



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, November 3, 2021
TIME: 10:00 a.m.

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

DIAL-IN NUMBER: 1 (323) 776-6996

CONFERENCE ID: 479494149#

[MS Teams link](#) (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. Call to order
- II. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DHS:** Request Approval to Accept Compromise Offers of Settlement for Patients who Received Medical Care at either County Facilities and/or at Non-County Operated Facilities Under the Trauma Center Service Agreement
 - b. **DPH:** Authorization to Accept and Implement a Forthcoming Grant Award and Future Awards and/or Amendments from the Centers for Disease Control and Prevention for National HIV Behavioral Surveillance (#6053)
- III. **Presentation Item(s):**
 - a. Los Angeles Network for Enhanced Services (LANES) Health Information Exchange Update

- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda
- VI. Public Comment
- VII. Adjournment

BOARD LETTER FACT SHEET

Agenda Review Date: November 3, 2021

Board Meeting Date: November 16, 2021

Sup. Dist. / SPA No.: All Districts

BOS Approval

DEPARTMENT: **Department Of Health Services (DHS)**

SUBJECT: REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT FOR PATIENT SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.

I. PUBLIC BENEFIT (precise description, mandated or non-mandated)

Requesting Board approval for the acceptance of a compromise offer of settlement for a patient account that is unable to be paid in full. The payment will replenish the Los Angeles County Trauma Funds.

II. RECOMMENDED ACTIONS (summarized)

The Board is being asked to authorize the Director, or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$200,058.43 for medical care provided at LAC+USC Medical Center.

III. COST AND FUNDING SOURCES

Cost: There is no net cost to the County

Funding: Not Applicable

IV. BACKGROUND (critical and/or insightful)

The acceptance of the attached compromise settlement will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.

V. POTENTIAL ISSUE(S)

Not applicable

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DHS, Virginia Perez, virperez@dhs.lacounty.gov

County Counsel, Kelly Hassel, khassel@counsel.lacounty.gov

November 16, 2021

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
FOR PATIENT SEEN UNDER THE
TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services, or designee, to accept a compromise offer of settlement for patient who received medical care at either County facility and/or at non-County operated facility under the Trauma Center Service Agreement. The compromise offer of settlement referenced below is not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director of Health Services (Director), or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual account:

Patient who received medical care at County facility:

LAC+USC Medical Center – Account Number 101874656 in the amount of \$200,058.43.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patient who received medical care at County facility: The compromise offer of settlement for this patient account is recommended because the patient is unable to pay the full amount of charges and the compromise offer represents the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

The best interest of the County would be served by approving the acceptance of this compromise, as it will enable the DHS to maximize net revenue on this account.

Implementation of Strategic Plan Goals

The recommended action will support Strategy III.3 “Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County’s recovery of revenue totaling approximately \$200,058.43
There is no net cost to the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director’s, or designee’s, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

The Honorable Board of Supervisors
November 16, 2021
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IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Funds.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:ANW:VP

Enclosures (1)

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 21-12-A

Amount of Aid	\$500,745.00	Account Number	101874656
Amount Paid	\$100,388.57	Name	Adult Male
Balance Due	\$400,356.43	Service Date	08/24/2020 – 09/14/2020
Compromise Amount Offered	\$200,058.43	Facility	LAC+USC Medical Center
Amount to be Written Off	\$200,298.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a cost of \$500,745.00. The account was referred to the County vendor whom was able to negotiate the payment of \$200,058.43 for this account.

This compromise offer of settlement is recommended because it represents the maximum amount the County vendor was able to negotiate for payment.

The patient's responsibility of \$340.00 was billed to the patient and paid by the patient's attorney.

The patient has United Healthcare Medicare Advantage with capitated entities Allied Pacific and Garfield Hospital. An appeal filed requesting 100% for billed charges and claim was underpaid. Because this is a senior plan this claim would be processed using MS DRG, Garfield is offering to pay a considerable amount.

BOARD LETTER FACT SHEET

Agenda Review Date: November 3, 2021

Board Meeting Date: November 16, 2021

Sup. Dist. / SPA No.: ALL

CEO DA Approval

DEPARTMENT: *Public Health***SUBJECT:** Authorization to accept forthcoming grant and future awards from the Centers for Disease Control and Prevention (CDC) to support National HIV Behavioral Surveillance (NHBS).**I. PUBLIC BENEFIT** (precise description, mandated or non-mandated)

NHBS monitors the prevalence of HIV risk behaviors. The collected behavioral and HIV seroprevalence data is used to inform local HIV prevention planning as well as to contribute to a NHBS database.

II. RECOMMENDED ACTIONS (summarized)

The Department of Public Health (Public Health), is requesting delegated authority to accept a forthcoming grant award from the CDC, Assistance Listing Number 93.944, for NHBS for the period of January 1, 2022 through December 31, 2022 and delegated authority to accept future awards that are consistent with the requirements of the forthcoming CDC grant award and/or amendments that extend the funding periods at amounts determined by the CDC.

