DRAFT

AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, March 21, 2024, 2:00 P.M.
L.A. Care Health Plan, 1st Floor, CR 100, 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. Members of the Committee or staff may also participate in this meeting via teleconference or videoconference.

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mc2f7efdd65fac8e2cb2694424bb6e268

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting number: 249 980 76954 **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.

If we receive your comments by 2:00 P.M. on March 21, 2024, it will be provided to the Committee members 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. 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.

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 February 15, 2024 Meeting Minutes **P.4** — *Chair*
4. Chairperson's Report — *Chair*
   - Education Topics
5. Compliance & Quality Committee Charter Process — Todd Gower, *Chief Compliance Officer*
6. Chief Compliance Officer Report **P.20** — Todd Gower
   - Compliance Officer ICC Report Out
   - Special Investigations Unit (SIU)
   - Issues Inventory
   - Internal Audit (IA)

DRAFT

- Memorandum of Understanding (MOU)
- Appeal & Grievance (A&G)
- Payment Integrity (PI)

7. Chief Medical Officer Report — Sameer Amin, *MD*, *Chief Medical Officer*

8. Chief Health Equity Officer Report **P.65** — Alex Li, *MD*, *Chief Health Equity Officer*

9. Quality Oversight Committee (QOC) Update — Edward Sheen, *MD*, Senior Quality, Population Health and Informatics Executive, Quality Improvement

10. Managed Care Accountability Sets (MCAS) Measure Set MY2023 and MY2024 (Medi-Cal) **P.66** — Betty Santana, *MPH*, *Senior Manager, Quality Improvement Initiatives, Quality Improvement*

11. Approve Quality Improvement Documents **(COM 100) P.74** — Bettsy Santana, *MPH*
    - 2023 Quality Improvement Evaluation
    - 2024 Quality Improvement Program (All Lines of Business)

12. Provider Quality Issues (PQI) FY22-23 Review (All Lines of Business) **P.92** — Rhonda Reyes, *Quality Improvement Program Manager III*; Christine Chueh, *RN MS HCM, CPHQ*, *Director, Provider Quality, Quality Improvement*

13. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

14. PEER REVIEW
    Welfare & Institutions Code Section 14087.38(o)

15. 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

16. THREAT TO PUBLIC SERVICES OR FACILITIES
    Government Code Section 54957
    Consultation with: Todd Gower, Chief Compliance Officer, Serge Herrera, Privacy Director, and Gene Magerr , Chief Information Security Officer

17. 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

DRAFT

The next meeting is scheduled on April 18, 2024 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 Minutes – February 15, 2024

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

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

Senior Management
Augustavia J. Haydel, *General Counsel*
Sameer Amin, *MD, Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*
Alex Li, *Chief Health Equity Officer*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*
Edward Sheen, MD, *Senior Quality, Population Health & Informatics Executive, Quality Improvement*

** Absent ** Via Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	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 2:02 p.m. 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.	
APPROVAL OF MEETING AGENDA	**The meeting Agenda was approved as submitted.**	**Approved unanimously 3 AYES (Ballesteros, Booth, and Roybal)**
PUBLIC COMMENT	*There was no public comment.*	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	Chairperson Booth stated that she will send Board Services staff her corrections to the meeting minutes. **The Janaury 18, 2024 meeting minutes were approved as submitted.**	**Approved unanimously.**
CHAIRPERSON REPORT • **Education Topics**	Chairperson Booth gave a Chairperson's Report. Chaiperson Booth spoke about the challenges of frequently diverting attention from planned tasks to address new regulations. She emphasizes the need to efficiently implement and adapt computer systems to comply with these regulations. She suggests that the organization should assess the time spent on planned tasks versus new directives and advocates for a proactive approach in preparing for future requirements. She recommends decisive action in acquiring necessary resources, including personnel and funding, to support the organization's goals. She proposes a strategic allocation of budgetary resources to address administrative needs and streamline processes. She noted the importance of developing a comprehensive plan for equipment and infrastructure to enhance the organization's operational efficiency and ability to adapt to new regulations seamlessly.	
COMPLIANCE & QUALITY COMMITTEE CHARTER UDPATE	Mr. Gower stated that revisions are still ongoing. He mentioned the need for further discussion and collaboration before finalizing the charter. Mr. Gower notes that some discrepancies between internal and external charters need resolution for clarity and understanding. He expresses confidence in resolving these differences and aims to align the charter with the functions of the compliance committee.	
CHIEF COMPLIANCE OFFICER REPORT	Todd Gower, *Chief Compliance Officer*, and Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the full written report can be obtained from Board Services)*. Overview • 2023 Year End Review • 2024 Compliance Work Plan (COM 100) • Training Update • Issues Inventory • Delegation Oversight Auditing • Utilization Management Compliance • Quality Initiative Compliance 2023 Year End Review	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Gower reflected on the significant changes in compliance over the past year. These changes include the introduction of the Enterprise Performance Optimization (EPO) team, the retirement of the former chief compliance officer, and his own appointment to the role. Notably, the separation of internal audit from compliance aimed to enhance the organization's focus on its third-line defense. Mr. Gower emphasized the importance of ensuring that controls and processes are effectively in place while hiring full-time staff to stabilize and mature compliance functions. Regarding regulatory audits and monitoring, Mr. Gower discussed the division of responsibilities into regulatory operations and risk management. The focus on developing dashboards and Key Performance Indicators (KPIs) demonstrates a commitment to improving regulatory oversight. The organization has also seen progress in risk management, with increased documentation and follow-up on monitoring and mitigation activities. Additionally, initiatives such as new provider onboarding and training have been established, with plans to refine delegation oversight in the coming year. Looking ahead to 2024, Gower anticipates operationalizing plans developed in 2023 and further refining compliance processes. He highlights the ongoing commitment to enhancing audit services and mentions the approval of a work plan by the committee. 2024 Compliance Work Plan & Motion An effective compliance program promotes an organizational culture that supports integrity, accountability, and ethical behavior. Compliance is not just a set of policies and procedures in a binder but is dependent on the behavioral norms of the organization in much the same manner as quality. Compliance is not entirely subjective; it is bound by clearly defined regulatory and corporate integrity standards. The framework can be broken down into 7 key elements. The seven elements of an effective compliance program are: • Implementing written policies, procedures, and standards of conduct • Designating a compliance officer and compliance committee • Conducting effective training and education • Developing effective lines of communication • Conducting internal monitoring and auditing • Enforcing standards through well-publicized disciplinary guidelines • Responding promptly to detected offenses and undertaking corrective action Work Plan Status 2023 Overview: Twenty Projects. Many of the projects touched significant portions of the OIG 7 elements, but left gaps in the work plan to make sure there is an effective Compliance Program.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Completed (seven): We would need to validate these projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews. • Started (11): These projects have either started in 2024 or were part of projects from 2023. Key projects tie to expanding usage of the current compliance workflow engine (SAI GlobalC360), Business Continuity/Disaster Recovery, Delegation Oversight, Internal Audit maturity, and Regulatory Operations maturity • Planning (Two): The remaining projects, which are tied to privacy and regulatory operations maturity. We should start these projects in 2024. 2024 Draft Compliance Work Plan 2024 Overview: 28 Projects • Testing effectiveness (seven): Work with Audit Services to validate these completed projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews. • 2023 Rollover (13): These projects have either started in 2024 or were part of projects from 2023. • New Projects (eight): These projects focus on the OIG 7 elements, Medicare Compliance and overall Corporate Compliance Mr. Gower presented motion COM 100 ***To approve the 2024 Compliance Work Plan, as submitted.*** Mr. Sobetsko gave a Compliance Training Update.	**Approved unanimously 3 AYES (Ballesteros, Booth, and Roybal)**

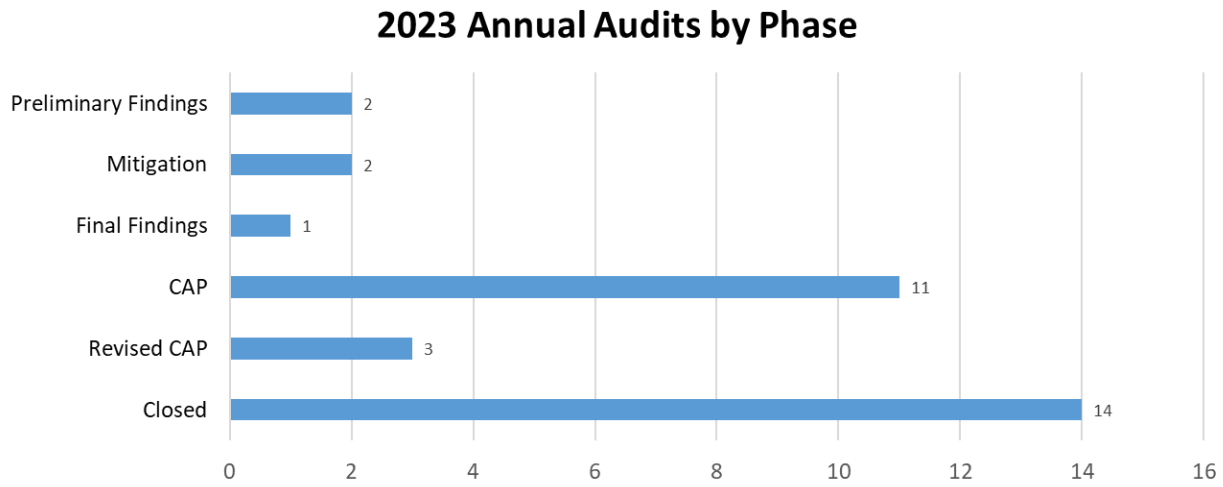
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

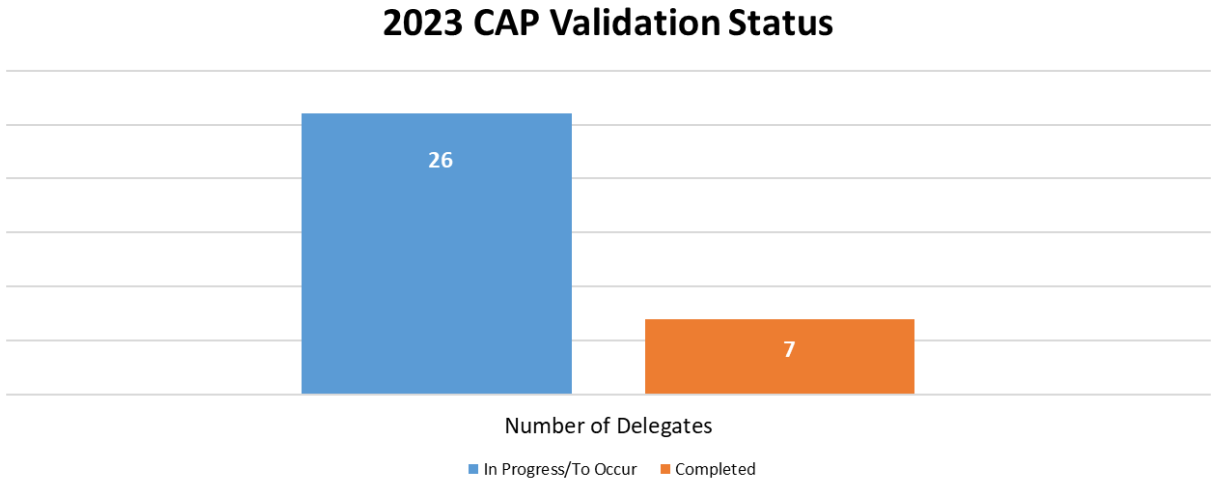
January 2024	2023 Annual Compliance Training			2024 New Hire Compliance Training		
	# Complete	# Incomplete	Percentage Completed	# Complete	# Incomplete	Percentage Completed
L.A. Care Employees	1832	3	99.80%	1116	40	96.50%
L.A. Care Contingent Workers	231	11	95.50%	526	41	92.80%
Board of Governors	13	0	100%	N/A	N/A	N/A
Note: 3 incomplete are EE's on LOA						

Mr. Sobetsko gave an Issues Inventory update.

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Reported	5												
Open	2												
Closed to inventory	1												
Deferred													
Remediated													
Tracking Only	2												
Monitoring Only													

- Open – Issues confirmed by Compliance Risk Operations that require oversight and monitoring with business units.
- Closed to Inventory – Issues in which business units' are seeking guidance about a regulation or best practice process.
- Deferred – Issues in which regulatory guidance (DHCS, DMHC, or CMS) is pending to resolve or issue resolution is dependent on another business units' implementation of a system or process.
- Remediated – Issues that require formal or informal corrective action plans for resolution.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Tracking Only – Issues managed by other Compliance areas (such as Regulatory Affairs, Audits, Analysis, Communication and Internal Audit In which the risk management staff is following up for current status updates to closure. • Monitoring Only – Issues in which corrective action plans are completed and monitoring is to be done by Compliance Marita Nazarian, *Director, Delegation Oversight Audit,* gave a Delegation Oversight Audit update. 2023  2023 Delegating Oversight – Correction Action Plans (CAP) Validations CAP Validation occurs 60 days after CAPs are accepted.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 2023 Delegation Oversight Audits – Results Overview & Future Plans Delegates Areas of Success: • Cultural and Linguistics requirements • Privacy Policy and Procedures • Utilization Management Policy and Procedures and UM Programs Next Steps: Areas identified with repeat findings will undergo: • Deep dive into details of delegates findings. • Presentation to the Delegation Oversight Committee. • Collaboration with Delegation Oversight Monitoring team to develop metrics and monitor repeated findings. 2024 Delegating Oversight Audits: Outlook • 43 Audits scheduled from January – December • three D-SNP Risk Based Audits: 3 PPGs with highest D-SNP membership • Two Plan Partners • 30 PPGs • Eight SHPs/Vendors 2024 Risk Based Delegation Oversight Audit Scope:	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

- Past audit findings
- DSNP requirements
- NCQA requirements

Jennifer Rasmussen, *Clinical Operations Executive*, gave a Utilization Management Compliance update.

Authorization Request Timeliness Monitoring

Timeliness of Auth Decisions & Notifications	2023	Q1 2023	Q2 2023	Q3 2023	Q4 2023
All LOB (95%)	98%	97%	98%	99%	99%
Direct Network (MCLA subset: 95%)	97%	95%	96%	98%	99%
DSNP (95%)	97%	N/A	N/A	98%	96%

Description of Data: Overall timeliness for each LOB per quarter, all above goal of 95%
Relevance: Tight monitoring due to past enforcement action and CAPs in place for timeliness
Maintenance Activities:

- Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends.
- Ongoing system improvements/streamlining opportunities within our current UM platform.
- Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests.

Quality Assurance – Letters (Letter Template and Content)

- Letters are a regulatory hot spot with history of findings and current CAPs. Heavy emphasis on inclusion of all required aspects for DMHC, DHCS, NCQA, and CMS for their LOB inclusions, respectively
- UM Actions:
  - Policy team established to monitor templates and audit samples for letter requirements to ensure regulatory compliance
  - Medical Director education with associated monthly audits assessing notice of action (NOA) verbiage appropriate
  - Letter library created and maintained by UM leadership in collaboration with MD team with NOA verbiage templates for MD use, ensuring consistency across MDs
  - Routine meetings with the MD team and quality to review audit fallouts or issues found

