



**AGENDA**  
**COMPLIANCE & QUALITY COMMITTEE MEETING**  
**BOARD OF GOVERNORS**

**Thursday, May 18, 2023, 2:00 P.M.**

L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017

**Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.**

**To listen to the meeting via videoconference please register by using the link below:**

<https://lacare.webex.com/weblink/register/r31c9d69d3e52ca93bcf2beea79e732aa>

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

**Meeting number: 2483 088 7714 Password: lacare**

**Teleconference Site**

**Hilda Perez**

Community Resource Center

3200 E Imperial Hwy, Lynwood, CA 90262

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

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

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

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., May 18, 2023, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

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

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

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The committee appreciates hearing the input as it considers the business on the

Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

**WELCOME**

Stephanie Booth, MD, Chair

1. Approve today's meeting Agenda Chair
2. Public Comment (*please see instructions above*) Chair
3. Approve April 20, 2023 Meeting Minutes P.4 Chair
4. Chairperson's Report Chair
5. Chief Compliance Officer Report P.25 Thomas Mapp  
Chief Compliance Officer
6. Chief Medical Officer Report P.63 Sameer Amin, MD  
Chief Medical Officer
7. Managed Care Accountability Set MY2023/RV2024 P.73 Rachael Martinez, RN, BSN  
Senior Manager, Incentives, Population Health
8. Care Management Training P.82 Steven Chang  
Senior Director, Care Management

**ADJOURN TO CLOSED SESSION (Est. time 30 minutes)**

9. PEER REVIEW  
Welfare & Institutions Code Section 14087.38(o)
10. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:  
Five potential cases
11. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
  - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
  - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

**RECONVENE IN OPEN SESSION**

**ADJOURNMENT**

**The next meeting is scheduled on June 20, 2023 at 2:00 p.m.**

Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO [BoardServices@lacare.org](mailto: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](mailto: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](mailto:BoardServices@lacare.org).  
**AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT** the Reception area off the main lobby at 1055 W 7<sup>th</sup> Street, Los Angeles, CA.

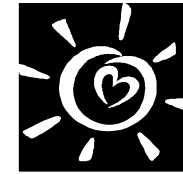
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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 – April 20, 2023



**L.A. Care**  
HEALTH PLAN

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

**Members**

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

\* *Absent*

\*\* *Via Teleconference*

**Senior Management**

Augustavia J. Haydel, *General Counsel*  
 Thomas Mapp, *Chief Compliance Officer*  
 Sameer Amin, MD, *Chief Medical Officer*  
 Katrina Miller Parrish, MD, FFAFP, *Chief Quality and Information Executive*  
 Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*  
 Demetra Crandall, *Director, Customer Solution Center Appeals and Grievances*  
 Steven Chang, *Senior Director, Care Management, Care Management*  
 Robert Martinez, *Senior Director, Customer Solution Center*  
 Tara Nelson, *Senior Director, Utilization Management*  
 Marita Nazarian, *Director, Delegation Oversight*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	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 2:00 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. There were no members of the public present either in person attending virtually by WebEx or telephone.	
<b>APPROVAL OF MEETING AGENDA</b>	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Roybal)
<b>PUBLIC COMMENT</b>	There was no public comment.	

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVAL OF MEETING MINUTES</b>	The March 16, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES
<b>CHAIRPERSON REPORT</b>	<p>Chairperson Booth believes that they would all agree Medi-Cal pays poorly. California is in the bottom 20% for Medicaid payments from the state, as reimbursement for medical services. There have been efforts to tie the amount of Medicaid payments to Medicare payments, but Medicare is also cutting payments as time passes.</p> <p>Medi-Cal reimbursement is a problem that is inversely related to equity in medical care for L.A. Care members. If it isn't the main cause, it is at least a major contributor. California leaders are very proud of their achievement of broadening the scope of medical coverage to include many more California residents. She says she is proud too. "It is the right thing to do." Newly covered members all get their coverage through Medi-Cal. Medi-Cal providers already must have other sources of income in order to keep their doors open. It becomes only more difficult for providers to care for a larger group of members, when they are reimbursed by the insurance that pays the least for their services. California is currently making an even greater push for health care equity. Again, she believes it is the right thing to do. As they do this, Chairperson Booth hopes our leaders consider the following:</p> <ul style="list-style-type: none"> <li>• The possibility of equitable payment, as a huge step in the direction of equitable health care.</li> <li>• It would be helpful to stop, at least temporarily, the addition of new tasks to an already lengthy "to-do" list that everybody in health care is being forced to grapple with. She noted a few years of stability would help health care providers, at every level, get into compliance with the substantial numbers of new laws and regulations.</li> <li>• Legislature and Regulatory agencies could work with LA Care, and other health plans, to meet the requirements they set for the provision of health care to Californians.</li> </ul> <p>Chairperson Booth noted that the relationship between regulatory agencies and L.A. Care seemed more adversarial than necessary. She believes the goal for the State, its regulatory agencies and L.A. Care is to provide the best possible health care for Californians. She wondered why the relationship needed to be so fraught with penalties for non-compliance with requirements that L.A. Care works very hard, in good faith, to meet.</p>	
<b>CHIEF COMPLIANCE OFFICER REPORT</b>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report: <i>(a copy of the written report can be obtained from Board Services)</i>.</p> <p>The report includes:</p>	

