



AGENDA

COMPLIANCE & QUALITY COMMITTEE MEETING

BOARD OF GOVERNORS

Thursday, October 19, 2023, 2:00 P.M.

L.A. Care Health Plan, 10th Floor, CR 1017,1018, 1055 W. 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=md546c205d799efaed7db9f73745137f3>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting number: 2484 325 0310 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to [lacare.webex](https://lacare.webex.com) using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., October 19, 2023, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

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.

WELCOME

Stephanie Booth, MD, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve September 21, 2023 Meeting Minutes P.4 *Chair*
4. Chairperson's Report *Chair*
 - Education Topics
5. Chief Compliance Officer Report P.13 *Todd Gower*
 - Issues Inventory Update P.16 *Interim Chief Compliance Officer*
 - Risk Assessment P.23
 - Internal Audit Update 2023 P.29
 - Delegation Oversight Audit Update P.35
 - Notice of Non-Compliance/Correction Action Plan Tracker Oversight Monitoring P.42
6. Chief Medical Officer Report (*Verbal Update*) *Sameer Amin, MD*
 - Quality Oversight Committee (QOC) Update *Chief Medical Officer*
Edward Sheen, MD
Senior Quality, Population Health and Informatics Executive
7. Quality Improvement Projects Update P.44 *Rachel Martinez*
Supervisor, Quality Improvement
8. Facility Site Review P.54 *Elaine Sadocchi-Smith*
Director, Facility Site Review
Director, Population Health Management
9. Initial Health Appointment P.61 *Elaine Sadocchi-Smith*
10. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

11. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four potential cases
13. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Todd Gower, Interim Chief Compliance Officer, Serge Herrera, Privacy Director,
and Gene Magerr , Chief Information Security Officer

14. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on November 16, 2023 at 2:00 p.m.

Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY 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 COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. 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 <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

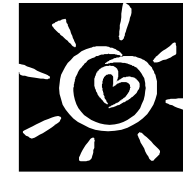
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Summary – September 21, 2023



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*
Al Ballesteros, MBA
G. Michael Roybal, MD**

Senior Management

John Baackes, *Chief Executive Officer*
Augustavia J. Haydel, *General Counsel*
Sameer Amin, MD, *Chief Medical Officer*
Thomas Mapp, *Chief Compliance Officer*
Terry Brown, *Chief of Human Resources*
Noah Paley, *Chief of Staff*
Todd Gower, *Interim Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:12 p.m.</p> <p>She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.</p> <p>Member Roybal asked for approval for remote participation due to an unforeseen hospitalization and subsequent immobility issues. He would like the committee to know that he is in a room by himself.</p>	<p>The Committee approved by consensus Dr. Roybal’s remote participation.</p>
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The August 17, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<p>Chairperson Booth gave the following report:</p> <p>Chairperson Booth reported on the issues discussed during the meeting. She began by acknowledging Member Ballesteros, who had made an excellent point during the previous executive meeting regarding provider shortages and the overwhelming volume of provider opportunities in the healthcare industry. Dr. Amin had responded to this concern by emphasizing the need for practical solutions to address turnover-related issues and suggesting the prioritization and consolidation of these opportunities. He proposed organizing these reports in a manner that aligns with a physician's thought process and integrating them into the provider's workflow to streamline the process. Chairperson Booth emphasized the importance of organizing opportunity reports by listing each patient and their applicable opportunities, rather than listing each opportunity and the patients whom the opportunity applies. She suggested that this could be achieved with the help of technology, particularly computers, which can efficiently organize data as needed. The goal was to create an infrastructure that would centralize and make this healthcare-related data easily accessible to all healthcare providers. She acknowledged that implementing such a system would be a significant investment but believed that it would improve patient care, alleviate shortages, and simplify compliance processes. Chairperson Booth highlighted the challenge for providers of managing an increasing workload and the importance of working collaboratively with the health plan to make this investment a reality. She expressed the belief that such an initiative, based on technology and improved data management, would lead to better health outcomes, address social determinants of health, reduce duplication of services, and ultimately enhance health equity. Chairperson Booth underlined the potential for technology to transform healthcare and the need for collaboration to make it a reality.</p> <p><i>Committee members did not submit any Education Topics for this meeting.</i></p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report: <i>(a copy of the full written report can be obtained from Board Services).</i></p> <p>Mr. Mapp stated that the Chief Compliance Officer's report would consist of three components. The first component will address an education-related topic. He mentioned that in a previous meeting, a question had been raised regarding how the Compliance Department closes the loop on compliance issues from start to finish. To address this Michael Sobetzko, <i>Senior Director, Risk Management and</i></p>	