III. COST AND FUNDING SOURCES

Cost: Estimated amount not to exceed \$1,016,751

Funding: Center for Disease Control and Prevention

IV. BACKGROUND (critical and/or insightful)

The purpose of NHBS activities is to monitor the prevalence of HIV risk behaviors, HIV infection, and the use of HIV prevention programs among populations at increased risk for HIV. The overall goal of this surveillance effort is to maintain an updated NHBS system to monitor long-term trends in HIV risk behaviors among high-risk populations in Los Angeles County.

Public Health has been receiving NHBS funds since 2003 and anticipates receiving notification of Year 1 funding by December 31, 2021 as NHBS activities under the new five-year grant will start January 1, 2022.

V. POTENTIAL ISSUE(S)

If the Board does not approve the acceptance of the forthcoming grant, Public Health would not be able to inform local HIV prevention planning efforts. In addition, Public Health wouldn't be able to share local data to the federal NHBS database.

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

Chief, Public Health, Administration: Joshua Bobrowsky (213) 288-7871 jbobrowsky@ph.lacounty.gov
County Counsel: Margaret Ambrose (213) 974-0491 mambrose@counsel.lacounty.gov



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

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Chief Deputy Director

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TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

November 16, 2021

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT A FORTHCOMING GRANT
AWARD AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE
CENTERS FOR DISEASE CONTROL AND PREVENTION FOR NATIONAL HIV
BEHAVIORAL SURVEILLANCE
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and implement a forthcoming grant award and future awards and/or amendments from the Centers for Disease Control and Prevention for National HIV Behavioral Surveillance.

IT IS RECOMMENDED THAT THE BOARD:

1. Delegate authority to the Director of the Department of Public Health (Public Health), or designee, to accept and implement a forthcoming grant award, from the Centers for Disease Control and Prevention (CDC), Assistance Listing Number 93.944, to continue participation in the National HIV Behavioral Surveillance (NHBS) program, resulting from CDC-RFA-PS22-2201, for the period of January 1, 2022 through December 31, 2022, in an amount estimated not to exceed \$1,016,751, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
2. Delegate authority to the Director of Public Health, or designee, to accept future awards that are consistent with the requirements of the forthcoming grant award



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

and/or amendments that extend the funding periods at amounts to be determined by the CDC; reflect revisions to the grant's terms and conditions to include but not limited to the rollover of unspent fund, or redirection of funds, and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow Public Health to accept a forthcoming grant award from the CDC to continue participation in NHBS activities for the period of January 1, 2022 through December 31, 2022. The purpose of NHBS activities is to monitor the prevalence of HIV risk behaviors, HIV infection, and the use of HIV prevention programs among populations at increased risk for HIV. The NHBS system involves alternating cross-sectional surveys and HIV screening among men who have sex with men (MSM), people who inject drugs (PWID), heterosexually active persons at increased risk (HET), Transgender Women (Trans), and women who exchange sex (WES) using both venue-based and respondent-driven sampling methods. The collected behavioral and HIV seroprevalence data is used to inform local HIV prevention planning as well as to contribute to a NHBS database. The overall goal of this surveillance effort is to maintain an updated NHBS system to monitor long-term trends in HIV risk behaviors among high-risk populations in Los Angeles County (LAC).

Acceptance of the grant award will also allow Public Health to conduct anonymous viral hepatitis testing during NHBS-PWID (Years 1 and 3), NHBS-Trans (Year 2) and NHBS-WES (Year 3). Furthermore, Public Health will conduct sexually transmitted infection (STI) testing during NHBS-MSM (Years 2 and 5), NHBS-HET (Year 4), NHBS-Trans (Year 2) and NHBS-WES (Year 3). By monitoring HIV-risk behaviors, HIV prevalence and other key indicators among populations at high risk for HIV infection, Public Health will support efforts towards "Ending the HIV Epidemic: A Plan for America." By monitoring Hepatitis C Virus in PWID, Trans, HET, and WES and by monitoring STIs in MSM, HET, TRANS and WES, Public Health will contribute to local efforts in support of CDC's National Center for HIV/AIDS Viral Hepatitis, STD, and TB Prevention strategic plan. To accomplish these goals, Public Health will:

- 1) Conduct annual behavioral surveys.** Public Health will monitor the prevalence of HIV risk behaviors and access to and use of HIV prevention by administering standardized questionnaires among MSM, PWID, HET, Trans, and WES across five NHBS cycles in LAC.
- 2) Offer HIV, Hepatitis B and C and STI testing.** Public Health will provide rapid and standard HIV testing services to NHBS participants and use these outcome data to estimate HIV prevalence. Public Health will also offer screening tests to detect Hepatitis B, Hepatitis C, Gonorrhea, and Chlamydia. Participants who test positive will be linked to care.

- 3) Collaborate with local partners.** Public Health will engage local researchers in qualitative and quantitative research activities and will work with local community agencies to co-develop local-use survey questions and implementation strategies.
- 4) Evaluate the NHBS system.** Public Health will work collaboratively with CDC to monitor the quality, efficiency, dissemination, and value of NHBS data for local and national resource allocation and evaluation of HIV prevention, testing, and treatment efforts.

Based on final funding awarded to the Public Health, project activities will be modified as needed, as activities referenced above are based on Public Health-requested amounts described under Recommendation 1.

