



L.A. Care
HEALTH PLANSM

For All of L.A.

L.A. Care Health Plan



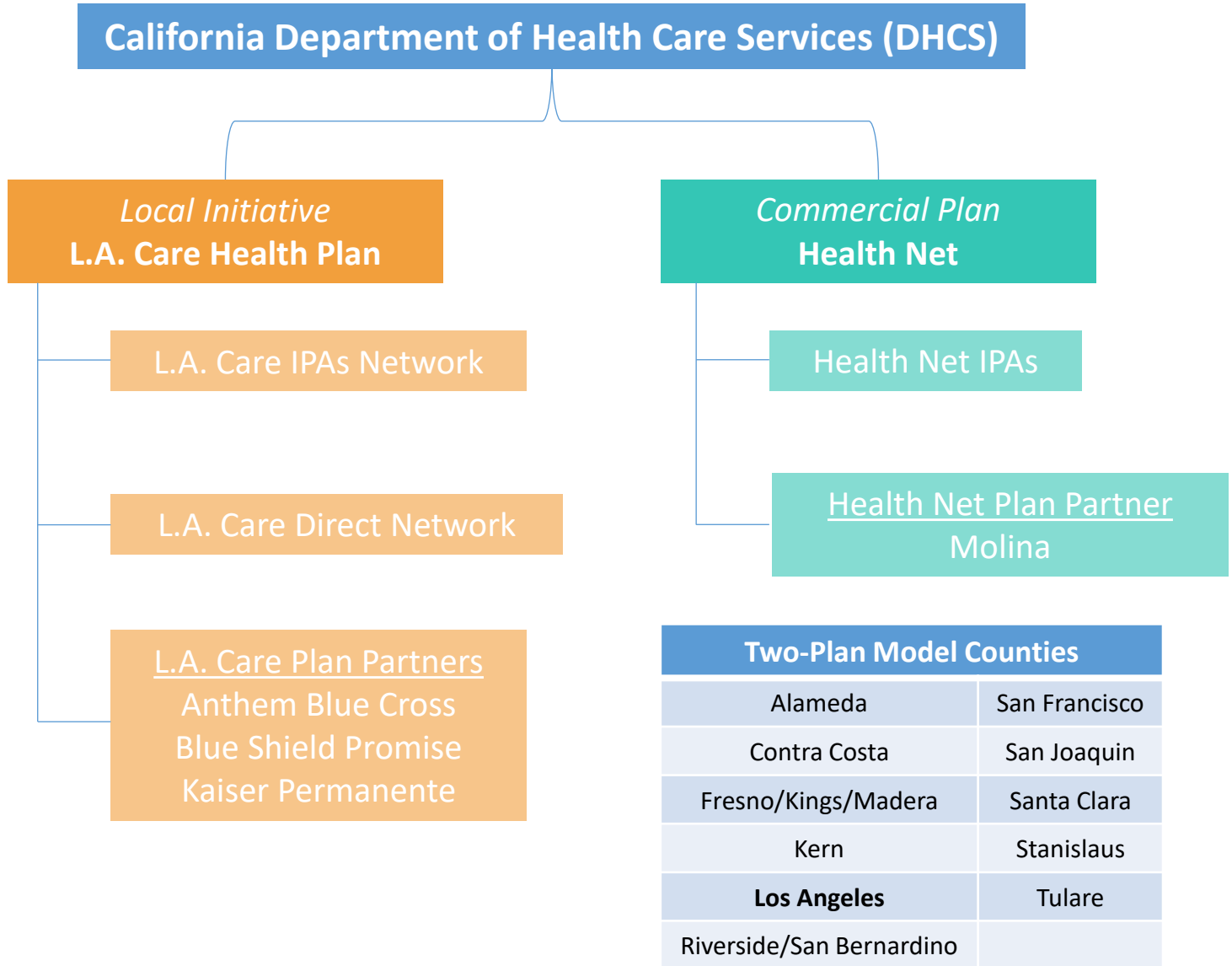
**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

L.A. Care Health Plan at a Glance

- Medi-Cal managed care plan serving Los Angeles County's vulnerable and low-income communities since 1997
- The nation's largest publicly-operated health plan
- Unlike most other health plans, we:
 - were formed under strict state and local laws
 - are governed by a stakeholder Board of Governors
 - are accountable to the public through advisory councils
 - Executive Community Advisory Committee & Regional Community Advisory Committees
 - Children's Health Consultant Advisory Committee
 - Technical Advisory Committee
- A provider network inclusive of safety net providers, such as FQHCs and DHS
- Investments and grants to improve community health