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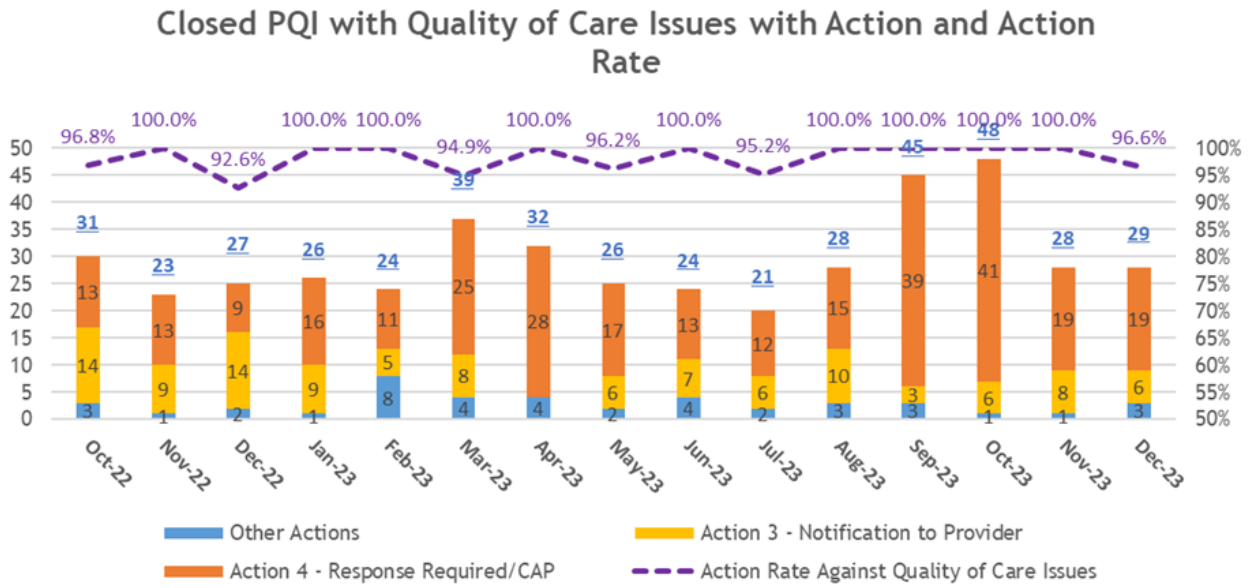
	Current Issues: QNXT Conversion (UM Platform Transition) • SyntraNet to QNXT Transition Plan, planned for second half of 2024 - Utilizing lessons learned from SyntraNet implementation in 2021, a team of leaders from each unit is participating in the planning and implementation - Multi-disciplinary UM team developing configuration requirements consisting of Sr. Director, Program Manager, Quality, Education, and various subject matter experts - Workgroup establishing a defined training plan for all staff, as well as focused education for specific areas/departments - Supplemental staffing requested to provide support for team education and transition, as productivity will be decreased due to virtual classroom time and learning a new system Dr. Sheen gave a Quality Initiatives Compliance update. Compliance Risk Summary – Open CAPs from Audits **Accreditation** • **NCQA Open CAP for 2023 Health Plan Accreditation survey: UM7B denial letters missing language**. The issue has already been corrected; half of files selected in the survey were actually prior to our updates and improvements taking effect. • Accreditation is conducting mock file review prior to CAP survey to ensure all delegates are complying with letter language change **DHS** • **NCQA Discretionary Survey UM13C**: Not enough denial files to review per 8/30 methodology due to DHS eConsult specialty referral process **2021 DMHC Routine Survey** • **PASC-SEIU**: Implementation of procedures for overseeing delegated quality assurance functions. Inconsistency in QI policies and procedures being applied to PASC-SEIU product line when PASC-SEIU is accountable/applicable line of business. • MCLA: 1) PQR to implement reasonable procedures to investigate PQI in timely manner 2) PQR to improve process to address confirmed quality issues identified in PQI referrals Dr. Amin noted the complexities surrounding the referral process for specialty care within the healthcare system. He described how the absence of a prior authorization requirement led to delays in accessing specialists and raised concerns regarding members' appeals rights. To address these issues, a team implemented changes to separate clinical discussions from the process of getting patients referred to specialists. This involved creating two pathways: one for curbside discussions between doctors and another for obtaining prior authorizations. Dr. Amin explained the ongoing efforts to	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	refine these processes, ensuring clarity and adherence to established pathways. He said that the expected improvements following the implementation of new workflows and policies, aimed at resolving the identified issues and facilitating smoother referrals to specialty care. Chairperson Booth asked Dr. Amin if by "UM volume" he means "referral volume." Dr. Amin clarified that he was referring to referral volume through a different pathway. He acknowledged that due to the recent implementation of changes, there might not be enough volume passing through the system yet for auditing purposes. Dr. Amin anticipates that now that the process is fully separated, there should be sufficient volume soon. He concludes by expressing hope that this explanation clarifies the situation. Compliance Risk Summary – Provider Quality Review: Case Timeliness PQR team monitors timely case closure and risk by grouping cases into risk categories based on number of months cases have aged from dates PQIs are received • Annual FY 2022/2023 timely closure rate was 85%; during this reporting period, team was working on closure of backlog of untimely cases • Staffing has since increased to ensure timely closure and implementation of additional monitoring activities • FY Q1 2023/2024 timely closure rate: 99.6% Compliance Risk Summary – Provider Quality Review – Effective Actions • Upon completion of PQI review, the clinical reviewer, medical director, or peer review committee shall determine actions to address quality findings. - FY 2022/2023: 346 quality findings with 339 (98%) actions taken - Q1 2023/2024: 105 quality findings with 104 (99%) actions taken	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN



Compliance Risk Summary – Participating Physicians Groups, Delegate, and Vendor Issues

Team	Issue Summary
Accreditation	**NCQA**: Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies
Accreditation	**Access to Care:** • PPGs with low survey response rates: Direct Network, Citrus Valley, and DHS • PPGs with delayed/no response to quarterly oversight and monitoring: Adventist Health Physicians and South Atlantic Medical Group
Initiatives	**Blood Lead Screening - Initial Health Assessments**: Rates have improved but still under 50th percentile; not all providers are meeting this level or responding to attestation requirement. Three delegated IPAs have not returned signed attestation.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Access & Availability – Key Metrics: Access to Care: Annual Provider Appointment Availability Survey + After Hours

	MY 2022 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Variance
Primary Care			
Urgent	73%	84%	11%
Routine	88%	94%	6%
Preventive (Adult)	97%	98%	1%
Preventive (Child)	91%	94%	3%
Prenatal	96%	98%	2%
In-Office Waiting	99%	98%	-1%
Call Back	70%	80%	10%
Reschedule	96%	96%	0%
No Show Process	99%	99%	0%
Specialist			
Urgent	57%	80%	23%
Routine	72%	80%	8%
Prenatal	84%	96%	12%
In-Office Waiting	96%	97%	1%
Call Back	51%	80%	29%
Reschedule	92%	91%	-1%
No Show Process	98%	99%	1%
After Hours			
Access	76%	81%	5%
Timeliness	65%	80%	15%

Quality Measures – Financial Risk from new DHCS Policies

- L.A. Care received preliminary "intent to sanction" based on Medi-Cal Accountability Set (MCAS)
- Although L.A. Care was in highest tier for quality based on regional benchmarks, DHCS's sudden shift in methodology at end of the year was based on questionable methodology including unrealistic "100%" targets and benchmarks. This is basis for current appeal and widespread intense health plan concerns.
- For MY 2023 L.A. Care is at risk to miss MPL on 8 measures as two new measures with large gaps in state data required for management were added to MCAS Set
- Additionally for 2024, the Quality Withhold program will be in effect: early estimates of ~$15 million at risk.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Roybal suggested leveraging L.A. Care as a clearinghouse and developer of standardized procedures and guidelines to increase access to healthcare. He proposeed working with clinical pharmacists to provide care without the need for a provider visit, using established protocols compliant with nursing or pharmacy boards. Roybal suggests this strategy could alleviate the burden on primary care doctors and increase efficiency in patient care. He emphasizeed the importance of supporting practices by providing standardized procedures and compensation mechanisms for expanded care services. Member Roybal believes this approach could effectively enhance patient access to care, particularly through the utilization of nurse practitioners and clinical pharmacists. Dr. Amin acknowledged Member Roybal's suggestion as excellent and indicates that they are actively exploring its implementation. He confirms that the L.A. Care could serve as a platform for this initiative. Dr. Amin mentions a plan in progress to incorporate clinical pharmacists and nurse practitioners into the care process, aiming to reduce the number of visits required, especially for patients with complex health conditions. He also hints at potential funding mechanisms to support these efforts, indicating a commitment to facilitating expanded care services within primary care. Member Roybal noted that L.A. Care should also look at training in particular Registered Nurses on standardized procedures and standardized guidelines. Dr. Sheen thanked Member Roybal for his comments and confirmed that increasing access to healthcare is indeed a priority for L.A. Care. He mentioned ongoing discussions with the Pharmacy Deparment to optimize every interaction with members, focusing on health education and closing care gaps. Dr. Sheen emphasized their commitment to internal efforts to facilitate expanded care services, echoing Dr. Amin's previous remarks about their team's dedication. He highlighted the Community Resource Centers (CRC) as a valuable opportunity to involve various healthcare professionals, not just pharmacists and nurse practitioners, but also dietitians, care managers, dentists, and others. Dr. Sheen acknowledged the challenges of operationalizing team-based care models within the primary care environment due to reimbursement models and operational complexities. Quality Measures – Sanctions YTD as of January 5, 2024 Rates have improved recently which may lessen monetary impact for MY 2023	

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Measure Description	Measure Type	MY 2023 Admin Rate	YTD Admin Rate MY 2022	YTD MY 2022 vs MY 2023	50th%	MY2022
Cervical Cancer Screening (CCS)	H	50.10%	49.78%	0.32%	57.11%	51.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA)	A	25.20%	21.89%	3.31%	36.34	26.15%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	28.40%	28.74%	-0.34%	54.87	35.70%
Lead Screening in Children (LSC)	H	55.45%	53.72%	1.72%	62.79%	54.34%
Prevention - Topical Fluoride For Children	A	8.99%	0.24%	8.75%	19.3	0.28%
Well-Child Visits in the First 30 Months of Life (W30)	A	43.47%	43.03%	0.44%	58.8	45.63%
Well-Child Visits in the First 30 Months of Life (W30)	A	62.88%	61.61%	1.27%	66.76	62.64%
Child and Adolescent Well-Care Visits (WCV)	A	40.91%	37.83%	3.08%	48.07	46.64%

CHIEF MEDICAL OFFICER REPORT

Dr. Amin presented the February 2024 Chief Medical Officer Report *(a copy of the meeting materials can be obtained from Board Services)*.

Dr. Amin, the Chief Medical Officer, provided a comprehensive update on the ongoing efforts to address appeals and grievances, which have been highlighted as significant areas of concern due to multiple audit findings. He emphasized that the entire team, including the grievances team, medical management team, and quality teams, has been actively engaged in meetings since 2023 to develop a completely new process and workflow to handle grievances effectively. The primary goal of this initiative is to address four major concerns identified in the audits comprehensively. Rather than just patching up small areas, the team aimed to completely rethink the process to build a better system for both members and internal teams. The four areas of focus included misclassifications of grievances, timely resolution of clinical grievances, immediate review of clinical grievances by a medical director, and timely resolution of confirmed quality of care issues. Over several months, the team collaborated extensively with the customer solution center (CSC) team to ensure the new process was comprehensive from the outset. This involved aligning on process changes to achieve regulatory compliance, enhance efficiency, and reduce the number of patient quality issues needing review. Additionally, a consultant previously involved in enforcement actions was engaged to review and validate the new process for compliance. The implementation of the new workflow includes modifications to policies and procedures, new desktop processes, and updated training materials for A&G teams and quality teams. New heads for appeals and grievances have been approved to hire clinical staff for the department, focusing on ensuring appropriate classification upfront and

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	reviewing/closing clinical grievances at the A&G level before escalation. Several key adjustments have been made to improve the process, including providing more robust technical definitions to the CSC, including an approved list of questions for better clinical information gathering, and adopting severity leveling criteria aligned with the team's standards. The development of a case summary based on clinical documentation, initial case leveling, and review by a medical director were also highlighted as critical improvements. The new process aims to ensure prompt and appropriate resolution of grievances, with emergent cases addressed immediately and others within a defined timeframe. Dr. Amin emphasized the importance of clearer communication with members regarding grievance outcomes, including providing formal member resolution letters for closure. Dr. Amin described the efforts as involving cross-functional collaboration and marked this as a watershed moment in improving how the organization deals with appeals and grievances. He noted that the newly approved heads are in the process of being hired and that staff have already been trained on the new process, which is set to be fully implemented in the next 30 days.	
CHIEF HEALTH EQUITY OFFICER REPORT • **Quality Improvement Health Equity Committee (QIHEC) Update**	Alex Li, *MD, Chief Health Equity Officer*, gave a Chief Health Equity Report *(a copy of the written report can be obtained from Board Services).* • In his report, Dr. Li provided an update on the newly formed Quality Improvement Health Equity Committee (QIHEC) which is a new 2024 DHCS managed care plan contract requirement.. He highlighted the key requirements which includes a greater participation among providers and also the inclusion of members. Given the new QI and health equity framework as well as the prescribed committee membership, L.A. Care combining two existing committees (Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee) and transitioned them to QIHEC. In addition to the structural changes, DHCS also required QIHEC to report to the Board of Governors and that our report and minutes be made available to public. The QIHEC's minutes are summarized for C&Q. In brief, the QIHEC policy was approved in November 2023, and this occurred at the first Quality Improvement Health Equity Committee meeting (November 2023). Dr. Li also briefly outlined the committee's composition which includes: L.A. Care staff, delegated plan partners, medical groups, DHS, FQHCs and members. At the QIHEC meeting, the committee reviewed L.A. Care's 2023-25 Health Equity and Disparities Mitigation Plan and Blue Shield Promise's health equity plan. QIHEC also reviewed reviewed the current set of QI corrective action plans, the CalAIM Enhanced Care Management Program, the Provider Incentive and the 2024 provider CME program.	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel*, 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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	session at 3:35 P.M. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer 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	The Committee reconvened in open session at 4:22 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:22 p.m.	

Respectfully submitted by:

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

APPROVED BY:

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

Compliance & Quality Committee (C&Q)
Chief Compliance Officer Report
March 21, 2024
- Presenters In Person Only -

COMPLIANCE OFFICER OVERVIEW		
ITEM #:	**DESCRIPTION:**	**OWNER / PRESENTER:**
1	Compliance Officer ICC Report Out (no slides)	Todd Gower
COMPLIANCE UNITS		
2	Special Investigations Unit (SIU)	Michael Devine
3	Issues Inventory	Mike Sobetzko
AUDIT SERVICES		
4	Internal Audit (IA)	Maggie Marchese
EDUCATION		
5	Memorandum of Understanding (MOU)	Lucy Nakamura
BUSINESS UNIT (1ST LOD)		
6	Appeal & Grievance (A&G)	Demetra Crandall
7	Payment Integrity (PI)	Erik Chase
ADJOURN		

Compliance & Quality Committee (C&Q) Meeting

L.A. Care HEALTH PLAN®

For All of L.A.

Compliance Division

March 21, 2024

Compliance Division

Todd Gower, Chief Compliance Officer

Compliance Officer Report & Agenda

Topic	Speaker(s)
Compliance Officer Report Out – Internal Compliance Committee (ICC) **no slides*	Todd Gower
Special Investigations Unit (SIU) Report	Michael Devine
Issues Inventory Update	Michael Sobetzko
Audit Services Update	Maggie Marchese
Provider Network Management (PNM) Update: Memorandum of Understanding – Educational Reporting	Lucy Nakamura
Appeals & Grievances (A&G) Update	Demetra Crandall
Payment Integrity Update	Erik Chase

Compliance Officer Report Out – Internal Compliance Committee (ICC)

Todd Gower, Chief Compliance Officer

Special Investigations Unit (SIU)

Michael Devine, Director, SIU

Compliance Unit Update – SIU

FY 23/24 Year-to-Date Recoveries & Savings Dashboard

	Jan – Feb 2024	FY Year-to-date
Recoveries	$2.0M	$2.8M
Savings	$1.4M	$2.7M
Totals	$3.4M	$5.5M

Law Enforcement

Active Criminal Investigations (FBI, CA DOJ, LASD HALT)	47
Undercover Operations	0
Arrests	2
Pending Prosecution	11
Convictions	3

Special Investigations Unit (SIU) Update

- Meeting with DHCS
- Hospice Fraud Initiative
- Health Care Providers Lab Conviction
- Billing Flaw
- Rafael Malikian (former Physician)
- Dr. D.S.

Special Investigations Unit (SIU) Update

Upcoming Quarterly Investigative Roundtables

- **March 14, 2024**

  Speaker: Karen Weintraub

  EVP, Health Care Fraud Shield

- **June 13, 2024**

  Speaker: Jeanette Calinsky

  Deputy Attorney General, CA DOJ

SIU Open Cases – Aging as of March 1, 2024

Count of Age	Monitoring	Open	Grand Total
0-30	5	13	18
31-60	3	26	29
61-180	11	111	122
Older 180+	328	211	539
Not Promoted	0	132	132
GRAND TOTAL	**347**	**493**	**840**

Time Frame	Cases Opened	Late Notification of Regulatory Reporting
2023 - Q1	80	1
2023 - Q2	95	1
2023 - Q3	82	1
2023 - Q4	95	0
TOTAL	**352**	**3**

Top 5 Allegation Types of Fraud, Waste and Abuse

Allegation Type vs Participant Q4 2022 – Q1 2024							
	Internal	Member	Other	Provider	Unknown	PPG	**Total**
Questionable Billing Patterns	0	0	0	98	2	2	**98**
Services Not Rendered / Documented	0	0	1	85	1	1	**88**
Identity Theft	0	3	14	1	46	0	**64**
Upcoding	0	0	0	59	0	0	**59**
Not Medically Necessary	0	0	0	36	0	0	**36**

Patient Harm 3.61%

Top 5 Referral Source vs Participant from Q4 2022 – Q1 2024

Referral Source vs Participant							
	Internal	Member	Other	Provider	Unknown	PPG	**Total**
Internal Employee	3	5	13	129	45	0	**196**
Plan Partner	0	5	5	83	7	1	**101**
PostShield	0	0	0	83	0	0	**83**
PPG	0	3	0	48	0	0	**51**
Other	0	13	2	19	1	0	**35**

Risk Management and Operations Support (RMOS)

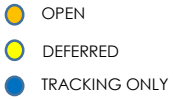
Michael Sobetzko, Sr. Director, RMOS

Issues Inventory Update – Summary

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Reported	5	4											
Open	2	2											
Closed to inventory	1												
Deferred													
Remediated													
Tracking Only	2	2											
Monitoring Only													

- **Open** – Issues confirmed by Compliance Risk Operations that require oversight and monitoring with business units.
- **Closed to Inventory** – Issues in which business units' are seeking guidance about a regulation or best practice process.
- **Deferred** – Issues in which regulatory guidance (DHCS, DMHC, or CMS) is pending to resolve or issue resolution is dependent on another business units' implementation of a system or process.
- **Remediated** – Issues that require formal or informal corrective action plans for resolution.
- **Tracking Only** – Issues managed by other Compliance areas (such as Regulatory Affairs, Audits, Analysis, Communication and Internal Audit In which the risk management staff is following up for current status updates to closure.
- **Monitoring Only** – Issues in which corrective action plans are completed and monitoring is to be done by Compliance.

