

Health Care

A ROUNDTABLE DISCUSSION



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HEALTH CARE ROUNDTABLE

The healthcare industry as a whole has faced an incredible array of challenges over the last few years, and has rallied by making improvements, enhancements and adjustments to protocols, all while providing services that are the most essential to those in need. Responsibility has fallen squarely on the shoulders of the healthcare sector to lead the way through the post-pandemic new normals, while providing answers and best practices for the people and businesses of the Los Angeles region and beyond.

With new workplace norms, insurance coverage considerations, emerging new tech, and more, business leaders have many questions when it comes to the wellness of their employees. What new protocols are in place and here to stay? What steps are hospitals taking to protect our safety? Will outpatient care continue to trend upward? How has the insurance coverage landscape altered? To better explore these and many other pressing health-related issues, the Los Angeles Business Journal has discussed insights, suggestions and best practices from five healthcare experts and thought leaders from the region.



L.A. CARE HEALTH PLAN

L.A. Care Health Plan is the largest health plan in Los Angeles County, serving 2.9 million residents. It provides access to quality health care for vulnerable and low-income residents and supports the safety net required to achieve that purpose. L.A. Care offers four product lines including Medi-Cal and L.A. Care Covered, a commercial plan on the Affordable Care Act exchange. L.A. Care advances health equity through a variety of targeted commitments. Among those commitments is Elevating the Safety Net, a \$155 million initiative to recruit new primary care physicians to the Los Angeles County safety net. The health plan is also committed to addressing social factors that impact health. It has committed more than \$100 million to address homelessness in L.A. County and to support mental health telehealth visits for K-12 students. L.A. Care also jointly operates with Blue Shield Promise a series of Community Resource Centers that address social needs across the county.



MEMORIALCARE

MemorialCare is a not-for-profit, leading integrated health care delivery system with 225 care locations including leading hospitals—Saddleback Medical Center in Laguna Hills, Orange Coast Medical Center in Fountain Valley, Long Beach Medical Center and Miller Children's & Women's Hospital Long Beach; MemorialCare Medical Group and Greater Newport Physicians; MemorialCare Research Program; MemorialCare Select Health Plan; and numerous outpatient health, imaging, surgery, urgent care, physical therapy, breast health and dialysis centers throughout Orange and Los Angeles counties. Accolades include Nation's Best Health Systems and Workplaces, Top 50 U.S. Hospitals and Cardiovascular Hospitals, 10 Largest Children's Hospitals, 100 Best Hospitals - Spine and Prostate Surgeries, Best of Orange County and Long Beach Hospitals and Medical Groups, U.S. News & World Report Best Hospitals and "high performing" in 31 clinical categories and Newsweek World's Best Hospitals, Top 100 Hospitals, Best Maternity Hospitals – and more.



PACIFICA HOSPITAL OF THE VALLEY

Pacifica Hospital of the Valley, a 231-bed acute care facility, has been a major provider of leading-edge healthcare to adults and children in the San Fernando Valley for over three decades. The hospital offers a full range of inpatient and outpatient services, including 24-hour Emergency Care, Surgery, Behavioral Health Services and Maternity. Comprehensive ancillary support includes ultrasound, MRI and Nuclear Medicine.



PIH HEALTH

PIH Health is a nonprofit, regional healthcare network that serves approximately three million residents in the Los Angeles County, Orange County and San Gabriel Valley region. The fully integrated network is comprised of PIH Health Downey Hospital, PIH Health Good Samaritan Hospital, PIH Health Whittier Hospital, 37 outpatient medical office buildings, seven urgent care centers, a multispecialty medical (physician) group, home healthcare services and hospice care, as well as heart, cancer, digestive health, orthopedics, women's health, urgent care and emergency services. The organization is nationally recognized for excellence in patient care and patient experience, and the College of Healthcare Information Management Executives (CHIME) has identified PIH Health as one of the nation's top hospital systems for best practices, cutting-edge advancements, quality of care and healthcare technology. PIH Health is also certified as a Great Place to Work.



