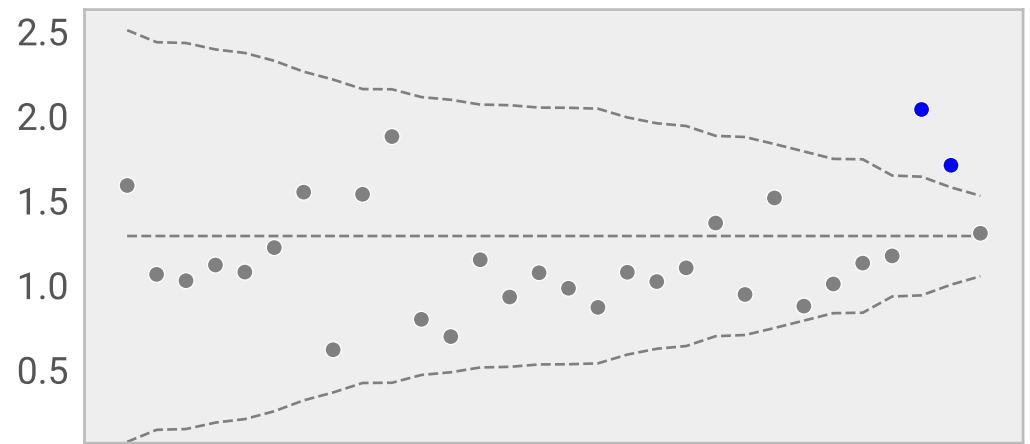
PPGs Sorted from Smallest to Largest Member Months

Total MCLA In-Patient Hospital 30-Day Re-admission Rates
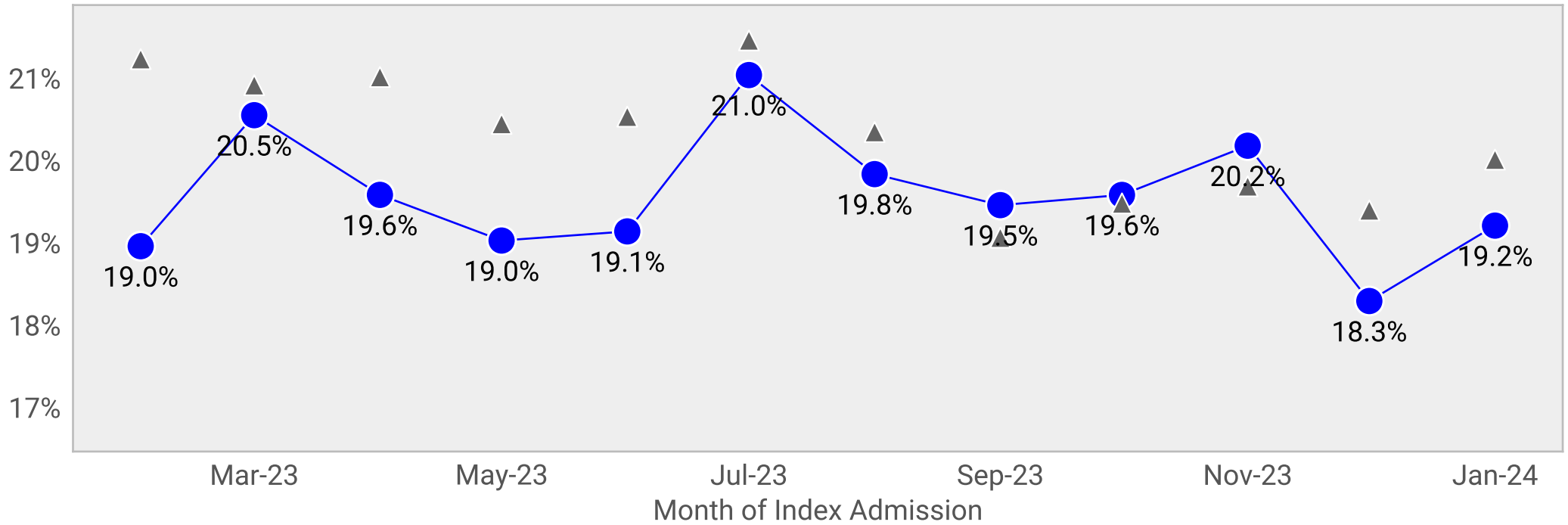
- 19.0%
- 20.5%
- 19.6%
- 19.0%
- 19.1%
- 21.0%
- 19.8%
- 19.5%
- 19.6%
- 20.2%
- 18.3%
- 19.2%

Y-axis: 17%, 18%, 19%, 20%, 21%

X-axis (Month of Index Admission): Mar-23, May-23, Jul-23, Sep-23, Nov-23, Jan-24

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

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MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG
P Charts
Assessment Period: Feb 2023 through Jan 2024

MCE
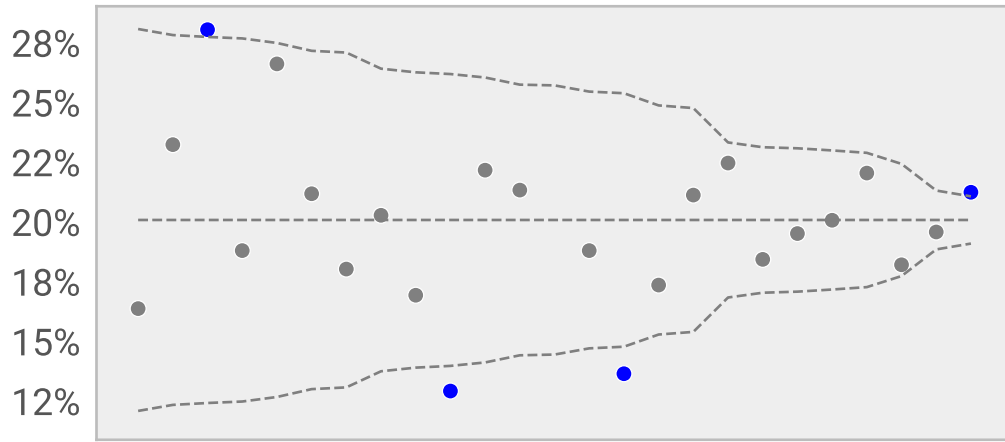
PPGs Sorted from Least to Most Index Admits

SPD
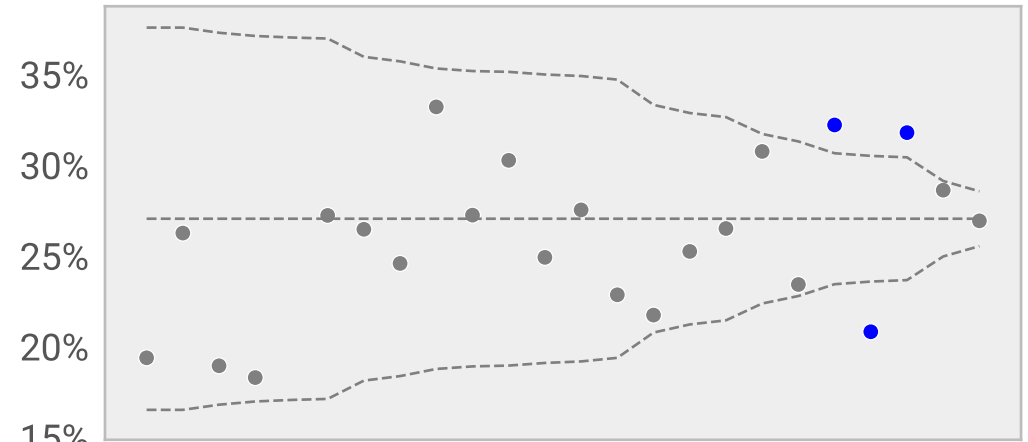
PPGs Sorted from Least to Most Index Admits

TANF - Adult
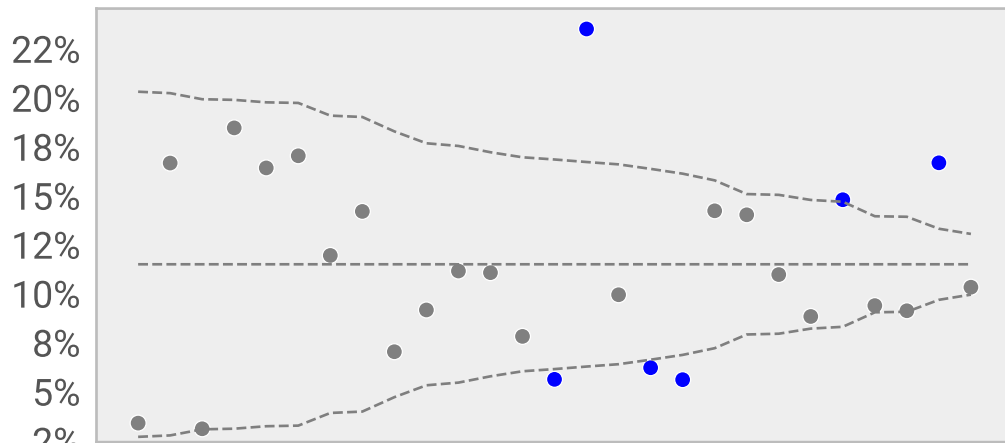
PPGs Sorted from Least to Most Index Admits