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	<p><i>Operations Support</i>, is scheduled to give a presentation and provide a case study illustrating how the compliance function typically operates.</p> <p>Mr. Sobetzko gave a report on Prevention, Detection, and Correction.</p> <p>Mr. Sobetzko highlighted the seven core compliance program requirements established by the Center for Medicare and Medicaid Services (CMS), which serve as the foundation of the compliance program. These requirements included having written policies and procedures, the presence of a compliance officer and compliance committee, effective training and education programs, clear lines of communication, well-publicized disciplinary standards, routine monitoring and auditing, and procedures for prompt responses to compliance issues. Mr. Sobetzko discussed the importance of aligning these core principles with the concepts of prevention, detection, and correction. He stated that while it is impossible to eliminate all risks and issues in their dynamic business environment, the compliance program's ability to prevent, detect, and correct these issues is essential. He described their approach to prevention, which involved annual policy reviews, updating policies to align with changing business requirements, and providing training and education to employees and providers. Effective lines of communication were maintained, and compliance and ethics hotlines were available for reporting issues. In terms of detection, Mr. Sobetzko discussed the importance of effective systems for routine monitoring, auditing, and identifying compliance risks. He explained the processes for internal investigations, conflict of interest management, and monitoring delegates to ensure compliance. Mr. Sobetzko spoke about operational controls, which serve as the foundation for detecting compliance issues and monitoring performance. He emphasized that operational controls are the initial line of defense in detecting potential compliance problems. These controls are vital for ensuring that the organization's activities are conducted in accordance with regulations and policies. He stressed the significance of capturing and tracking compliance issues as they arise. These issues can originate from various sources, including fraud, waste, abuse, or other types of noncompliance. He noted the role of the Special Investigation Unit in investigating allegations of fraud, waste, and abuse. This unit plays a crucial part in addressing compliance issues and ensuring they are properly handled. He said that the role of data analytics in identifying potential compliance risks and data-driven insights can help in proactively identifying areas that require attention and further investigation. Mr. Sobetzko discussed the importance of overseeing the compliance of delegates or third-party entities. Ensuring that delegates meet compliance standards is a key component of overall compliance management. He mentioned that internal audit plays a critical role in the compliance framework. Internal auditors conduct annual audits and validate identified risks. They are an essential part of the third line of defense within the organization. Mr. Sobetzko then emphasized the significance of the multiple lines of defense in maintaining compliance within the organization. He stressed that compliance does not start with the compliance department but begins in the operational and business areas where controls</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and processes are established. He presented a case study to illustrate the comprehensive process of addressing compliance issues. This case study showcased the steps taken from detecting an issue to correction and prevention. The case involved a backlog of cases in the Provider Quality Team. The corrective actions included staff training, improved case management, and enhanced case screening. Mr. Sobetzko discussed various preventative measures. These measures included better initial screening and triage processes, reducing manual processing, and potentially automating certain tasks. These steps were aimed at preventing future compliance issues and enhancing the overall effectiveness of the compliance program. He emphasized the need for a multifaceted approach to compliance management, involving various levels of oversight and proactive measures to ensure the organization's ongoing compliance with regulations and policies.</p> <p>Mr. Mapp stated that the presentation's goal is to illustrate how compliance issues progress through the organization.</p> <p>Member Ballesteros asked about the three lines of defense. He asked if those include L.A. Care employees or delegated entities. Mr. Sobetzko responded that they are L.A. Care employees, but some functions are delegated. Member Ballesteros asked if L.A. Care is being compliant. He noted that at some levels L.A. Care is responsible. If they are L.A. Care's delegated entity L.A. Care is responsible. Does L.A. Care have resources to provide training and oversight? Ms. Sobetzko responded that L.A. Care is able to provide oversight, but as far as training, he explained that training is provided to delegates when policies and procedures change or new implementations require their involvement. There are teams responsible for delegate oversight and delegation audits to monitor and audit delegate performance. Mr. Mapp stated that larger delegates tend to handle this better, especially those with prior experience working with the organization. However, smaller delegates, especially in community support areas, often lack experience in dealing with compliance and reporting issues. In such cases, the organization steps in to help them meet their obligations. He mentioned that some delegates lack the background in developing policies and systems controls, and in these cases, the health plan provides guidance to improve their readiness for audits. In high-risk scenarios, they may even engage in more hands-on assistance to ensure compliance and risk management goals are met.</p> <p>Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance</i>, and Marie Mercado Grijalva, <i>Manager, Regulatory Analysis and Communications</i>, gave a report regarding operational readiness and the 2024 contract. They discussed the progress made and plans for the upcoming operational readiness activities for the medical line of business. Ms. Grijalva highlighted that they received approval to go live on January 1, 2024, based on their current submissions during the operational readiness process. However, this approval was contingent on completing the process, and there were still pending submissions and artifacts. They were reviewing the 2024 contract updates received in July to ensure</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>proper preparedness. By the end of August, they had submitted 213 artifacts, with 194 approved, and one remaining submission scheduled for December 29. There are additional artifacts pending due dates, which might be requested in the upcoming months or next year, especially for elements like emergency preparedness. The report also covered their recent call with CMS (Centers for Medicare & Medicaid Services), where they provided updates on changes and readiness for the open enrollment period. The call was successful, and CMS expressed confidence in their readiness, with no significant concerns raised. Regular monthly meetings were held with CMS to address any issues or observations.</p> <p>Richard Rice Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management</i>, reported on the enhancements being made to the notice of non-compliance and corrective action processes. Currently, the department has a communication team responsible for sending out notices of non-compliance and tracking them with business units. They are also working on tracking corrective action plans (CAPs) issued by internal business units to delegates, ensuring proper remediation. The proposed changes involve centralizing the tracking of notices and CAPs. They plan to re-establish the Delegation Oversight Committee to provide a more formalized structure for tracking corrective action plans and audit performance for each delegate. The new committee, expected to be re-established by November 1, will comprise members from different business units, including finance, compliance, and monitoring teams. The committee will have access to a dashboard spreadsheet to monitor the status of corrective actions and assess delegate performance. These enhancements aim to improve oversight and accountability in compliance processes.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Amin gave a Chief Medical Officer Report.</p> <p>Dr. Amin highlighted two major areas of concern. The first issue he addressed was related to the vendor for utilization management platform. Dr. Amin stated that the purpose was to have a unified utilization management platform and provider portal but expressed concerns about the vendor's inability to meet L.A. Care's requirements. He also mentioned that the vendor was acquired by Up Health and later went public. Dr. Amin shared that the organization had been closely collaborating with the vendor, particularly since the beginning of 2023. They worked on streamlining their demands to expedite the platform's completion, focusing on regulatory and compliance requirements for community support. Weekly meetings at an executive level and frequent workgroup meetings were part of the strategy, with an aggressive timeline set for completion by December. Dr. Amin explained the critical role of their platform in authorizations, referrals, and provider interactions and the potential compliance and cost issues if the system malfunctioned. He also mentioned the challenge of the delays in rolling out the provider portal. Dr. Amin shared their optimism about meeting their goals and addressed the recent bankruptcy filing by Up Health, reassuring the committee that they had contingency plans in place and the situation was under control.</p> <p>Regarding the second area of focus, Dr. Amin discussed the ongoing refinement of activities related to appeals and grievances. The health services team was collaborating closely with Acacia Reed's team to improve information retrieval from the appeals and grievances function. They had appointed a medical director to review and triage grievances, enhance analytics, and extract data from appeals and grievances. Dr. Amin spoke about the institution of more meetings and better categorization for quality service and quality of care issues to reduce the number of grievances effectively. He highlighted the positive outcomes of these efforts, including a significant reduction in cases from 800 to a more manageable range of 50-600. Dr. Amin expressed enthusiasm for the collaboration between health services and Appeals and Grievances, considering it the beginning of fruitful refinement activities.</p>	
ACCESS AND AVAILABILITY	<p>Priscilla Lopez, <i>Manager, Quality Improvement Accreditation, Quality Improvement</i>, gave a presentation on Access and Availability (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Dr. Amin introduced Ms. Lopez, who serves as the Manager of Quality Improvement Accreditation in the Quality Assurance department. Dr. Amin emphasized the significance of the access and availability survey, especially in terms of primary care providers (PCP) and specialty access. He described their new aggressive approach to addressing these issues and highlighted the detailed nature of the survey report. Dr. Amin noted that providing line-level details about who is failing and where improvements are required was a novel aspect for the committee, as compared to vendor surveys conducted in the past. Following his comments, Dr. Amin introduced Ms. Lopez to lead the discussion.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Lopez reported on the following items <i>(a copy of the full report can be obtained from Board Services.):</i> Access to Care</p> <ul style="list-style-type: none"> • Regulatory Guidelines <ul style="list-style-type: none"> - Standards - Performance Goals • Deep Dive <ul style="list-style-type: none"> - Performance by PPG/PP/DN and Line of Business <ul style="list-style-type: none"> ○ PCP ○ SCP ○ After Hours • Remediation Plans <ul style="list-style-type: none"> - Prior and Current Enforcement - Communication • Improvement Plan <p>Ms. Lopez's discussed the review of measurement year 2022 access to care survey results. She introduced the regulatory guidelines and standards set by DHCS and the methodology for administering the annual access to care survey. The report outlined accessibility standards for different provider groups, emphasizing the importance of compliance. Ms. Lopez presented performance goals and standards, highlighting that the minimum rate of compliance was set at 80% and the annual calculation aimed for statistically significant improvements. The report provided an overview of aggregate performance by measure, identifying areas that needed improvement. She explained the annual survey process, which involved conducting surveys from October to December and receiving results by Spring. Corrective action plans were developed based on these results and shared with provider groups. Quarterly oversight and monitoring were implemented to bring noncompliant providers into compliance. She spoke about the performance of provider groups by access to care standards, emphasizing the need for action in certain areas. Her report mentioned specific zip codes and the compliance status of different provider groups for various standards. It was noted that red indicators signified areas that required immediate attention. Ms. Lopez expressed her concern about the amount of red indicating noncompliance and the need for prompt action. They discussed issues related to delegates and the importance of getting specialists in the network to take action. She stressed the importance of working closely with the vendor to ensure accurate survey results. Ms. Lopez highlighted the need to loop back with the vendor for a clearer picture of the situation. Remediation plans were expected to address these challenges, and the report shared an example of a report card and communication sent to noncompliant provider groups.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Roybal asked if L.A. Care tracks the number of patients empaneled with each provider. He pointed out that an over-impaneled situation might make it challenging for patients to secure available time slots. Dr. Roybal was curious if L.A. Care conducts such tracking and whether it considers whether providers are contracted with the plan. He asked for information on whether they inquire about the total number of patients per particular provider. Mr. Paley acknowledged that tracking the panel size of primary care providers is relatively straightforward. The organization systematically monitors the panel sizes of providers across all lines of business. L.A. Care also has mechanisms in place to close panels when they reach a certain limit, currently set at 2,000 members, with the possibility of extension when associated with a mid-level provider by 1,000. He explained that they track the overall number of patients assigned to a particular PCP, whether through their plan partners or their direct network. They have established procedures to address panel closure when size limits are reached. Dr. Amin stated that the situation is complex with the specialty network since they are often contracted through delegates who must demonstrate network adequacy. However, network adequacy does not necessarily guarantee sufficient appointment availability. Managing this aspect becomes part of their delegation oversight function, and acquiring such information can be difficult outside of comprehensive surveys. Member Roybal had a follow-up question regarding whether the organization has data or conducted an analysis on providers or groups that consistently fail to meet the availability standards. He inquired whether L.A. Care assesses its alignment with the standards and whether, even if they have a panel size of 2,000 members, they would consider reducing it to 1,800 or a different number if they cannot meet the timeliness access standards. Mr. Paley stated that that is precisely the rigor that L.A. Care is partaking in with access to care information. L.A. Care is developing a specific dashboard similar to the one created for the direct network for all delegated provider groups in various lines of business to connect results in access to care and utilization and look at panel size to coordinate a very focused discussion to improve a provider group’s access that they are providing to members.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Five potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 4:37 p.m.</p>	