Approval of Recommendation 2 will allow Public Health to accept future awards from CDC and/or amendments that extend the funding periods at amounts to be determined by CDC and reflect revisions to the grant's terms and conditions to include but not be limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Implementation of Strategic Plan Goals

The recommended actions support Strategy I.2, Enhance Our Delivery of Comprehensive Interventions, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Public Health will accept a forthcoming grant award from the CDC for NHBS, in an amount estimated not to exceed \$1,016,751, for the period January 1, 2022 through December 31, 2022. The funding level being requested is above the current calendar year (CY) funds, and necessary to support some additional program activities. Therefore, final funding received from the CDC may be less than the amount identified in Recommendation 1. Funds will be used to support personnel costs, operating expenses, and indirect costs for the administration of grant activities.

Funding is included in Public Health's fiscal year (FY) 2021-22 Adopted Budget and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since 2003, with your Board's approval, Public Health has accepted funding from the CDC to support NHBS activities in the LAC.

On January 5, 2016, your Board approved Public Health's acceptance of NHBS funds for CY 2016 and delegated authority to accept subsequent funds through December 31, 2020.

Since then, Public Health was notified by the CDC in December 2020, that the grant cycle was being extended through CY 2021. As a result, Public Health notified your Board on April 22, 2021 and September 23, 2021, utilizing delegated authority, of our intent to accept funding for the cost extension term in the amount of \$122,326 and \$366,977, for a total approved budget of \$489,303 for CY 2021.

On May 13, 2021, the CDC released RFA-PS22-2201 for NHBS. Applications were due to the CDC on August 2, 2021. Public Health submitted an application on August 2, 2021, for NHBS activities for the period January 1, 2022 through December 31, 2026.

Public Health anticipates receiving notification of Year 1 funding by December 31, 2021, as NHBS activities under the new five-year grant will start January 1, 2022.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to accept grant funds from the CDC to continue to monitor long-term trends in the prevalence of HIV risk behaviors among identified high-risk populations in the LAC.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

BF: ml
BL #06053

c: Chief Executive Office
County Counsel
Executive Officer, Board of Supervisors

LANES

Los Angeles' Premier
Health Information Exchange (HIE)

November 3, 2021



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Governance

Board of Directors

- ▶ Anish Mahajan (Chair) – Harbor-UCLA hospital CEO
- ▶ John Baackes (Vice Chair) – L.A. Care CEO
- ▶ Nina Vaccaro – CCALAC COO
- ▶ Jaime Garcia – HASC Regional VP (resigned in Sept., Open board seat)
- ▶ Muntu Davis – County Health Officer
- ▶ Bridget Cole - Institute for High Quality Care Executive Director
- ▶ Ellen Pollack – UCLA Health CIO

Advisory Committees: Executive Management, Finance, Privacy & Security, Clinical



Network of Providers

- ▶ **350+** Ambulatory Practices
- ▶ **46** FQHCs and Health Centers (250 sites)
- ▶ **36** Hospitals
- ▶ **2** Health Plans (3M safety net population)
- ▶ **5** IPAs (800,000 lives)
- ▶ **3** LTC/Post acute (10 sites)
- ▶ **1** Independent Lab (COVID-19 tests)

- 
- ▶ 8M **Unique Patients**
 - ▶ 32M **Encounters**
 - ▶ 220M **Clinical Documents**



Subset of LANES Ecosystem



What We Do

- ▶ Streamlining healthcare delivery and care coordination across L.A. County's care continuum by connecting the providers & health plans
- ▶ Enabling population health by way of patient information flow among healthcare providers & plans resulting in improved clinical care and lower total cost
- ▶ As a public benefit organization, our goal is to drive change for public good, measured by impact to the healthcare ecosystem



Supporting County Departments

Data services & HIT solutions are deployed to support several use cases:

- ▶ The whole person care team at DHS
- ▶ Repatriation team at DHS
- ▶ The Office of Diversion and Reentry at DHS
- ▶ DMH case managers
- ▶ DPH Child Welfare Nurses (Foster children)



Supporting Safety Net Providers

- ▶ Connected 75% of the Community Partners
- ▶ FQHC providers have access to their patients records at DHS facilities and vice versa
- ▶ Feeding community data to DHS population health system (ELM)
- ▶ Feeding community data to ORCHID for the next day appointments
- ▶ Feeding Fulgent lab COVID-19 test results to ORCHID
- ▶ Access to CURES database (substance abuse data) to assist with opioid crisis



COVID-19 Use Cases

LANES is supporting DPH with the following use cases and reporting needs:

- ▶ Informing providers of patient's immunization status
- ▶ Identifying high-risk patients that have not been vaccinated and notifying the primary care physician
- ▶ Assessing variances in different vaccinations and underlying health conditions
- ▶ Assessing re-infection trends after vaccination
- ▶ Health equity related reporting



Supporting L.A. Care

LANES is enabling specific L.A. Care use cases that drive member centric care:

- ▶ L.A. Care's pharmacy department provides education and follow-up for our members who are diabetic. The LANES Smart Alert platform helps us to identify members that we can target, based on high A1C levels in order to provide tailored medication therapy management
- ▶ L.A. Care's health education department accesses a prenatal cohort helping to improve perinatal outcomes for BIPOC pregnant persons
- ▶ LANES comprehensive network allows L.A. Care's case management teams to provide timely follow-up care for members at risk who are discharged from an admission or the ED