TANF - Child

PPGs Sorted from Least to Most Index Admits

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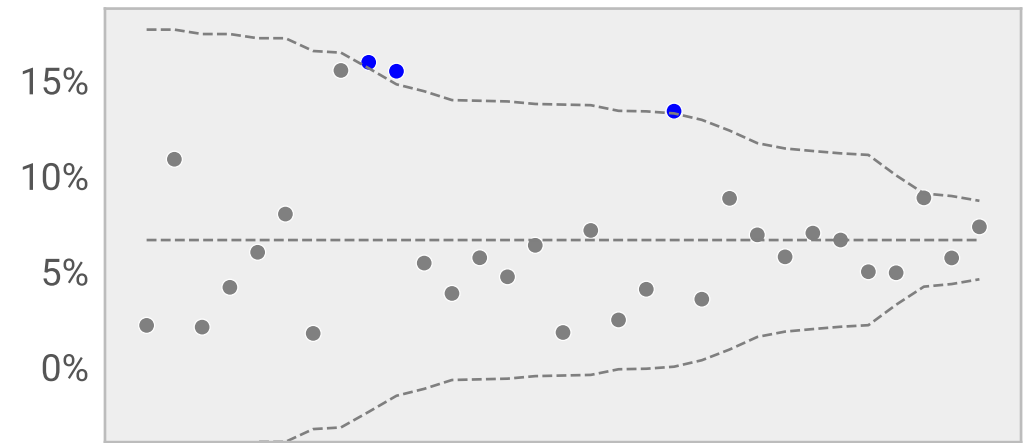
Total MCLA Emergency Department Visits PTMPM
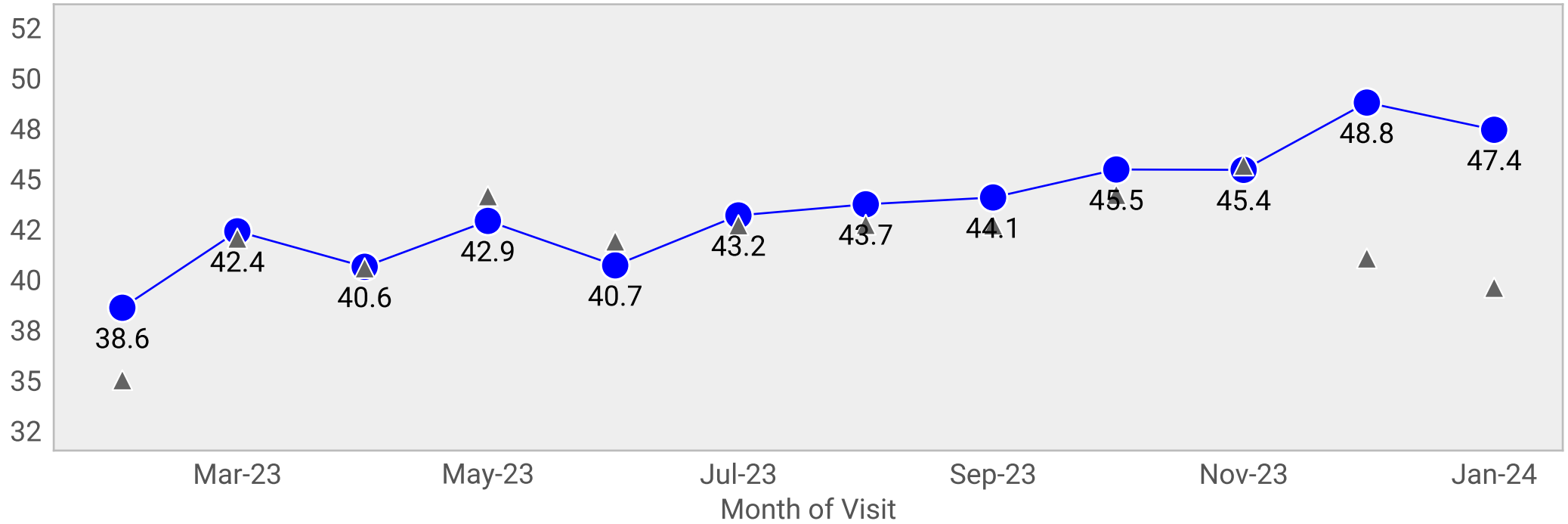
Emergency Department Visits include both Out-Patient
visits and visits that result in an In-Patient admission.

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

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Total MCLA Emergency Department Visits PTMPM by Segment and PPG
U' Charts
Assessment Period: Feb 2023 through Jan 2024
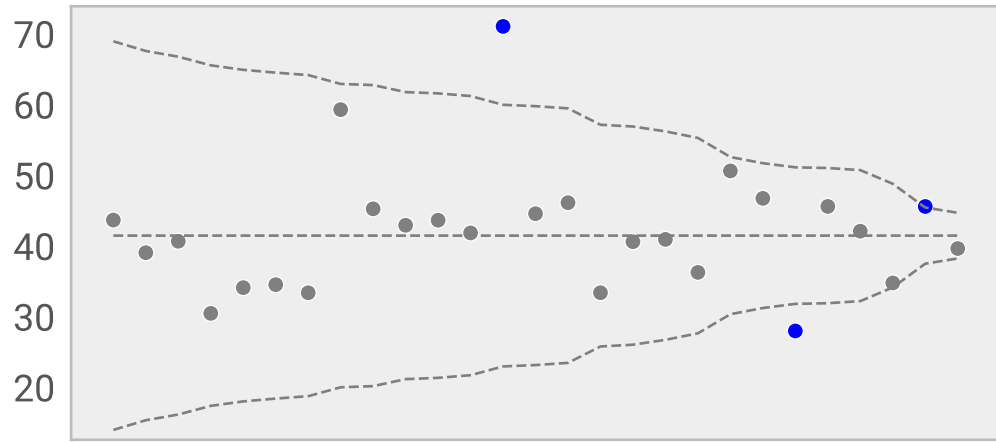
Emergency Department Visits include both Out-Patient
visits and visits that result in an In-Patient admission.

MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM
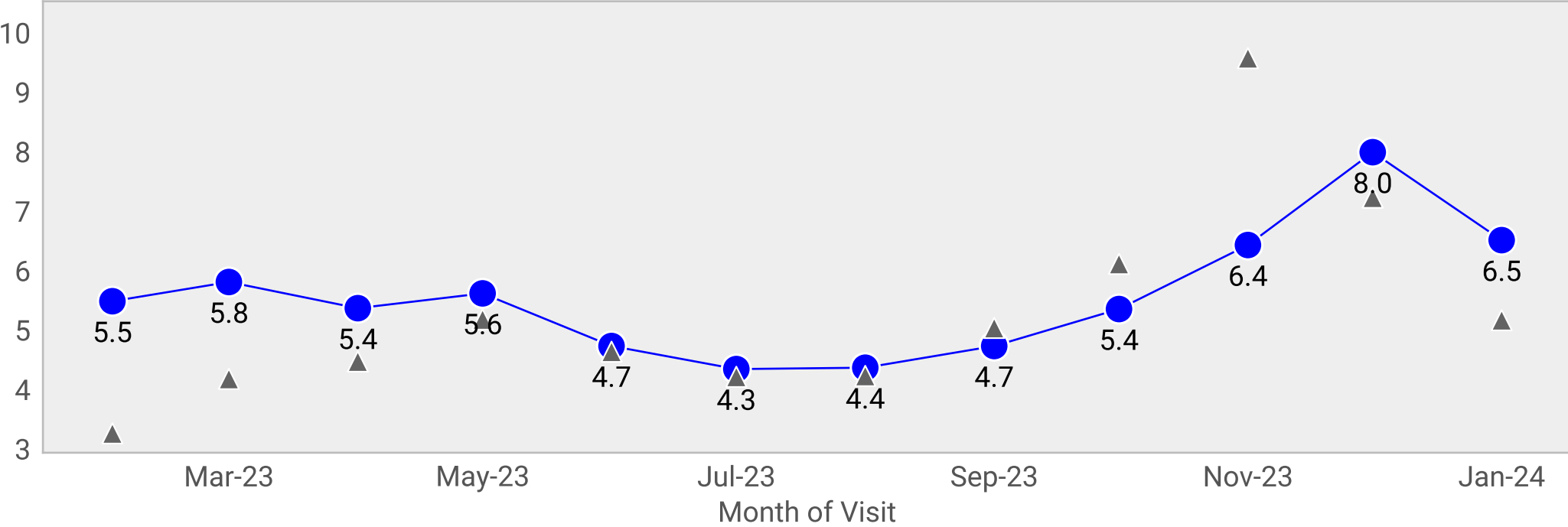
Month of Visit

"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
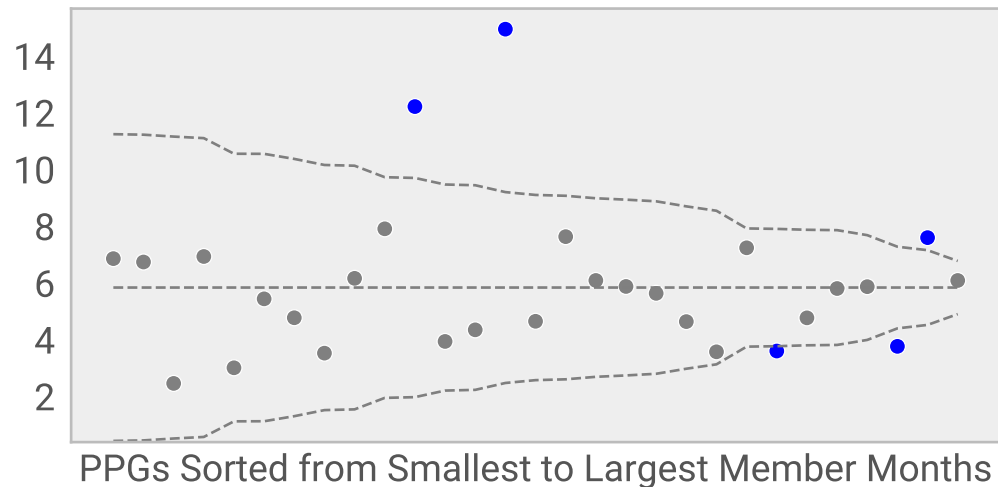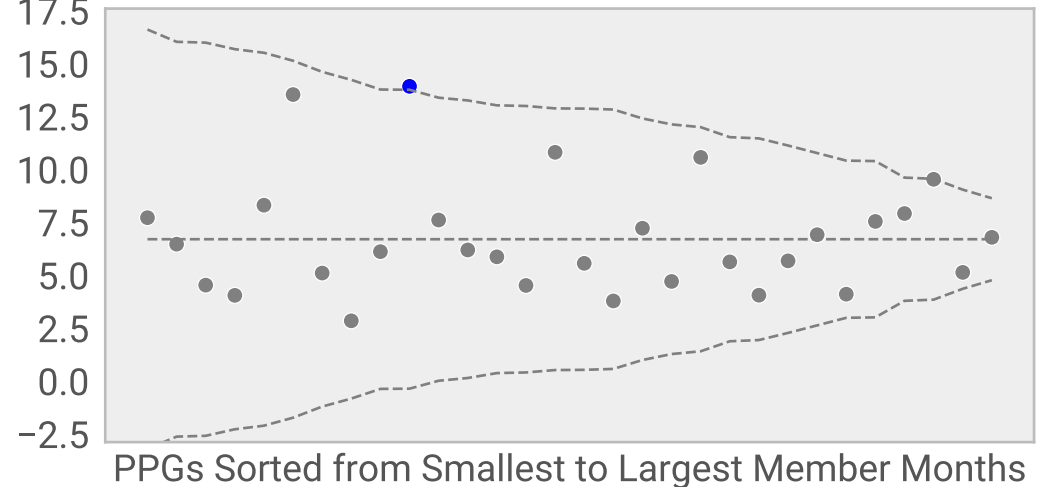## U' Charts
Assessment Period: Feb 2023 through Jan 2024