PROVIDENCE IN CALIFORNIA
(SOUTH DIVISION)

Providence in California is an integrated delivery network that includes 17 hospitals in Northern and Southern California, comprising the organization's South Division. Over 35,000 caregivers and approximately 11,000 physicians ensure patients receive the highest level of care in the communities Providence serves. Supporting its acute care settings in California, Providence features hundreds of affiliated medical group clinics and outpatient centers, in addition to TrinityCare Hospice and TrinityKids Care pediatric hospice, Providence High School, home health care services, ten wellness centers and a multitude of telehealth services. Providence is committed to an enduring mission of outreach to the poor and vulnerable, and in 2021 contributed \$710 million in services, programs and charity care to those in need.

LA's Health and Wellness Partner

PIH Health is a nonprofit, regional healthcare network that serves Los Angeles County, Orange County and the San Gabriel Valley. Our fully integrated network includes **3 hospitals, 37 outpatient facilities, 7 urgent care centers**, home healthcare services and more – **all focused on providing you with world-class, award-winning care.**

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What is your outlook for the future of the healthcare system as we move into the second half of 2023?

BAACKES: The biggest concern for Medi-Cal providers in California centers on reimbursement rates. More than 13 million Californians, or one in every three residents, relies on Medi-Cal for their health care coverage. Yet, California shamefully ranks 40th in the nation for what we pay safety net providers, despite having one of the highest costs of living. Medi-Cal providers are paid only 60% of what Medicare providers receive and only about 33% of what is paid to treat commercially insured patients. We applaud the state’s decision to add covered benefits and eligible populations, but the low reimbursement rates make it more difficult to recruit and retain physicians in safety net clinics and practices. That puts a strain on hospital ERs, which become de facto primary care providers. Last year, L.A. Care launched the California Safety Net Coalition, a multi-stakeholder group of advocates working to champion increased, sustainable funding for Medi-Cal providers.

MADRID: As the industry continues to face financial and operational challenges from the lingering impact of the COVID-19 pandemic, the healthcare system continues to work toward new opportunities with the help of innovative growth strategies and an increased focus on sustainability and resiliency. We continue our commitment to advance the health and well-being of the communities we serve and we are focused on our growth and flourishing as a nationally recognized health system. We are looking for more ways to optimize the delivery of healthcare at every level of the organization and to further develop our service lines to promote enhanced quality of care for patients, more efficient operations and heightened customer service.

Health care costs continue to be an issue for patients, employers, and health care providers. How are you addressing the increasing costs of health care services and concept of value-based care? Is value-based care delivering on its promise?

ARBUCKLE: MemorialCare’s value-based strategy allows us to provide high-quality care and an exceptional member experience, while addressing financial barriers for our patients and employers. Value-based health plan offerings offer select, high-performing networks that hold those who provide the care, like MemorialCare, accountable for quality, patient experience and cost. Employers can achieve savings and employee satisfaction by adding a value-based plan to their benefit offerings and incentivizing employees to select it. We address increasing healthcare costs through continued investments in our high-performance care network, including expanding our outpatient centers for care that doesn’t require

a higher-cost hospital setting, like routine imaging, outpatient surgeries, and physical therapy. Our virtual health offerings also provide cost-effective access to care for our patients. Adoption of value-based plans is growing, and we expect this will continue as more companies realize there’s a better way to address their healthcare spend without sacrificing the care their employees deserve.

DRISCOLL: Providence is focused on keeping our community healthy by providing comprehensive, coordinated and highly effective team-based care in the primary care setting. This patient-centric model meets the health and wellness needs of our patients. When specialized care is needed, we provide high-quality, evidence-based medicine at every access point in our network. Our focus on quality continues with our Clinical Institute model, which enables our providers to discuss new studies and technologies, their potential benefits to patients and best-practice implementation. The institute model ensures a streamlined referral process that provides patients with access to list of specialists across our network, which means the patient has access to high-quality care close to home. The Clinical Institute model also reduces clinical variation, which translates into high-value, high-quality care.