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	<ul style="list-style-type: none"> <li>2023 Delegation Oversight Audit Work Plan</li> <li>Issues Inventory</li> <li>Internal Audit</li> </ul> <p>Ms. Nazarian gave an update on 2022 Delegation Oversight Annual Audits:</p> <ul style="list-style-type: none"> <li>42 audits conducted               <ul style="list-style-type: none"> <li>27 audits completed and closed</li> <li>15 audits in progress</li> </ul> </li> </ul>																																																																																																																							
	<table border="1"> <thead> <tr> <th data-bbox="394 542 831 570">A</th> <th data-bbox="831 542 1325 570">B</th> <th data-bbox="1325 542 1535 570">C</th> <th data-bbox="1535 542 1703 570">D</th> </tr> <tr> <th data-bbox="394 570 831 618">Delegate</th> <th data-bbox="831 570 1325 618">Audit Areas</th> <th data-bbox="1325 570 1535 618">Audit Date</th> <th data-bbox="1535 570 1703 618">Audit Status</th> </tr> </thead> <tbody> <tr><td>Children Hospital of LA</td><td>CR</td><td>5/2/2022</td><td>Closed</td></tr> <tr><td>Planned Parenthood of Los Angeles</td><td>CR</td><td>3/29/2022</td><td>Closed</td></tr> <tr><td>Navitus</td><td>CPE</td><td>8/2/2022</td><td>Closed</td></tr> <tr><td>Health Dialog</td><td>C&amp;L, CPE, HE, SIU</td><td>7/12/2022</td><td>Closed</td></tr> <tr><td>Department of Health Services (DHS)</td><td>CR, C&amp;L, PN, UM, SIU</td><td>7/5/2022</td><td>Closed</td></tr> <tr><td>St. Vincent IPA (PDT)</td><td>CI, CR, CPE, PN, UM, C&amp;L</td><td>5/23/2022</td><td>Closed</td></tr> <tr><td>Exceptional Care Medical Group (Conifer)</td><td>C&amp;L, CR, PN, UM, SIU</td><td>6/6/2022</td><td>Closed</td></tr> <tr><td>Citrus Valley Physician Group (PDT)</td><td>CI, CR, C&amp;L, CPE, PN, UM</td><td>5/23/2022</td><td>Closed</td></tr> <tr><td>Call The Car</td><td>CI, CR, C&amp;L, SIU</td><td>6/13/2022</td><td>Closed</td></tr> <tr><td>Alta Med Health Services Corp. 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<p>(Acronyms)  CAP= Correction Action Plan  CR= Credentialing  CPE= Compliance Program Effectiveness  C&amp;L= Cultural &amp; Linguistic Services  HE= Health Education  PN= Provider Network operations  PPG= Participating Physicians Group  CI= Critical Incidents  UM= Utilization Management  SIU= Special Investigation Unit  QI= Quality Improvements</p> <p>Chairperson Booth asked if she has noticed any trends about what is often the problem or what issues come up. Ms. Nazarian responded that the majority of the issues with PPGs are with referrals. When a primary care physician (PCP) makes a referral for a patient to see a specialists the doctor must make special steps and special process that needs to be followed. Sometimes they submit the referral, but they will forget to follow up with the member.</p> <p>Entities that will be audited:</p> <ul style="list-style-type: none"> <li>Plan Partners</li> </ul>	A	B	C	D	
	Delegate	Audit Areas	Audit Date	Audit Status	
	Allied Physicians IPA	CI, C&L, CPE, CR, PN, UM, Privacy	10/4/2022	In process	
	Community Family Care	CI, C&L, CPE, CR, PN, UM, Privacy	10/4/2022	In process	
	Heritage Provider Network	CI, CR, CPE, PN, UM, C&L, SIU	10/18/2022	In process	
	Prospect Medical Group (Prospect)	CI, CPE, C&L, CR, PN, SIU, UM	11/1/2022	In process	
	Pomona Valley Medical Group	CI, CPE, C&L, CR, PN, SIU, UM	11/1/2022	In process	
	Serendib Healthways	CR, C&L, PN, Privacy, UM	11/15/2022	In process	
	Memorial Care Select Health Plan	C&L, CR, PN, SIU, UM	11/22/2022	In process	
	Anthem Blue Cross	C&L, CR, FSR, HE, MCS, MR, PN, QI, UM	12/6/2022	In process	
	UCLA	CR only	12/19/2022	In process	
	Angeles IPA (HealthSmart)	CI, C&L, CPE, CR, PN, SIU, UM	1/3/2023	In process	