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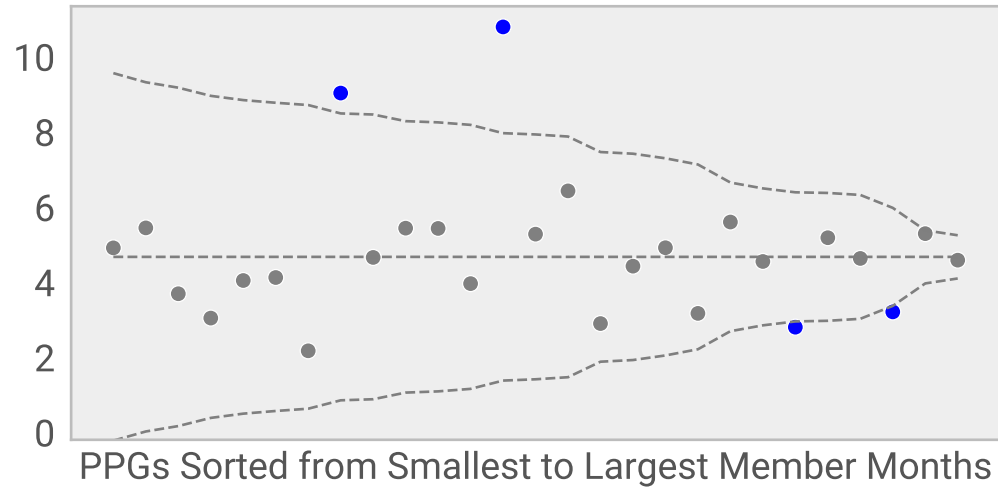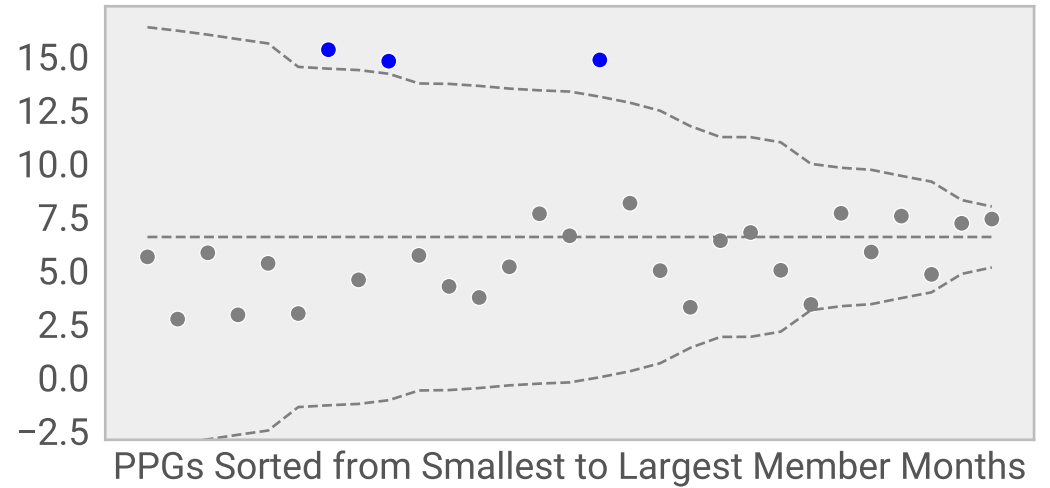
"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

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L.A. Care Provider "Face Sheet" Measures

Providing a single view of PPG performance across critical Quality, Medical Management, and Member Experience metrics.
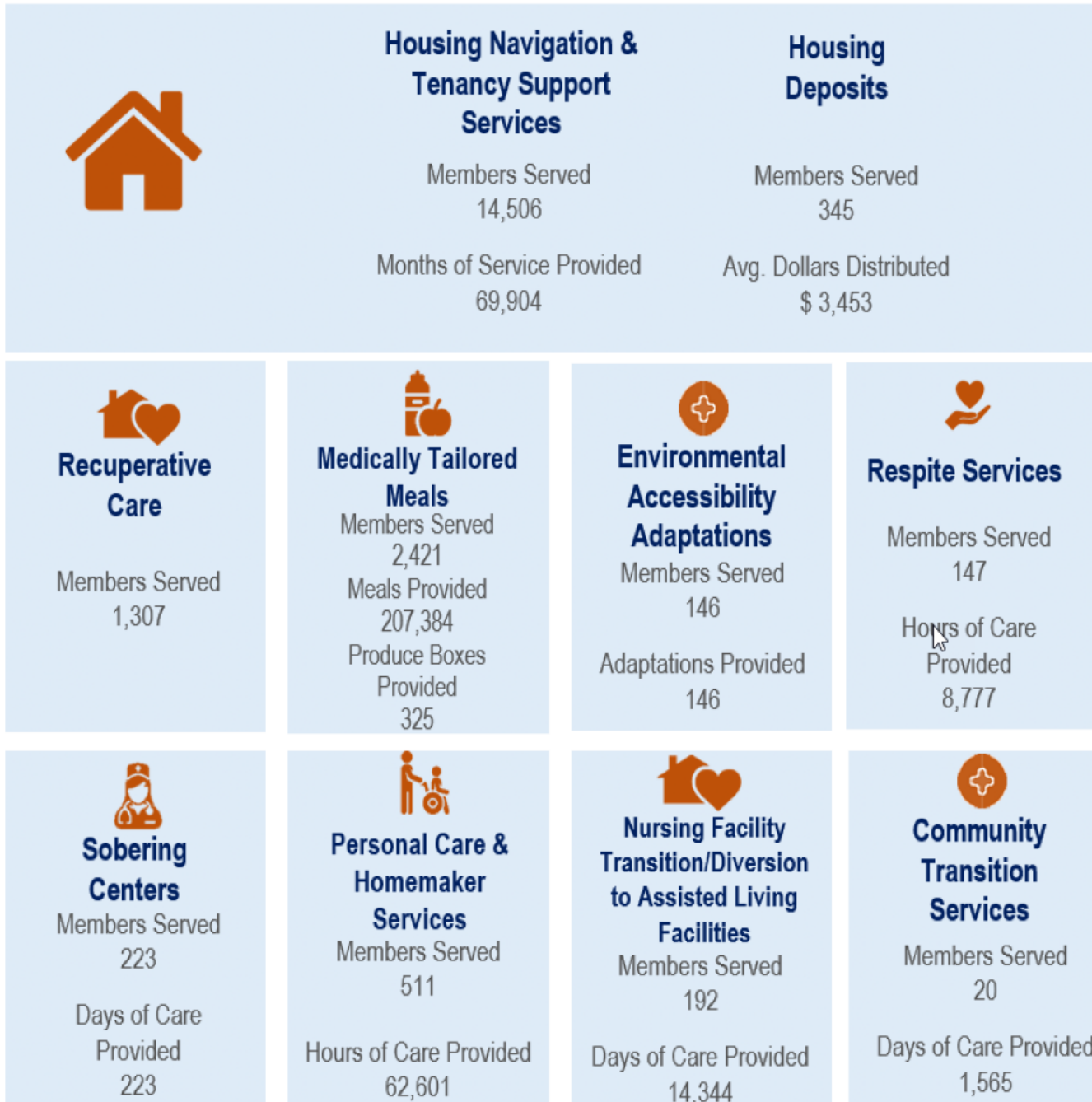
Medical Management

% of Members Utilizing Primary Care
Professional Follow-Up Visits after In-Patient Hospital Discharge Rate
Total Emergency Department Visits PTMPM
Potentially Avoidable Emergency Department Visits PTMPM
Total In-Patient Admissions - Observed-to-Expected Ratio
Total non-Obstetric In-Patient Admissions - Observed-to-Expected Ratio

Quality

Breast Cancer Screening
Cervical Cancer Screening
Child and Adolescent Well-Care Visits
Childhood Immunization Status
Controlling High Blood Pressure
Developmental Screening in the First Three Years of Life
Follow-Up After ED Visit for Substance Abuse: 30 days
Immunizations for Adolescents: Combo 2
Initial Health Screening
Lead Screening in Children
Prenatal & Postpartum Care: Postpartum Care
Prenatal & Postpartum Care: Timeliness of Prenatal Care
Topical Flouride for Children
Well-Child Visits in the First 30 Months of Life: First 15 Months
Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months

Member Experience

Access Grievance Data
Care Coordination (CG-CAHPS)
Getting Appoinments and Care Quickly (CG-CAHPS) - Adults
Getting Appoinments and Care Quickly (CG-CAHPS) - Children
PAAS - After Hours Access
PAAS - After Hours Call-Back Timeliness
PAAS - PCP Routine Appointment
PAAS - PCP Urgent Appointment
PAAS - Preventive Check-Up, Adult Well-Woman Exam
PAAS - Preventive Check-Up, Well-Child Exam
PAAS - Specialty Initial Prenatal Visit
PAAS - Specialty Routine Appointment
PAAS - Specialty Urgent Appointment

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Total Members Receiving CalAIM Community Support Services from January 2024 to June 2024: 19,473

Housing Navigation & Tenancy Support Services

Members Served
14,506

Months of Service Provided
69,904

Housing Deposits

Members Served
345

Avg. Dollars Distributed
$ 3,453

Recuperative Care

Members Served
1,307

Medically Tailored Meals
Members Served
2,421
Meals Provided
207,384
Produce Boxes Provided
325

Environmental Accessibility Adaptations
Members Served
146

Adaptations Provided
146

Respite Services

Members Served
147

Hours of Care Provided
8,777

Sobering Centers
Members Served
223

Days of Care Provided
223

Personal Care & Homemaker Services
Members Served
511

Hours of Care Provided
62,601

Nursing Facility Transition/Diversion to Assisted Living Facilities
Members Served
192