Respectfully submitted by:

APPROVED BY:

Victor Rodriguez, *Board Specialist II, Board Services*
 Malou Balones, *Board Specialist III, Board Services*
 Linda Merkens, *Senior Manager, Board Services*

 Stephanie Booth, MD, *Chairperson*
 Date Signed: _____



L.A. Care
HEALTH PLANSM

To: Compliance & Quality Committee of the Board of Governors
From: Todd Gower, Chief Compliance Officer (Interim)
Subject: Chief Compliance Officer Report – OPEN SESSION
Date: October 19, 2023

COMPLIANCE OFFICER OVERVIEW

The Compliance Officer Overview contains the following reports and status updates:

1. Chief Compliance Officer Comments
2. Issues Inventory Update Michael Sobetzko
3. Risk Assessment- Michael Sobetzko
4. Internal Audit Update 2023- Maggie Marches
5. Delegation Oversight Audit Update- Marita Nazarian
6. Notice of Non- Compliance/CAP Tracker Oversight Monitoring- Richard Rice

Compliance & Quality Committee of the Board of Governors

Open Session



L.A. Care
HEALTH PLAN®

For All of L.A.



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

October 19, 2023

Chief Compliance Officer Overview

- Chief Compliance Officer Opening Remarks
- Issues Inventory Update
- Risk Assessment Update
- Internal Audit Update
- Delegation Oversight Audit Update
- Timely Payment of Claims
- Notice of Non-Compliance/CAP Tracker Oversight Monitoring



Issues Inventory Update



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Michael Sobetzko

Issues Inventory Update | Summary

Presenter(s): Michael Sobetzko

- **Issues Reported in 2022 and 2023**

- **161** items are listed in the Issues Inventory as of August 31, 2023⁽¹⁾
- **10** issue items were added to the inventory
 - 3 newly added issues are in New/In Review Status
 - 6 newly added issues are in Open Status
 - 1 newly added issues are in Closed Inventory Status
- **49** issues require remediation
 - **3** in New/In Review status:
 - **46** in Open status:
 - (-) One new item are now in Open status
- 1 items Remediated in August

- **Issues Reported Prior to 2022**

- **21** issues are in Open status. Actively monitoring CAP development and imple

Issue Status	As of 07/31/2023	As of 08/31/2023
New	4	3
Open	37	46
Total New & Open Issues	41	49
	+	
Deferred	16	16
Remediated	91	92
Closed to Inventory (duplicates/not an issue)	3	4
Total Inventory Count	151	161

(1) Includes issues reported in 2022 and 2023



Issues Inventory Update | Added in August 2023

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Business Unit	Status
<p>Subcontractor Overpayment Reporting and Oversight</p> <p>Investigating LA Care's oversight process to ensure Plan Partners (PPs) and Participating Provider Groups (PPGs) are reporting to the Plan overpayments made to their subcontractors based on DHCS APL 23-011.(1493)</p>	8/30/2023	Claims	New/In Review
<p>Call Center Metrics</p> <p>The Enterprise Performance Optimization(EPO) monthly progress goal scorecards indicates the calls answered within 30 seconds have been trending below the performance target of 80% since January 2023 for CMC and January for LACC/LACCD. Also, for LACC/LACCD the incoming calls abandonment rate was above performance target of $\leq 3\%$ for January 2023. (1492)</p>	8/28/2023	Customer Solution Center	New/In Review
<p>Provider Dispute Resolution (PDR) & Special Project Processing</p> <p>Investigating the regulatory impact of processing COVID/End Stage Renal Disease (ESRD) claims as a special project vs PDRs. (1490)</p>	8/11/2023	Claims	New/In Review



Issues Inventory Update | Added in August 2023

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Business Unit	Status
<p>Part D Auto-Forwards Timelines</p> <p>The Part-D Auto-Forwards for Coverage Determination Appeals report has had timeliness reporting issues for five consecutive months. The root cause revolves around high Prior Authorizations volume and limited staff available at Navitus due to their staffing turnovers.(1486)</p>	8/30/2023	Pharmacy	Open
<p>Long Term Care Discharge Process Letter Usage</p> <p>Long Term Care area inquired about regulatory guidance for the usage of the Last covered day (LCD) and Notice of Medicare Non-Coverage (NOMNC) letters to members when they no longer qualify for skilled services. (1487)</p>	8/11/2023	Long Term Care	Open
<p>Direct Network UM Decision Notification Timeliness Report</p> <p>The UM decision notification timeliness July scorecard had an internal calculation issue. The issue was fixed prior to publishing the report. The error was, the last provider notification letter for in patient concurrent admissions was reported instead of the initial notification letter to provider. (1485)</p>	8/11/2023	UM	Open



Issues Inventory Update | Added in August 2023

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Business Unit	Status
<p>Timely Claims Payment and Interest</p> <p>L.A. CARE is analyzing how to implement DHCS APL 23-020 "Requirement for Timely Payment of Claims" for Medi-Cal managed care plans (MCPs) which states timely claim payment to providers for covered services to MCP members is to be made with in 30 days of receipt for clean claims. The Plan has concerns with DHCS's interpretation of timely claims payment for MCPs which is in conflict with both federal and state regulation of 45 days. (1494)</p>	8/15/2023	Claims	Open
<p>Contingent Workers (Contractors) Confidentiality Contract Process</p> <p>Reviewing the privacy and confidential guard rails in place for Contingent workers prior to them collaborating and contributing to L.A. Care's IT Vendor Management business units' contracts by way of (terms, pricing, proprietary information, procurement, etc.).(1491)</p>	8/14/2023	Vendor Management	Open
<p>Street Medicine Member Access Provider Network</p> <p>The internal process about access to street medicine providers is being address for 1.) the ability to field calls from providers to address member PCP attribution and 2.) develop a scalable process for member referrals to street medicine providers.(1488)</p>	8/14/2023	Health Services	Open



Issues Inventory Update | Closed in August 2023

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Closed Description	Date Closed
Covered California (CA) Out of Area Coverage Covered CA provided guidance on how to address terminating enrollees who moved out of the health plan's service area. (1489)	8/10/2023	Aurora Cabellon, Lorena Reynoso Enrollment	No issue to remediate; regulatory guidance only	8/25/2023



Issues Inventory Update | Remediated in August 2023

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Closed
UM authorizations quality controls Special Investigation Unit's (SIU) feedback of UM referral cases for potential Fraud Waste and Abuse (FWA) review. (1467)	6/2/2023	Esther Jando UM	The SIU cases identified were researched by UM Quality Assurance. The staff were trained on the quality deficiencies findings.	8/2/2023



Risk Assessment Update



L.A. Care
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For All of L.A.