Issues Inventory Years 2019 - 2023



Year	2019	2020	2021	2022	2023	2024
Total	**6**	**134**	**32**	**105**	**210**	**4**
Open	1		1	7	28	2
Closed to Inventory					120	
Deferred			3	21	1	
Remediated	5	134	28	77	42	
Tracking Only					19	2
Monitoring Only						

Issues Inventory Update – Open

Issue Name and Description	Date Reported	Business Unit	Status
Alternate Format Selection (AFS)-14 Member Data Capture APL 22-002 set forth requirements for plans to capture and track a members alternate format selections. Additionally APL22-002 requires plans to share member AFS data with DHCS. L.A. Care does not appear to be compliant with reporting the AFS-14 member capture data to DHCS.(1546)	1/25/2024	Customer Solution Center	Open
Non-Compliance Timely Termination of Enhance Care Management Providers The Credentialing Committee issued Administrative Termination decisions for three Enhance Care Management (ECM) providers with effective dates September 22nd 2022 and October 27th 2022. During a quality check process of the Provider Data Management (PDM) Department's, we identified these providers remain active and potentially service members. (1545)	1/25/2024	Provider Data Management	Open

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Closed
Enhanced Care Management Readiness L.A. Care's is investigating their readiness for implementing the Enhance Care Management requirements of APL 23-032 which outlines the improvements to quality of life and health outcomes for Medi-Cal managed care members. (1542)	12/26/2023	Call Center, Enterprise Configurations, IT Portfolio, Legal	This issue is closed to inventory due to Finance and ECM teams are compliant with the new requirements. ***No need to report as an issue.***	2/7/2024
Subcontractor Overpayment Reporting Regulatory Analysis & Communication is 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)	8/17/2023	Financial Compliance	Confirmed LA Care is compliant with an 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.	2/6/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing ***Part of the findings from a 2023 IA review of PQI*** **Errors in Case Summary Documentation:** • *Case Summary Document*: No case closure date was documented on 2 of 35 cases. • *Case Summary Document*: The "Date Case Closed" date in the document header does not match MD signature date on 2 of 35 cases. (1536)	11/27/2023	Christine Chueh; Rhonda Reyes/ Provider Quality	RGP (IA in 2023) validated the corrective action implementation for this issue.	2/1/2024
Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing-Unsubstantiated PQI Referrals Unsubstantiated PQI Referrals **Part of the findings from a 2023 IA review of PQI** • A&G is referring a significant volume of cases to PQR that are not actual PQI cases (Triage 0 cases). (1535)	11/27/2023	Christine Chueh; Rhonda Reyes; Demetra Crandall/ Provider Quality, Appeals and Grievances	RGP (IA in 2023) validated the corrective action implementation for this issue.	2/1/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing-Manual Processing of PQI ***Part of the findings from a 2023 IA review of PQI*** **Manual Processing of PQI:** • PQR's manual intake system creates a risk of human error. • PQR's manual tracking creates a risk of human error. • PQR's manual PQI processing is time consuming, particularly with the: PQI intake process (1533)	11/27/2023	Christine Chueh; Rhonda Reyes; Demetra Crandall/ Provider Quality, Appeals and Grievances	PQR is building an improved system in Salesforce	2/1/2024
Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing-PQI Case Influx ***Part of the findings from a 2023 IA review of PQI*** **PQI Case Influx:** • PQR received 503 aged PQI cases from A&G, resulting from an incorrect referral process within the A&G system, PCT. This caused a risk for untimely PQI processing. (1530)	10/3/2022	Christine Chueh; Rhonda Reyes; Demetra Crandall/ Provider Quality, Appeals and Grievances	RGP (IA in 2023) validated the corrective action implementation for this issue.	2/1/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing-PQR Staffing ***Part of the findings from a 2023 IA review of PQI*** **PQR Staffing:** • Staffing to accommodate increasing PQI case volumes: PQI open aging remains high.(1531)	11/27/2023	Christine Chueh; Rhonda Reyes; Demetra Crandall/ Provider Quality, Appeals and Grievances	RGP (IA in 2023) validated the corrective action implementation for this issue.	2/1/2024
Physician Provider Groups (PPGs) 2024 D-SNP Material Readiness Medicare Products inquired about the coordination in place to ensure the PPGs delegates are implementing the D-SNP 2024 materials and following the requirements.(1501)	10/10/2023	Richard Rice; Steven Tran/ Delegation Oversight Medicare	The 2024 D-SNP Materials were communicated to the delegates via EPO and the readiness is completed.	1/16/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Flu Postcard Error - DSNP Incorrect area code Postcard LA1664 09/23 was sent out to 18,000 DSNP members with the incorrect area code from September 1st-September 6th. (1495)	9/11/2023	Gabriela Flores, Josefina Burgess/ Compliance Material Review; Marketing	The CAP is finalized. Compliance Marketing developed a project oversight checklist to be enforced with every project. This checklist will validate all points of review for the project/document. Also, Marketing management will conduct random periodic audits twice a month by looking at one project per staff member until all department staff has been audited at least once and then repeat the cycle.	1/16/2024
Physician Administered Drugs Payment DHCS issued an advanced warning letter (CAP) for payment for physician administered drugs (PAD). (1482)	7/20/2023	Erik Chase/ Claims	This CAP has now been closed by DHCS and no further reporting is required.	1/26/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Provider Network Data Validation Timeliness LA Care is out of compliance with the turnaround time to ensure accuracy of all provider demographic information in the directory. The regulation that requires timely accurate provider network data are The No Surprise Act (data should be validated quarterly), SB137 (data should be validated within 30 days of receiving the information) and timely regulation 1300.67.2.2 (data to be updated annually for appointment surveys). (1479)	7/13/2023	Christine Salary/ Provider Data Management	PNMPDM-020 Provider Data Roster Remediation Policy & Procedure was developed to outline the processes for timely provider data accuracy and management. Monitoring for evidence of provider outreach every 90 days (quarterly) to validate the accuracy of provider data was successful.	1/12/2024
DSNP EGD Incorrect Letter Used The incorrect letter was mailed to resolve 284 DSNP 'EGD' grievances. The member was mailed a withdrawal letter instead of a resolution letter. (1476)	6/23/2023	Demetra Crandall/ Appeals & Grievances	As of 10/26/23, a resolution letter was mailed to all involved members, and this project is now complete.	1/9/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Payment Lock - Provider Payments Not Sent A provider escalation relative to a payment not being remitted in December 2022, (9999 payment lock error) resulted in the identification of opportunities to improve the process of reconciling 9999 payment lock errors. (1306)	2/9/2023	Feven Liu/ Medical Payment Systems & Services	The implementation of multiple technical fixes, scripts and corrected system enhancements were completed in September 2023 to remediate all payment locks. The control in place is ongoing daily oversight and monitoring to review the one offs with Claims, Provider Data and Electronic Data Interchange (EDI) to correct the claims for accurate processing.	2/6/2024
2021 DHCS Focused Audit The Plan failed to monitor the grievance notification process. Subsequently, the Plan failed to send written notification of grievance status and estimated date of resolution. (1254)	11/15/2021	Demetra Crandall/ Appeals & Grievances	Staff Training: A&G will conduct training on the grievance notification process inclusive of the written notification to the member of grievance status and an estimated date of resolution.	2/7/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
2021 DHCS Focused Audit – DHS The Plan failed to monitor the grievance notification process for members. Specifically, the Plan failed to provide written notifications of resolution in a timely manner, as well as process the grievance resolutions and notifications within the required timeframes. (1253)	11/15/2021	Demetra Crandall/ Appeals & Grievances	Management Oversight: The Appeals and Grievances department implemented a weekly management email communication to staff regarding caseload volume and case due dates. Management has also implemented team huddles two times a week to discuss weekly inventory report, caseload volume, and staffing to ensure cases are closed by the case resolution due date.	1/27/2024
2021 DHCS Focused Audit - DHS The Plan did not perform continuous monitoring, evaluation, or conduct follow-up procedures to review or confirm LA DHS's progress or completion of their CAP. The Plan did not ensure the CAPs were operationalized. (1250)	11/15/2021	Richard Rice/ Delegation Oversight	Delegation Oversight Audits has an established process for validating CAP progress and completion and it has been applied to DHS D.O. Audit CAPs.	1/25/2024

Issues Inventory Update – Remediated

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
UM Authorizations Backlog ~9000 authorizations, which include prior, concurrent, and retro cases, were found to be backlogged. This was due to the move to the new UM system Syntranet, a high volume of non-actionable requests being received from providers, and a shortage of staff to process the cases. (1207)	6/22/2021	Tara Reed/ Utilization Management	Implemented CAP: 2021 DMHC CAP submitted UM August 16, 2021 This compliance issue rolled into the Enforcement Matter designation handled by Justin Murakami. Per the 1-31-24 Disciplines and Enforcement Matters meeting, all disciplines, 1-18, have been completed, which includes this issue.	2/2/2024
CMC Sales Practices A whistleblower complaint identified that representatives made misleading statements in enrolling members in CMC. (1167)	5/6/2021	Cristina Ingelse, Linda Greenfeld, Leslie Quintanilla, Melissa Gutierrez, Victor Hurtado/ Sales	It was determined, by the DMHC, that "no new" CAP was necessary and the issues identified in 2022 would be added to the existing Business Plan.	1/31/2024

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
Health Information Exchanges Amendment Investigating if L.A. Care could contractually require network hospitals to join Health Information Exchanges. (1544)	1/24/2024	Provider Contracts	Tracking Only - Managed Regulatory Analysis & Communication
Interpretive or Translator Services for D-SNP Members Customer Services Center (CSC) reported members have not been able to receive the interpretive or translator services since possibly as January 1, 2024. L.A. Care has to report this incident to Center for Medicare & Medicaid Services (CMS) under the Reporting Emergency Part C & D Issues. (1541)	1/3/2024	Call Center & Vendor Management	Tracking Only - Managed by Regulatory Affairs

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
Mental Health and Substance Use Disorder Coverage L.A. Care will not be compliant with the implementation of Mental Health and Substance Use Disorder guidelines set forth in the most recent versions of treatment criteria and associated with APL21-002 which was never implemented in 2021. (1538)	12/12/2023	Community Health; Utilization Management; Corporate Compliance and Delegation Oversight; Appeals & Grievances	Tracking Only – This issue was initiated from the Regulatory Analysis & Communications team.

Audit Services

Maggie Marchese, Sr. Director, Audit Services

Audit Services – 2024 Internal Audit Plan (IA)

Open 2023 Audits:

- Data Management and Governance Phase I: Final Audit Report
- Date Management and Governance Phase II: Final Audit Report
- Provider Quality: PQI (follow-up assessment)
- Staffing/Talent Acquisition Assessment: Management responses pending.

Open 2024 Audits:

- Product Sales and Member Services
- Provider Network: Access to Care
- Plan Partners Audit: Moved from Q3 to Q1 (replaced Provider Dispute Resolution Audit)
- Appropriate Access Controls/ IT System Security: Moved from Q2 to Q1

CAPs Inventory Management/Monitoring:

- IA developing a SharePoint designed to incorporate a formal workflow process to track all internal audit-related CAPs.

Audit Services – Upcoming Q2 Audit Projects

Audits:

- Call Center
- Provider Operations

Follow-Up Assessments:

- Claims: Out-of-Area Emergency Services Claims
- DSNP Implementation and Oversight

Risk Mitigation Plan Implementation Effectiveness Reviews:

- HRA Reassessment Efforts

Audit Services – Open Audit Projects Q1 '24

Audit Activity	Risk Focus	Type	Focus Area - High Level Description	Audit Phase	Percentage Complete	Scheduled Completion Target
Provider Network: Access to Care	Provider Network	Audit	Assess the adequacy and effectiveness of LAC's provider network in delivering timely and accessible healthcare services.	Pre-Planning	6%	4/30/2024
Product Sales and Member Services	Member Services	Audit	Assess if Customer Service Center representatives (CSRs) are appropriately providing disenrollment information and assistance to Members. Assess if LAC has an effective compliance plan for Product Sales call monitoring with measures that prevent, detect, and correct non-compliance.	Fieldwork (Testing)	34%	4/30/2024
Plan Partner Contracts	Provider Network	Audit	Assess LAC's key activities/processes relating to the oversight of Plan Partners.	Planning	19%	4/30/2024
Appropriate Access Controls / IT System Security	IT	Risk Mitigation Plan Implementation Effectiveness Review	Moved from 2023 to 2024. Conduct an effectiveness review of risk mitigation plan implementation for risk # O19.	Pre-Planning	2%	4/30/2024

Provider Network Management (PNM)

Lucy Nakamura, Director, PNM

DHCS APL 23-029

Memorandum of Understanding (MOU) between Managed Care Plan and Third-Party Entities

Background

- The 2024 Medi-Cal Managed Care Contract requires all managed care plans (MCPs) to enter into Memorandums of Understanding (MOUs) with counties and third-party entities to contractually ensure the provision and coordination of whole-system, person-centered for Members.
- On October 11, 2023, DHCS also issued All Plan Letter (APL) 23-029 to explain in details the intent and scope of MCPs responsibilities under the MOUs, including timing of MOUs execution and submission to DHCS and MOUs oversight and monitoring.

Barriers to Completion

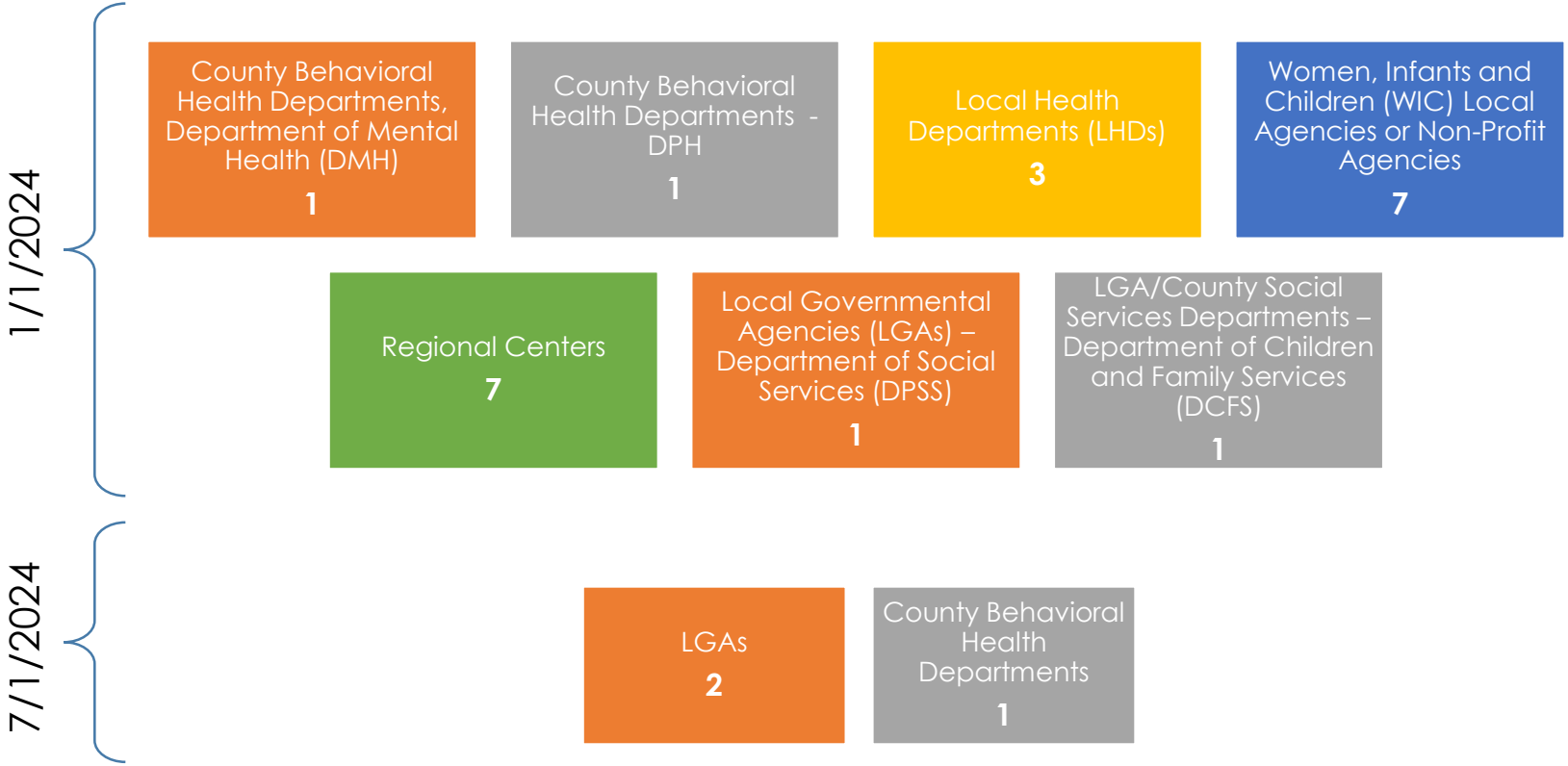
- Shortages in staff resources delay and impact the timely initiation and completion of MOUs.
- Until adequate staffing resources are allocated, fulfilling these obligations within the stipulated timeframes will remain challenging.