Days of Care Provided
14,344

Community Transition Services
Members Served
20

Days of Care Provided
1,565

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Call the Car

Call the Car On-Time Pick-Up Performance

Call the Car Discharge Trips Rate
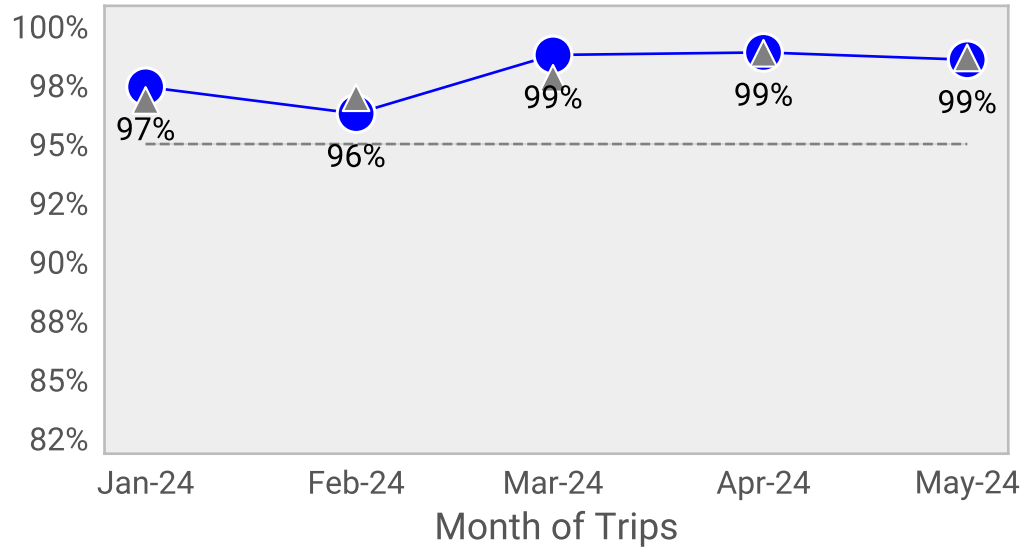
Call the Car Transfer Trips Rate
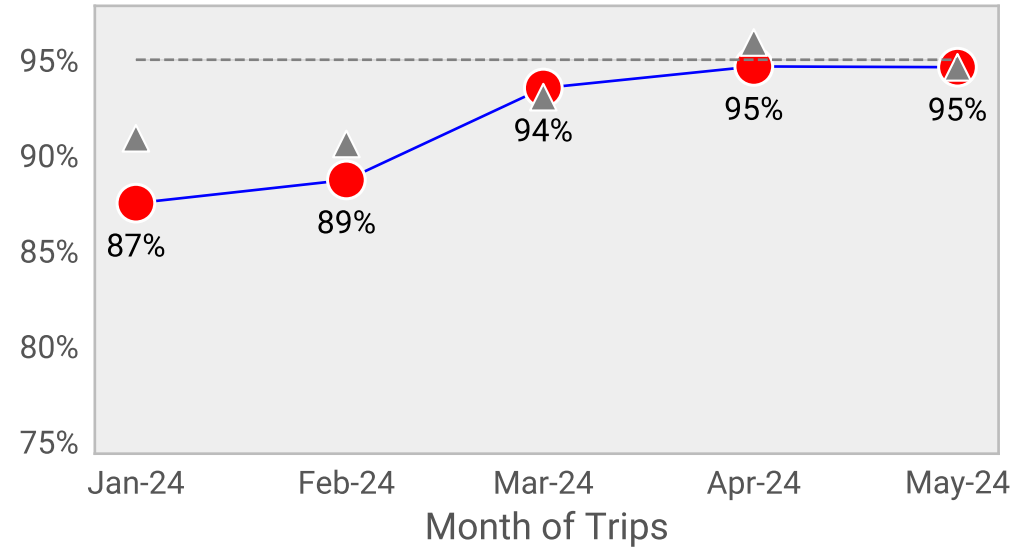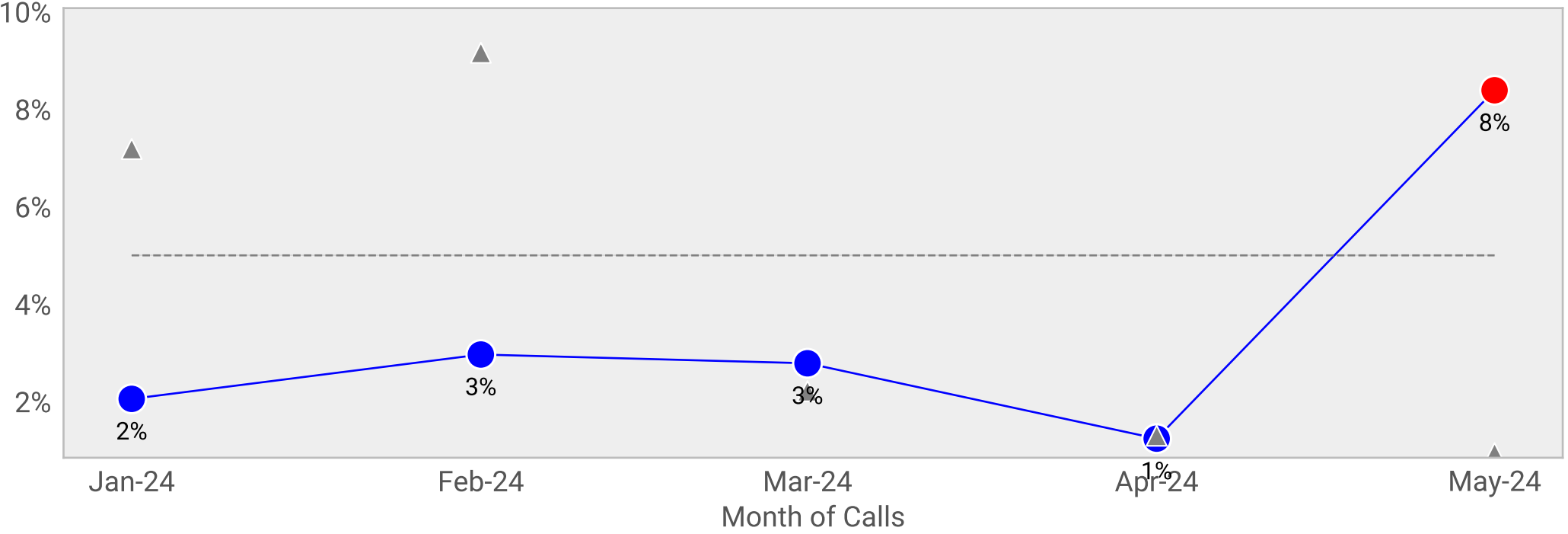

Call the Car Scheduled Trips Rate
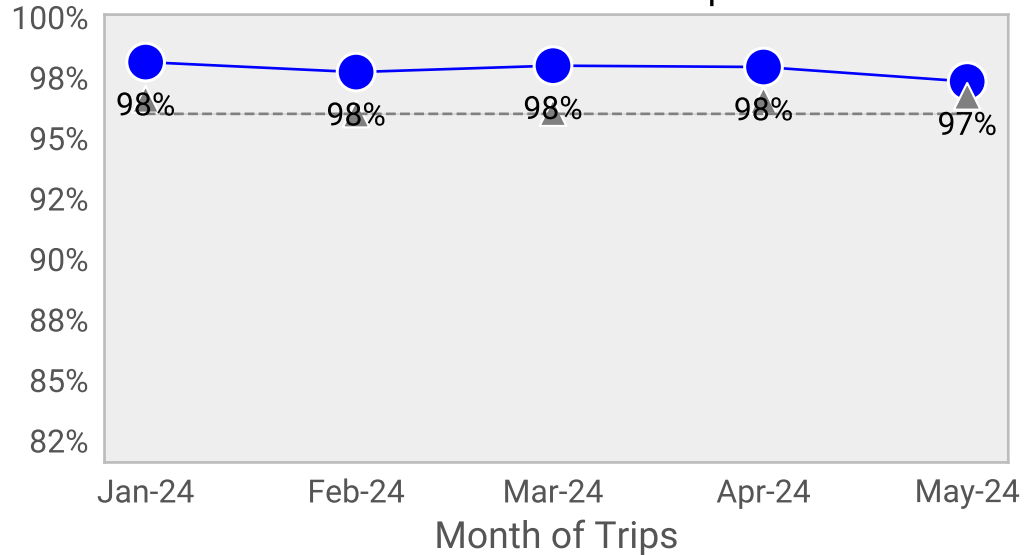
Call the Car Will Call Trips Rate

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

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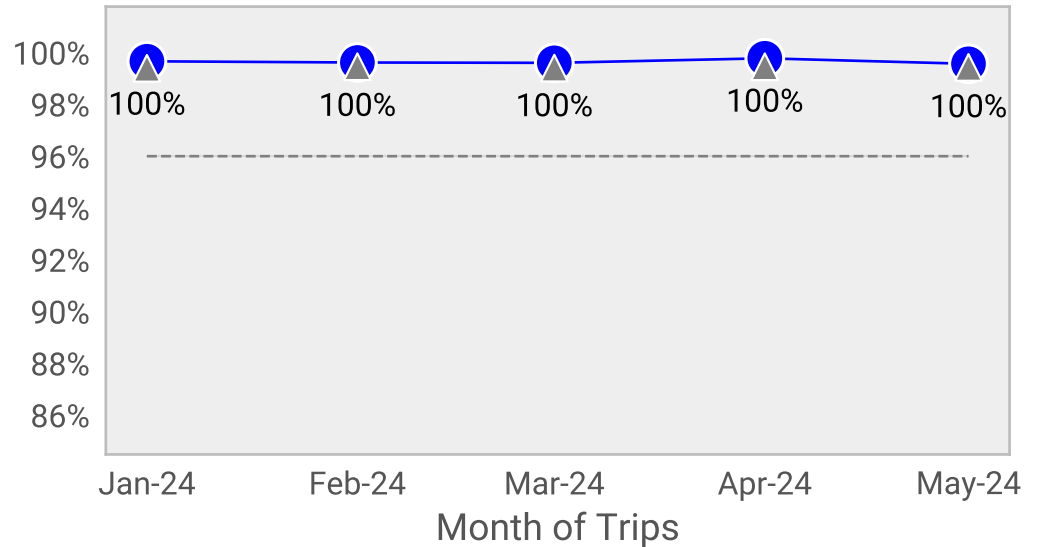
Call the Car Abandonment Rate