Presenter(s): Michael Sobetzko

Risk Management Update | Top Risks

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk #	Risk Title	Risk Mitigation Plan Status
C2	HRA Assessment / Reassessment Timeliness	On Track
C13	Compliance Program Effectiveness	On Track
O4	Provider Quality: PQI - Untimely Processing	Validating – Final Report Developed
O20	Staffing: Staffing / Skilled Hires / Time to Hire	Validating – Final Report Developed



Risk Management Update | Top Risks

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key

Off Track

Delayed

On Track

Validating

Mitigation In Place

Risk # and Title	C2 - HRA Assessment / Reassessment Timeliness
Risk Statement	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
Risk Owner	Steven Chang, Rebecca Cristerna, Oscar Linares
Risk Mitigation Activities	<ul style="list-style-type: none"> Implement new workflows and report to identify populations requiring annual reassessments (Implemented 8/2023) Implement new workflows (Implemented as of 5/2023) and monitoring reports (Implementation TBD) to ensure annual assessment completion Conduct D-SNP readiness project including D-SNP workflows and monitoring reports (Implemented 8/2023) Internal Audit will conduct an effectiveness review of the risk mitigation plan implementation.
Implementation Documentation	<ul style="list-style-type: none"> Workflows (Received), MCLA population identification report, Monitoring reports (Pending) Updated Policy HS-CM-013 (Pending)
Prior Update (July 2023)	<ul style="list-style-type: none"> Workflows for MCLA and D-SNP HRA completion process are completed as of May 2023. Expected implementation date for D-SNP and MCLA Monitoring reports for HRA Timeliness changed from 7-27-23 with a post-production validation completion date of 8-04-23. Issues were found with the report and the development team is reassessing the completion timeline, which is now TBD. For MCLA, there are two monitoring reports: <ul style="list-style-type: none"> HRA timeliness (Will be completed by the IT production team in phases): <ul style="list-style-type: none"> Phase 1 is expected to be completed pending D-SNP report completion (TBD). Phase 2 will start after Phase 1 (TBD). Report to determine which MCLA members require an HRA: <ul style="list-style-type: none"> This is to comply with new regulatory requirements that became effective 1/2023. This report was delayed but was deployed with an IPro update.
Status Update	<ul style="list-style-type: none"> D-SNP monitoring report: Completed by IT development team on 8/11/23, and post-production validation completed by the business unit. MCLA reports: <ul style="list-style-type: none"> Report to identify MCLA members requiring an HRA: Report deployed and complete. MCLA monitoring report: Submitted to IT, but development is on hold due to the production team giving higher priority to finalizing D-SNP reports. The report will be completed in phases once the D-SNP report has been completed.



Risk Management Update | Top Risks

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # and Title	O4 - Provider Quality: PQI - Untimely Processing
Risk Statement	Where PQI processing is not timely completed, L.A. Care could experience regulatory non-compliance with its attendant penalties, fines, and potential member and provider harm
Risk Owner	Christine Chueh, Maria Casias, Rhonda Reyes
Risk Mitigation Activities	<ul style="list-style-type: none"> • Staffing: Implement staffing changes to assist with the closure of backlog cases (Implemented as of May 2023) • Monitoring: Implement monitoring with PQI and Grievances using monthly reports(Implemented as of May 2023) • Prioritization: Implement prioritizing aging case assignments using PQI internal tracking log and weekly reports (Implemented as of May 2023) • Audit: Internal Audit will conduct an effectiveness review of the risk mitigation plan implementation. (In progress)
Implementation Documentation	<ul style="list-style-type: none"> • Staffing: Org Chart (Received) • Monitoring: Monthly Open Aging Report (Received) • Monitoring: PQI Missing Cases from Grievances Monthly Report for reconciliation (Received) • Monitoring & Prioritization: Weekly Open Aging Report by Clinical Reviewer by Aging Status (Received) • Monitoring & Prioritization: PQI Internal Tracking (Received)
Prior Update (May 2023)	<ul style="list-style-type: none"> • Staffing: 4 triage nurses and 17 clinical review nurses. Staffing for working the backlog was completed as of May 2023. • Monitoring: Ongoing monitoring efforts in collaboration with A&G to ensure an additional backlog is not created. Secondary backlog issue caused by mistyped email address in system; remediation is monitoring report, DLP development, and leadership review. • Prioritization: The PQR team has continued to give older cases priority review. • Outcomes (as of May 2023): <ul style="list-style-type: none"> • Cases Due in March: 3 cases remained untimely reduced from 900+ cases in 2022. • All Open Aging Cases as of 04/30/2023 (Including August backlog): 2,614 cases aged (0-151 days), 88 cases aged (152-183 days), 7 cases aged (184-213 days) and 1 case is untimely aging over 214 days. • Making progress on backlog cases due in August.
Status Update	<ul style="list-style-type: none"> • Audit: The validation of the risk mitigation activities for the untimely processing of PQI is currently in the reporting phase. The validation of this risk area is on track to be finalized by end of October 2023.



Risk Management Update | Top Risks

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key

Off Track	Delayed	On Track	Validating	Mitigation In Place
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Risk # and Title	C13 - Compliance Program Effectiveness
Risk Statement	With the Plan winning new contracts and past CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.
Risk Owner	Chief Compliance Officer, Justin Murakami
Risk Mitigation Activities	<ul style="list-style-type: none"> Engage third-party to conduct Annual Compliance Program Effectiveness (CPE) assessment Reorganize Compliance department (Implemented June 2023) Complete CAP Validation after CPE assessment
Implementation Documentation	<ul style="list-style-type: none"> Organizational chart (Received) CPE assessment report (Pending) CAP Validation results (Pending)
Prior Update (July 2023)	<p>-Regulatory Audits will be coordinating with ATTAC Consulting Group (vendor) to conduct the 2023 CPE Audit. The Statement of Work (SOW) is in process and a start date for the Audit is TBD.</p> <p>-Regarding the findings from the 2021 CPE Audit:</p> <ul style="list-style-type: none"> Additional CAPs were accepted for a portion of Condition 2 and for Observation 1. There is coordination with other units in the reorganized Compliance Department to finalize additional responses and CAPs for Conditions 2 – 4 and Observations 2 – 5, ahead of the 2023 CPE Audit.
Status Update	<ul style="list-style-type: none"> 2023 CPE Audit Kickoff 9/23; Material Collection and Field work scheduled through 11/23. Regarding the findings from the 2021 CPE Audit: <ul style="list-style-type: none"> Additional CAPs accepted for a portion of Condition 3 (concerning the delegation oversight (DO) program)-the remaining portion is under review with Compliance, Observation 2 (concerning SIU reporting structure/specialized training), and Observation 4 (concerning the formal FWA risk assessment and risk rating). Compliance is coordinating with other units in the reorganized Compliance Department to finalize additional responses and CAPs for Conditions 3 – 4 and Observations 3 and 5, ahead of the 2023 CPE Audit.



Risk Management Update | Top Risks

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk #	020
Risk Title	Staffing / Skilled Hires / Time to Hire
Risk Statement	As the Plan deals with impacts from the Pandemic and current economic environment, the ability to staff roles is at risk, to include internal frustration. Not addressing the staffing challenges can lead to the plan not filling roles and could negatively impact the Plan and Members.
Risk Owner	Terry Brown
Risk Mitigation Activities	<ul style="list-style-type: none"> Internal Audit will assess the Staffing/Talent Acquisition programs (In Progress)
Implementation Documentation	<ul style="list-style-type: none"> Assessment report
Prior Update (July 2023)	The final Staffing/Talent Acquisition Assessment report draft is completed and is in review with the risk owner.
Status Update	Internal Audit completed Assessment and follow-up with Management of Current State. Mitigation activities are being put in place. Will be reassessed in the 2024 Audit Plan.



Internal Audit Update



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For All of L.A.

Presenter(s): Maggie Marchese & Todd Gower

Presenter(s): Maggie Marchese and Todd Gower

Summary: (**27 various project streams** to support IA execution and Compliance Operations)

Internal Audit (IA) will begin reporting directly to the CEO. IA will work with Compliance splitting the SOW activities under a different SOW to help with independence of work efforts.

Of the various IA activities, we have the following updates:

1. **10** Active projects with 1 completed and 3 in final report QA, with 6 in progress. One project was split into 2 phases to support IT Data Management Audit
2. **10** other Projects are either being considered, on hold or being assessed by a 3rd party.
3. **4** Projects that relate to support Risk Management in Compliance, Annual Risk Assessment, Compliance Operations support and IA Annual Planning
4. **2** Prior Year Follow-up Reviews. Moved 1 to the 2024 IA Plan due to other priority audits and support for Risk and Compliance.