	Preferred IPA of Calidornia	CI, C&L, CPE, CR, PN, SIU, UM	1/10/2023	In process	
	Apple Care Select (Optum Care Network)	CI, C&L, CR, CPE, PN, UM, SIU	2/1/2023	In process	
	LA Family Community (Optum Care Network)	CR, C&L, PN, UM	2/1/2023	In process	
	Teladoc	CI, CPE, C&L, PN, CR	2/7/2023	In process	
	AltaMed Health Network Inc	CR, C&L, PN, UM	2/21/2023	In process	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• PPGs/IPAs</li> <li>• Specialty Health Plans (SHPs)/Vendors</li> </ul> <p>33 Audits are scheduled from April 2023- January 2024</p> <ul style="list-style-type: none"> <li>❖ <i>2023 Annual Audit Calendar Attached</i></li> </ul> <p>2023 Delegation Oversight Annual Audit Areas</p> <div data-bbox="478 500 1066 1091" data-label="Diagram"> </div> <p>2023 Delegation Oversight Annual Audits- Methodology</p> <ul style="list-style-type: none"> <li>• Risk Based Annual Audit Methodology <ul style="list-style-type: none"> <li>- Focus on standards that delegates have had deficiencies identified through: <ul style="list-style-type: none"> <li>○ Previous Annual Audits</li> <li>○ Monitoring Activities</li> <li>○ Regulatory Audits</li> <li>○ Case File Reviews</li> </ul> </li> </ul> </li> </ul>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2023 Calendar Year - Outlook:</p> <ul style="list-style-type: none"> <li>• To complete remaining open annual audits from 2022 calendar year</li> <li>• To conduct 33 annual audits</li> <li>• Pre-Delegation Assessments- Anti</li> <li>• cipate increase in number</li> <li>• Continue to remediate historic gap in CAP validation process</li> <li>• Develop DSNP audit tools</li> <li>• Plan Partners Operational Readiness for 2024 contract</li> <li>• Integration of performance criteria across monitoring and auditing</li> </ul> <p>Member G. Michael Roybal, MD, asked if L.A. Care gets a report when a CAP validation is done. Ms. Nazarian responded that L.A. Care asks for supporting documents and demonstrate how they were obtained and then it is documented. They must show that the process works. Member Roybal asked if the Compliance &amp; Quality Committee receives reports so they can see how well the delegates are doing. Mr. Mapp responded that it has not been done before, but Compliance can create a dashboard of the inventory for the committee. Member Roybal said that it would be very instructive.</p> <p>Chairperson Booth stated that it seems like L.A. Care is focusing on certain groups because of the issues they had in the past. Ms. Nazarian responded that they are focusing on areas of trends of all delegates.</p> <p>Member Al Ballesteros asked how does L.A. Care know it has the right number of staff to continue with these efforts. He asked if L.A. Care is doing an annual assessment of the internal needs to be able to manage the work. Mr. Mapp responded that Compliance periodically does a workforce analysis to identify the needs of staff. Last time Compliance did it was a year and a half ago. In the past, he asked each manager to identify all the work that each employee is doing and how many hours it takes to do that work.</p> <p>Michael Sobetzko gave an Issues Inventory update: March Summary</p> <ul style="list-style-type: none"> <li>• 96 items were listed in the Issues Inventory as of March 31, 2023* <ul style="list-style-type: none"> <li>- 5 items were added to the inventory (Total increased from 91 to 96) <ul style="list-style-type: none"> <li>o One duplicate issue was closed</li> <li>o 4 new issues identified</li> </ul> </li> <li>- 21 are in process of remediation <ul style="list-style-type: none"> <li>o 17 existing issues are in process</li> <li>o 4 new issues identified</li> </ul> </li> <li>- One issue was remediated</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS			ACTION TAKEN																								