2%

3%

3%

1%

8%

Jan-24　　　　Feb-24　　　　Mar-24　　　　Apr-24　　　　May-24

Month of Calls

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

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Claims Operations

MCLA Claims Received

Total Claims Volume Received

Month of Receipt

Month	Value
Feb-24	1.0M
Mar-24	1.2M
Apr-24	1.5M
May-24	1.4M
Jun-24	1.1M
Jul-24	1.6M
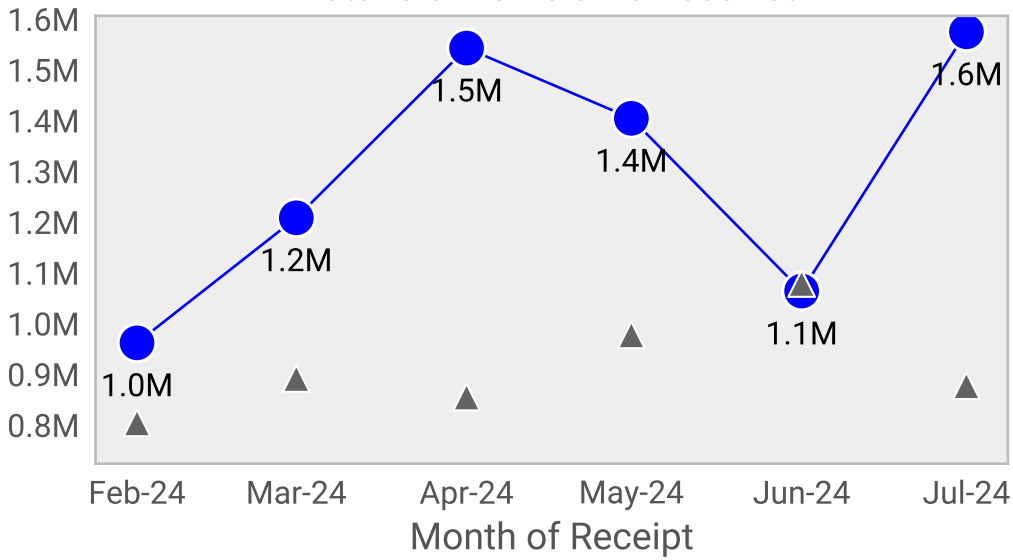
Most Recent 6 Months' Volume by Service Type

Service Type	Volume
Professional	6.45M
UB04-Other	1.13M
Skilled Nursing	0.22M
In-Patient	0.09M
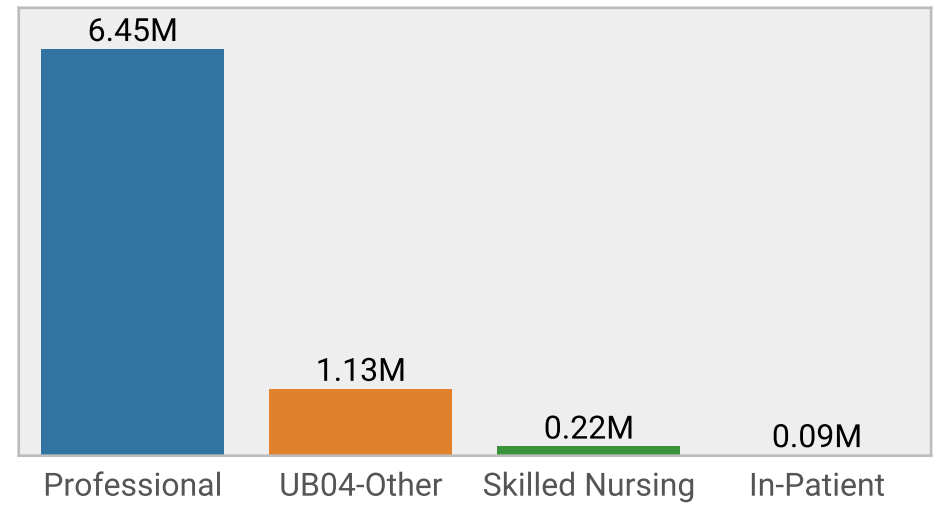
% of Claims Submitted Electronically

Month of Receipt

Month	Value
Feb-24	93%
Mar-24	87%
Apr-24	91%
May-24	93%
Jun-24	93%
Jul-24	95%

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

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MCLA Claims Volume Received by Service Type

Professional
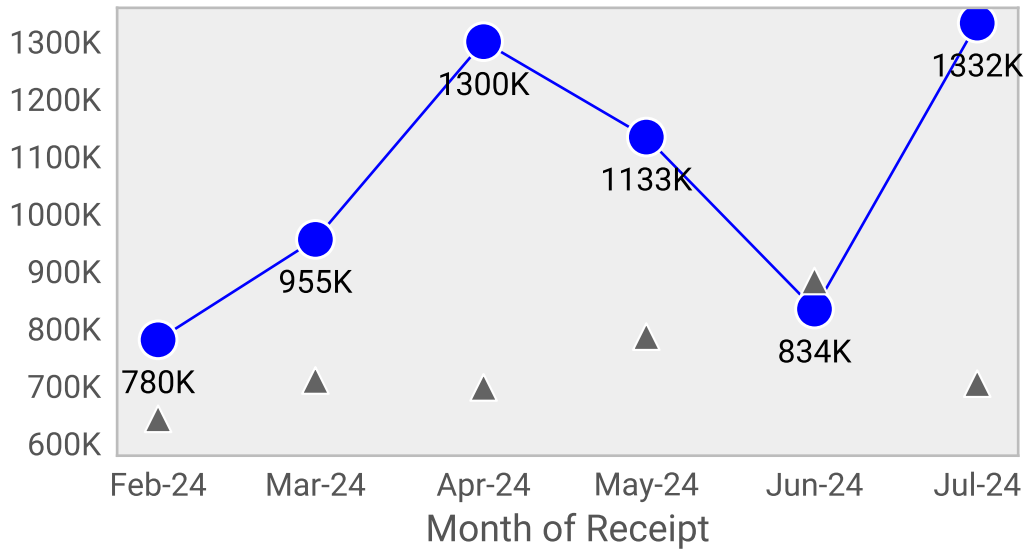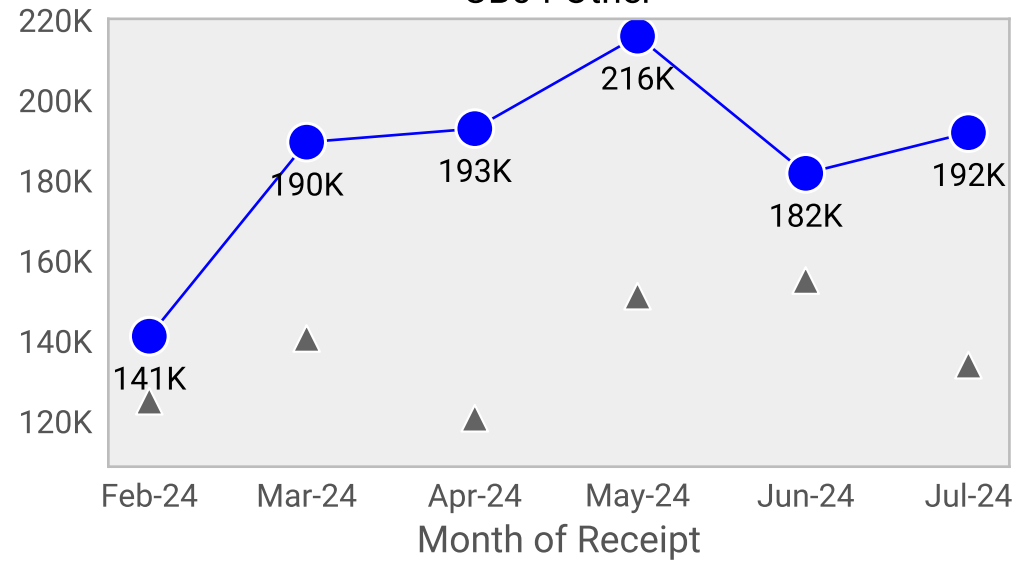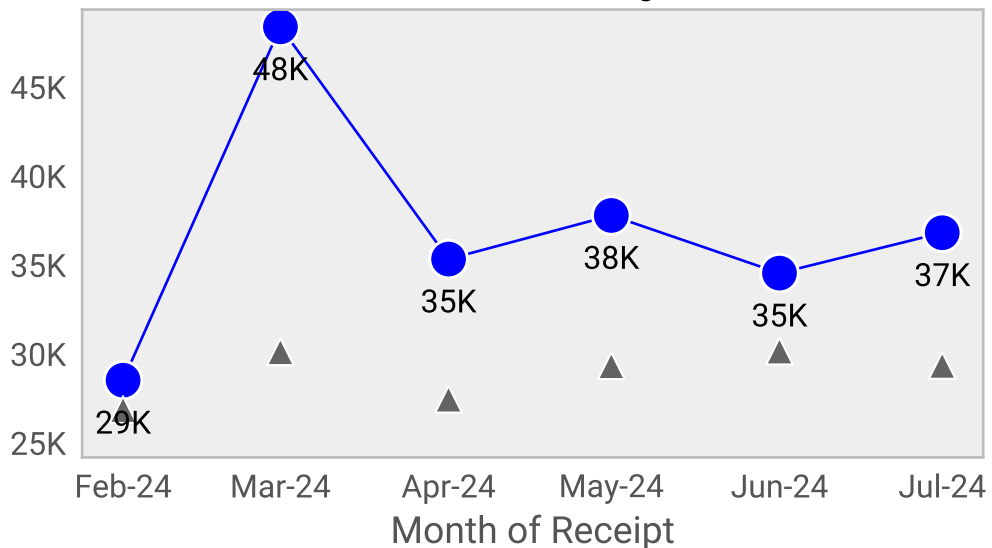
- Feb-24: 780K
- Mar-24: 955K
- Apr-24: 1300K
- May-24: 1133K
- Jun-24: 834K
- Jul-24: 1332K

UB04-Other

- Feb-24: 141K
- Mar-24: 190K
- Apr-24: 193K
- May-24: 216K
- Jun-24: 182K
- Jul-24: 192K

Skilled Nursing

- Feb-24: 29K
- Mar-24: 48K
- Apr-24: 35K
- May-24: 38K
- Jun-24: 35K
- Jul-24: 37K

In-Patient

- Feb-24: 12K
- Mar-24: 15K
- Apr-24: 15K
- May-24: 17K
- Jun-24: 14K
- Jul-24: 14K