Current 2023 Internal Audit Plan

(10 Active IA Projects)

Presenter(s): Maggie Marchese and Todd Gower

Considered
 On Hold
 In process/operational
 With Mgmt..
 Completed
 Delayed

Project Title	Risk Focus	Status	Type	Internal Audit Project High-Level Descriptions	Proposed Timing
Staffing / Talent Acquisition Process Assessment	Staffing	Completed	Assessment	✓ Assess the current staff management program to include talent acquisition process, workforce management, and retention oversight.	Mar-Jun 2023
Data Management Governance Audit – Phase 1	IT	Final Report to be submitted	Audit	✓ Assess overall data management governance – Phase 1 IT Controls ✓ Review 5 Reports that are used in submission ed to regulators	May-Sept 2023
Data Management Governance Audit – Phase 2	IT	Scoping with Management	Audit	❑ Assess overall data management governance – Business Processes for the Reports to regulators	Oct-Dec 2023
FWA Program Assessment	FWA Payment Integrity	Final Report to be submitted	Assessment	✓ Assess FWA program, including policies and procedures, reporting, case initiation and closure processes, cost containment (recovery, recoupment, and cost savings) and CAP process.	Jul-Sep 2023
HICE Shared IT Integrity and Security Audits - 2023	IT and PPG CPE	Ongoing Scoping with HICE and BSC	Audit	❑ Ongoing effort, with CAP presented for final Mgmt. actions by Delegation Entities. IT Security is involved to make sure L.A. Care Mgmt. is tracking.	2023
Provider Quality PQI - Untimely Processing	PQI - Untimely Processing	Final Report to be submitted	Risk Mitigation Plan Implementation Effectiveness Review	✓ Conduct an effectiveness review of risk mitigation plan implementation for risk # O4.	Jul-Oct 2023
Delegation Oversight Auditing and EPO Delegation Oversight Monitoring Program Assessment	Delegation Oversight	Kicking Off	Assessment	❑ Assess current Delegation Oversight (DO) program effectiveness, to include FDR ❑ Assess current DO Audit Program	Was: Mar-Jun 2023 Now: Oct-Dec 2023
Improper Denial of Out-of-Area Emergency Services Claims Risk Mitigation Plan Effectiveness Review	Claims	Delayed in follow-up	Risk Mitigation Plan Implementation Effectiveness Review	❑ Conduct an effectiveness review of risk mitigation plan implementation for risk # O14.	Sep-Nov 2023
IT - Appropriate Access Controls Risk Mitigation Plan Effectiveness Review	IT	Scoping	Risk Mitigation Plan Implementation Effectiveness Review	❑ Conduct an effectiveness review of risk mitigation plan implementation for risk # O19.	Sep-Nov 2023
A&G: Process, Oversight and System Limitations Risk Mitigation Plan Effectiveness Review	A&G	Scoping	Risk Mitigation Plan Implementation Effectiveness Review	❑ Conduct an effectiveness review of risk mitigation plan implementation for risk # C1.	Nov-Feb 2024

Current 2023 Internal Audit Plan

(10 Projects on hold or to be considered)

Presenter(s): Maggie Marchese and Todd Gower

Considered
 On Hold
 In process/operational
 With Mgmt..
 Completed
 Delayed

Project Title	Risk Focus	Status	Type	Internal Audit Project High-Level Descriptions	Proposed Timing
A&G: Knox Keene Violations Risk Mitigation Plan Effectiveness Review	A&G	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # C3.	Nov-Feb 2024
HRA Assessment Timeliness Risk Mitigation Plan Effectiveness Review	Provider Network	On Hold	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # C2. <input type="checkbox"/> On hold until further notice	Jan-Apr 2024
Disaster Recovery / Business Continuity Risk Mitigation Plan Effectiveness Review	IT	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # E3.	Nov-Jan 2024
Business Collaboration / Accountability / Culture to support IT Risk Mitigation Plan Effectiveness Review	IT	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # E1.	Feb-May 2024
DSNP Program Assessment	Key Programs	3 rd Party Assessment being conducted	Assessment	<input type="checkbox"/> Assigned to D-SNP coordination team	Oct-Dec 2023
Provider Network – Access	Network	Considered	Assessment	<input type="checkbox"/> Validate Network Access oversight and risk .	Sep-Nov 2023
Marketing and Member Services	Member Services	Considered	Audit	<input type="checkbox"/> Annual effectiveness audit related to member services	Nov-Jan 2024
Provider Dispute Resolution Audit	Provider Network	Considered	Audit	<input type="checkbox"/> Audit PDR process	TBD 2023
Plan Partner Contracts Audit	Provider Network	Waiting for DO Audit Team	Audit	<input type="checkbox"/> Audit Plan Partner contracting process	TBD 2023
New- Prop 56 Assessment	Finance and PNM	Considered	Assessment	<input type="checkbox"/> Assess current Finance Compliance oversight of the Prop 56	TBD 2024

Current 2023 Internal Audit Plan (4 Ongoing Mixed Compliance and IA Projects)

Presenter(s): Maggie Marchese and Todd Gower

Considered
 On Hold
 In process/operational
 With Mgmt..
 Completed
 Delayed

Project Title	Risk Focus	Status	Type	Internal Audit Project High-Level Descriptions	Proposed Timing
Compliance Operations Support	Compliance Support	Being Scoped	Compliance Support	<input type="checkbox"/> Provide staffing support for compliance operations activities as needed, including internal investigations and delegation oversight.	2023
Risk Management Support	Risk Oversight	Ongoing	Operational Activity for Risk Management	<input type="checkbox"/> Provide support on Risk Assessment, Risk Management activities, Issue Management activities, and GRC selection.	2023
2024 Risk Assessment (RA)	Risk Oversight	Reviewing outcomes from RA	Assessment	<input type="checkbox"/> Conduct 2024 Risk Assessment	Mar - Oct 2023
2024 IA Plan	Risk Oversight	Upon Completion of RA	Operational	<input type="checkbox"/> Continue to build out a 3-year plan to create a rotating audit program	2023



Prior Year - 2022 Internal Audit Plan (3 Prior Year IA Projects)

Presenter(s): Maggie Marchese and Todd Gower

○ Considered
 ● Significant closing process
 ● Follow-up
 ○ With Mgmt.
 ● Completed
 ● Delayed

Audit	Risk Focus	Status	Status Comments	Next Steps
Transportation Benefits	Admin	IA Completed In- Follow-up Process - escalated	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
Out of Area Emergency Services Claims and Grievances Audit	Claims & A&G	IA Completed In- Follow-up Process	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
IT Project Management and IT Configuration Audit	IT	IA Completed Follow-up in 2023 IA Plan	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ Part 2: Conduct focused review to validate effective implementation of CAPs.	Receive management response from stakeholders
DHCS 2021 Medical Audit	Ops/Claims	IA Completed Follow-up N/A	✓ Part 2: Conduct focused review to validate effective implementation of CAPs.	Document results in Issues Inventory Waiting for update on 2022 Audit Results
Mail Room Processes Audit	Ops / Member Services	Completed Follow-up in 2024 Plan	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
Follow-up: Sales and Marketing (Regulatory audit 2020 and IA 2021)	Member Services	IA Completed Follow-up Completed	✓ Final report submitted and provided to Management- All CAPs Closed ✓ Follow-up completed	Complete final audit on effectiveness in 2023- Date TBD following Risk Assessment
Follow-up: Provider terminations	Network	IA Completed Follow-up provided in Delegation Oversight	✓ Final report submitted and provided to Management	Follow-up in 2024

Delegation Oversight Update



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Presenter(s): Marita Nazarian