How does California’s healthcare outlook differ from other parts of the country?

MAYES: Hospitals are challenged in general by labor shortages and continued financial recovery from the COVID-19 pandemic. In addition to the overall nationwide challenges, safety net hospitals continue to be under extreme financial limitations from the California state Medi-Cal program and the potential cuts (effective October 2023) to the Medicaid Disproportionate Share Hospital (DSH) federal funds to safety net hospitals in California. Additionally, hospitals in California are dealing with financing seismic requirements that must be met no later than January 1, 2025. The latest report from nationally respected hospital consulting firm Kaufman Hall, “Hospitals at Risk Throughout California,” reports that 2022 was the worst financial year for California hospitals since the pandemic began in 2019 and that one in five hospitals are at risk for closure in California. This is of great concern by hospital providers at risk and the communities served will no longer have access to acute medical care.

BAACKES: Healthcare is complex no matter where you are in the country, but the California system adds to the complexity. Some health plans use a delegated model, where they contract with networks, called medical groups or independent physician associations (IPA), who serve as middlemen between the plan and the provider. At L.A. Care, with our plan partners, we are working with as many as 60 delegated entities, and have found that there can be inconsistency in



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—JOHN BAACKES

delivery with this model. We instituted two things to address this. We launched the L.A. Care Direct Network, where providers contract directly with L.A. Care, eliminating the need for delegation. This brings us closer to the provider to have greater influence over quality. We now have 1,752 providers in the network. In 2016, we also launched the Value Initiative for IPA Performance (VIIP), a proprietary scoring tool to assess performance of the medical groups.

Why are provider networks critically important from a clinical perspective? What are the benefits for patients?

MADRID: Provider networks offer seamless, streamlined, and coordinated care for patients. Additionally, keeping patients in-network helps ensure patients get the most appropriate care from the right setting, and at the lowest out-of-pocket cost. A tightly integrated network is what truly drives better outcomes for patients because it bridges the gaps between primary and specialty providers and allows for transparency for both sides of the referral with nothing slipping through the cracks, ensuring an accountable transition of care. In addition to reducing fragmentation in care, integrated provider networks also help to decrease healthcare avoidance and ingrain a patient-physician relationship that establishes trust and accessibility. Providing access to patient health records and information to multidisciplinary teams of physicians and clinicians helps ensure continuity of treatment—eliminating missed or overdue screenings, avoiding the ordering of duplicate tests, and creating a better overall care experience while controlling overall costs.

How is digital innovation revolutionizing health care?

ARBUCKLE: Providing easy access to health care today requires much more than physical locations. It means invest-



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Health Center



Saint Joseph Medical
Center Burbank



St. Joseph
Hospital Orange



St. Jude
Medical Center

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ing in the technology that facilitates access to quality care and experienced providers. Digital innovation has revolutionized health care by rapidly and broadly expanding access. Virtual care, for example, allows our community to get care whenever, wherever, and however they want or need it. MemorialCare's accelerated entry into virtual care has been a game changer for patient convenience. Today, what we call MemorialCare Right Now, contains a suite of 24/7 on-demand care options that allow patients to decide what best meets their needs and preferences. Since 2020, MemorialCare has performed more than 600,000 virtual visits and . we offer round-the-clock access to our own providers, including urgent care visits. This is a tremendous benefit to employers reducing employee time away from work, unnecessary visits to the emergency department and maintaining an environment of healthier employees and communities.