Health IT Achievements

- ▶ Affordable, scalable health data infrastructure, enabling any L.A. County provider to access patient's health records
- ▶ A hub and health data ecosystem by connecting hundreds of healthcare organizations serving the safety net and underserved population
- ▶ Built specific clinical applications designed to alleviate health disparities and raise the overall quality of health in L.A. County
- ▶ Reduced/replaced phone/fax/paper communications with real-time health data exchange between DHS/DMH and community partners



Business Achievements

- ▶ Awarded \$3.5M federal/state grants for connecting healthcare providers
- ▶ Awarded \$125K CMS/ONC grant for adding COVID-19 vaccination data
- ▶ Projecting \$3.3M annual subscription fee in 2022
- ▶ Delivering high value to the stakeholders at a low cost
- ▶ 100% client retention on the first round of renewals (35 orgs)



Supporting CalAIM

- ▶ Discussion with L.A. Care and Health Net on their biggest data exchange gaps or challenges and where they see LANES providing the most value
- ▶ Connecting the remaining hospitals, LTC/SNFs, IPAs
- ▶ Connecting DMH legal entities
- ▶ Connecting jail and justice system
- ▶ Collecting housing and shelter data
- ▶ Referral to community-based social services
- ▶ Enhance alert notification functionality to support stakeholder needs



Future Funding Need

- ▶ Revenue sources: Subscriptions, special/custom projects, grants
- ▶ Major expenses: Technology, payroll/contractors, legal and compliance, privacy and security, cyber insurance, HITRUST certification.
- ▶ Projected 2021 revenue: \$8.5M
- ▶ Projected 2021 Expenses: \$6.5M
- ▶ Projected 2022 revenue: \$5.5M
- ▶ Projected 2022 expenses: \$8.5M (upgrading technology platform)



Why Reinvest in LANES

- ▶ Initial investment created a robust and secure health information exchange network in L.A. county
- ▶ The clinical data repository is designed to serve as a public utility for L.A. residents and providers
- ▶ The platform informs public health agencies during pandemic or other disasters
- ▶ Population health platform for safety net providers and population
- ▶ LANES can bring state and federal grant funds to L.A. county
- ▶ Small investment can yield significant ROI



Exhibits

- A. Data usage and transaction Charts
- B. CalAIM Overview and support
- C. Federal and State HIE Mandates
- D. Testimonials
- E. Participant's list