Potential Risks

- Non-compliance with DHCS mandates exposes the L.A. Care and its partners to legal and regulatory consequences, including fines, penalties or other enforcement measures, and places a risk on overall compliance.
- ***Note: Estimated total number of MOUs to complete: 100-120 for 2024-2025.***

Preliminary MOU Listing

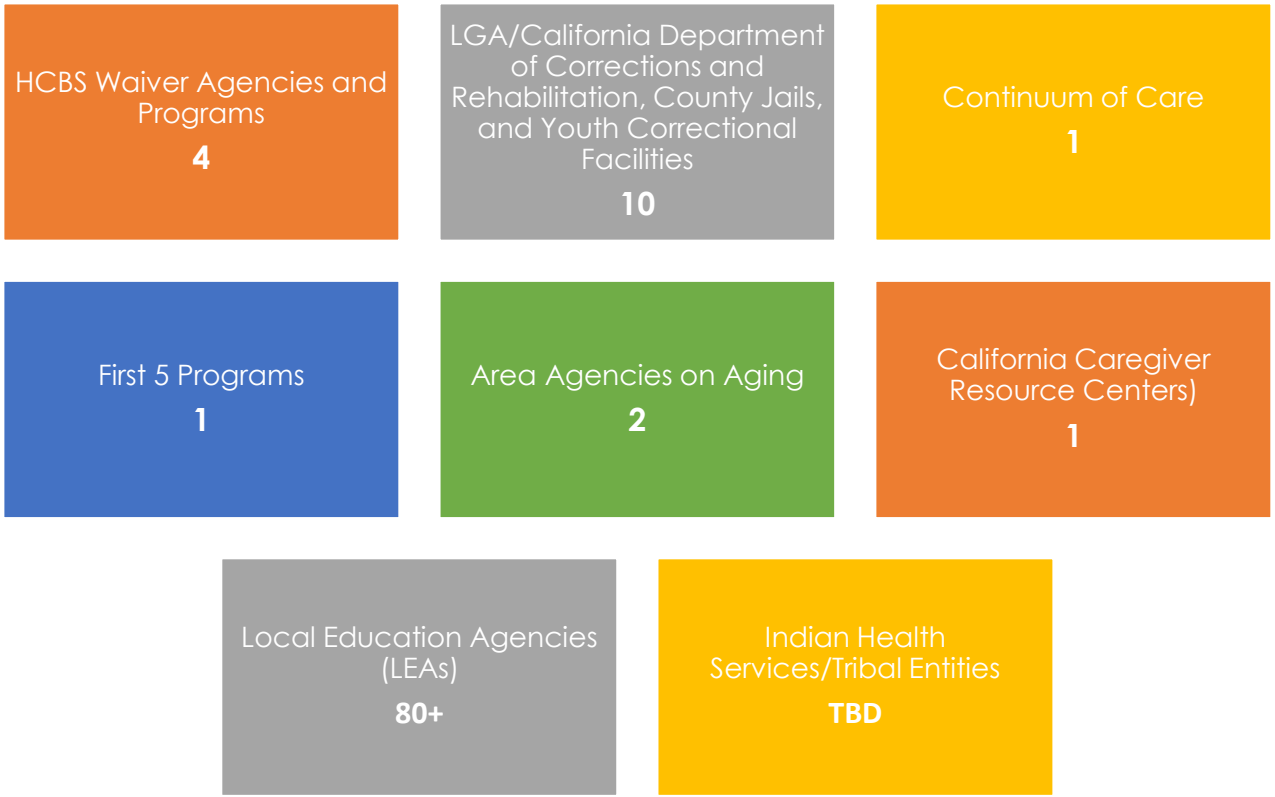
Subject to Additional Entities as Identified by DHCS



Preliminary MOU Listing

Subject to Additional Entities as Identified by DHCS

1/1/2025

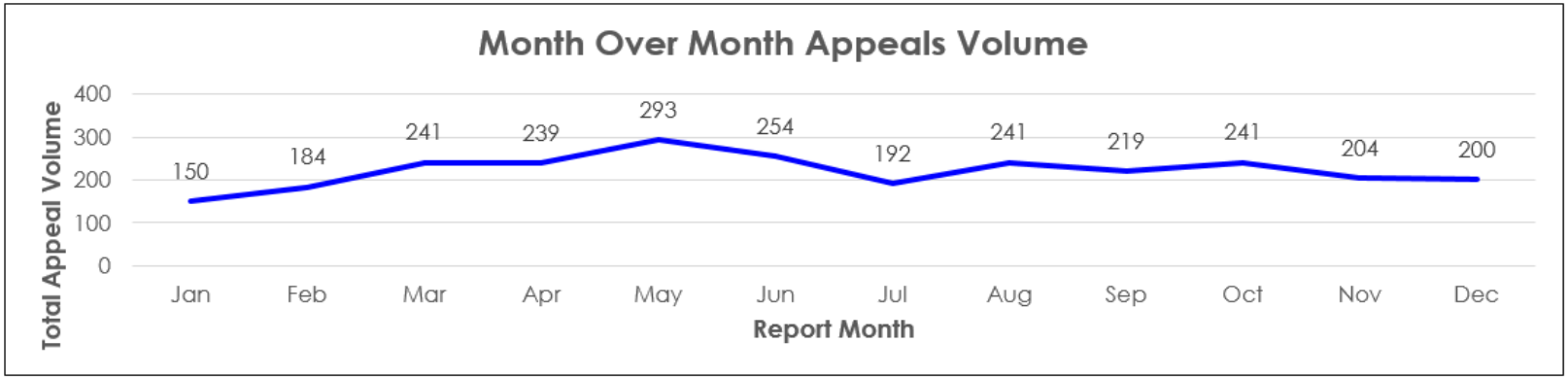


Appeal & Grievances (A&G)

Demetra Crandall, Director, A&G

Appeal Volume 2023

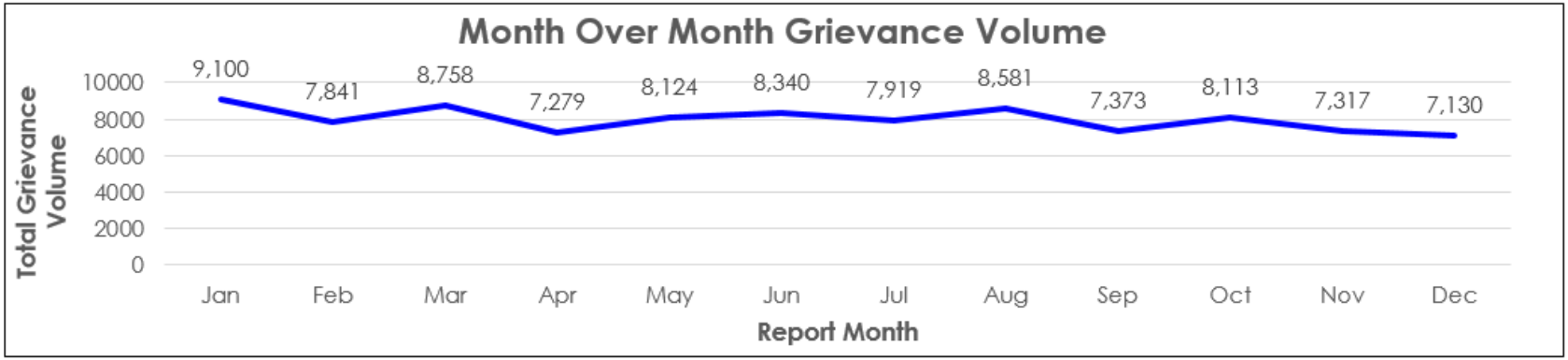
Monthly Appeals Report: Detailed Appeals Data
Reporting Period: 2023
Note: Cells highlighted green indicate highest volume Appeals categories/subcategories for the report month.



Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	139	176	232	235	283	230	186	222	210	229	196	164
Billing and Financial Issues	8	8	8	4	8	21	5	16	8	7	7	33
Quality of Care	3	0	1	0	2	3	1	3	1	5	1	3
Total	**150**	**184**	**241**	**239**	**293**	**254**	**192**	**241**	**219**	**241**	**204**	**200**

Grievance Volume 2023

Monthly Grievances Report: Detailed Grievances Data
Reporting Period: 2023
Note: Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month.



Month Over Month Grievance Volume Detail												
Grievance Category	Report Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	2,868	2,588	2,752	2,273	2,467	2,686	2,565	2,693	2,324	2,592	2,297	2,285
Attitude and Service	2,326	2,136	2,481	2,061	2,334	2,301	2,413	2,399	2,154	2,340	2,260	2,165
Billing and Financial Issues	3,509	2,788	3,130	2,598	2,895	2,879	2,495	2,933	2,391	2,716	2,417	2,369
Quality of Care	379	320	389	335	418	463	431	540	494	447	335	306
Quality of Practitioner Office Site	18	9	6	12	10	11	15	16	10	18	8	5
Total	**9,100**	**7,841**	**8,758**	**7,279**	**8,124**	**8,340**	**7,919**	**8,581**	**7,373**	**8,113**	**7,317**	**7,130**

Note: Cells highlighted green indicate the top 3 highest volume grievance categories/subcategories for the report month.

A&G Grievance Forum: Overview

Problem Statement

The lack of ***standardized reporting***, ***limited business partner engagement and accountability***, and outdated ***technology*** causes the inability to ***reduce and mitigate grievance volume.***

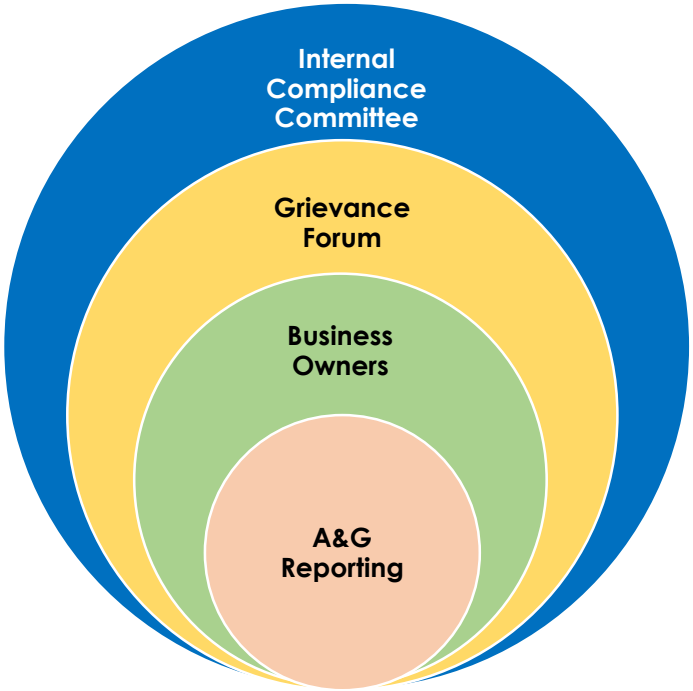
Solution

Develop a Grievance Mitigation Forum to enhance visibility and increase collaboration between A&G and business partners with tracking, trending, and grievance mitigations.

Business Partners

Call Center, Claims, Compliance, Credentialing, Cultural & Linguistics, EPO/PNM, Finance, Pharmacy, Product, Utilization Management/Case Management, Quality, and Vendor Management.

Grievance Forum – Roles & Responsibilities



Internal Compliance Committee (ICC): Reviews summary findings presented by A&G and provides recommendations on further actions.

- Reviewing and evaluating key performance indicators (KPI) performance, identifying opportunities for performance improvement, and recommending Corrective Action Plans (CAPs) when deficiencies would benefit from more focused/structured plans.
- Assessing the sufficiency of submitted CAPs
- Overseeing follow-up, by operational area to ensure identified deficiencies and priorities are being addressed/corrected. This includes oversight of delegated entities and recommendations for sanctions up to and including the revocation and/or termination of delegation if the delegated entity's performance is inadequate.

Grievance Forum: Reviews the Business Owners' plan of action on selected trends, documents status of remediation action plans and reports trends to Internal Compliance Committee (ICC).

Business Owners: The business owners are accountable for their processes and outcomes. They receive the A&G Reports, review data, identify top trends, provide remediation action plans, report findings, and own the remediation plan and timeline. Provide findings and status updates in the Grievance Forum.

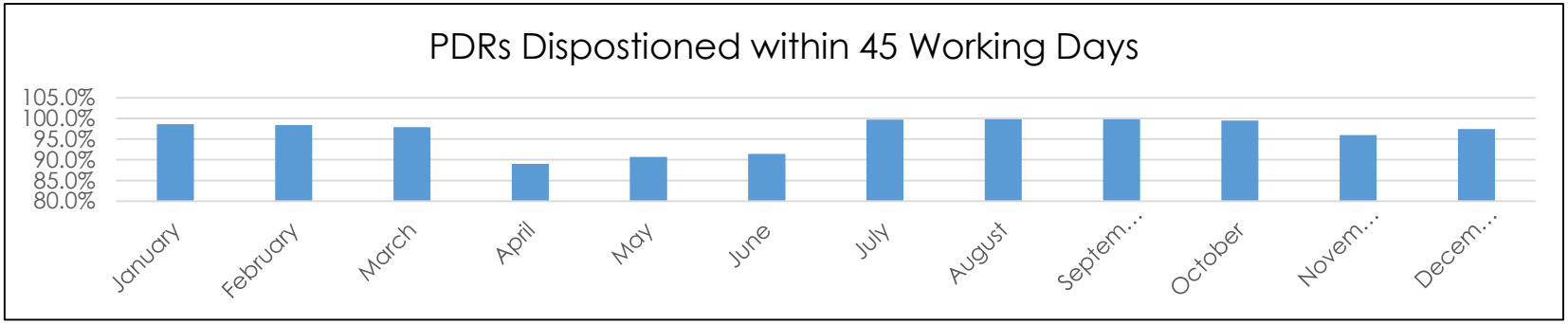
Business Owners Include: Pharmacy, C&L, Claims, Customer Service, PNM, UM, Sales, EPO, Behavioral Health, Quality (PQI)

A&G Reporting: Produces and distributes the monthly and quarterly Business Partner reports.

