
MEDIA RELEASE

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Lawsuit Seeks Records from Penalized L.A. County Health Plan

Los Angeles, California – Two USC Centers [filed a lawsuit](#) demanding that L.A. Care Health Plan release its unredacted quality of care scorecards.

L.A. Care, the nation's largest publicly operated health plan, serves nearly 2.4 million low-income Los Angeles County residents through California's Medi-Cal program, but none of these patients has access to its hidden information on the quality of care provided by more than 50 medical provider groups in its network.

On April 20, two USC centers filed a lawsuit under the California Public Records Act demanding that L.A. Care make its scorecards public so that consumers can make better informed decisions about their care and taxpayers can be sure their dollars are well-spent. Public scrutiny can also bring needed accountability for poor performers who endanger patient health.

The USC Center for Health Journalism and the USC Center for Health Financing, Policy, and Management are suing for the release of the scorecards under the California Public Records Act. The health journalism center seeks the records to further its journalistic mission of fostering accountability in the U.S. health care system and advancing health equity and community health and well-being. The health financing research center seeks the data to further ongoing research to improve transparency for consumers in health care and to improve the effectiveness of the nation's health care system.

L.A. Care annually compiles data on health care quality and patient satisfaction into a scorecard that ranks the performance of each medical group in its plan. Since 2016, USC-affiliated centers have [sought the release of this data](#), but the health plan has refused to disclose unredacted scorecards that reveal how contracted provider groups perform.

L.A. Care refuses to provide data widely shared by Medicare, commercial providers

One out of three Californians receive their care through Medi-Cal, the federal-state program that provides health care to low-income children and families. Even though commercial health plans and Medicare have long made such data available, L.A. Care refuses to share its quality data.

“These are public records of a publicly funded entity and should not be kept secret,” said Michelle Levander, founding director of the USC Annenberg Center for Health Journalism and editor-in-chief of CenterforHealthJournalism.org.

“The release of public scorecards for L.A. Care’s provider groups would be a first step to opening up the black box of health care quality for low-income children and families in California,” she said.

The lawsuit comes at a time of growing recognition of the need for far greater accountability for Medi-Cal managed care plans such as L.A. Care to ensure they are putting patients first. To that end, the two centers anticipate using the scorecard data to build an interactive, web-based application to help patients decide where to seek care.

In response to the two Centers’ Public Records Act requests, L.A. Care produced the scorecards but removed the names of all the listed provider groups, rendering the scorecards of little to no value to consumers and researchers. This lawsuit would compel L.A. Care to provide the names with the scorecards.

“L.A. Care impedes transparency and needed research as the records it produced deleted all the names of provider groups that serve its members,” said Glenn Melnick, Blue Cross of California Chair in Health Care Finance at USC. “Low-income families who receive their health insurance through Medi-Cal deserve to have access to these data so that they can make informed decisions about where to seek care. This information also should be available to the taxpayers who pay for this program so they can understand differences in performance.”

Transparency needed for health plan found to have “unprecedented violations”

The need for accountability in the L.A. Care system was underscored in March, when L.A. Care was assessed \$55 million in penalties by the California Department of Health Care Services and the California Department of Managed Health Care (DMHC) for violations of state health care law and regulations. In its enforcement filing against L.A. Care, DMHC stated that “[t]he widespread, systemic, and unrelenting nature of these violations is unprecedented and has caused harm to [L.A. Care]’s enrollees.” L.A. Care has reportedly appealed the penalties but not the findings.

“It’s critical for patients to know how different provider groups perform so that they can make informed decisions on where they want to seek care for themselves and their

families. These data are readily available and easy to share with consumers. It is unfortunate that legal action is needed to ensure that consumers have this most basic information,” Melnick said.

“Without public scrutiny and patient access to information, how can we ensure that good performers are rewarded, and poor performers have their contracts end?” Levander asked.

The plaintiffs are represented by Professor Clare Pastore at the USC Gould School of Law’s Access to Justice Practicum and Abbi Coursolle and Jane Perkins at the National Health Law Program. California has one of the strongest Public Records Acts (PRA) in the nation, Pastore noted. “California courts have ruled over and over again that the PRA is intended to cover every conceivable kind of record involved in the governmental process. We are confident that the court will rule that L.A. Care must produce these scorecards,” she said.

The [Center for Health Journalism](#), based at the USC Annenberg School for Communication and Journalism, is dedicated to helping journalists investigate health challenges and solutions in their communities. Founded in 2004, it has partnered with more than 1,200 newsrooms across the country to advance “Impact Reporting” on the nation’s most pressing health equity issues.

The [Center for Health Financing, Policy, and Management](#) is a research institute within USC’s Sol Price School of Public Policy which focuses on expanding society’s knowledge to improve health care, health system performance and effective management of health service delivery.

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