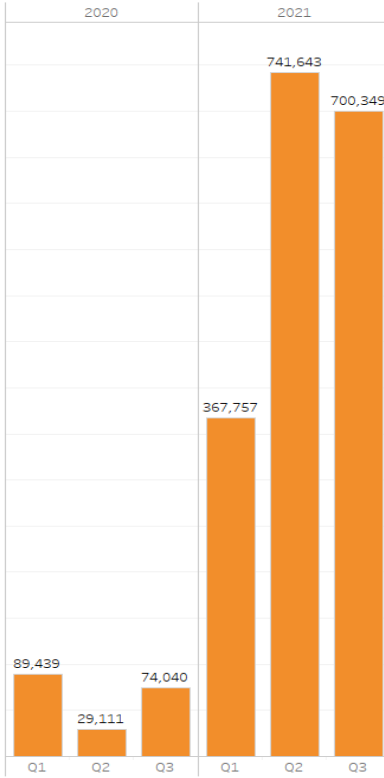
Exhibit A

Data Usage and Transaction Charts

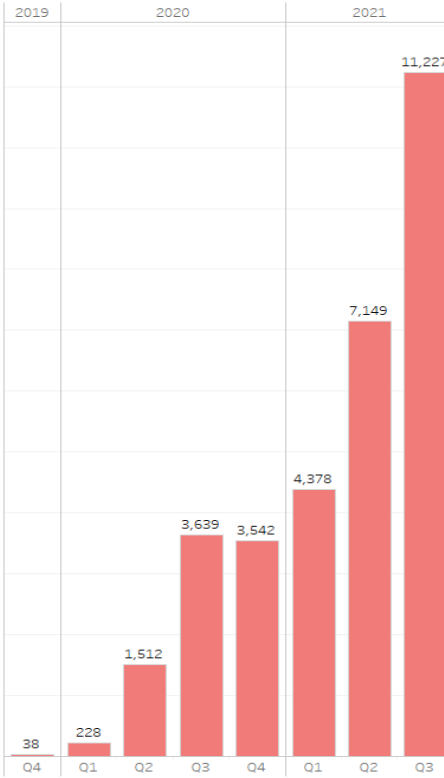


Number of Transactions

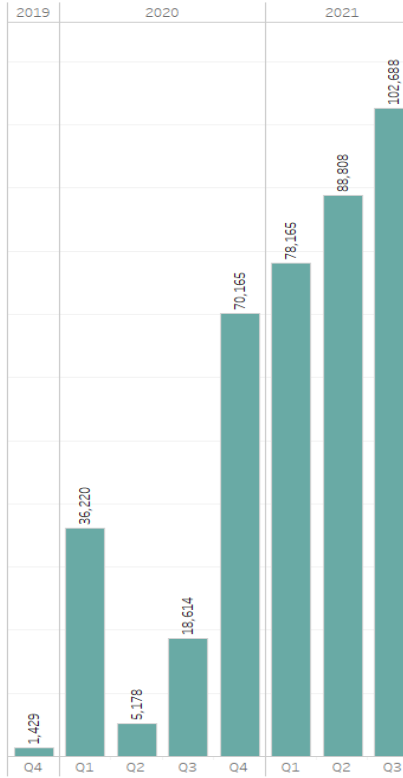
Data Transactions Hospitals



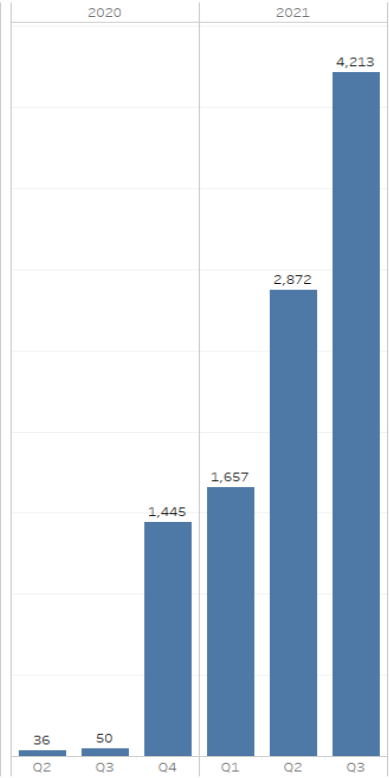
Data Transactions Payors



Data Transactions Clinics

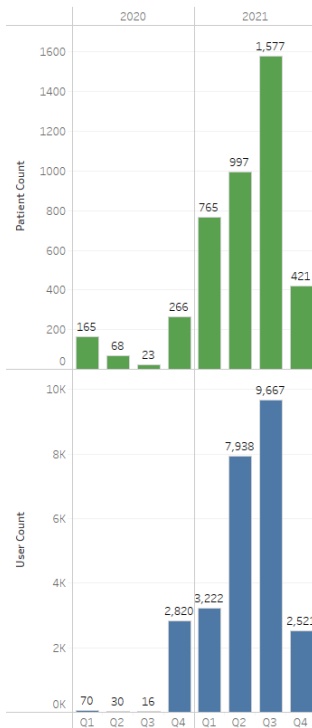


Data Transactions Public Health

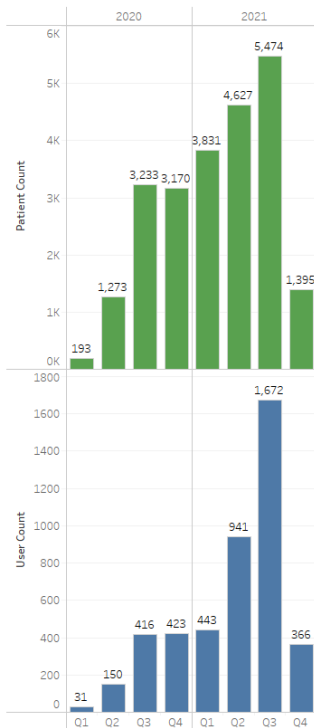


Number of Users Accessing Patient Records

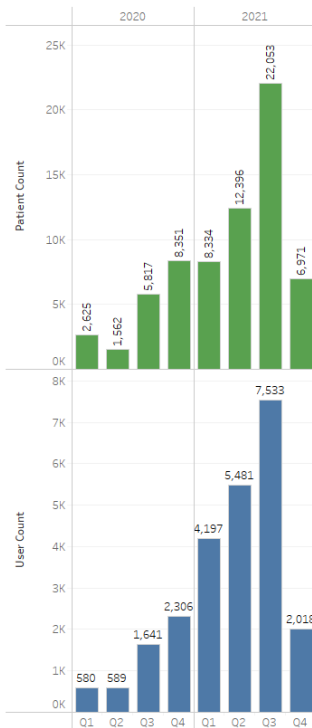
Users and Patients Hospitals



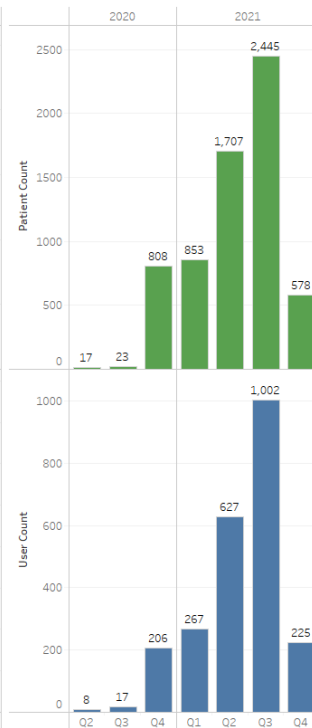
Users and Patients Payors



Users and Patients Clinics



Users and Patients Public Health



Type of Users

- Physicians, nurses
- Case managers
- Care coordinators
- Care navigators
- Social service workers
- Public health nurses