MADRID: From online scheduling, mobile medical apps and smart wearable devices and software that supports clinical staff daily, to artificial intelligence and machine learning—digital innovation has completely reshaped healthcare. The use of countless digital tools, automated systems, remote functionalities, and other digital innovations has become more commonly integrated and built into the process of healthcare delivery. PIH Health remains on the forefront of digital innovation and receives annual recognition for our dedication to excellence in digital health. Our fully integrated health system offers the latest technological advancements in healthcare, and we continue to optimize our IT operations to maintain seamless interoperability across the PIH Health system, resulting in reduced operational costs, increased efficiency, and enhanced quality of healthcare. We also provide our staff with appropriate training and ongoing education that is crucial to address potential security vulnerabilities and keep patient data safe and secure.

Whole-person care is a model of health care for patients and providers. How has your organization



Consumers are not only seeking healthcare providers they like and trust but can also offer them all the modern conveniences.”

—ROBERTO MADRID MD

addressed this model of care?

DRISCOLL: Providence has long embraced the importance of healing mind, body and spirit, a philosophy delivered both hands-on and through advancements in technology. We believe in truly knowing our patients and their families, understanding their culture, beliefs, preferences and priorities. This information lives in their electronic health records so each patient's entire clinical care team understands and respects a patient's wishes. Whole person care is equally important for our caregivers and providers. This is why our hospitals offer respite areas, such as healing gardens, reflection rooms and chapels. These sacred spaces help renew and refresh the mind and spirit. In addition, as COVID and its aftereffects continue to impact our clinical teams, providing needed mental health resources to our clinicians is equally important.

ARBUCKLE: In December, MemorialCare and Pacific Dental Services (PDS) announced a first-of-its-kind partnership to bring dentists and physicians together under one roof to provide patients comprehensive whole-person health. Decades of clinical research have determined oral health is a critical component of overall health. Bringing oral health care to the primary care setting supports MemorialCare's mission of providing easily accessible, high-quality care along with PDS' unwavering dedication to medical-dental integration to improve health outcomes. Through the unique partnership, several co-located practices will open each year over the next five years to reach a total of at least 25 locations within select MemorialCare Medical Group clinics throughout Los Angeles and Orange counties. Additionally, long recognizing the importance and impact of mental health in our communities, MemorialCare has implemented a collaborative care model to provide seamless access to mental health services. We have embedded behavioral health providers in nine of our MemorialCare Medical Group sites where our patients can be seen quickly in-person. Alternatively, our patients can virtually connect with a behavioral health provider at a time of the patient's convenience. The integration of both dental and mental health services into the primary care setting has advanced MemorialCare's goal of providing comprehensive whole-person care to our patients.

Telehealth is transforming care delivery. Are there specific practices, protocols or innovations developing that can eliminate barriers to care?

MADRID: At PIH Health, we are always working to improve upon our processes and delivery pathways to increase patient access to care and promote better health outcomes. In addition to telehealth, we utilize other innovations such as telephone visits, e-visits, secure email exchanges, and



Working with the health-care managed care partners to provide timely funding of services already provided to their members is critical.”

—PRECIOUS MAYES

remote patient monitoring to increase access and convenience with the goal of providing the right care at the right time and in the right place for the benefit of our patients. We've embraced technological solutions that support remote work, continuously updated our clinical software to offer more streamlined, predictive, and sped reporting capabilities for our providers, and incorporated automated systems where beneficial, including online scheduling and appointment check-in for the convenience of our patients. Having fully integrated care is another innovative solution that allows for seamless coordination and promotes continuity of care for our patients.

Southern California has a critical shortage of inpatient psychiatric and behavioral health care, and a rising need. How do we move forward to meet that demand?

BAACKES: In 2018, to address a growing physician shortage, L.A. Care launched Elevating the Safety Net, a \$155 million initiative to recruit and retain highly qualified primary care physicians and psychiatrists. The initiative offers grants to L.A. County safety net clinics and practices to use as salary subsidies, sign-on bonuses and/or relocation costs to recruit new physicians and psychiatrists into the safety net. It also includes loan repayment grants, which frees providers from the financial burden that could force them to leave the safety net. This year, in partnership with Health Net, L.A. Care invested in a mental telehealth project in Los Angeles County public schools. The health plans committed \$24 million to the project that will give the county's 1.3 million K-12 public school students access to virtual mental health support with a qualified therapist. The project will result in shorter wait times for students to receive care.