	<table border="1" data-bbox="401 253 1635 638"> <thead> <tr> <th data-bbox="401 253 961 326">Issue Status</th> <th data-bbox="961 253 1299 326">As of February 28, 2023</th> <th data-bbox="1299 253 1635 326">As of March 31, 2023</th> </tr> </thead> <tbody> <tr> <td data-bbox="401 326 961 399">New</td> <td data-bbox="961 326 1299 399">2</td> <td data-bbox="1299 326 1635 399">4</td> </tr> <tr> <td data-bbox="401 399 961 440">In Process</td> <td data-bbox="961 399 1299 440">16</td> <td data-bbox="1299 399 1635 440">17</td> </tr> <tr> <td data-bbox="401 440 961 480">Total New &amp; Open Issues</td> <td data-bbox="961 440 1299 480">18<sup>(1)</sup></td> <td data-bbox="1299 440 1635 480">21</td> </tr> <tr> <td data-bbox="401 480 961 521">Deferred</td> <td data-bbox="961 480 1299 521">16</td> <td data-bbox="1299 480 1635 521">16</td> </tr> <tr> <td data-bbox="401 521 961 561">Remediated</td> <td data-bbox="961 521 1299 561">55<sup>(2)</sup></td> <td data-bbox="1299 521 1635 561">56</td> </tr> <tr> <td data-bbox="401 561 961 602">Closed to Inventory (duplicates)</td> <td data-bbox="961 561 1299 602">2</td> <td data-bbox="1299 561 1635 602">3</td> </tr> <tr> <td data-bbox="401 602 961 638">Total Inventory Count</td> <td data-bbox="961 602 1299 638">91</td> <td data-bbox="1299 602 1635 638">96</td> </tr> </tbody> </table> <p data-bbox="401 691 978 797">           Includes issues reported in 2022 and 2023            (1) Corrected from “19” on 2/28/23 report            (2) Corrected from “56” on 2/28/23 report         </p>			Issue Status	As of February 28, 2023	As of March 31, 2023	New	2	4	In Process	16	17	Total New & Open Issues	18 <sup>(1)</sup>	21	Deferred	16	16	Remediated	55 <sup>(2)</sup>	56	Closed to Inventory (duplicates)	2	3	Total Inventory Count	91	96	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	New issues received in March 2023				
	<b>Issue Name and Description</b>	<b>Date Reported</b>	<b>Business Unit</b>	<b>Status</b>	
	<p>Public Provider Ground Emergency Medical Transportation (PP-GEMT) DHCS has implemented the PP-GEMT Program to provide increased reimbursements, by application of an add-on increase, for non-contracted emergency medical transports provided by eligible public GEMT providers. The add-on increase applies to the fee-for-services (FFS) fee schedule rate for the affected emergency medical transport procedure codes and a rating increment that will be applied to primary capitation rates for contracted Medi-Cal managed care plans (MCPs). Once the PP-GEMT Program is implemented, public providers will no longer be assessed the Quality Assessment Fee (QAF) prospectively and will not be eligible to receive the \$220.80 per-transport add-on pursuant to the GEMT QAF Program, but will be eligible to receive a reimbursement add-on under the PP-GEMT Program.</p>	<p>March 2, 2023</p>	<p>Provider Network Claims</p>	<p>In Process</p>	
	<p>Serendib Healthways (PPG) - Provider Orientation Education Reports Serendib Healthways' provider orientation monthly report has not been submitted to LA Care.</p>	<p>March 17, 2023</p>	<p>Provider Network</p>	<p>In Process</p>	
	<p>Inappropriate &amp; Untimely Forwarding of Appeals and Grievances Cases to SIU Appeals and Grievances cases involving potential FWA issues were not sent to the SIU for review in a timely manner.</p>	<p>March 15, 2023</p>	<p>Appeals &amp; Grievance (A&amp;G)</p>	<p>In Process</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN										
	<p>New Member Welcome Kits Mailings Oversight &amp; Monitoring L.A. Care and Plan Partner Groups (PPGs) send new member materials upon initial enrollment by an establish timeline. PPG are to send quarterly reports to L.A. Care for reconciliation of new materials. There is a gap for monitoring the reports received from PPGs quarterly to ensure all new members were sent their materials timely. Policy-CMP 005 is pending updates for monitoring.</p>	March 21, 2023	Enterprise Performance Optimization	In Process											