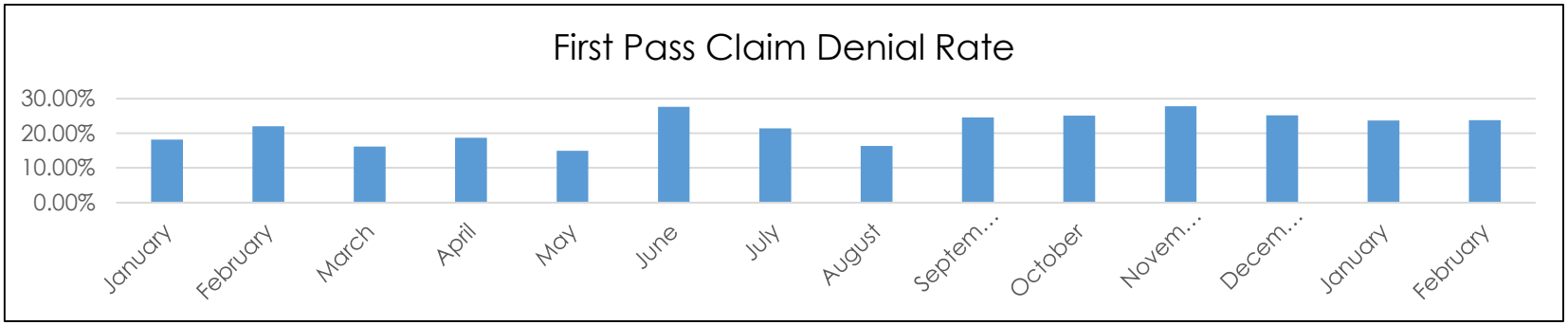
Payment Integrity

Erik Chase, Sr. Director, Claims Integrity

Claims Integrity

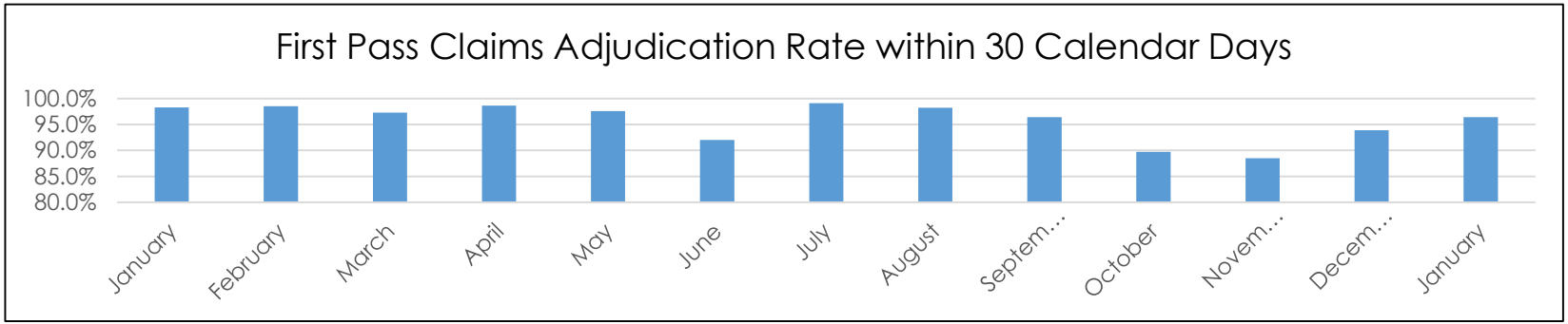


Overall average = 96.5%
Reporting requires run out

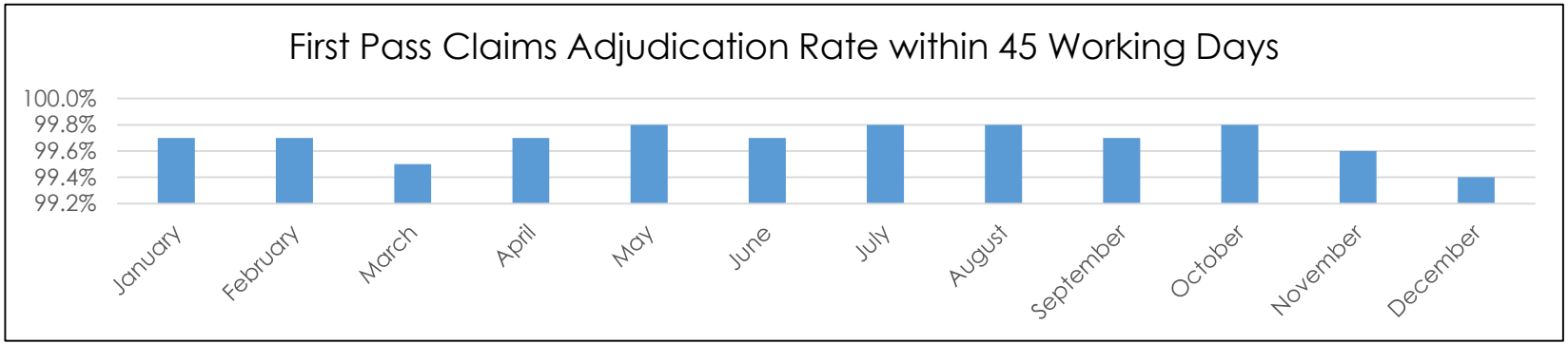


Overall average = 21.8%

Claims Integrity

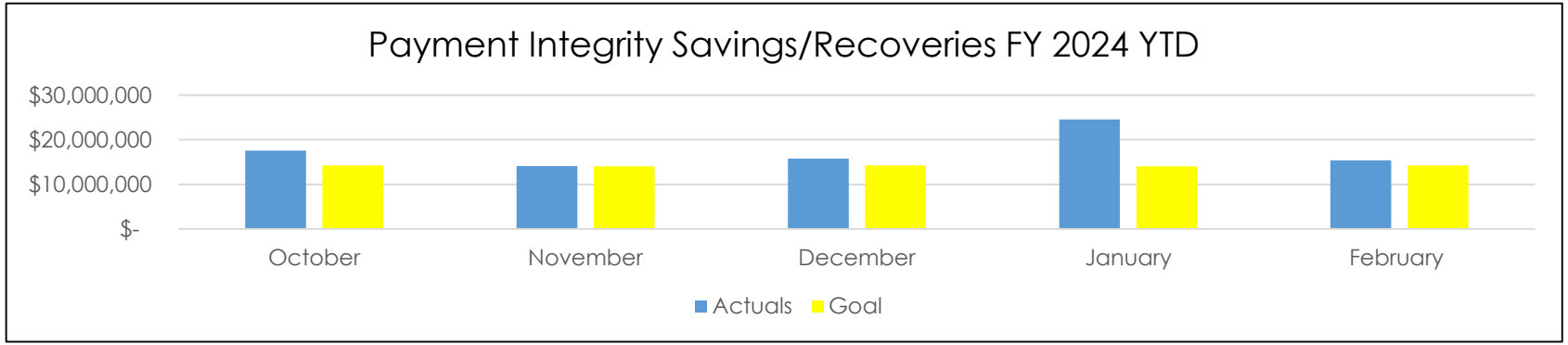


Overall average = 95.7%



Overall average = 99.7%

Payment Integrity



	October	November	December	January	February	March	April	May	June	July	August	September	Total
Actuals	$17,565,656	$14,124,243	$15,790,696	$24,563,325	$15,363,377	$0	$0	$0	$0	$0	$0	$0	**$87,407,296**
Goal	$14,257,918	$14,062,916	$14,257,916	$14,062,918	$14,237,916	$13,917,916	$14,709,583	$14,519,584	$13,014,583	$14,515,583	$14,710,584	$14,515,583	**$170,783,000**
Variance	$3,307,738	$61,327	$1,532,780	$10,500,407	$1,125,461	-$13,917,916	-$14,709,583	-$14,519,584	-$13,014,583	-$14,515,583	-$14,710,584	-$14,515,583	**-$83,375,704**

	October	November	December	January	February	Total
Actuals	$17,565,656	$14,124,243	$15,790,696	$24,563,325	$15,363,377	**$87,407,296**
Goal	$14,257,918	$14,062,916	$14,257,916	$14,062,918	$14,237,916	**$70,879,584**
Variance	$3,307,738	$61,327	$1,532,780	$10,500,407	$1,125,461	**$16,527,712**

Annual Savings/Recovery Goal: **$170M *($70.9M YTD)***
YTD Savings/Recoveries to Goal: **$87.4M**
Favorability to Goal: **$16.5M**

Questions

March 21, 2024

To:	Compliance & Quality Committee
From:	Alex Li, MD **Department**: Health Equity
Re:	CHEO Chair Report
Regulatory Requirement:	☐ CMS ☒ DHCS ☐ DMHC ☐ NCQA ☐ Other(specify):_____ ☐ N/A

A. NCQA Health Equity Accreditation

On March 11, 2024, L.A. Care received a notification from NCQA that we achieved the NCQA Health Equity Accreditation status. We received a score of 98% or 86.5 out of 88 possible points. We are all extremely proud of our work in health equity and achieving this status. Nationally, there were around 170+ health plans out of around 1,100 health plans nationally that have received the NCQA Health Equity Accreditation status.

B. Equity Practice Transformation Program Update

The Department of Health Care Services (DHCS) Equity and Practice Transformation (EPT) program announced that 46 practices selected to L.A. Care as their managed care plan sponsor. We were informed that 211 out of 700+ practices were selected to participate in the program. On March 7, 2024, we hosted our first welcome session.

Type of Practice	Total Number of Practices	Total in Direct Network	Medi-Cal Members (LA Care and HealthNet) Impacted
Private	24	8	100,938
FQHCs	22	5	488,981
Totals	**46**	**13**	**589,919**

C. DHCS 2024 Quality Withhold and Incentive Program (QWIP)

On March 11, 2024, DHCS shared with the managed care plans their preliminary proposal for their new Quality Withhold and Incentive Program. The QWIP is intended to be a program where a small percentage of the managed care plan's revenue is withheld and then earned back based on the 8 managed care accountability set (MCAS) and consumer and provider survey responses. The new modification of the program is to have a health equity framework and seeks to require health plans to address sub-populations that perform poorly in the MCAS measures.

Managed Care Accountability Set (MCAS) Update For MY 2023 & MY 2024

Compliance & Quality Committee (C&Q)

March 21, 2024

Bettsy Santana
Senior Manager, Quality Improvement

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Background

- The Managed care Accountability Set (MCAS) is a set of Medi-Cal performance measures that L.A. Care is required to report
- For MY 2022, L.A. Care received an intent to sanction in the amount of $890K
  - L.A. Care has filed an appeal
- The MCAS list for MY 2023 has a total of 42 measures with 18 held to the National 50$^{th\%}$ as set by the National Committee for Quality Assurance (NCQA), known as the Minimum Performance Level (MPL)
  - 3 new measures were held to MPL in Measurement Year (MY) 2023
- Currently, we are still collecting data and calculating MY 2023 final rates

2023 Key Findings

- For MY2023, L.A. Care is at risk of falling below MPL on 9 measures
- "Topical Fluoride Varnish"* and "Well Care Visits for Children (ages 3-21)" are very close to meeting MPL. We are working hard to ensure we receive all data needed.
- "Cervical Cancer Screening" rates and "Well Care Visits for Children under 30 Months" have improved but still not at MPL
- "Follow-up after ED visit for Mental Health Condition (FUM)" and "Follow up after ED visit for Substance Use (FUA)"* have data gap issues that we are working on

* New in 2023

Measures at risk

Rates for MY 2023 as of 2/14/2024

Measure Description	Measure Type	Rate	50th/ MPL
Cervical Cancer Screening (CCS)	H	50.12%	57.11
Childhood Immunization Status (CIS)	H	25.06%	30.90
Follow-Up After Emergency Department Visit for Substance Use (FUA)	A	26.60%	36.34
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	29.79%	54.87
Lead Screening in Children (LSC)	H	60.34%	62.79
Prevention - Topical Fluoride For Children	A	16.54%	19.30
Well-Child Visits in the First 30 Months of Life (W30)	A	44.73%	58.38
Well-Child Visits in the First 30 Months of Life (W30)	A	63.46%	66.76
Child and Adolescent Well-Care Visits (WCV)	A	45.30%	48.07

- Rates have improved which may lessen the monetary impact for MY 2023.

Highlights

- Multiple childhood measures are trending up
  - Topical Fluoride Varnish
  - Lead Screenings (LSC)
  - Well Care Visits for Children 15-30 months (W30 B)
  - Child and Adolescent Well-Care Visits (WCV)
  - Developmental Screening - Already met MPL
  - Immunizations for Adolescent is currently at 75th%
- We have high performance on two adult measures
  - Breast Cancer Screenings is currently at 75th%
  - Chlamydia Screening is at 90th%

Actions taken

Initiatives Expansion

Wide Spectrum Efforts to Improve HEDIS

Increase Care Options

- FIT and A1c Kits
- Adding mobile mammography
- Exploring member engagement and care via new settings

Expand Member Communication

- New text messages for CCS, LSC, WCV and flu (for kids)
- Fluoride Social Media
- VSP partnership for member outreach
- Expansion of direct mail campaigns

Deepen & Intensify Provider Engagement & Accountability

- Expanding PPG and provider outreach
- New required QI-focused JOMs
- Education: CME & Webinars

Data Management & Integrity

- Enhancing provider data submission
- Understanding and addressing rejected encounters
- Data reconciliation
- Provider education and training
- Building encounter data management capabilities and processes

Deepen Blue Shield and Anthem Plan Partner Collaboration

- Aligning strategy and initiatives
- Data reconciliation
- Joint provider engagement
- Sharing best practices

Strengthen collaboration and coordination across L.A. Care Departments including with Pharmacy, Care Management, Utilization Management, Community Resource Centers, Appeals/Grievances, CSC, Encounters, Analytics/IT, and Product: Every member and provider interaction is opportunity

MY 2024 Changes and updates

MCAS MY 2024/RY 2025

- No substantive changes
- Still 18 Measures held to MPL
  - The diabetes measure transitions from Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (HBD) to Glycemic Status Assessment for Patients With Diabetes (GSD)
- 23 Measures are reportable
  - Only one measures was dropped from the list from prior year
    - Ambulatory Care – Emergency Department (ED) Visits
- MY 2025 proposed Changes
  - 7 additional measures will be held to MPL

Questions?

2023 QI & Health Equity (QIHE) Annual Evaluation & 2024 QIHE Program & Work Plan

Compliance & Quality Committee
March 21, 2024

Presenter: Bettsy Santana, MPH
Senior Manager, Clinical Initiatives

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Report Content & Background

Annual QI Evaluation (Fiscal year 22-23)

- The Quality Improvement Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to:
  - Quality and Safety of Clinical Care
  - Quality of Service
  - Member Experience
  - Access to Care

- The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities.
  - Staff throughout L.A. Care contribute to the activities
  - QI committees oversee the various activities

Opportunities for Improvement

Accreditation, Access and Availability, and Clinical Care

- In NCQA's Health Plan Rating system, L.A. Care can earn a rating of 0-5 Stars (0.5-star increments) for the HEDIS/CAHPS portion of Accreditation.

Figure 1. 2023 NCQA Health Plan Ratings by Product

Medi-Cal	Medicare	LACC*
3.5 Stars	3.0 Stars	Accredited

**does not receive a Star rating*

- **Appointment Availability Standards**.
  - Note: L.A. Care's goals are set at ≥ 10% the DMHC goal and are self-reported
    - 3 out of 9 *PCP Appointment Availability Standards* were met
    - 1 out of 2 *After Hours Standards* were met
    - No *Specialists Appointment Availability Standards* were met
- L.A. Care **met** the Minimum Performance Level on **9 out of 15 Medi-Cal MCAS measures**.
  - Measures below the MPL were Childhood Immunization Status, Well Child Visits in the First 30 Months of Life for both the first 15 months and 15 to 30 months, Cervical Cancer Screening, Lead Screening in Children, Follow-Up after Emergency Department Visit for Mental Illness, and Child and Adolescent Well-Care Visits.

Opportunities for Improvement

Patient Safety and Member/Provider Experience

Hospital Safety

- 29/40 hospitals had Nulliparous, Term, Singleton, Vertex (NTSV) C-Section rates above desired 23.6%.

Facility Site Review (FSR)

- Needle stick safety rate did not meet goal of 80.0%.

Member and Provider Experience

- In both the Medi-Cal Adult and Child Survey results, the largest declines observed are in the “Getting Needed Care” and “Getting Care Quickly” domains.
- L.A. Care Covered: 3/4 ratings increased from 2022 to 2023 with only Rating of Health Care decreasing. The Rating of Specialist increase was also statistically significant.
- Provider satisfaction rates decreased overall for PCP & SCPs

Customer Solution Call Center

- Service Level (SL) and Abandonment Rate (ABA) call performance goals were not met during FY 22-23 for MCLA

Highlights/Goals Met

Clinical Care, Health Equity, Cultural and Linguistic Services

Clinical Care:

- **DHCS Auto Assignment Percentage Allotment** for 2024 (year 19) increased from 59.4% to **64%**
- Launched 58 Clinical Quality Campaigns: text, social media, mailers, incentives, and more
  - Texting campaigns, diabetes mailer, and robocalls for breast and colorectal cancer screenings were effective at closing gaps

Health Equity:

- L.A. Care met 10/16 Member Equity Council goals. Four are currently in progress and expected to be met in the next fiscal year. Two goals were not met including closing disparity gaps on timeliness for prenatal care and COVID vaccination disparities.
- Hosted 19 CME/CE activities for L.A. Care Providers, other physicians, NPs, RNs, LCSWs, L.A. Care staff and other healthcare professionals in FY 2022-2023 and offered 47.50 CME/CE credits.

Cultural and Linguistic Services:

- 90% of member are satisfied (“Very Happy or Somewhat Happy”) with interpreting and translation services.

Highlights/Goals Met

Health Education and Patient Safety

Health Education:

- Successfully implemented the Medi-Cal Doula benefit in collaboration with the Medi-Cal Product Unit. Since the program inception, 32 MCLA members have received doula services.

Potential Quality of Care Issues (PQI):

- The PQI timely processing goal was met.
  - In Fiscal Year (FY) 2022-2023, the PQR team processed 7,337 PQI referrals, including cases carried over from previous years.
  - 6,230 / 7,337 (85%) cases were processed within the required timeframe of six calendar months, or seven months with approved extension, which meets the 85% goal.

Appeals & Grievances:

- **Non-Behavioral Health**
  - For CY 2023 42/48 Total Goals for all LOBs were met (88%)
- **Behavioral Health**
  - For CY 2023 48/48 Total Goals for all LOBs were met (100%)

Areas for Improvement

- Children's Wellness Visits and related tests
- Cervical Cancer Screening Rates
- Colorectal Cancer Screening Rates
- Member Experience
- Access and Availability

Root Cause Analysis for Improvement Areas

- COVID-19 pandemic continues to negatively impact practice capacity, capabilities, appointments, and services delivered.
  - Even after stay-at-home orders were lifted, many members remain hesitant to seek in-person care.

- Widespread provider burnout, high staff turnover, rising labor costs, increasing workloads, diminishing margins, rising costs, serious financial strain, and additional factors have compromised access to care, HEDIS performance, and CAHPS/patient experience scores.

- Gap Closure data frequently is not captured with appropriate codes and/or often is not successfully transmitted to plan
  - Complexity of data recording, transmission, and integration creates significant data gaps that also impact HEDIS measure scores.