California's Two-Plan Model



L.A. Care Membership

Product Line	Active Membership (June 2021)
Medi-Cal	2,260,777
L.A. Care	1,212,647
Subcontracted Plan Partners	
Anthem Blue Cross	479,215
Blue Shield Promise Health Plan	335,362
Kaiser Permanente	233,553
L.A. Care Covered	97,088
Cal MediConnect	18,800
PASC-SEIU	51,205
Total	2,427,870



Various Delegation Models

- Shared Risk
 - Standard
 - Extended
- Dual Risk
- Full Risk

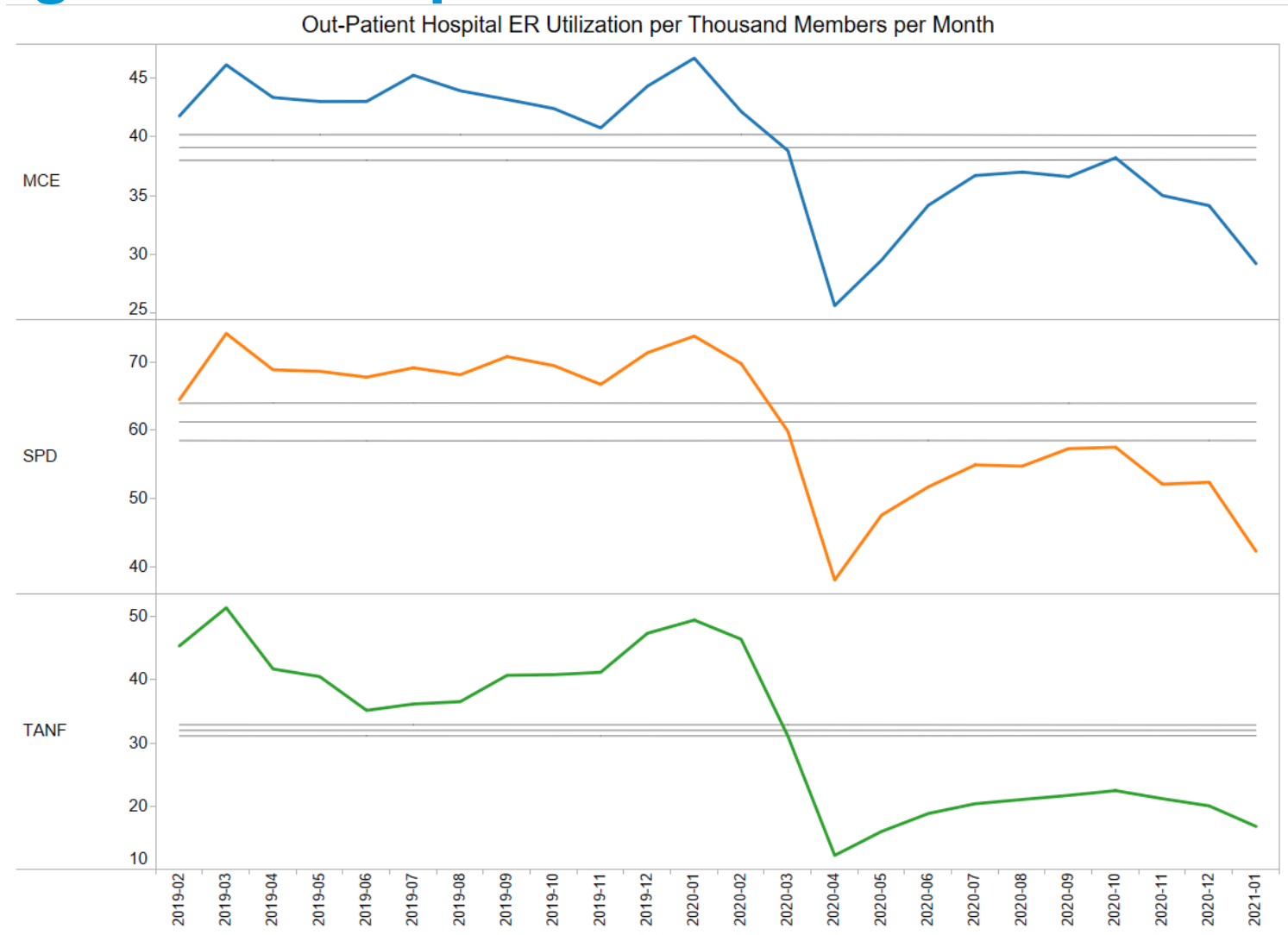


COVID Response

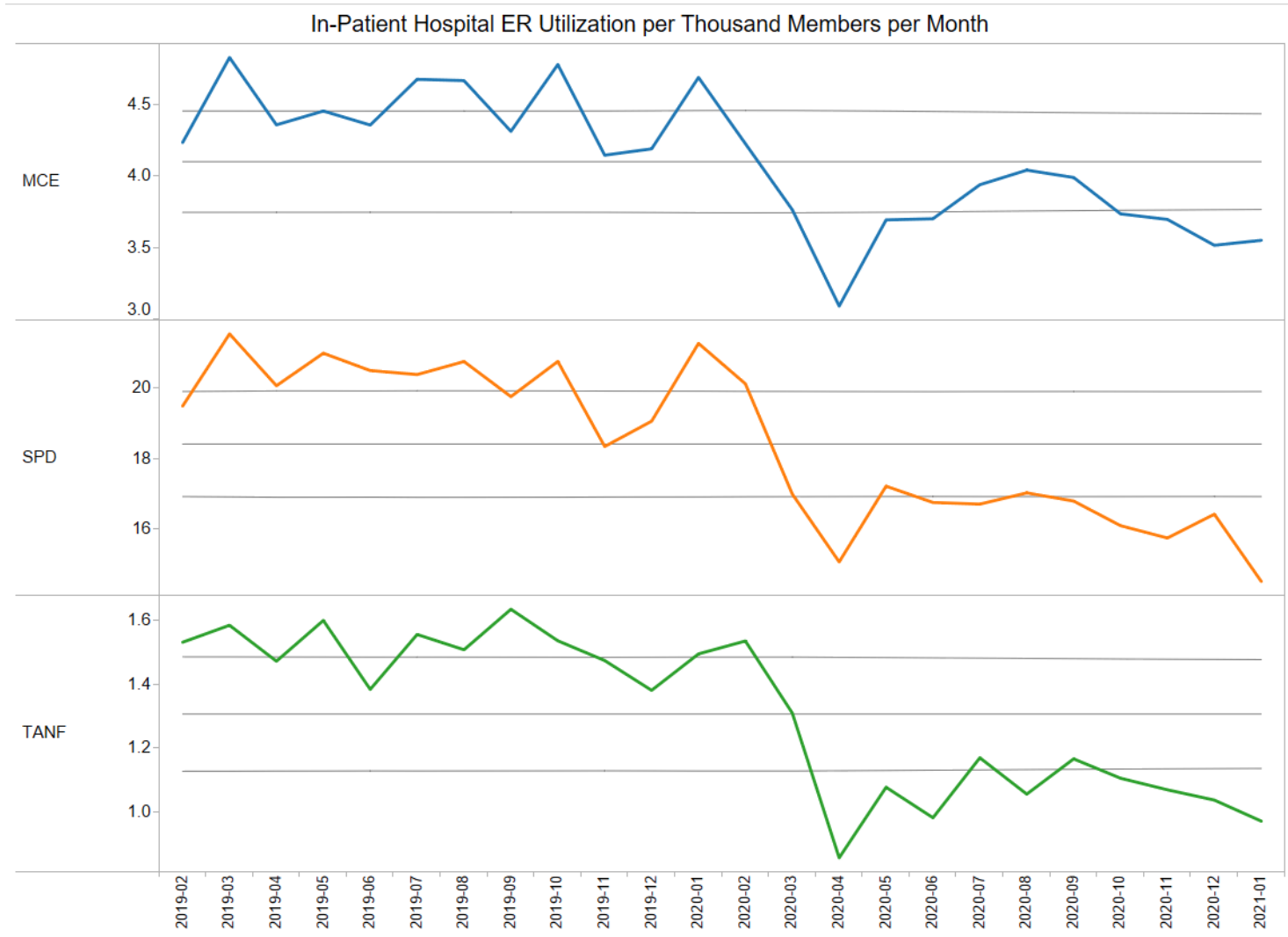
- UM Changes
 - Eliminate need for pre-admission authorization
- Claims Adjustments
 - Speed to payment adjusted
 - Payments made without authorization
- Ramped up our network of DME providers
- Collaborated with DPH to increase
 - COVID access sites
 - Post – acute options
- Spearheaded food drives
- Ran multiple vaccine clinics