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

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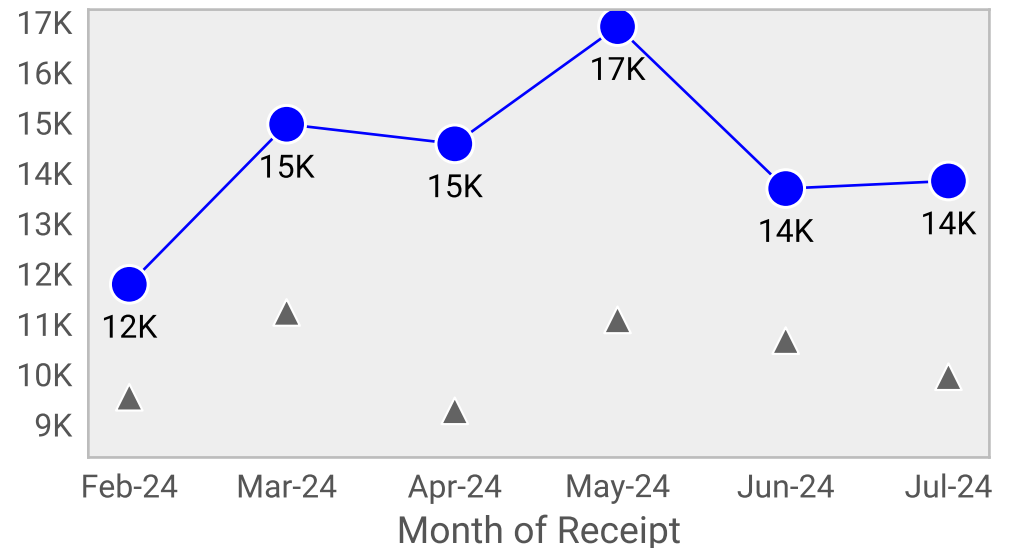
MCLA Payment Processing

Total Paid (including Interest)

Feb-24: 341M
Mar-24: 312M
Apr-24: 373M
May-24: 350M
Jun-24: 236M
Jul-24: 382M

Total Interest Paid

Feb-24: 1.4M
Mar-24: 1.8M
Apr-24: 0.8M
May-24: 0.7M
Jun-24: 0.7M
Jul-24: 1.2M
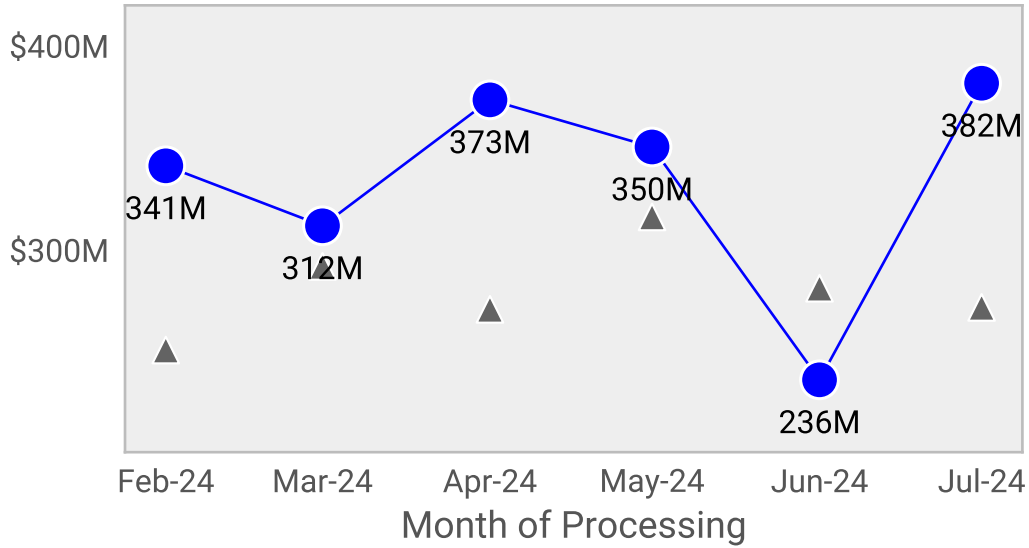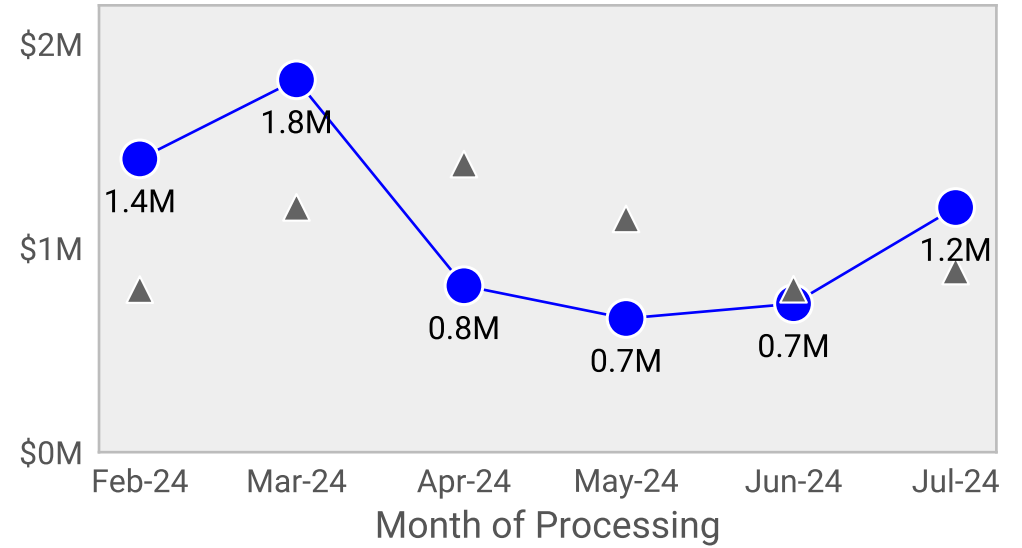
Total First-Pass Adjudicated Claims Volume

Feb-24: 1.1M
Mar-24: 1.0M
Apr-24: 1.7M
May-24: 1.4M
Jun-24: 0.8M
Jul-24: 1.6M
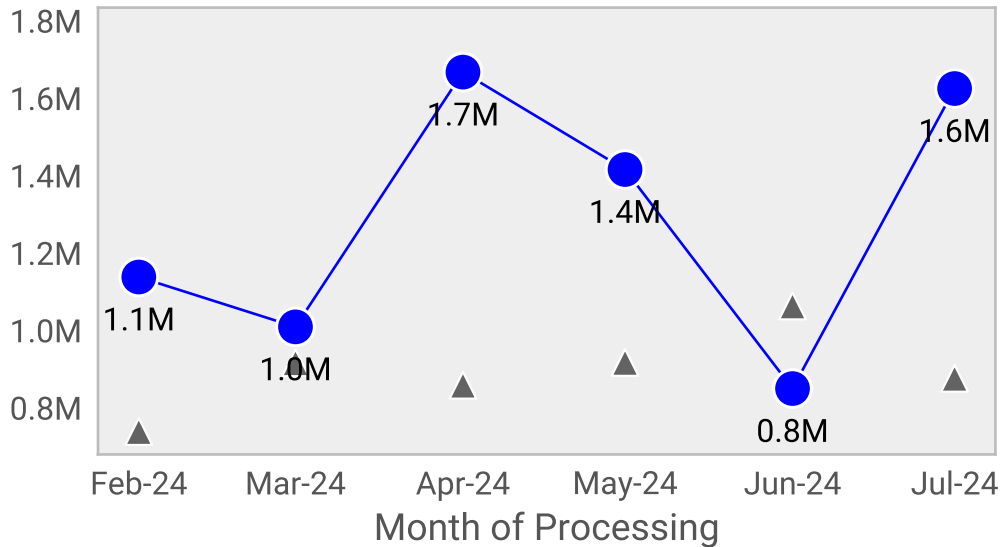
% of First-Pass Claims Auto-Adjudicated

Feb-24: 87%
Mar-24: 86%
Apr-24: 91%
May-24: 90%
Jun-24: 89%
Jul-24: 91%
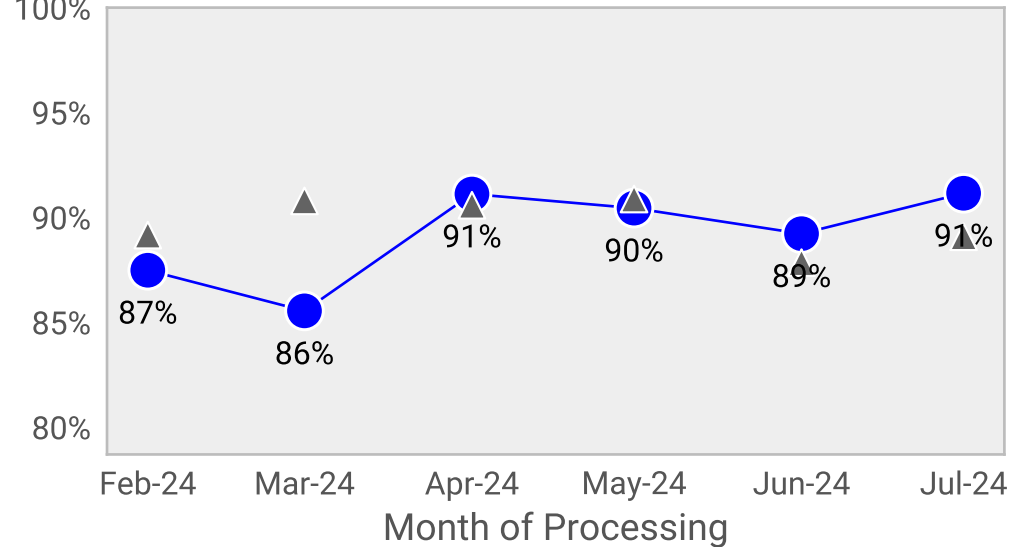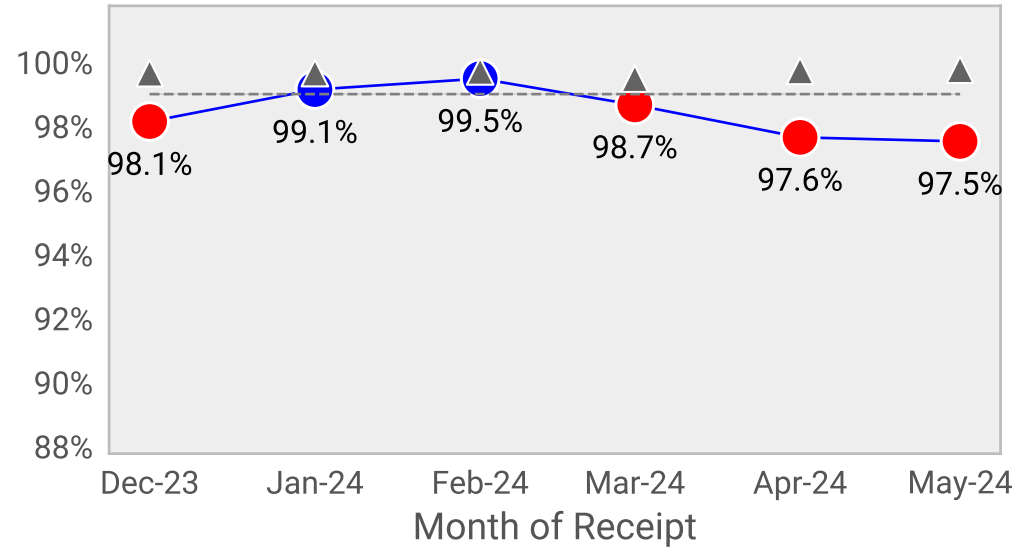
Triangles display the previous year's performance for the same month.