Conclusion & Recommendations

Overall, the 2023 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes

Next Steps and Recommendations

- **HEDIS**
  - Additional member and provider engagement
  - Closing data gaps: Encounters, HIEs, and overall data submission
- **Member Experience**
  - Additional interventions to address “getting needed care,” “getting care quickly,” and member education
  - Increasing call center staff
  - Collect additional data on member experience
- **Access and Availability**
  - Monitor network adequacy at the PPG level
  - Improve provider education
  - Accountability for non-responsive and non-compliant Providers (PAAS Survey)

Committee Recommendations & Feedback

2024 QI & Health Equity Program Description and Work Plan

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Program Description

Background

- The Quality Improvement and Health Equity Program describes the program structure and the formal decision-making arrangement where L.A. Care's goals and objectives are put into an operational framework.

Revisions for 2024

General Revisions

- Changed from QI program to QI and Health Equity program
- Strategic Priorities (2022-2024), Goals, and Objectives were updated
- The Staff section only includes directors and above i.e. removed managers from the staffing section

New Goals

- Implement a Health Equity Mitigation Plan 2023-2025

Scope of the Program

- Continued to add language throughout to address providing *equitable* care and services
- Removed reference to Kaiser as they now directly contract with the State
- Changed Safety Net Initiatives program to Community Supports

Work Plan

- The QI Work Plan tracks goals and activities geared toward quality improvement for the organization. It is a fluid document and revised on an ongoing basis throughout the year.

- For goals not met, the QI Department:
  - Reviews findings
  - Completes a barrier analysis
  - Develops plan to address the barriers
  - Prioritizes interventions
  - Implements interventions
  - Evaluates effectiveness of interventions

Work Plan Updates

Total Measures for 2024:

Summary of Priority Measures for 2024

- HEDIS: 36
- CAHPS: 33
- Service: 74
- Equity: 5
- Reportable only Measures: 25 (MCAS, D-SNP, & Quality Rating System (QRS)
- Priority 3 HEDIS Measures: 31 (MCAS, D-SNP, QTI & QRS)
- Fewer new measures this year but more became high priority as more measures were added to various QI programs e.g. auto-assignment

2024 QI Work Plan Updates (cont.)

New Measures

Medi-Cal MCAS:

- No new measures
- The diabetic measures are changing from “Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%)” to “Glycemic Status Assessment for Patients With Diabetes.”

D-SNP:

- ICT meeting within 365 days (initial) of enrollment (for members enrolled > 5 months)
- Initial HRA within 90 days of enrollment

L.A. Care Covered (LACC):

- “Annual Dental Visit” was replaced with “Oral Evaluation, Dental Services”

PASC- SEIU:

- HEDIS rates have been added to the work plan for a subset of measures (DMHC Health Equity Measures)

New Section:

- Member Equity Council – includes goals and priorities

Questions

Board of Governors
MOTION SUMMARY

Date: March 21, 2024 **Motion No. COM 100.0424**

Committee: Compliance & Quality **Chairperson: Stephanie Booth, MD**

Issue: Approval of Quality Improvement & Health Equity Documents

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

The Quality Improvement & Health Equity documents (2023 QI & Health Equity Annual Evaluation and 2024 QI & Health Equity Program Description and Work Plan) must be reviewed and approved annually by the plan's governing board in accordance with regulatory, contractual and accreditation standards.

The evaluation document covers 2023 accomplishments in our Medi-Cal, PASC-SEIU, L.A. Care Covered, and Cal MediConnect/D-SNP lines of business. The program description describes 2024 activities for our Medi-Cal, PASC-SEIU, L.A. Care Covered, and D-SNP lines of business.

Member Impact: None

Budget Impact: **None**

Motion: To approve the following documents:

2023 Evaluation

- **2023 Quality Improvement & Health Equity Annual Report and Evaluation – All lines of business**

2024 Program Description

- **2024 Quality Improvement & Health Equity Program and Work Plan – All Lines of Business**

Provider Quality Review Annual Update Q4 2022-Q3 2023

Compliance & Quality Committee (C&Q)
Date: 03/21/2024
Presenter: Christine Chueh & Rhonda Reyes

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Contents

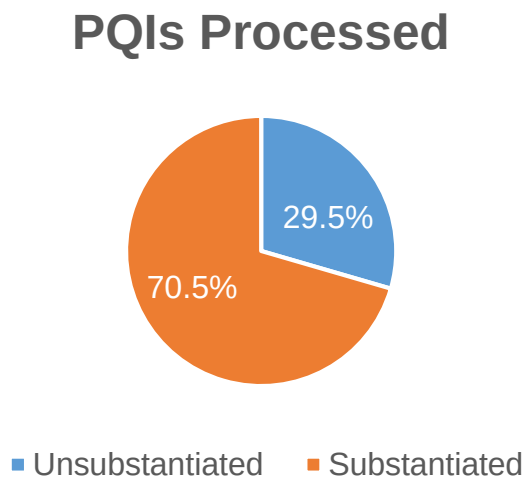
About Us

The Provider Quality Review (PQR) Team

We manage the **Potential Quality of Care Issue (PQI)** process for L.A. Care's direct lines of business**,** which is a regulatory requirement to identify clinical issues/concerns and ensure high quality patient care is delivered to L.A. Care members.

- Evaluating any potential or suspected deviations from accepted standards of clinical care, and administering appropriate remediation actions based on severity-based leveling criteria.
- **All reviews must be completed within (6) six calendar months**, or (7) seven months when an extension is granted.
- **Plan Partners and Specialty Health Plan** are delegated to conduct review of quality of care issues for the members assigned to them and their network partners. Annual oversight audits are completed to ensure cross-organizational alignment.
- **Monitoring Critical Incident (CI) Reports**, as required for CMC/DSNP and MediCal to appropriately capture cases of abuse, exploitation, neglect, and other serious or life threatening events for the health, safety and welfare of our members.

PQI Data : By Product Line



- **Total PQI Processed: 7,334**
  - **29.5%** unsubstantiated referrals
    - Triage 0 or duplicates
  - **5,169** referrals moved to clinical review
- **Medi-Cal had the most cases**, however, the ratio of cases per thousand members per year (PTMPY) is higher for the DSNP/CMC product line at 3.07 PQI PTMPY
- Despite the increase in PTMPY rates for each product line compared to the previous year, the team was concurrently addressing the backlog of cases from 2021. This ongoing effort had the potential to impact the rates for the current reporting period.

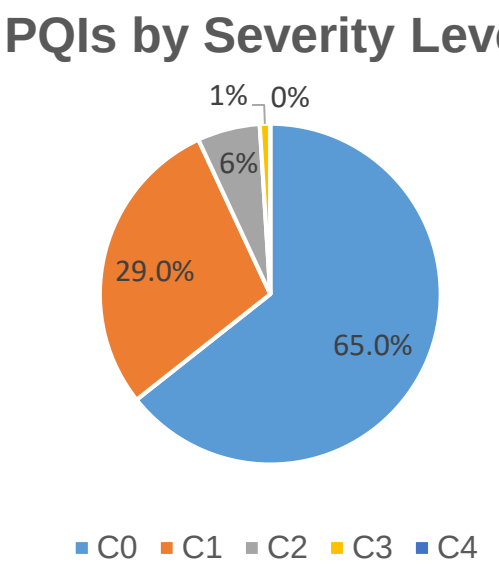
	2021/2022 Totals			2022/2023 Totals		
LOB	Count of PQI	PTMPY	Rate by LOB	Count of PQI	PTMPY	Rate by LOB
MCLA	1,943	0.12	70%	3,784	0.21 ▲	73%
LACC	283	0.21	10%	514	0.35 ▲	10%
CMC/DSNP	448	2.08	16%	667	3.07 ▲	13%
PASC	104	0.17	4%	204	0.34 ▲	4%
Total	**2,778**	**0.15**		**5,169**	**0.25 ▲**	

PQI Data : By Issue Codes

- PQR clinical reviewers assign issue codes to track specific provider issues. **Top issue codes** remain consistent with slight variations from the previous year, marked in blue below with statistically significant differences.
  - Transportation issues previously coded as PQ3 (Delay in Service) are now captured under PQ14 (Transportation) to better represent transportation-related PQIs. This change results in a notable increase in transportation issues and decreases in Delay in Service issues.

		2021/2022 Totals		2022/2023 Totals		
Issue Code	Issue Description	Count of PQI	Rate	Count of PQI	Rate	Proportions Statistically Significant at 95%+
PQ1	DME/Supplies	61	2.20%	133	2.57%	
PQ2	Benefit Issue	50	1.80%	90	1.74%	
PQ3	**Delay in Service**	480	17.28%	603	11.67%	▼
PQ4	Denial of Service	63	2.27%	102	1.97%	
PQ5	Refusal of Care/Rx	156	5.62%	203	3.93%	▼
PQ6	Refusal of Referral	54	1.94%	59	1.14%	▼
PQ7	**Treatment/Diagnosis Inappropriate Care**	785	28.26%	1,390	26.89%	
PQ8	Delay in Authorization	202	7.27%	393	7.60%	
PQ9	**Access to Care**	345	12.42%	731	14.14%	▲
PQ10	Continuity of Care and Coordination of Care	88	3.17%	327	6.33%	▲
PQ11	**Communication/Conduct**	369	13.28%	596	11.53%	▼
PQ12	Physical Environment	31	1.12%	26	0.50%	▼
PQ13	Medical Record/Documentation	16	0.58%	28	0.54%	
PQ14	Transportation	52	1.87%	386	7.47%	▲
PQ15	Systems Issue	26	0.94%	60	1.16%	
PQ16	Medication RX			42	0.81%	
Total (ALOB)		**2,778**		**5,169**		

PQI Data : By Severity Level



- **PQR clinical reviewers assign a severity level of each PQI upon completion of review.**
  - 65% of cases showed no quality of care or service issues, while 29% had service issues causing member inconvenience, consistent with previous years.
  - **The PQI cases with quality of care concerns (leveled C2 and above) doubled from 3% to 6%** compared to the previous year due to the PQR team's stricter approach and increased request for medical records during case leveling.

		2021/2022 Totals		2022/2023 Totals	
Severity Level	Severity Description	Count of PQI	Rate	Count of PQI	Rate
C0	NO Quality of Clinical/Service Issue	1,755	63%	3,335	65%
C1	Substantiated Service Issue	920	33%	1,488	29% ▼
C2	Borderline Quality of Care	90	3%	311	6% ▲
C3	Moderate Quality of Care	11	0%	32	1%
C4	Serious/Significant Quality of Care	2	0%	3	0%
	Totals	2,778		5,169	

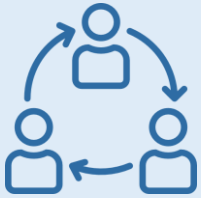
Quality Assurance: Internal Audit Program

- In April 2023, the PQR team launched an internal audit program covering clinical and non-clinical activities per PQI policies.
- The program aims to monitor trends, enhance performance, and ensure regulatory compliance.
  - **Improve the consistency and completeness of quality investigation**
  - **Improve operational efficiency**
- Staff training and coaching are provided based on individual monthly/semi-annual scorecard and when concerns are identified.

Quality Assurance: Validation and Reporting

Delegation Oversight of Plan Partners/Specialty Health Plan

- All delegates passed the 2023 annual oversight audits which included evaluation of policies and procedures, program documents, peer review committee structure and random selection of PQI case reviews and compliance within timely processing of PQIs.



Quality of Care (QOC) Review Workflow Enhancement

- The Appeals and Grievance team and PQR team finalized a new clinical review workflow ensuring timely review of quality of care grievances by both teams, in compliance with the regulatory requirement.

Oversight of Appeals and Grievances and Member Calls

- PQR conducts monthly oversight audits of A&G and CSC to identify potential or missed PQIs, aligning with regulatory guidelines and ensuring quality concerns are addressed.
- Audits were paused from April 2023 to December 2023 due to re-allocation of staff resources, but relaunched in January 2024.

Encounter Data Review

- The PQR team conducts random mortality event reviews and has identified a single quality of care concern which was submitted for review during Peer Review Committee and resulted in an 805 reporting

PQI Trend Analysis - Provider Monitoring

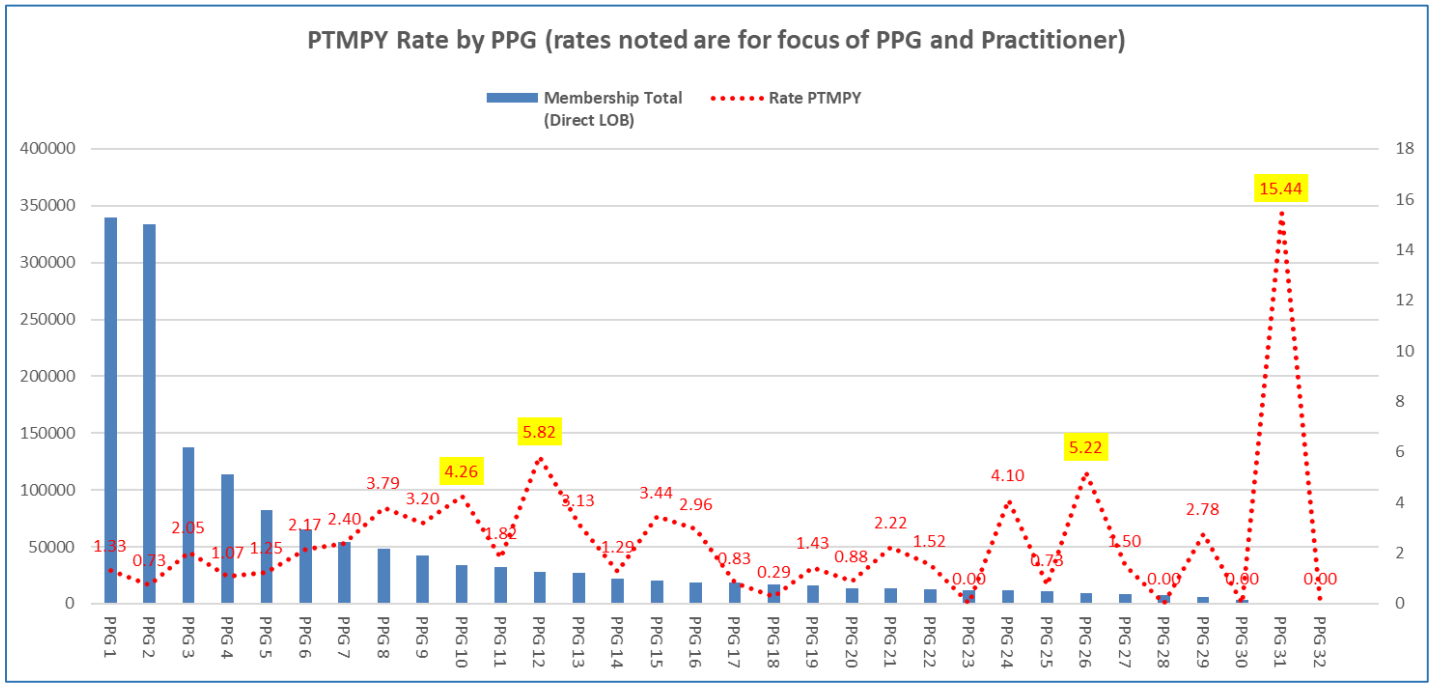
- PQI cases are tracked and trended on a quarterly basis in addition to being monitored by a scoring algorithm based on the severity level of the case. For providers reaching the threshold of 6 points, a focus review is conducted. Findings of the focus review may be presented to a medical director, designee or Peer Review Committee for further action if necessary.
- The below providers met or exceeded the 6 point threshold

Provider	Specialty	Comments
G.C.	Orthopedic Surgery	No identifiable trends around issue codes, actions were taken to address quality findings.
J.J.E	Psychiatry, Neurology	Identifiable trends around delay in authorization. New process confirmed to mitigate findings.
T.N	Family Practice	Issue with pattern of prescribing opioids. Corrective action was issued for PPG to monitor provider. No re-education recommended by the PPG as provider was retiring. Provider is inactive.
B.J	Internal Medicine, Endocrinology	Identifiable trend with system issue. Two actions were taken to address findings. Provider submitted evidence that processes are in place to correct the issue.