What are the strategic goals of hospitals and health systems in 2023?



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The shift to consumerism is driven by on-demand expectations, such as online self-scheduling, 24/7 access and simple online interfaces.”

—LAUREEN DRISCOLL

MAYES: One of the strategic goals for Pacifica Hospital include continued outreach to local and state legislative officials to educate and advocate for any legislative bills that will support the funding for distressed hospitals and access to healthcare for the communities served. Safety net hospitals need to be recognized on the state and federal level for funding support. Another goal is to prioritize and streamline services that will increase access to medical care and mental health of the communities served. Working with the health-care managed care partners to provide timely funding of services already provided to their members is critical during this time of financial hardship due to the schedule change of reimbursement from the Quality Assurance Fee (QAF) program.

MADRID: We’ve been able to resume where we left off in areas that were interrupted by the COVID-19 pandemic, and are picking back up with our strategic growth initiatives continuing to strengthen our programs, such as cancer, cardiology, and digestive services. We are investing in technology, making operational improvements, and are reorganizing some of our facilities to offer more convenient patient access to our multidisciplinary care teams and other services such as retail pharmacy and imaging. PIH Health is focused on efficiency and sustainability, particularly in the areas of supply chain and operations, and continues to look at areas where we can improve our delivery methods and reduce waste. We also are implementing initiatives that invest in our employees, reduce burnout, and attract and retain talent for a more sustainable workforce. We continue to address the challenges and opportunities of the evolving healthcare landscape and the diverse needs of our community.

For many years we’ve been hearing how data and analytics can improve the quality of patient care. In your view, how is data being used to improve and

prevent people from getting seriously ill?

ARBUCKLE: Data and analytics have been extraordinarily helpful in connecting our patients to the care they need to help prevent serious illness. At MemorialCare, we use a program called Health Catalyst, which collects data from various sources (e.g., electronic medical records and claims) to provide insights on highly utilized services and the patients under care management. This helps us identify patients who are at rising risk or high-risk for developing serious illness. Our care coordinators reach out to these patients to help connect them to the right resources and develop tailored care plans in coordination with their care providers.

BAACKES: All elements of the health care Triple Aim – improving the health of populations, reducing per capita costs, and improving the patient experience – are measured using data and analytics. Data is used to help providers understand the complexity of patients’ health care needs. For example, metrics might indicate how many individuals have seen their primary care provider, or how many have received immunizations, cancer screenings, and treatment for conditions such as diabetes or high blood pressure. This data allows health plans, care managers, and providers to work together to help get patients the care they need before health issues worsen. The same data may be used to calculate risk scores that can identify individuals more likely to be hospitalized or die. Those scores can be used to better target individuals in need of more intensive support. Data is also used to help identify geographic areas with specific healthcare needs.

How is consumerism impacting the healthcare industry and how are hospitals and health systems responding?

MADRID: Consumerism is paramount in today’s healthcare industry. Consumers are not only seeking healthcare providers they like and trust but can also offer them all the modern conveniences like online scheduling and check-in, virtual visits, as well as comfortable facilities and state-of-the-art equipment, procedures, and treatment options. With the ability to compare and shop around for services online, hospitals and health systems need to offer much more than ever before. They must ensure patients that they can provide them with the best healthcare—high quality, convenient, and affordable. Consumers also seek providers that are accountable, reputable and provide evidence-based, comprehensive team-based, integrated care that can address the continuum of a patient’s healthcare needs. Health systems like PIH Health work tirelessly to meet consumer expectations by implementing innovative solutions and programs to in order provide outstanding quality services, improve the patient experience,

and maintain affordability and accessibility.

There is concern across the US that access to quality healthcare is limited. What is your organization doing to improve healthcare equity and close the gap in our communities?