MCLA Claims Processing Timeliness

% Processed within 30 Calendar Days

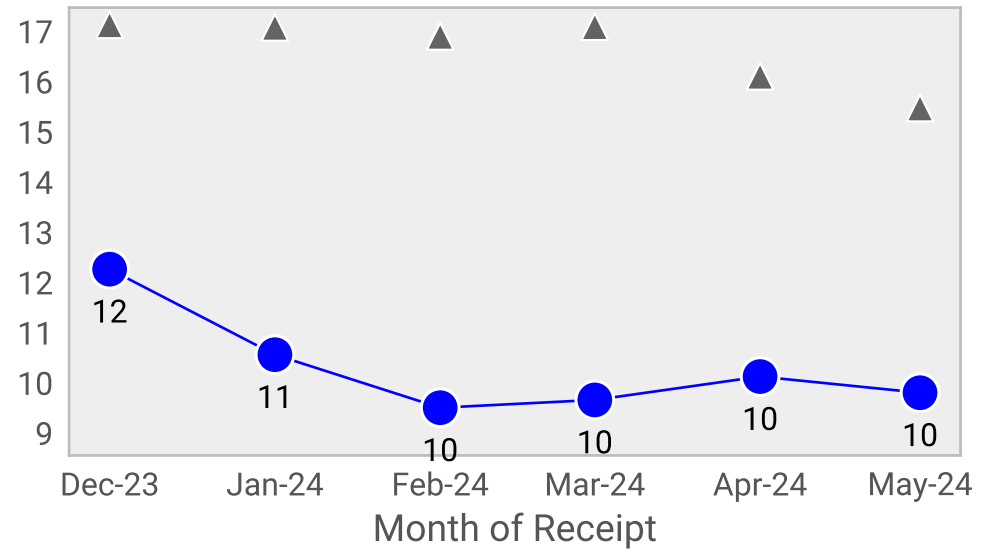

94.9%
97.0%
98.3%
97.4%
97.2%
96.4%

Month of Receipt
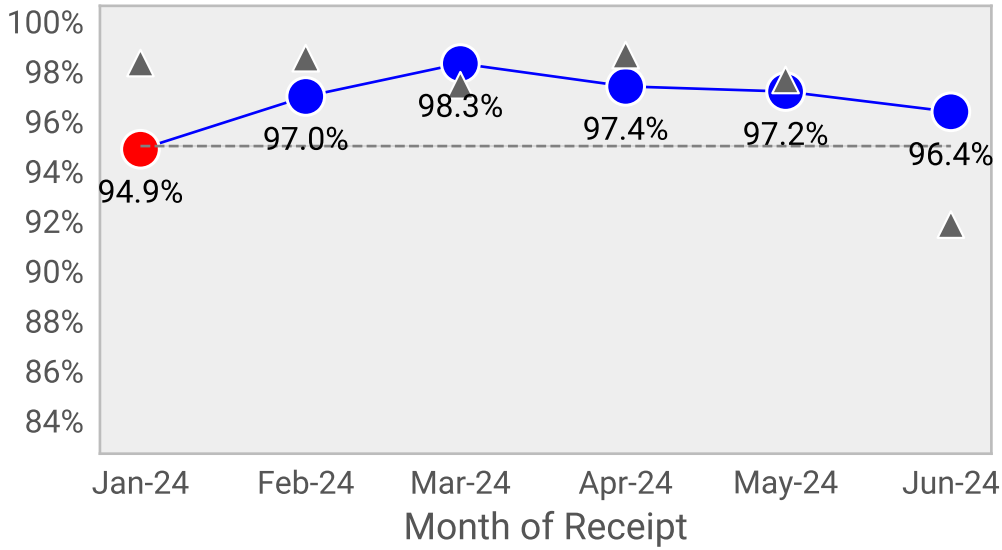
% Processed within 45 Business Days

98.1%
99.1%
99.5%
98.7%
97.6%
97.5%

Month of Receipt

% Processed within 90 Calendar Days

99.3%
99.2%
99.6%
99.7%
98.8%
97.7%

Month of Receipt
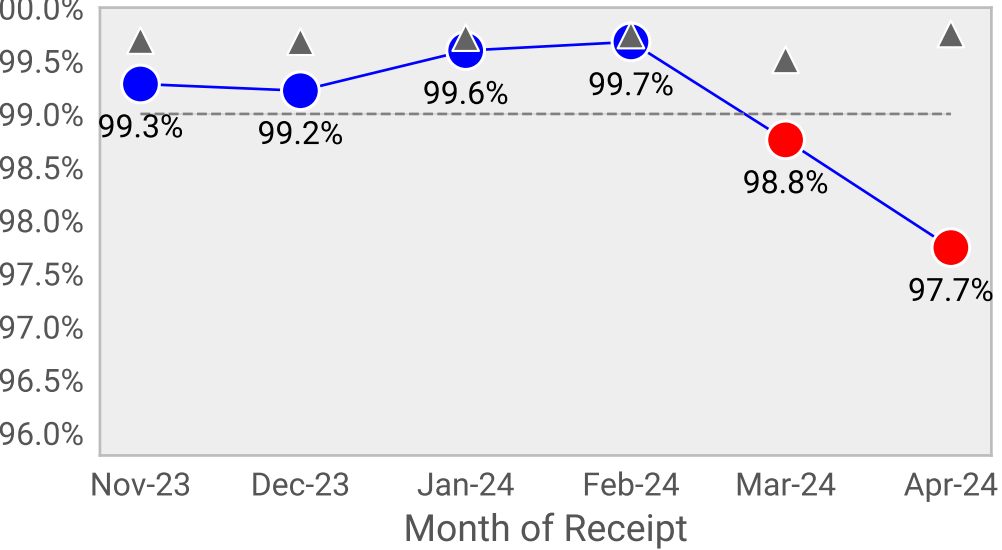
Average Calendar Days to Process
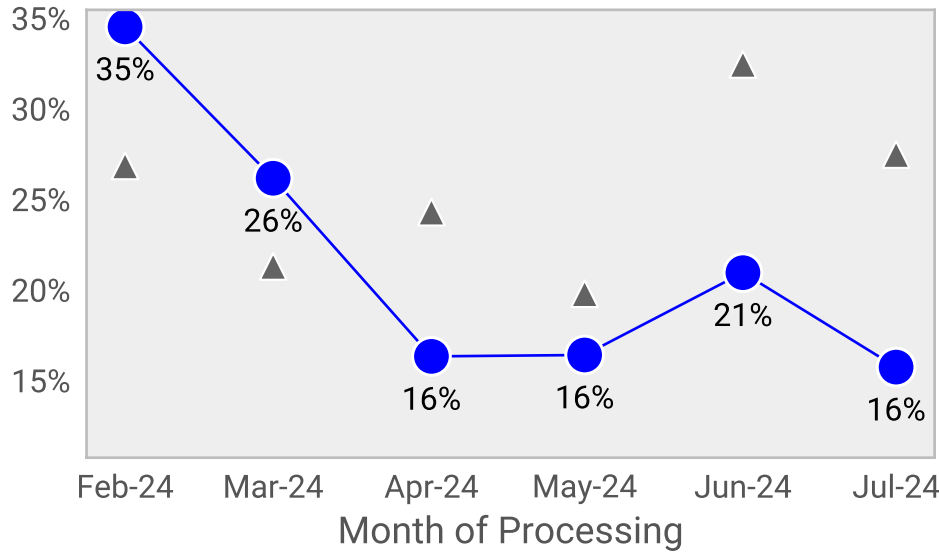

12
11
10
10
10
10

Month of Receipt

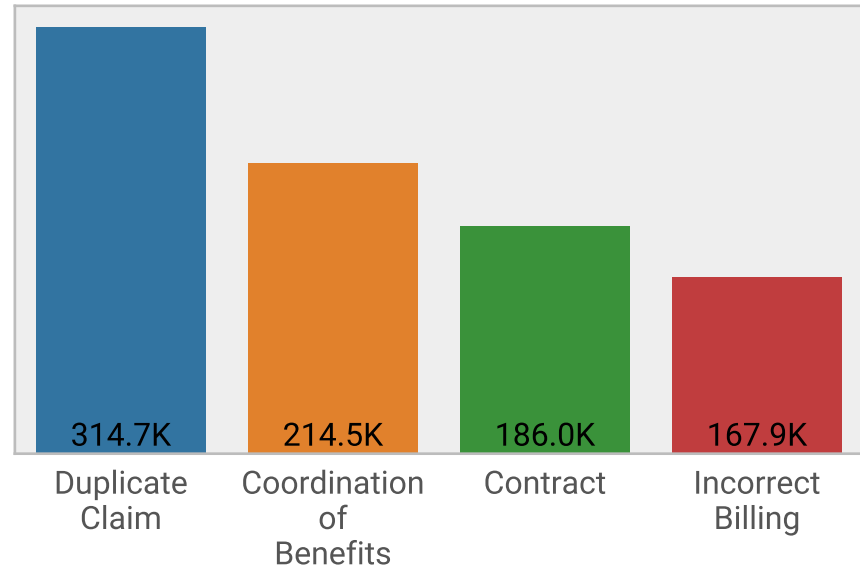Triangles display the previous year's performance for the same month.