Market Saturation

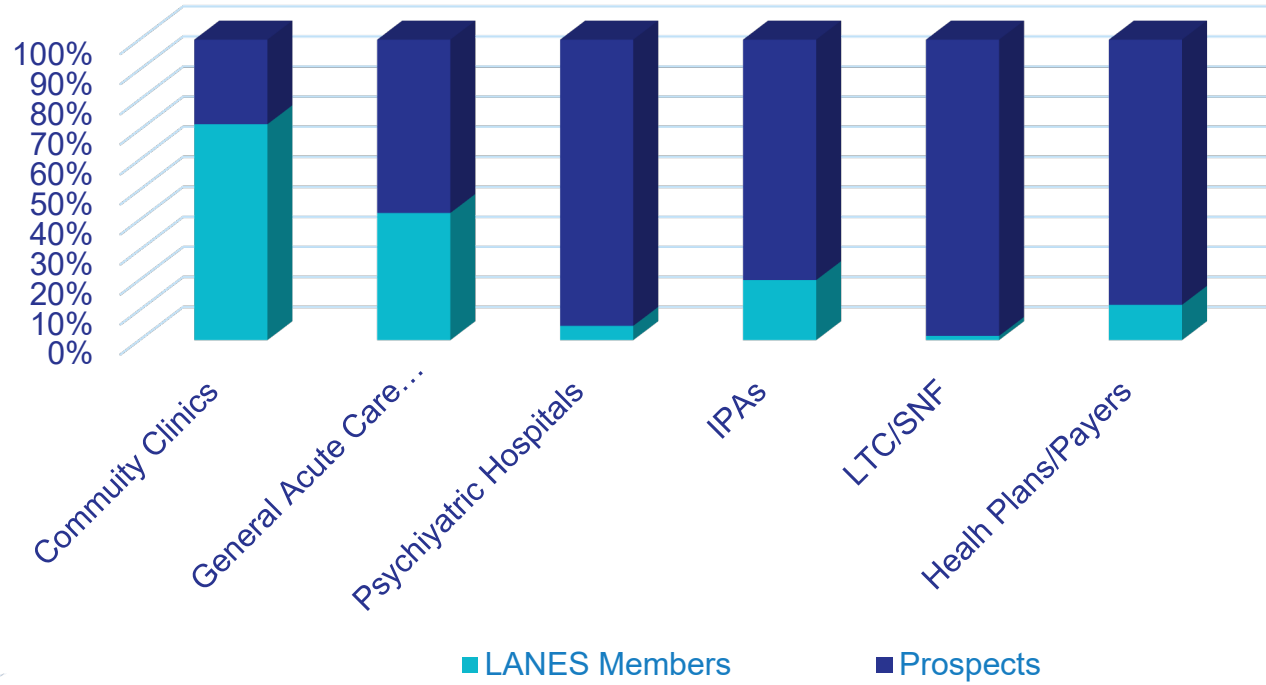


Exhibit B

CalAIM Overview & Support



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Overview of CalAIM

In January 2022, the California Department of Health Care Services (DHCS) will launch the California Advancing and Innovating Medi-Cal (CalAIM) program to address Medi-Cal members' complex physical, behavioral and social needs.



Is a **comprehensive set of new programs model** that encompass broader delivery system transformation, integration and payment reforms across Medi-Cal.



1% of Medi-Cal enrollees account for 21% of overall spending; 5% of enrollees account for 44% of the budget.



CalAIM's **Enhanced Care Management (ECM) and Community Supports (ILOS)**, will replace Whole Person Care (WPC) and Health Home Program (HHP) pilots, scaling up the interventions to address Madei-Cal members' complex physical, behavioral and social needs through **whole person-care approaches**.



Approximately 130,500 Medi-Cal patients enrolled in local WPC and HHP pilots will be transitioned to managed care plan (MCP) responsibility. Additional beneficiaries will become eligible for ECM and Community Supports. **MPCs are developing networks of providers, nonprofits and social service organizations** to provide food, supportive housing, LTSS and other services and developing approaches to improving data access and care coordination.

Supporting CalAIM

- ▶ Discussion with L.A. Care and Health Net on their biggest data exchange gaps or challenges, and where they see LANES providing the most value
- ▶ Connecting the remaining hospitals, LTC/SNFs, IPAs
- ▶ Connecting DMH legal entities
- ▶ Connecting jail and justice system
- ▶ Collecting housing and shelter data
- ▶ Referral to community-based social services
- ▶ Enhance alert notification functionality to support stakeholder needs



Health IT Solutions to Support CalAIM



Risk Identification

Real-time analytics identify high-risk encounters.



Intelligent Notifications

Risk-based alerts, curated into a consumable format and delivered into existing workflow.



Activate the Care Team

Dynamically map care team / patient relationships and engages appropriate members to take-action.



Share Insights

A virtual, collaborative environment for members of the care team to work together on common patients.

Exhibit C

Federal and State HIE Mandates



Federal and State HIE Mandates

- ▶ **CMS Mandated Event Notifications** - Hospitals, psychiatric hospitals must send electronic notifications to patient identified providers when a patient is admitted, discharged or transferred (ADT) by May 2021
- ▶ **State AB133 Data sharing requirement** - Hospitals and skilled nursing facilities, must exchange health information in real-time, as defined in the bill, by January 1, 2024
- ▶ **State AB133 requires CHHS to submit a single legal framework for sharing health data** - Secretary Mark Ghaly invited LANES to participate in the HIE Stakeholder Advisory Committee to draft the data sharing framework and policies
- ▶ **LANES is in a unique position** helping health care providers comply with federal and state mandate and regulations.