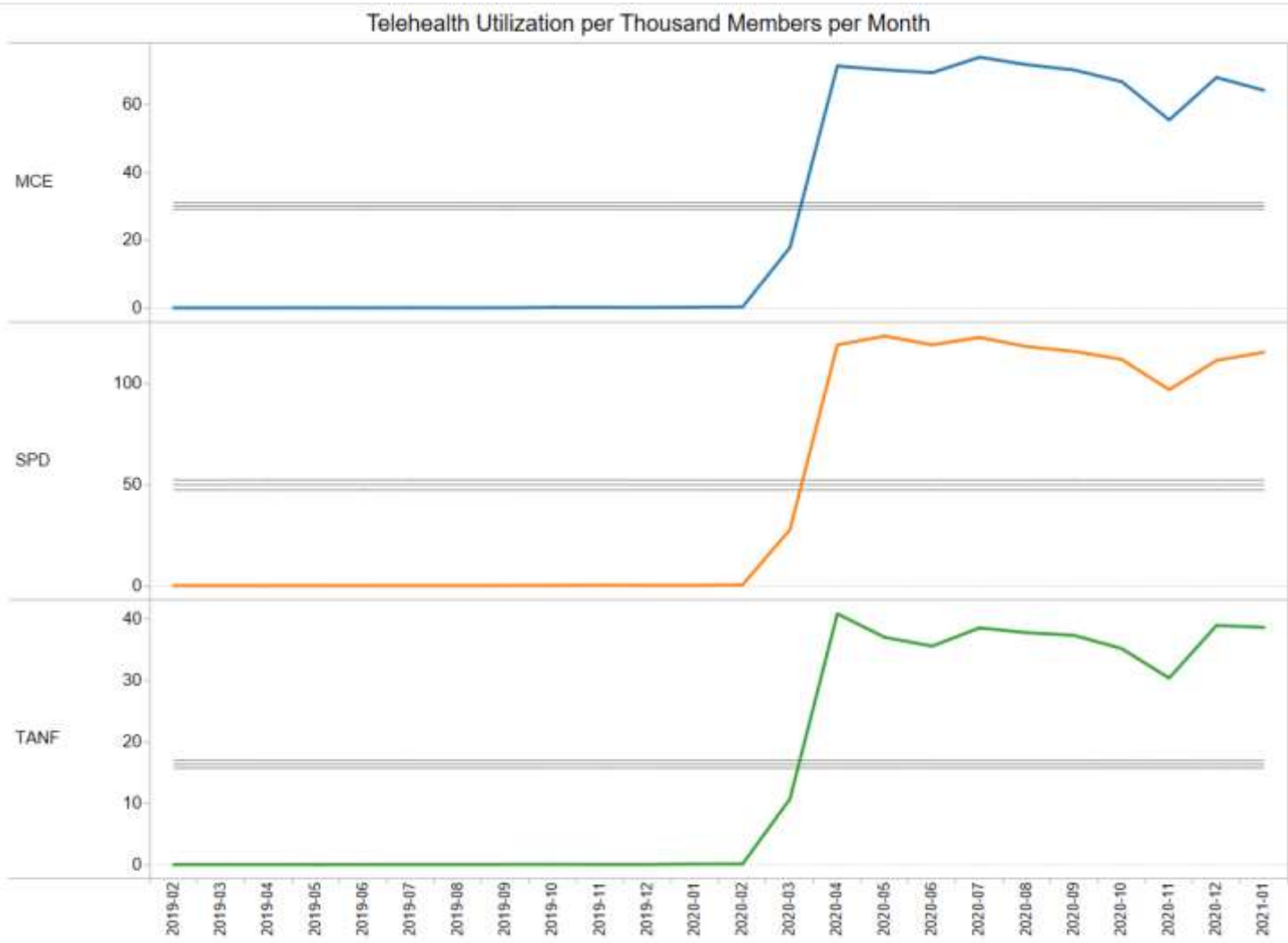
Significant Drop in ER Utilization



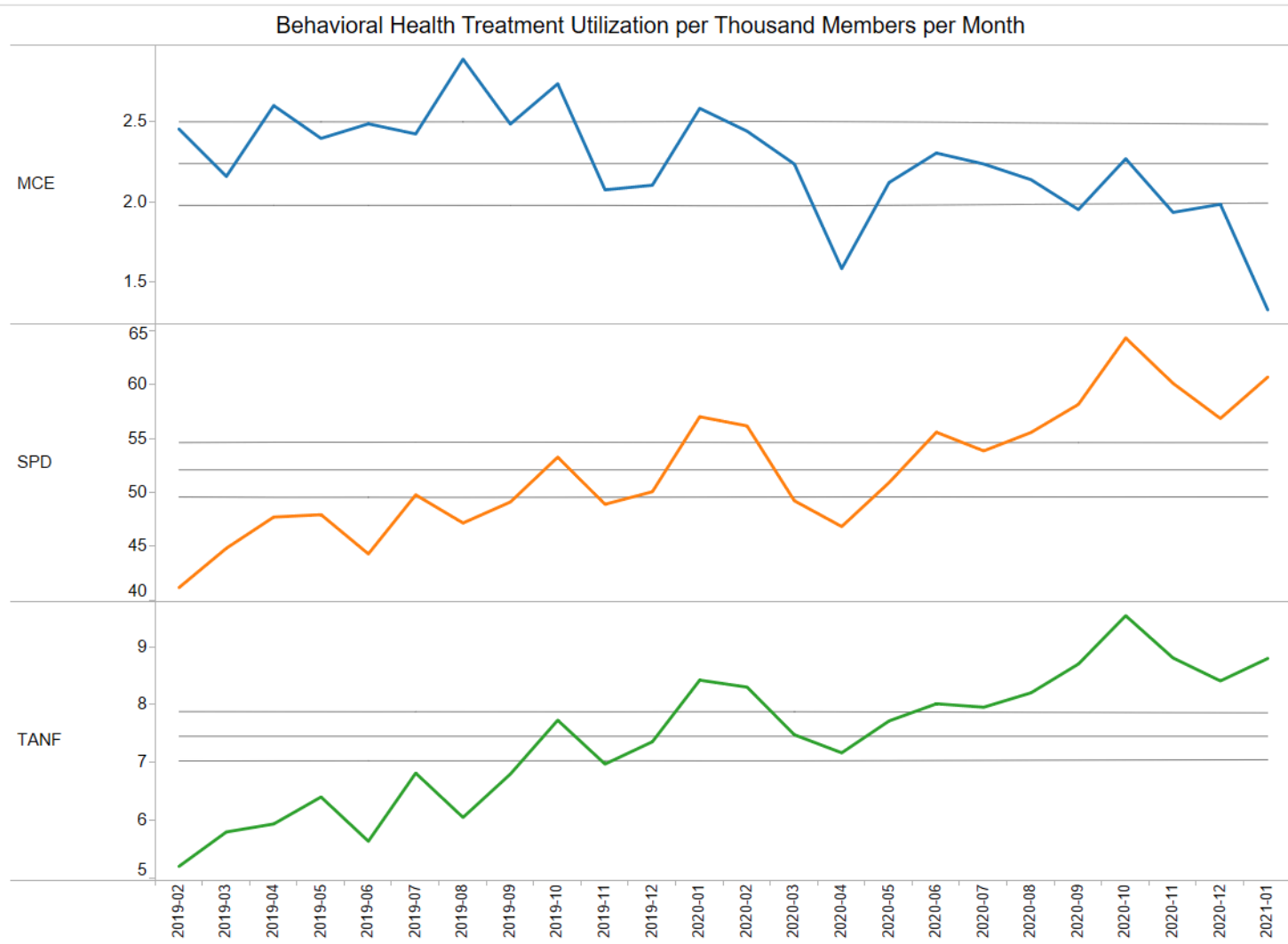
Significant Drop in ER Utilization



Surge in Telemedicine



Significant Spike in Mental Health Needs



COVID Challenges

- Lack of county-wide plan to disperse resources
 - Oxygen providers
 - ECMO beds
 - Post acute utilization
 - Human capital
 - PPE
- Lack of county-wide agreement on treatment and/or access to resources
 - Plasma
 - Ivermectan
 - IL-6 inhibitors
- Delays in care lead to increase morbidity/mortality
 - Preventative care
 - Ignoring symptoms



Post-COVID Questions

- What is appropriate utilization?
 - ER vs Urgent Care vs OP office
 - In person vs Telehealth/Home-based
 - Hospital vs OP
- What will utilization look like, esp for post-COVID members?
- Will social determinants finally become a focus?
- How will collaboration change between payor/provider to ensure
 - Access
 - Availability
 - Timeliness
- Will excessively decentralized be challenged and for whom:
 - Providers?
 - IPAs?