The most recent 6 months displayed is different for each plot, accounting for the time needed to maturely report each measure.
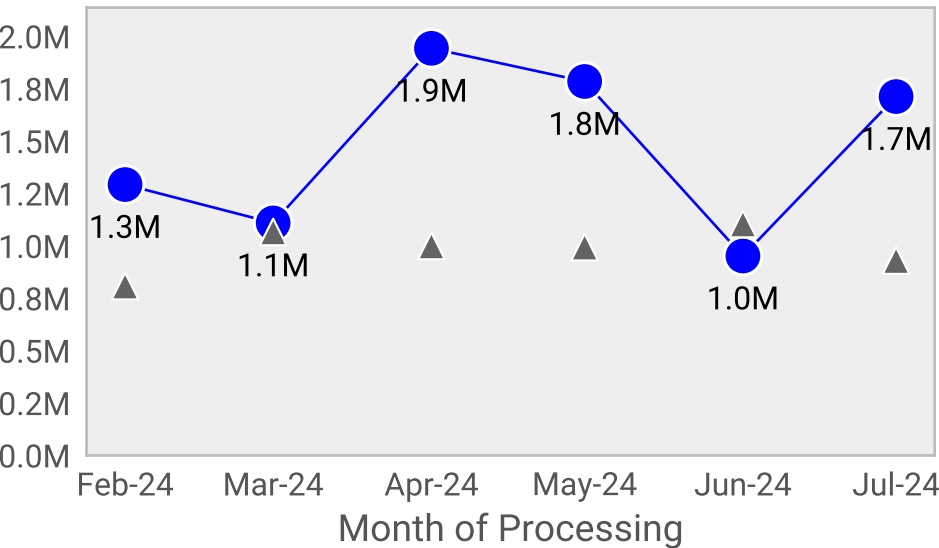
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MCLA Claim Denials and Adjustments

First-Pass Claims Denial Rate

X-axis: Month of Processing (Feb-24, Mar-24, Apr-24, May-24, Jun-24, Jul-24)
Values: 35%, 26%, 16%, 16%, 21%, 16%

Most Recent 6 Months' Denial Volume by Reason

Duplicate Claim	Coordination of Benefits	Contract	Incorrect Billing
314.7K	214.5K	186.0K	167.9K

Total Claims Processed (Originals + Adjustments)

X-axis: Month of Processing (Feb-24, Mar-24, Apr-24, May-24, Jun-24, Jul-24)
Values: 1.3M, 1.1M, 1.9M, 1.8M, 1.0M, 1.7M

% of Total Claims Processed that are Adjustments

X-axis: Month of Processing (Feb-24, Mar-24, Apr-24, May-24, Jun-24, Jul-24)
Values: 12%, 9%, 14%, 21%, 11%, 5%

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

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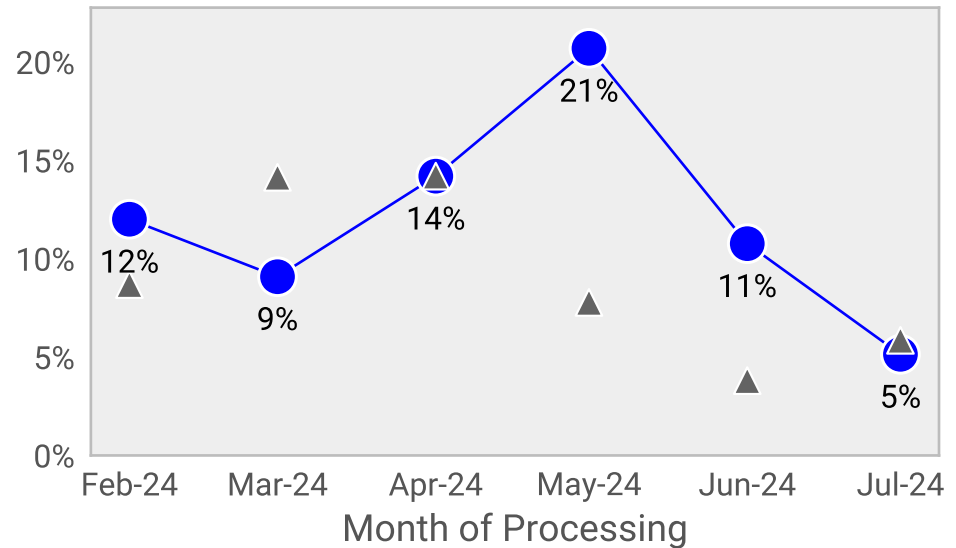
MCLA Provider Dispute Resolution Processing

PDR Volumes Received

Month of Receipt

- Dec-23: 34K
- Jan-24: 24K
- Feb-24: 26K
- Mar-24: 19K
- Apr-24: 27K
- May-24: 21K
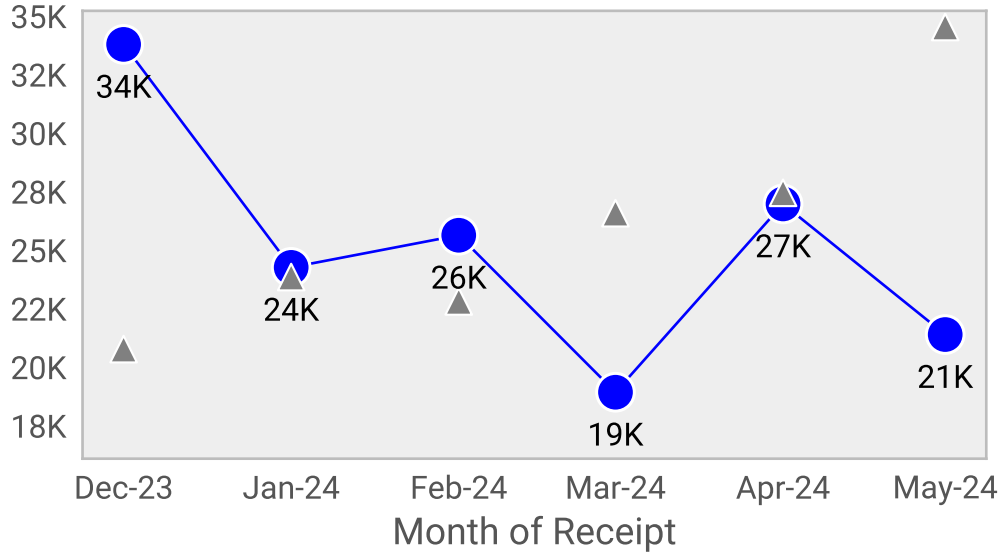
% of Closed PDR Cases that are Upheld

Month of Receipt

- Dec-23: 37%
- Jan-24: 57%
- Feb-24: 75%
- Mar-24: 61%
- Apr-24: 73%
- May-24: 51%
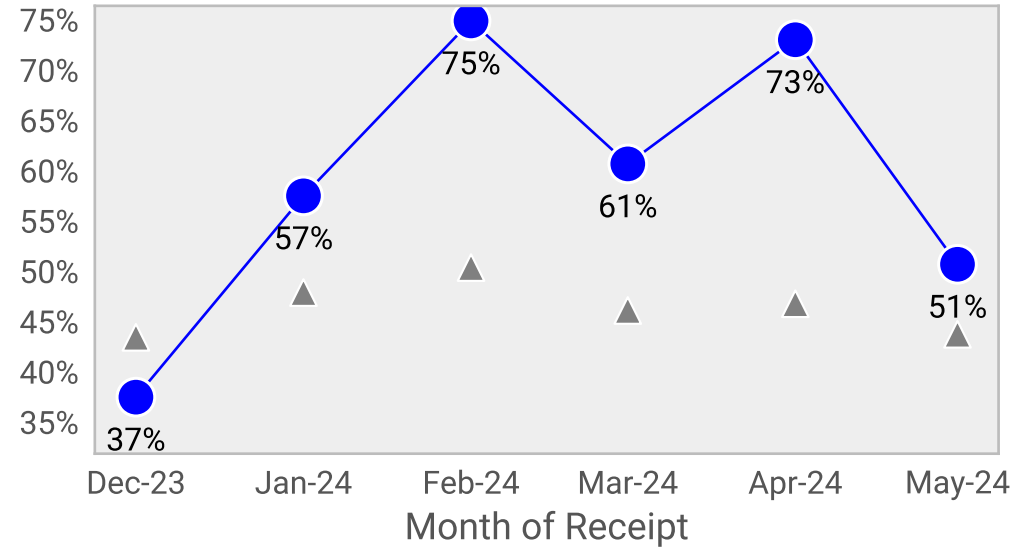
% of PDR Cases Closed within 45 Business Days

Month of Receipt

- Dec-23: 88%
- Jan-24: 97%
- Feb-24: 98%
- Mar-24: 100%
- Apr-24: 98%
- May-24: 94%
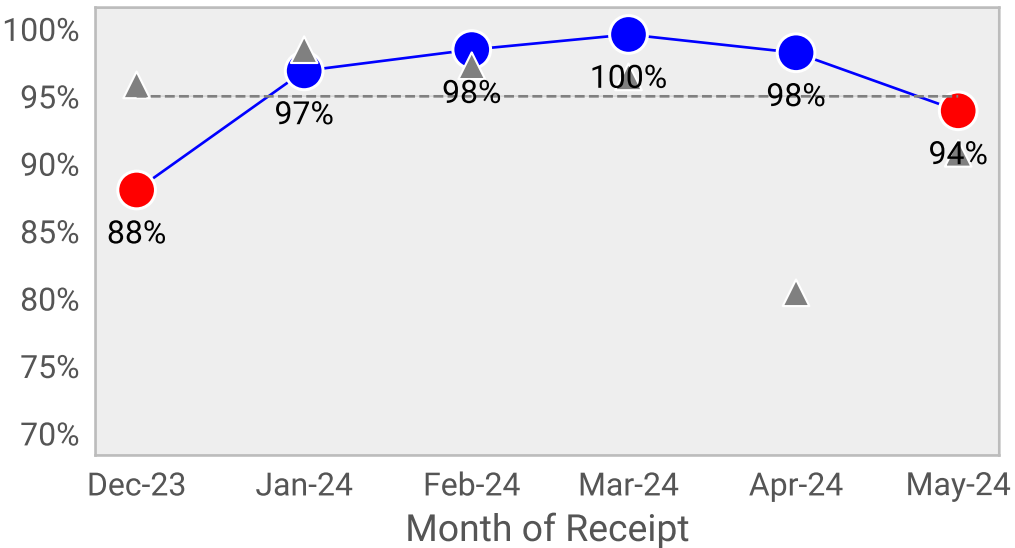
Average Business Days to Process PDRs

Month of Receipt

- Dec-23: 39
- Jan-24: 42
- Feb-24: 40
- Mar-24: 37
- Apr-24: 31
- May-24: 36

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

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