Exhibit D

Testimonials



Supporting Child Welfare Nurses

Over 200 public health nurses access foster children's real-time data on LANES platform

“LANES provides more flexibility. We can query the LANES database to identify patients and obtain the information that we need in real-time, which makes us more efficient. We love the customization capabilities, smart alerts, and quick access to vital, timely medical information.”

Jennifer Hottenroth, Acting Division Chief at the Child Welfare Public Health Nursing Program.



Supporting Child Welfare Nurses

County of Los Angeles Public Health, Child Welfare Public Health Nursing Program Creating Enhanced Efficiency of Care Coordination for Foster Youth through LANES

“LANES has also helped CWPHN plan for our post discharge needs, especially for our most medically fragile children who require care coordination for medication, special equipment, treatment, and special feedings.”

Mary Orticke, MPH, RN/PHN.



Los Angeles County DHS

“We use the LANES community data to populate our Los Angeles County Department of Health Services Empaneled Life Management registry to support population health initiatives.”

**Guillermo Diaz Jr., M.D., Chief Medical Information Officer,
Ambulatory Care Network, Los Angeles County DHS.**



Los Angeles County DHS

“We use the LANES data in a large-scale systematic manner to augment our data to both identify and address gaps in care,” he continued. “The real-time clinical data, such as hospital admissions and discharges, allergies, medications, lab results, diagnostic results and procedures, is cross-referenced with DHS data on the ELM platform to help us manage health factors which may impact patients’ health and well-being.”

**Guillermo Diaz Jr., M.D., Chief Medical Information Officer,
Ambulatory Care Network, Los Angeles County DHS.**



Saban Clinic

“I have a patient in her late 70’s who was in and out of the hospital for “fluid in her lungs” which is what she understood it to be, but she never had records and I really couldn’t figure out what was going on. Then LANES went live, I was able to see her hospital admission and ER records with county and discovered that what she thought was just fluid in her lungs really ended up being a full work up and diagnosis of stage 3 lung cancer with metastasis!

I finally was able to go through all of her records and workup with her as she had so many questions and felt that none of this was really explained to her thoroughly. I was also able to do advanced health care planning with her and her husband as well as track her chemo progress and outpatient records. It really did a 180 in my ability to care for her and the trust and relationship that we built grew stronger.”

– Manisha Ati, FNP-C, APRN, MSN- Nurse practitioner at Saban Clinic



Los Angeles Christian Health Center

“We started with approximately 815 open ROR’s (request of records). A lot of those ROR's were from LAC+USC & WMMC, which we struggled to get any records back. Thankfully, LANES is now our go to for quick records! I'm happy to say we are at a whopping 300 for open ROR's! of those 300, 253 are for facilities not participating in LANES, which is super exciting.

We adopted the smart alert portal which is also amazing! We can increase our continuity of care for those patient's that visited the ER or were admitted.”

Stephanie Padilla, Member Services Supervisor, LA Christian Health Center



Exhibit E

Participants List

For up-to-date list of participants please visit the LANES website at lanesla.org



Participant	Type	Supervisor's District
Achievable Foundation	Ambulatory Practice	2nd
AIDS Healthcare Foundation	Ambulatory Practice	3rd
All for Health, Health for All	Ambulatory Practice	1st, 5th
All-Inclusive CHC	Ambulatory Practice	5th
Angeles Community Health Center	Ambulatory Practice	1st, 2nd
Annapoorani Thenappan, M.D. Inc	Ambulatory Practice	1st, 5th
Arroyo Vista Family Health Center	Ambulatory Practice	1st, 5th
Asha R. Kumar M.D., Inc.	Ambulatory Practice	1st
Bartz-Altadonna Community Health Center	Ambulatory Practice	5th
BeverlyCare	Ambulatory Practice	1st
Bienestar Human Services, Inc	Ambulatory Practice	1st
Center for Family Health and Education (OCHIN?)	Ambulatory Practice	3rd
Central Medical Business Management	Ambulatory Practice	5th
Central Neighborhood Health Foundation	Ambulatory Practice	1st, 2nd
ChapCare	Ambulatory Practice	5th
Chinatown Service Center	Ambulatory Practice	1st
Clinica Romero	Ambulatory Practice	1st, 2nd
Comprehensive Community Health Centers	Ambulatory Practice	1st, 5th
Crenshaw Family Medical Group	Ambulatory Practice	2nd
East Valley Community Health Center	Ambulatory Practice	1st
Eisner Health	Ambulatory Practice	1st, 2nd
Elena Chetver, MD	Ambulatory Practice	3rd
Eva Rodriguez-Ellis M.D, Inc.	Ambulatory Practice	2nd