2022 Delegation Oversight Annual Audits

Presenter(s): Marita Nazarian

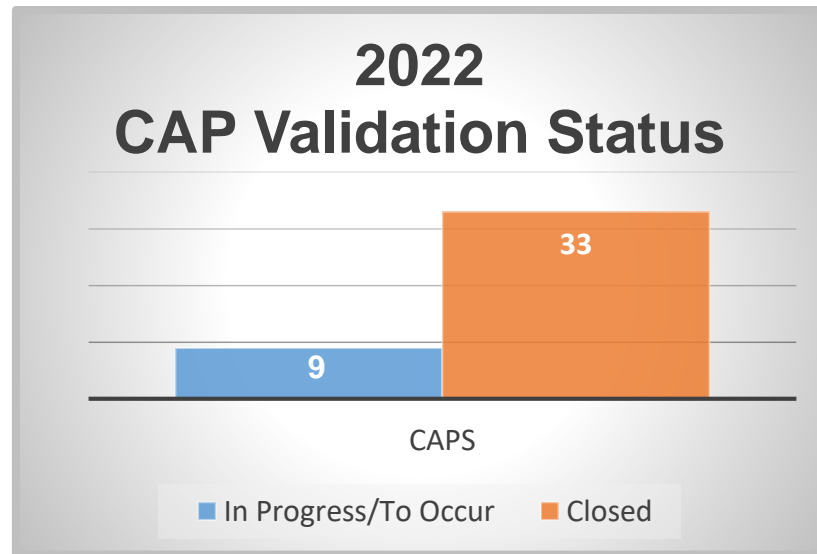
- Total of **42** Delegates Audited
 - All 42 audits completed = CAPs Accepted
- 2022 Audit Areas included:
 - Credentialing
 - Compliance Program Effectiveness
 - Cultural & Linguistic
 - Health Education
 - Provider Network
 - Critical Incidents
 - Utilization Management
 - Special Investigation Unit
 - Quality Improvements



2022 Delegation Oversight CAP Validation

Presenter(s): Marita Nazarian

- CAP Validation occurs 60 days after CAPs are accepted.
- CAP Validation from 42 Annual Audits:
 - Completed/closed: 33
 - To occur/or in progress: 9



2023 Delegation Oversight Annual Audits

Presenter(s): Marita Nazarian

- What entities will be audited?
 - Plan Partners
 - Participating Physician Groups (PPGs)
 - Specialty Health Plans (SHPs)/Vendors

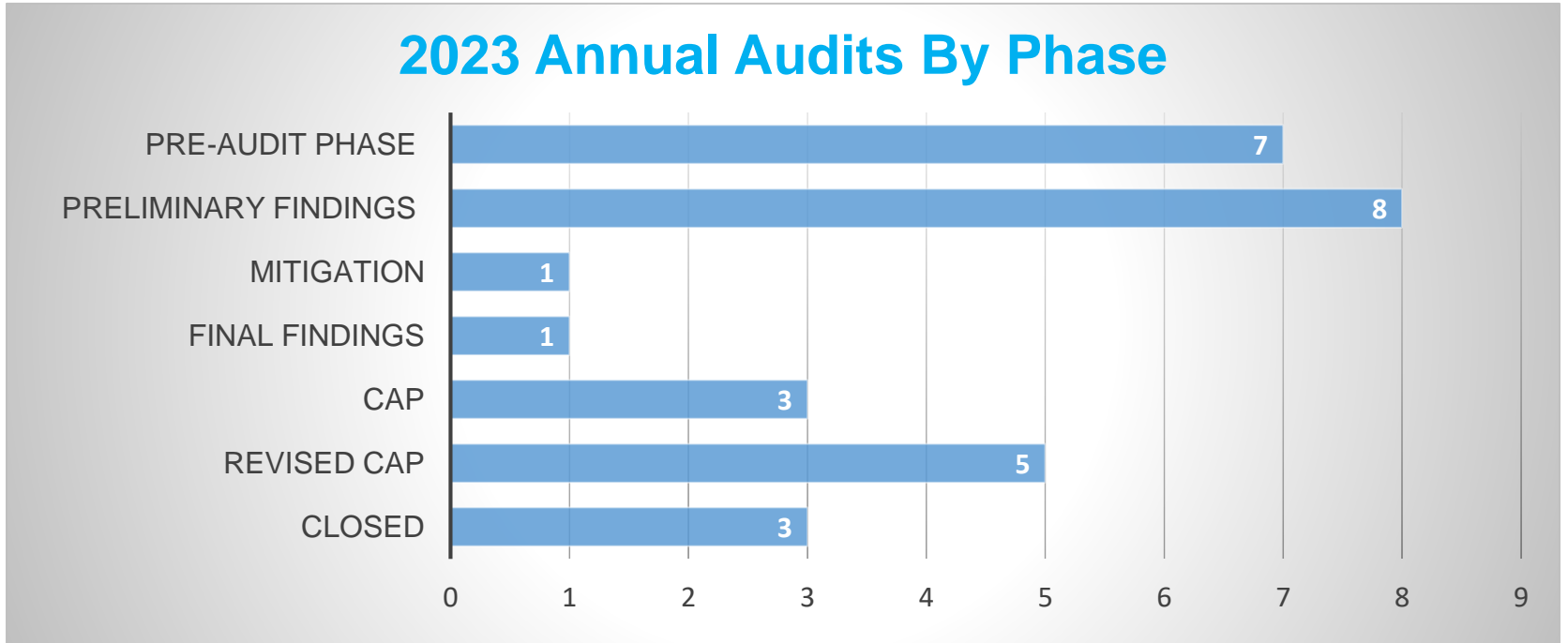
33 Audits are scheduled from April 2023 - January 2024.

- Audit areas will be the same as 2022 audits with exception of Credentialing (CR). Credentialing Department will conduct CR audits of delegates.



2023 Delegation Oversight Annual Audits

Presenter(s): Marita Nazarian



2023 Delegation Oversight Annual Audits

Presenter(s): Marita Nazarian

Delegate	Audit Date	Status
St. Vincent IPA (PDT)	4/25/2023	Revised CAP
Citrus Valley Physicians Group	4/25/2023	Closed
Exceptional Care Medical Group ((Conifer Health Solutions)	5/2/2023	Revised CAP
Call The Car	5/9/2023	Closed
AltaMed Health Services Corp. (Altura)	5/16/2023	Revised CAP
Omnicare Medical Group (Altura)	5/16/2023	Revised CAP
Department of Health Services (DHS)	6/6/2023	Revised CAP
Health Dialog	6/13/2023	Closed
Anthem Blue Cross	6/20/2023	CAP
Navitus	7/5/2023	CAP
Vision Service Plan (VSP)	7/12/2023	Final Findings
Kaiser	7/25/2023	CAP
Adventist Health Care Network	8/22/2023	Mitigation
Bella Vista Medical Group	8/23/2023	Preliminary Findings
El Proyecto Del Barrio	8/24/2023	Preliminary Findings
Family Care Specialist	8/25/2023	Preliminary Findings
Global Care IPA	8/28/2023	Preliminary Findings
Health Care LA	8/29/2023	Preliminary Findings
Prospect Medical Group	8/30/2023	Preliminary Findings
Carelon Behavioral Health	9/5/2023	Preliminary Findings
Blue Shield Promise	9/12/2023	Preliminary Findings
Allied Physicians IPA	10/3/2023	Pre- Audit Phase
Community Family Care	10/3/2023	Pre- Audit Phase
Optum Health Plan of California	10/10/2023	Pre- Audit Phase
Heritage Provider Network	10/17/2023	Pre- Audit Phase
South Atlantic Medical Group	10/17/2023	Pre- Audit Phase
Liberty Dental	11/7/2023	Pre- Audit Phase
Serendib Healthways, Inc.	11/14/2023	Pre- Audit Phase



2023 Delegation Oversight: Pre-Delegation Assessments

Presenter(s): Marita Nazarian

Completed Pre-Delegation Assessments:

- Serra Community Medical Clinic (MCLA, LACC)
- Western Dental (DSNP)
- Liberty Dental (DSNP)

In-Progress:

- Serra Community Medical Clinic (DSNP)
- Exceptional Care Medical Group (DSNP)
- Family Care Specialist (DSNP)
- Superior Choice Medical Group (DSNP)

Pending Contracting:

- Welcome Health- (New PPG)
- Full Circle (Enhanced Care Management Provider)



Notice of Non-Compliance CAP Tracker Oversight Monitoring



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Presenter(s): Richard Rice Jr.