Severity Level C0 (No QOC or QOS) 0 Points
Severity Level C1 (Quality of Service) 1 Point
Severity Level C2 (Borderline QOC) 2 Points
Severity Level C3 (Moderate QOC) 3 Points
Severity Level C4 (Serious or Significant QOC) 4 Points

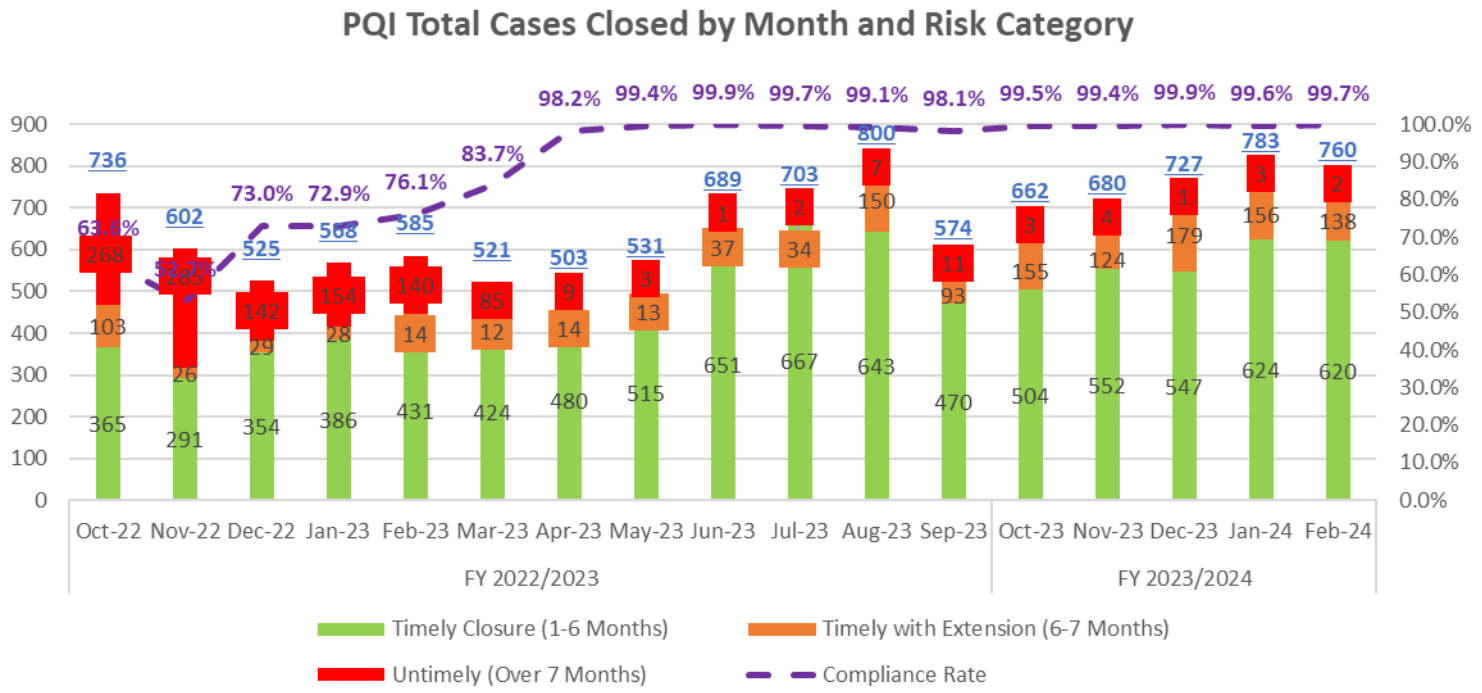
PQI Trend Analysis – Provider Group Monitoring

- Quarterly Monitoring of total PQIs for each PPG in comparison to membership size is performed to assist in the identification of PPGs that may require or benefit from quarterly engagement meetings.
- PPGs with high volume of PQIs are reviewed to determine if there are specific trends with issue codes or high volume of service or quality findings.
- PPGs with higher rates, highlighted in yellow were reviewed.
  - PPG 10 – No identifiable trends and most PQI were C0 (no QOC or QOS)
  - PPG 12 –Identifiable trend with delay in authorization but since resolved.
  - PPG 26 – No Identifiable trend and most PQI were C0
  - PPG 31 – Only 4 PQI but due to low membership, rate was inflated. 3 Service issues.



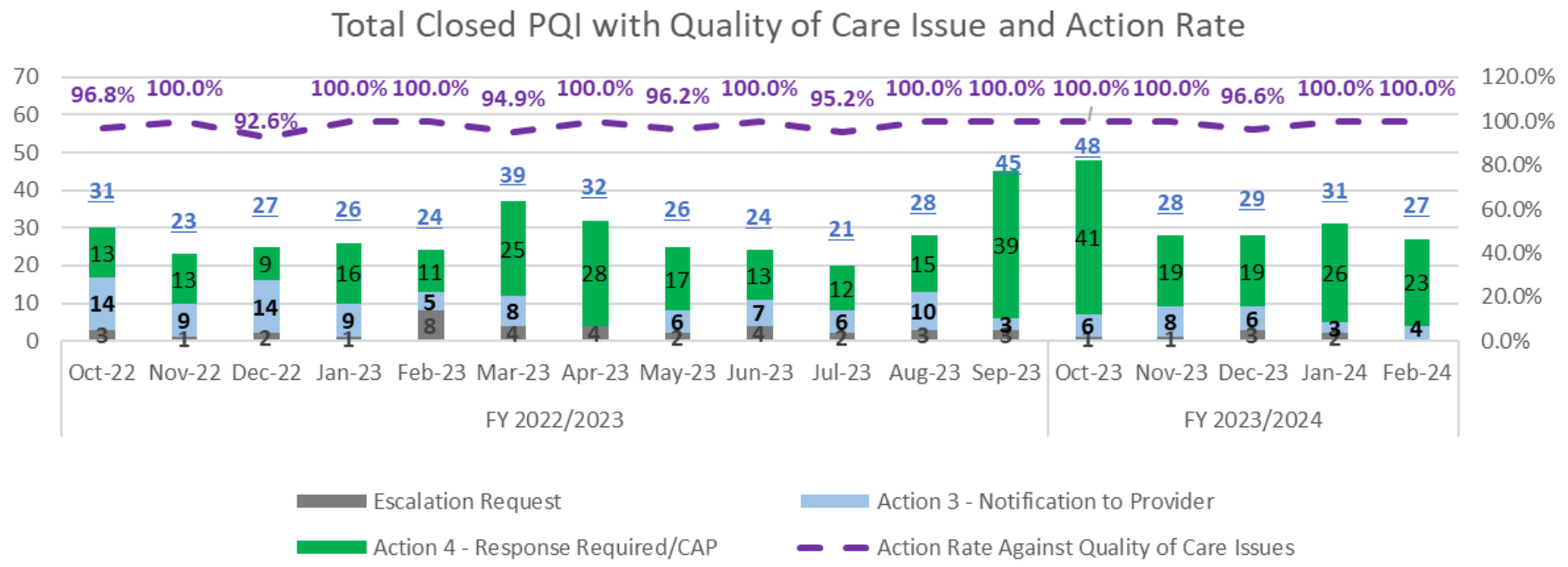
Key Performance Indicators (KPI)

- The PQR team monitors case timely closure by color coded risk categories.
  - **Annual timely closure rate for 2022/2023 FY is 85%**
    - This is due to PQR working on a backlog of untimely cases received in 2021 from grievances
  - Since the closure of the backlog in March 2023, our compliance rate for timely closure has averaged above 99%



Key Performance Indicators (KPI)

- Upon completion of a PQI clinical review, the clinical reviewer or peer review committee (PRC) shall determine at least one action to address quality findings.
  - **Action rate for quality of care issues for 2022/2023 FY is 98%.**
    - Majority of actions taken require a response or a corrective action plan from the provider.
    - Continue to collaborate with PNM and EPO on escalation request for providers failing to submit corrective action response or provide timely adequate medical records.



New PQR System in development

Questions?

In Summary…

- Increased PQI Reviews: Significant rise in PQIs reviewed this period due to backlog resolution from 2021 and increased staffing.
- Quality of Care Identification: Stricter approach led to higher rate of QOC issues, with additional record requests for thorough reviews.
- New Internal Audit Program: Enhances performance management and identifies business unit opportunities to align with regulations.
- Collaboration with A&G: Joint efforts to capture missed PQIs and reduce unsubstantiated referrals.
- CI Reporting Update: Exclusive requirement for DSNP and Medi-Cal providers offering long-term care services starting 2024.
- Engagement Meetings: Quarterly meetings with high-volume PPGs to drive quality improvement.
- Medical Records Collection: Continued work with EPO, PNM to ensure timely provision of records in response to clinical findings.
- New KPIs: Introduction of Key Performance Indicators to monitor and improve quality efforts.
- System Development: In progress development of new system to automate PQI workflow and enhance quality improvement endeavors.

PQI Data Analysis - Issue Codes and Severity Levels by Product Line

MCLA – Top Issue Codes			
Issue Code	**Issue**	**PQI**	**Rate**
PQ7	Treatment/Diagnosis	1070	28%
PQ9	Access to Care	510	13%
PQ11	Communication/Conduct	430	11%
	All Others	1774	47%
Total		**3784**	

MCLA – Severity Levels			
Issue Code	**Issue**	**PQI**	**Rate**
C0	No Quality of Clinical/Service Issue	2464	65%
C1	Substantiated Service Issue	1053	28%
C2	Borderline Quality of Care	242	6%
C3	Moderate Quality of Care	22	.6%
C4	Serious/Significant Quality of Care	3	.1%
Total		**3784**	

LACC – Top Issue Codes			
Issue Code	**Issue**	**PQI**	**Rate**
PQ7	Treatment/Diagnosis	101	20%
PQ9	Access to Care	94	18%
PQ8	Delay in Authorization	75	15%
	All Others	244	47%
Total		**514**	

LACC – Severity Levels			
Issue Code	**Issue**	**PQI**	**Rate**
C0	No Quality of Clinical/Service Issue	317	62%
C1	Substantiated Service Issue	174	34%
C2	Borderline Quality of Care	19	4%
C3	Moderate Quality of Care	4	.8%
Total		**514**	

PQI Data Analysis - Issue Codes and Severity Levels by Product Line

DSNP – Top Issue Codes			
Issue Code	**Issue**	**PQI**	**Rate**
PQ7	Treatment/Diagnosis	166	25%
PQ3	Delay in Service	95	14%
PQ9	Access to Care	88	13%
	All Others	318	48%
	Total	**667**	

DSNP– Severity Levels			
Issue Code	**Issue**	**PQI**	**Rate**
C0	No Quality of Clinical/Service Issue	420	63%
C1	Substantiated Service Issue	204	31%
C2	Borderline Quality of Care	41	6%
C3	Moderate Quality of Care	2	.3%
	Total	**667**	

PASC – Top Issue Codes			
Issue Code	**Issue**	**PQI**	**Rate**
PQ7	Treatment/Diagnosis	53	26%
PQ9	Access to Care	39	19%
PQ3	Delay in Service	37	18%
	All Others	75	37%
	Total	**204**	

PASC– Severity Levels			
Issue Code	**Issue**	**PQI**	**Rate**
C0	No Quality of Clinical/Service Issue	134	66%
C1	Substantiated Service Issue	57	28%
C2	Borderline Quality of Care	9	4%
C3	Moderate Quality of Care	4	2%
	Total	**204**	

PQI Data Analysis
MCLA – Seniors or Persons with Disabilities (SPD)

- Additional analysis was completed for SPD members within the MCLA product line.
  - Top three issue codes for MCLA SPD members versus non SPD indicated higher % of transportation issues for our members.
  - PQR team continues to collaborate and have discussions with Call the Car to discuss how we can better serve our members

MCLA - SPD		
Issue	**PQI**	**Rate**
PQ7 – Treatment/Diagnosis	355	25%
PQ14 -Transportation	**247**	**18%**
PQ9 - Access to Care	149	11%
All Others	653	47%
Total	**1404**	

MCLA – Non SPD		
Issue	**PQI**	**Rate**
PQ7 – Treatment/Diagnosis	715	30%
PQ9 - Access to Care	361	15%
PQ3 – Delay in Service	292	12%
All Others	653	47%
Total	**2380**	

MCLA - All		
Issue	**PQI**	**Rate**
PQ7 – Treatment/Diagnosis	1070	28%
PQ9 - Access to Care	510	13%
PQ11 – Communication/Conduct	430	11%
All Others	1774	47%
Total	**3784**	

Delegation Oversight

- PQIs are a delegated function to our plan partners. The PQR team conducted an annual oversight audit which included evaluation of policies and procedures, program documents, peer review committee structure and random selection of PQI case reviews and compliance within timely processing of PQIs.

	Total PQI Cases (FY 2021-2022)	Total PQI Cases (FY 2022-2023)	FY 2022-2023 Compliance with timely processing of PQIs	Audit Status
Anthem Blue Cross	156	130	100%	Pass 06/20/2023
Blue Shield Promise	1,144	1,649	99.9%	Pass 09/12/2023
Kaiser	692	936	97.3%	Pass 07/25/2023
Carelon	35	25	100%	Pass 09/2023

Delegation Oversight - Continued

- Anthem Blue Cross reported 100% timely closure for all PQIs with noted increasing PQI volume; however their volume remains small compared to other Plan Partners. Anthem has not submitted quarterly reports comprehensively nor timely for the first half of the year, to which L.A. Care EPO has provided outreach during Q2 2023 on the need to correct this deficiency. Reports moving forward into Q3 2023 has been submitted timely and comprehensively. Annual delegation oversight audit was conducted on 06/20/23 with a passing score, which included evaluation of policies and procedure, program documents, peer review committee structure as well as random PQI case reviews.

- Blue Shield Promise (BSP) Health Plan reported 99.9% timely closure for all PQIs. One case out of timeframe noted in Q4 2022 was due to delayed medical records receipt. There was an almost 50% increase in PQI received in Q1 2023 as compared to Q42022, and continued Q2 increase as compared to Q1 2023. BSP noted staffing changes to handle the influx. No case out of compliance despite case increase. Annual delegation oversight audit was conducted on 09/12/23 with a passing score, which included evaluation of policies and procedure, program documents, peer review committee structure as well as random PQI case reviews.

Delegation Oversight -Continued

- Kaiser reported case increase in PQI cases since 2022 into 2023. Due to Kaiser closure date of 120 days and lack of staff, we have seen consistency in out of compliance cases as of 2022 into 2023. As of Q1 2023 reporting, Kaiser informed that their new permanent closure date for cases moving forward from Q2 2023 will now be 180 days. Kaiser has also transitioned into a centralized model where complaints will be screened at regional level to create a more efficient process for triage and staff utilization. As of Q2 2023 into Q3 2023 we see cases still out of compliance, but at a lower number, as Kaiser have begun utilizing their escalation process to meet case closure within the new 180 days. Annual delegation oversight audit was conducted virtually with Kaiser team on 07/25/23 with a passing score, which included evaluation of policies and procedure, program documents, peer review committee structure as well as random PQI case reviews.

- Carelon reported 100% timely closure for all PQIs. Monitoring activities conducted for Q4 2023 noted continued discrepancies in reporting which led to further dialogue. Due to a transition to a new information system in 2023, the existing reports that had been in production for years had been impacted. Carelon was responsive to our concerns, conducted a thorough review of their reporting logic and committed to correcting and finalizing the needed logic changes to align with L.A. Care's reporting expectations effective Q1 2024. Recalculation of 2023 utilizing updated reports, noted some minor changes in the number of case received from an annual total of 34 to 25. The corrected findings noting 8 cases received in Q1 – Q3 2023 and a notable drop to 1 in Q4 2023. Annual delegation oversight audit was conducted September 2023 with a passing score, which included evaluation of policies and procedures, program documents, peer review committee structure as well as random PQI case reviews.

PQI – PPG Engagement

- PQR team meets quarterly with selected PPG's/vendors to review PQI findings and identify any trends or concerns.
  - The PPG or vendor is provided a summary of all PQI's for a given quarter prior to the meeting. The summary includes the detail of each PQI including the issue code, severity levels and any actions taken against the provider.
  - Our clinical review nurses may also pick a couple cases to discuss during these meetings to highlight opportunities for improvements.
  - With the summary of the quality review findings and the individual case reviews, we are able drill down into specific issues and identify opportunities for improvement.