Participant	Type	Supervisor's District
Family Health Care Centers of Greater Los Angeles	Ambulatory Practice	1st, 4th
Florence Western Medical Clinic, Inc.	Ambulatory Practice	2nd
Garfield Health Center	Ambulatory Practice	1st
Hameed A. Khan, MD	Ambulatory Practice	4th
Harbor Community Clinic	Ambulatory Practice	4th
Health and Human Services - City of Long Beach	Ambulatory Practice	4th
Healthcare in Action	Ambulatory Practice	5th
Herald Health Christian Center	Ambulatory Practice	1st, 5th
Ingatius P Godoy MD Inc	Ambulatory Practice	1st, 2nd, 4th
Jose A Perez, M.D.	Ambulatory Practice	5th
JWCH Institute	Ambulatory Practice	1st
Kedren Community Health Center	Ambulatory Practice	1st, 2nd
Kheir Clinic	Ambulatory Practice	2nd, 3rd
L.A. County Department of Mental Health	Ambulatory Practice	1st
L.A. County Department of Public Health	Ambulatory Practice	1st, 2nd
Los Angeles Christian Health Center	Ambulatory Practice	1st
Ma. Mildred R. Rey, M.D., Inc	Ambulatory Practice	1st, 2nd, 4th
Mission City Community Network	Ambulatory Practice	1st
Montes Medical Group, Inc	Ambulatory Practice	1st
Northeast Valley Health Corporation	Ambulatory Practice	3rd
ParkTree Community Health Center	Ambulatory Practice	1st



Participant	Type	Supervisor's District
Renuka Boyapalli MD, A Medical Corp.	Ambulatory Practice	4th
Saban Community Clinic	Ambulatory Practice	2nd, 3rd
San Fernando Community Health Center	Ambulatory Practice	3rd
South Bay Family Healthcare	Ambulatory Practice	4th
South Central Family Health Center	Ambulatory Practice	1st, 2nd
Southern California Health and Rehabilitation Program	Ambulatory Practice	2nd, 4th
Southern California Health and Vascular Center	Ambulatory Practice	1st
St. John's Well Child and Family Center	Ambulatory Practice	2nd
Sunkist Multi-Speciality Medical Clinic Inc	Ambulatory Practice	1st
T.H.E. Health and Wellness Centers	Ambulatory Practice	1st, 2nd
Tessie Cleveland Community Services Corporation	Ambulatory Practice	1st, 2nd
The R.O.A.D.S. Foundation, Inc.	Ambulatory Practice	2nd
Tri City Medical Group	Ambulatory Practice	2nd
UMMA Community Clinic	Ambulatory Practice	1st, 2nd
Universal Community Health Center	Ambulatory Practice	1st, 2nd
Valley Community Healthcare	Ambulatory Practice	3rd
Via Care Community Health Center	Ambulatory Practice	1st
Watts Healthcare	Ambulatory Practice	2nd
White Memorial Community Health Center	Ambulatory Practice	1st





Participant	Type	Supervisor's District
Whittier Family Medical Center	Ambulatory Practice	1st, 4th
Wilmington Community Clinic	Ambulatory Practice	4th
Behavioral Health Services	Behavioral Health	2nd
Tarzana Treatment Center	Behavioral Health	3rd
Path CCM	Behavioral Health	1st, 3rd
Health Net	Health Plan	2nd
L.A. Care	Health Plan	1st
Adventist Health	Health System	1st, 5th
Alta Hospitals System	Health System	2nd
Avanti Hospitals	Health System	2nd
Beverly Hospital	Health System	1st
Cedars-Sinai Medical Center	Health System	2nd, 3rd
Emanate Health	Health System	1st, 5th
Huntington Hospital	Health System	1st, 5th
L.A. County Department of Health Services	Health System	1st
Olympia Medical Center	Health System	2nd, 3rd
Pacifica Hospital	Health System	5th





Participant	Type	Supervisor's District
Whittier Family Medical Center	Ambulatory Practice	1st, 4th
Wilmington Community Clinic	Ambulatory Practice	4th
Behavioral Health Services	Behavioral Health	2nd
Tarzana Treatment Center	Behavioral Health	3rd
Path CCM	Behavioral Health	1st, 3rd
Health Net	Health Plan	2nd
L.A. Care	Health Plan	1st
Adventist Health	Health System	1st, 5th
Alta Hospitals System	Health System	2nd
Avanti Hospitals	Health System	2nd
Beverly Hospital	Health System	1st
Cedars-Sinai Medical Center	Health System	2nd, 3rd
Emanate Health	Health System	1st, 5th
Huntington Hospital	Health System	1st, 5th
L.A. County Department of Health Services	Health System	1st
Olympia Medical Center	Health System	2nd, 3rd
Pacifica Hospital	Health System	5th





Participant	Type	Supervisor's District
Pomona Valley Hospital Medical Center	Health System	1st
St. Joseph Health System	Health System	4th
UCLA Health	Health System	3rd
Valley Presbyterian Hospital	Health System	3rd
MedZed	Home Health	2nd
Access TLC	Hospice/LTC	3rd
Los Angeles Jewish Home for the Aging	Hospice/LTC	3rd
Bella Vista IPA	IPA	1st
Equality Health	IPA	
Global Care Medical Group IPA	IPA	2nd
Health Care LA IPA	IPA	2nd
Serene Health IPA	IPA	4th
Fulgent Genetics	Laboratory	1st
CareConnectMD	Medical Group	



THANK YOU

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