Notices of Noncompliance/CAP Management

- Enterprise Performance Optimization (EPO) Department has added the tracking of any CAPs issued to delegates by LA Care Business Units to our current process of tracking Notices of Non-Compliance issued by LA Care.
- EPO is still working with all Business Units to pull in any CAPs that have been sent out to the delegates.
- The tracker is being updated and will be sent out at the next C&Q.
- Summary:
 - Corrective Action Plans (CAPs) Total – 16
 - Notices of Non-Compliance (NONCs) Total – 28
 - Total: 44





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Quality Improvement Projects Update



Compliance & Quality Committee (C&Q)

Date: October 19, 2023

Presenter: Rachel Martinez, RN



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IN LOS ANGELES COUNTY
SINCE 1997

Report Content & Background

Review current and upcoming Quality Improvement Projects.

There are four types of quality improvement projects that can be required of us by our regulators:

- **Quality Improvement Projects (QIPs):** These have unique, product line specific, requirements and last from 9 months to 3 years. All product lines may issue a QIP but typically Medi-Cal does not.
- **Performance Improvement Projects (PIPs):** PIPs are typically 18-month long projects with the first half spent on identifying areas of need, causal analysis, and planning interventions then followed by testing of interventions.
- **Plan-Do-Study Act (PDSA).** PDSA projects are done in much shorter timeframes with interventions being tested in 30-90 day cycles. Typically these have two cycles of interventions and are required by our regulators due to low performance on a measure.
- **Strengths Weakness Opportunities and Threats (SWOTS)** An analysis project of strengths, weakness, opportunities and threats among existing resources for a particular area of focus.

* PDSAs or SWOTs are issued by Medi-Cal only when L.A. Care does not meet the minimum performance level (MPL) for Managed Care Accountability Sets (MCAS) measures.



SWOT & PIPs from DHCS for 2023-2026

- DHCS issued all health plans in California two PIPs to begin in September of 2023 through 2026.
- The first PIP is based on disparity, specifically Black/ African American Children who will be turning 15 months in 2023. The measure's focus is the Well-Child Visits in the First Thirty Months of Life: 0-15 months (W30 6+).
- The second non-clinical PIP will be focusing on behavioral health needs around Emergency Department Use for Substance Use and Mental Illness. DHCS is requesting plans choose an area of focus to improve the coordination of care with their provider for follow-up visit.
- One active SWOT issued in the prior year in the Children's Health Domain.
- Two PIPs closed this year.



Key Findings From the PIPs

Medi-Cal: PIPs Completed this year

Project	Requirement Status	Intervention	Evaluation	Lessons Learned
PIP: Improving Childhood Immunizations rates in SPA 6	Closed	<ul style="list-style-type: none"> Clinic based outreach based on L.A. Care Health Plan custom missing vaccine report. 	The PIP goal of 30.4% was met for seven months of the PIP from August 2021- December 2021, October 2022 and December 2022.	<ul style="list-style-type: none"> Staff turnover limited resources for PIP. Labor intensive review of CAIR records. Staff noted need of educational piece to improve compliance with vaccine hesitancy.



Key Findings From the PIPs

Medi-Cal: PIPs Completed this year

Project	Product Line	Requirement Status	Interventions	Lessons Learned
PIP: Improving Diabetes A1c Control	Medi-Cal	Closed as of 04/2023 Exceeded SMART AIM goal by 3.2%	<p><u>Health Education Outreach</u> (Fall 2021): Included a diabetes mailer (health education material) and a follow-up outreach call from L.A. Care health education team.</p> <p><u>Text-Messaging Campaign</u> (Spring 2022): 6-text messages on a monthly basis (this was an opt-in campaign).</p>	<ul style="list-style-type: none"> ✓ Access to disparity data is important. ✓ Timing is important in any diabetic intervention. ✓ Use of different communication modalities extends member reach.



SWOT Underway

Medi-Cal

Project	Product Line	Requirement Status	Interventions	Key Findings & Lessons Learned
<p>SWOT: Children’s Doman (Well-Child Visits in the First 30 Months of Life and Childhood Immunization Status: Combination Ten)</p>	<p>Medi-Cal</p>	<p>Active</p>	<ul style="list-style-type: none"> • L.A. Care’s SWOT (Strengths, Weaknesses, Opportunities, and Threats) entails four submissions. The last submission, 2nd Progress Update, due 9/29/2023. • Plan Partners (Anthem Blue Cross & Blue Shield Promise) and L.A. Care Teams (Initiatives and Transform L.A.) have committed to continue to work together past 9/29/2023. • Assessed flu interventions for young children. Discussed realistic actions for 2023 and collaboration with internal teams for future interventions. • Received positive feedback from Plan Partners, Transform L.A., and PPGs on the MY 2023 W30 Reports. Will continue to distribute Plan Partner custom MY 2023 W30 report past 9/29/2023. 	<ul style="list-style-type: none"> ✓ Collaboration with Transform L.A. has provided additional insight and feedback on interventions affecting the direct network. ✓ Lack of financial and staffing resources continue with clinics/providers .



QIP Underway

LACC Disparity QIP

Project	Product Line	Requirement Status	Interventions	Lessons Learned
Diabetes Disparity QIP: Improving A1c levels among Black/ African American (BAA) and American Indian/Alaskan Native (AIAN) populations.	LACC	Active	<ul style="list-style-type: none"> • QI department has a contract with vendor, GA Foods, to deliver Medically Tailored Meals (MTM) to the target audience with an A1c greater than 8. • Members who participate will receive 2 meals a day, 7 days a week for 8 weeks. • Members will also have an option to work with L.A. Care’s registered dietician. • As of March 2023, 28 members have been sent diabetes education. <ol style="list-style-type: none"> 1. Diabetes Mailer magnet (white board refrigerator magnet to assist members in tracking their most recent A1c lab, BP vitals, date of most recent diabetic screening (foot and eye) and daily medication reminder/check. <ul style="list-style-type: none"> • Ten members (35%) have enrolled and six members will be referred to the L.A. Care’s Diabetes Education program. 	<ul style="list-style-type: none"> ✓ Work closer with internal data teams to ensure we have valid/current member data for outreach and evaluation reporting. ✓ Ensure vendor compliance & member satisfaction with meal delivery terms. ✓ Managing a small eligible member population. ✓ Difficulty in evaluating whether or not a member has improved self-management. ✓ Limited A1c lab date affects evaluation.

New PIPs

Medi-Cal: New PIP for 2023-2026

Project	Product Line	Requirement Status	Interventions	Lessons Learned
Well-Child Visits in the First Thirty Months of Life: 0-15 months (W30 6+)	Medi-Cal	Active	<ul style="list-style-type: none"> • PIP is based on disparity. Focus will be on Black/ African American members in SPA 6. • Will be answering: “Will high member touchpoints increase W30 6+ visits for the target population?” Currently in the planning phase. • PIP Design Submission turned in on 9/8/2023. 	✓ Discrepancy between HEDIS and Enrollment data on self-reported Race.



New PIPs

Medi-Cal

Project	Product Line	Requirement Status	Interventions	Lessons Learned
<p>PIP: Improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit.</p>	<p>Medi-Cal</p>	<p>Active</p>	<ul style="list-style-type: none"> • Two customize reports targeting the following HEDIS Measures – Follow-up after ED Visit for Mental Illness (FUM) and Follow-up after ED Visit for Alcohol or Substance Abuse (FUA) are being created. <ul style="list-style-type: none"> • Working with Point Click Care to create the above customized reports. • Leverage SFTP to have PPG’s extract the reports for their notification and they will conduct appropriate follow-up as necessary. 	<ul style="list-style-type: none"> ✓ Some PPG’s have access to LANES but find it challenging to navigate it ✓ Not all providers are being notified of their members with SUD/SMH diagnoses



Questions?





L.A. Care
HEALTH PLAN®

For All of L.A.

Facility Site Review (FSR)



Compliance & Quality Committee (C&Q)
October 2023
Elaine Sadocchi-Smith FNP, MPH, CHES
Director, Facility Site Review



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

Report Content & Background

Department of Health Care Services (DHCS) requires Managed Care Health Plans (MCP) to conduct site reviews, which include a Facility Site Review (FSR), Medical Record Review (MRR), and Physical Accessibility Review Survey (PARS) to ensure that all primary care provider (PCP) sites, contracted by health plans to deliver primary care services to their members, have sufficient capacity to:

- ❖ Provide appropriate and safe primary health care services.
- ❖ Carry out processes that support continuity and coordination of care.
- ❖ Maintain patient safety standards and practices.
- ❖ Operate in compliance with all applicable local, state, and federal laws and regulations.