PQI – PPG Engagement

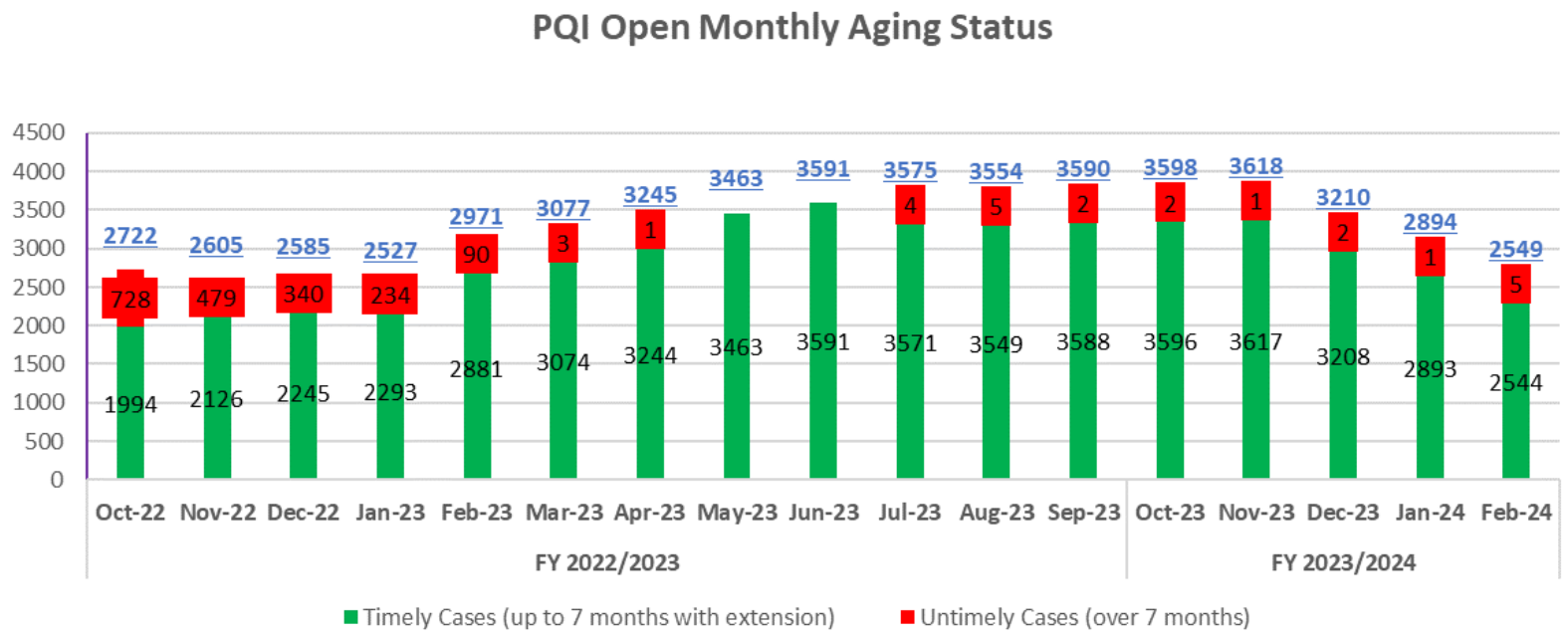
PPG	Meeting Frequency	Comments
DHS	Quarterly	Summary of all PQI findings are shared with DHS on a quarterly basis. DHS is utilizing our reports to share QOC findings with their clinics with the highest number of PQI's identified to drive quality improvement efforts
Preferred IPA (PIPA)	Quarterly	Summary of all PQI findings are shared with PIPA on a quarterly basis. PQR identified an issue with delay in authorization in late 2022 and have seen evidence of decrease PQI concerns relating to authorization delays but continue to monitor.
AltaMed	Ad Hoc	PQR shares PQI findings with AltaMed on a quarterly basis for review.
Call the Car	Monthly	Summary of all PQI findings are shared with CTC on a quarterly basis. PQR participated in quarterly CTC meetings during FY 2022/2023 but has since transitioned to monthly participation to share PQI findings. QOC concerns related to dialysis members and delays to their transportation rides is an ongoing access to care concern.
MedPoint	Quarterly	Summary of all PQI findings are shared with MedPoint on a quarterly basis. MedPoint has routine quarterly meetings for the PPGs they manage (Health Care LA, Global Care Medical Group, Prospect, El Proyecto, Adventist Health Physicians Network, Bella Vista IPA) to discuss PQI. No issues or deficiencies identified
Optum	Ad Hoc	CMC to D-SNP transition caused authorization delays due to member CIN number reassignment. Issue identified 1/23/23 and resolved on 2/8/23, however ongoing monitoring and tracking continues. PQR will be reaching out to Optum to start regular quarterly engagement sessions and will share FY 2022/2023 - Current

Critical Incident (CI) REPORTING

- All CMC delegates submitted critical incident quarterly for Q3 2022.
- CI reporting was retired in February, 2023 when no requirement was released after the transition from CMC to D-SNP.
- In August 2023, CI reporting was reinstated by DHCS.
  - The new requirement expanded to both MediCal and D-SNP line of business.
  - It required exclusively for providers offering long-term care services (LTS and CBAS, SNF…act). The PQR team assist with CI identification and quarterly reporting to L. A. Care Compliance department.

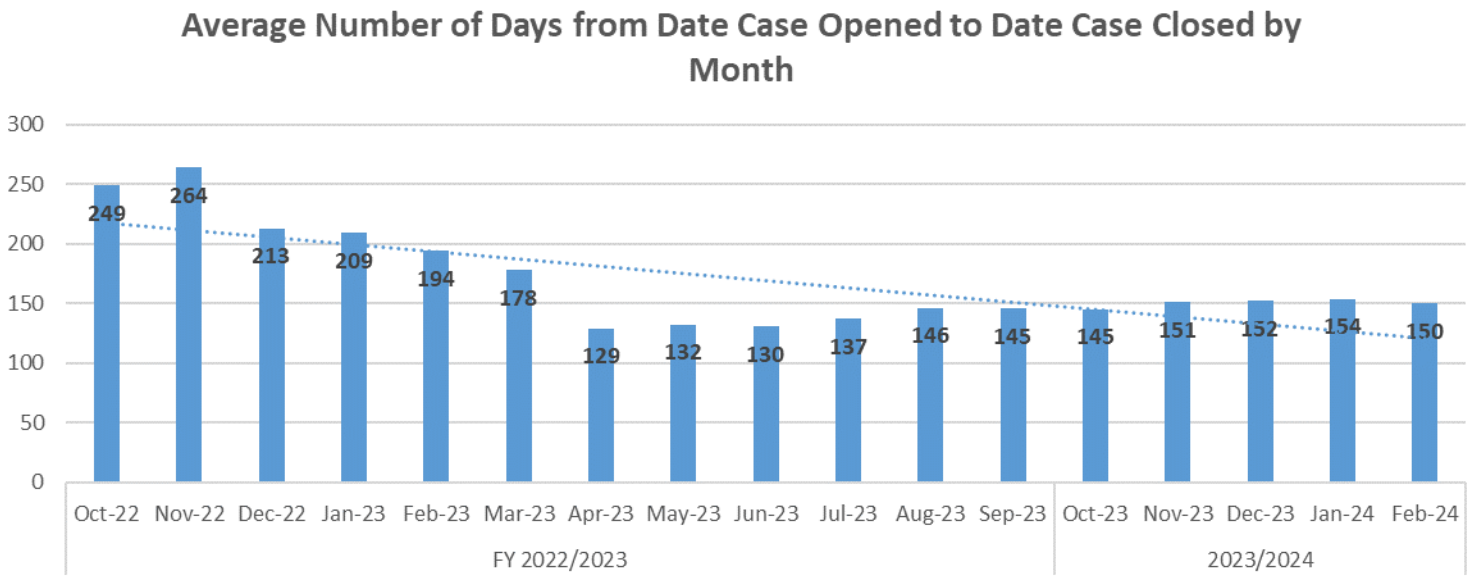
Key Performance Indicators (KPI)

- The PQR team tracks PQI aging status from the date the PQI is received
  - Per our policies and procedures, cases must be closed within 6 months or 7 months with an extension. Cases displayed in red are cases aged beyond the 7 month period and remained open at month end.
  - Open aging continued to increase through November 2023 and has since shown a decline in number of open cases starting December, 2023 due to increased staff capacity to close cases and a reduction in referrals being received.



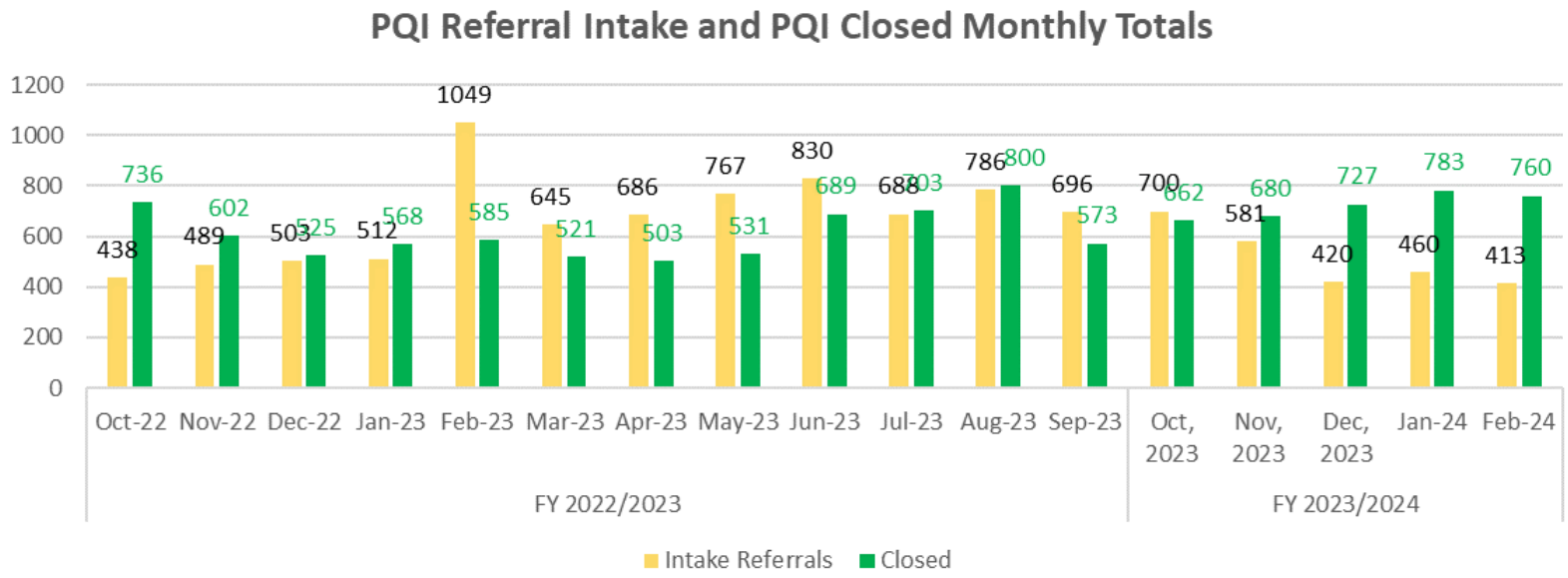
Key Performance Indicators (KPI)

- All PQI must be closed within 6 months (182 days) or 7 months (213 days) with an approved extension.
  - Average days to close a PQI from the date PQI opened, was 177 days for FY 2022/2023.
  - Average days to close a PQI from the date PQI opened, was 150 days for FY 2023/2024. (14 % reduction in days it takes to close a case)



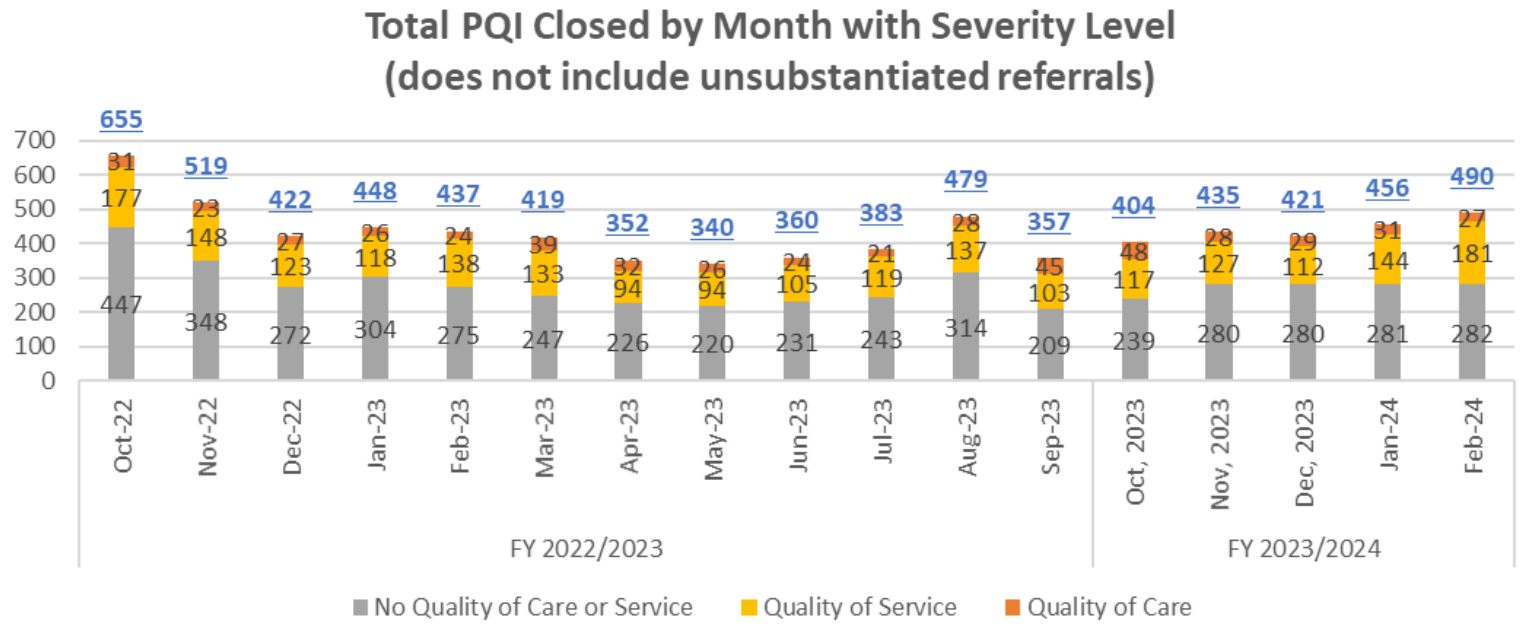
Key Performance Indicators (KPI)

- Quality issues may be referred from different internal or external sources to Provider Quality Review (PQR) department; however, majority (95%) are received from our Appeals and Grievances department.
  - Total referrals received in 2022/2023 is 8089 and PQI closed is 7337
  - During FY 2023/2024 we have seen our referrals decrease and our closure rate increase which has assisted in reducing our open aging of cases and keeping cases within timely closure



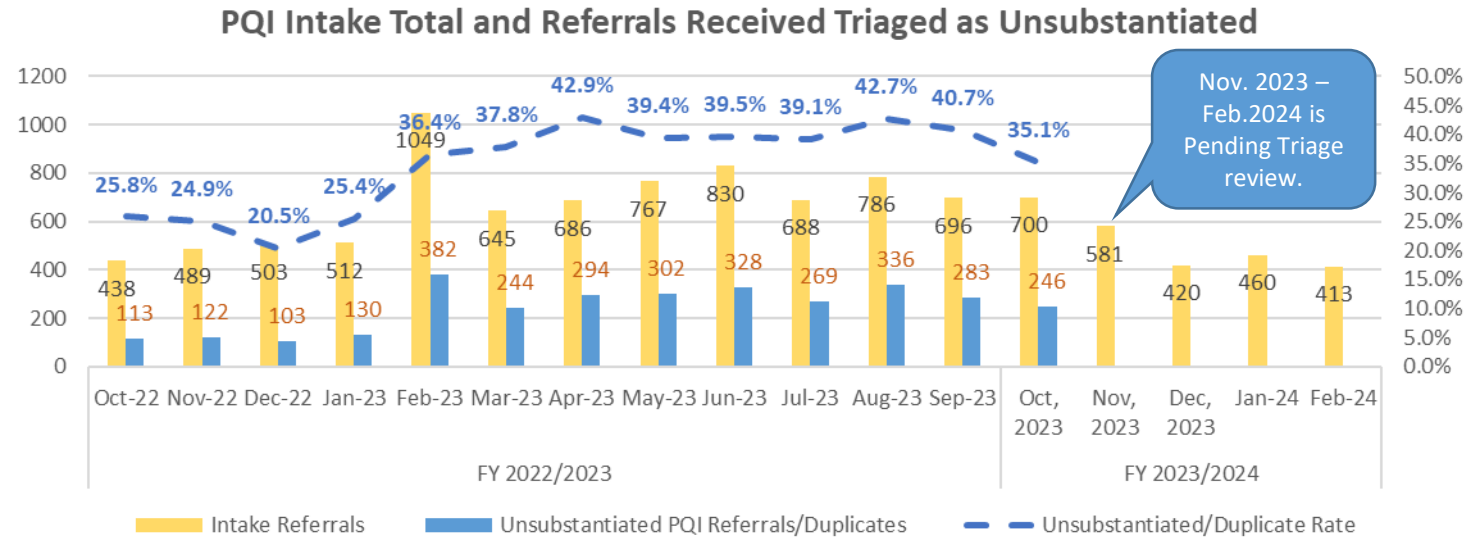
Key Performance Indicators (KPI)

- Upon completion of a PQI review, all PQI cases are closed with a severity level for quality findings.
  - 5,169 PQIs closed required clinical review, 2,167 were unsubstantiated referrals and did not require clinical review.
  - 346 of 5,169 (6.7%) of PQIs had Quality of Care findings during FY 2022/2023
  - 1,488 of 5,169 (28.8%) of PQIs had Quality of Service Issues for FY 2022/2023
  - 3,335 of 5,169 (64.5%) of PQIs had no quality of care or service issue for FY 2022/2023



Key Performance Indicators (KPI)

- PQR nurse reviewers triage all PQI referrals to determine if they meet criteria for clinical review.
- Cases not meeting referral criteria are categorized as unsubstantiated PQI referrals.
- In FY 2022/2023, 2,623 cases (35%) were triaged as duplicates or unnecessary, requiring no clinical review.
- To reduce non-compliant referrals, PQR conducted an in-service training in October 2023 on PQI identification, resulting in decreased referral volumes from November onwards.
- Triage data for November 2023-February 2024 is pending, hindering determination of unsubstantiated referrals.



Key Performance Indicators (KPI)

- PQR team established an internal procedure requiring all actions to be initiated within 10 business days of case closure.
  - Average days to initiate action from case closure for the 2022/2023 reporting period is 7 days.
  - FY 2022/2023 - 390 actions were taken (QOS and QOC) and 319 (82%) of actions were taken within 10 business days of case closure
  - For FY 2023/2024 90% of actions were taken within 10 business days.