DRISCOLL: Trust is at the core of our health equity efforts to reduce health disparities throughout Southern California. From barbershops and salons to schools and churches, to small and large non-profit organizations, Providence trusts communities to be full partners in co-creating the healthiest Southern California possible. Reducing hypertension, increasing access to care and cancer screenings, supporting post-COVID patients and lifting up mental health strategies are just a few examples of our work in health equity. Working closely with many partners, including the American Heart Association, LiveChair Health and TGR Foundation, a Tiger Woods Charity, we will reduce the health disparities that result in shorter lives for many of our Southern California neighbors.

BAACKES: L.A. Care is committed to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible. It developed a wide-ranging action plan directed by a Chief Health Equity Officer. Medi-Cal redetermination is a priority. After three years of continuous enrollment during the COVID-19 public health emergency, Medi-Cal beneficiaries must now reenroll to ensure eligibility. L.A. Care has initiated a host of activities to educate members and aid in enrollment to ensure those who are eligible stay enrolled. Addressing social factors that affect health outcomes is another focus area. Through the state’s new Medi-Cal initiative (CalAIM), L.A. Care is providing enhanced care management and community supports to help high-risk members with things like housing navigation, medically tailored meals, personal care services, and more. L.A. Care is offering community support services, such as grants and other outreach, to increase pre and postpartum services for Black birthing individuals.

As the health care industry transforms, in many ways like other industries, will this lead to greater collaboration/affiliation or increased competition between health systems and hospitals?

MADRID: Every health system and hospital must work to be adaptable to changes in the healthcare industry, and open to building new capabilities and seizing competitive advantages that may benefit them and their patients. Collaborations and affiliations between health systems and hospitals can offer better quality of care compared with independent hospitals

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Although mind and body are often considered separate, mental, and physical health are closely linked. At the Pacifica Hospital of the Valley, we have developed new approaches that ensure that mental and physical health needs are prioritized in the management of health care for our communities. Patients with a mental disorder have the same access to services as those with broader physical health needs. Our integrated models of physical and mental health services are designed to build approaches for both. Without separating the two and reducing major health inequalities or barriers to health care for some of our most vulnerable mental health patients and those with general medical needs.

The time has come to recognize mental health as a critical component of physical health.



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and can be a mechanism for reducing costs for both patients and health organizations. As a healthcare system with three hospitals, PIH Health is always looking to grow our existing programs and expand our services within our own organization, while working more collaboratively across care teams to provide our patients with the robust, comprehensive care that keeps things simple for patients while keeping us competitive in the marketplace.

What are you doing to enhance the patient experience?

DRISCOLL: Consumers want easy access to high-quality, low-cost care. The shift to consumerism is driven by on-demand expectations, such as online self-scheduling, 24/7 access and simple/easy online interfaces. This is why Providence is focused on simplifying health care – from making appointments to checking test results and paying bills online. The new Providence app guides users to same day care, including in-person clinics and on-line visits through Providence ExpressCare Virtual. It also features information on the latest developments in treatments for a range of conditions and other features. And it includes access to MyChart, where



Employers can achieve savings and employee satisfaction by adding a value-based plan to their benefit offerings and incentivizing employees to select it.”

—BARRY ARBUCKLE

patients can interact with their care team and see their medications, test results, upcoming appointments, medical bills and follow-up notes from their providers.

MADRID: PIH Health is focused on providing an exceptional experience in every care interaction. To ensure that we are holding ourselves to the highest standards, we partner with an independent patient satisfaction company that provides the technology to display ratings and comments on our physician profile pages from patient surveys after a visit with any our providers. We use this feedback to capture the patient experience so we can provide real-time follow up to their concerns, see what they’re needs are and work to address them. The results are used to evaluate patients’ overall perception of care and to identify areas for improvement, and we share the information with our organization’s leadership and healthcare providers and other key stakeholders to educate, develop improvement and sustainability plans, and celebrate successes. These efforts enable truly personalized care and help to foster good rapport and cultivate lasting relationships between patients and providers.

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