Report Content & Background

- ❖ A site review consists of the Facility Site Review (FSR), Medical Record Review (MRR) and a Physically Accessibility Review (PARS).
- ❖ Health plans must complete initial site reviews and subsequent periodic site reviews of all PCP sites participating in their provider networks.
- ❖ Health plans must use and apply the standardized DHCS FSR/MRR/PARS standards and survey tools to conduct site reviews at each PCP site. Each health plan is responsible for tracking the survey status of all of its contracted provider sites.



Report Content & Background

- ❖ Health plans must collaborate locally with other health plans to determine how they will notify each other of the survey status and results for their shared providers. The L.A. County Collaborative meets quarterly with other health plans to establish systems and implement procedures for coordinating and consolidating site audits for mutually shared PCPs.
- ❖ In July 2020, L. A Care's FSR migrated to the Healthy Data Systems (HDS), which is the application that 17 different California Health Plans utilize. All FSR/MRR/PARS reviews are entered into HDS at the provider's office. This decreases duplications for the nurses and staff and allows us to run reports for L.A. Care and our Plan Partners.
- ❖ In July 2022, the FSR team started using the new 2022 standardized DHCS FSR/MRR survey tools. The new tools added 90 criteria questions.



Key Findings/Goals Met/Actions Taken

Impact of COVID on FSR/MRR

- ❖ DHCS has agreed to give all health plans until 12/31/2023 to complete all FSR/MRR backlog surveys.
- ❖ To date, the FSR team has completed 377 FSR/MRR backlog surveys out of 420. And has completed all current surveys and initial surveys due for 2022. Meaning we are not adding to the backlog. We have exceeded our quarterly goal of 53 backlog FSR/MRR for each quarter from Q4 2021 to Q3 2023.
- ❖ LA Care has assisted the other health plans by taking on 29 of their backlog audits to conduct and complete the FSR/MRR.



C&Q Committee Recommendations & Feedback

- C&Q Committee approval.



Questions?





L.A. Care
HEALTH PLAN®

For All of L.A.

Initial Health Appointment (IHA), Annual Cognitive Health Assessment (ACHA) Overview and Updates



Compliance & Quality Committee (C&Q)
Date: October 2023
Presenter: Elaine Sadocchi-Smith FNP, MPH, CHES
Director Population Health Management



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Report Content & Background

- **Initial Health Appointment (IHA)** is a Medi-Cal requirement for all newly enrolled members to complete with their provider within 120 days of enrollment based on APL-22-030 Initial Health Appointment. PCPs are responsible for covering and ensuring the provision of an IHA.
- **Annual Cognitive Health Assessment (ACHA)** is a Medi-Cal requirement for all non-Medicare members 65 years+ based on APL-22-025 Annual Cognitive Health Assessment for Eligible Members 65 or Older . PCPs are responsible for completing training and assessment on eligible members.



Key Findings: IHA

Potential IHA completion rates are listed below. The IHA rate is not part of the PHM Index for 2022-2023; it is addressed through the adults and children seen for an ambulatory or preventive care visit rate:

Line of Business	2023 Rate (through 8/2023)	2023 Goal	Rate 2022	Rate 2021
Medi-Cal (MCLA)	31.99%	≥27% MET	35.8%	26.9%
Duals Special Needs Plan (D-SNP)	45.41%	≥60% NOT MET	61.2%	62.7%



Key Findings: ACHA

- As APL 22-025 is new and just being operationalized and providers notified in August 2023, it is too early to report utilization of the ACHA training and completion of the assessment; however this is the baseline results of the utilization of CPT code 1494F:

	YEAR					
LOB	2018	2019	2020	2021	2022	2023
MCLA without Medicare						
TOTAL UNIQUE MEMBERSHIP	152,477	157,005	157,183	165,651	194,614	191,323
YES_CPT1494F	136	142	136	134	123	115
NO_CPT1494F	152,341	156,863	157,047	165,517	194,491	191,208
RATE	0.09%	0.09%	0.09%	0.08%	0.06%	0.06%
DSNP						
TOTAL UNIQUE MEMBERSHIP	15,282	16,187	16,779	17,408	16,177	15,557
YES_CPT1494F	198	244	282	333	348	303
NO_CPT1494F	15,084	15,943	16,497	17,075	15,829	15,254
RATE	1.30%	1.51%	1.68%	1.91%	2.15%	1.95%
	YEAR					
DSNP and MCLA w/o Medicare	2018	2019	2020	2021	2022	2023
TOTAL UNIQUE MEMBERSHIP	164,313	169,962	170,566	180,621	209,262	205,137
YES_CPT1494F	304	352	386	432	448	407
NO_CPT1494F	164,009	169,610	170,180	180,189	208,814	204,730
RATE	0.19%	0.21%	0.23%	0.24%	0.21%	0.20%



Highlights/Goals Met

- IHA and ACHA processes are fully operationalized and up to date per DHCS APL regulations.
- IHA and ACHA have up-to-date P&Ps and have developed provider notification processes and monitoring programs



Any Areas of Poor Performance

- **IHA:** DHCS had two findings in the March 2023 Audit. L.A. Care is waiting on the final results. However, PHM, EPO, and Compliance have drafted a Corrective Action Plan (CAP) based on the preliminary findings.
 - The Plan did not ensure the provision of a complete IHA to each new member
 - The Plan did not ensure the provision of a complete IHA within the required timeframe
- **ACHA:** We are operationalizing improvements now that the ACHA APL has been thoroughly reviewed and implemented. It is too early to assess performance.



Root Cause Analysis for any Areas of Poor Performance: IHA

- **The Monitoring & Auditing tool** does not include sufficient drill down and separation of components (e.g., separate blood lead screening, separating physical and mental health history and age brackets). **As addressed, the monitoring tool was revised to separate those elements in the tool.**
- **Insufficient sampling selection** for the targeted population.
- **Insufficient monitoring oversight of PPG** completion of IHAs, with a lack of data reporting and information from PPGs
- **Insufficient PPG engagement** with root cause analysis and remediation of deficiencies in IHA completion and timeliness by PCPs in the delegated network.



Reoccurring Issue(s)-IHA

- Despite enhanced monitoring, training, and notifications, IHA has low compliance rates.
- While monitoring occurs, EPO can only monitor a small portion of the provider population quarterly. Initiatives such as adding IHA to the P4P program are still in the early stages as a report-only measure.



Actions Taken: IHA

- IHA Cross-functional workgroup has:
 - Developed a training available for providers and internal staff
 - Added IHA performance to L.A. Care's P4P program (report only for 2023)
 - Updated IHA code list
 - Developed process for all providers (including Direct Network) to receive monthly IHA due reports via the provider portal
 - Updated all documentation, monitoring tools, provider communications, and reports per new APL 22-030 and removed the Individualized Health Education Behavioral Assessment (IHEBA) requirement



Action Taken: ACHA

- ACHA Cross-functional workgroup (combined with the IHA workgroup) has:
 - Developed a P&P approved by DHCS and going to QOC for approval 11/2023
 - Operationalized the validation of providers completing the L.A. County training + assessment for reimbursement
 - Notified all providers of the requirement as of August 2023
 - Begun monitoring of sampled providers through EPO



Follow-up/Next Steps: IHA

- Updating training per APL 22-030 (expected completion October 2023)
 - Corrective Action Plan once released by DHCS (already drafted and starting actions in preparation)
 - Annual review of P&P in November QOC
-
- Created an email box for Internal and External IHA questions contact: IHA@lacare.org



Follow-up/Next Steps ACHA

- Requested quarterly report on which providers are paid for the service
- Requested quarterly report on CPT code from HIM team for trends in utilization of ACHA
- P&P approval at QOC in November 2023



C&Q Committee Recommendations & Feedback

- C&Q Committee approval



Questions?