	Issues Remediated														
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN
			<ul style="list-style-type: none"> <li>All-department communication about misdelivered mail.</li> <li>Follow-up audit added planned in 2023</li> </ul>			
	<p>2021 CPE Audit Finding</p> <ul style="list-style-type: none"> <li>The Plan did not have adequate internal resources and/or internal control mechanisms to ensure all governing body members received the required general compliance and FWA training.</li> <li>The training material used for the lacked FWA examples and FWA reporting information.</li> </ul>	February 10, 2022	<ul style="list-style-type: none"> <li>Integrated Board training created and distributed to board members by Board Services with electronic attestation document.</li> <li>Board Services collects and provides attestations back to compliance as board members complete.</li> <li>Training report updated based on returned attestations.</li> <li>Training report is supplied to ICC and C&amp;Q.</li> <li>Overdue training has been discussed at C&amp;Q Board Meeting.</li> </ul>	Compliance	February 12, 2023	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN	
	<ul style="list-style-type: none"> <li>Board Training 100% Complete</li> </ul>						
	<p>Mr. Gower gave an Internal Audit (IA) update Internal Audit Updates March 2023</p>						
	Project Title	Risk Focus	Status	Type	Internal Audit Project High-Level Descriptions		Proposed Timing
	Staffing / Talent Acquisition Process	Staffing	In Process	Assessment	Assessing the current staff management program to include talent acquisition process, onboarding, and retention oversight.		Mar-Jun 2023
	Data Management Governance	Compliance	In Process	Audit	Assess overall data management governance over data in reports submitted to regulators.		Mar-May 2023
	Delegation Oversight Auditing & EPO Delegation Oversight Monitoring Programs	Delegation Oversight	In Process	Assessment	Assess current Delegation Oversight program effectiveness.		Mar-Jun 2023
	D-SNP Program	Key Programs	In Process	Assessment	Assigned to D-SNP coordination team		May-Jul 2023
	Provider Network – Access	Network	Considered	Assessment	Validate Network Access oversight and risk.		May-Jul 2023
Marketing and Member Services	Member Services	Considered	Audit	Annual effectiveness audit related to member services.	July-Sep 2023		

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS						ACTION TAKEN
	Disaster Recovery	Ops	Considered	Assessment	Assess revised operationalizing of the new DR/BC program.	Oct-Dec 2023	
	* New: FWA Program	Compliance	Considered	Audit	Audit FWA program, including policies and procedures, reporting, case initiation and closure processes, cost containment (recovery, recoupment, and cost savings) and CAP process.	Q3/Q4	
	* New: Provider Dispute Resolution		Considered	Follow-Up	Validate effectiveness of CAPs, with emphasis is on calculation of turnaround time, staffing, and data management governance.	Q3/Q4	
	* New: Mail Room Processes	Facilities	Considered	Follow-Up	Validate effectiveness of CAPs to remediate issues found in internal audit.	Q3/Q4	
	* New: 2022 Remediated Issues	Various	Considered	Follow-Up	Validate effectiveness of CAPs to remediate issues found in 2022.	Q3/Q4	
	Transportation Benefits	Member Services	Considered	Follow-up	Validate effectiveness of CAPs to remediate issues found in internal audit.	Q3/Q4	
	IT Security CAPs	IT	Considered	Follow-up	Validate effectiveness of CAPs to remediate issues found in IT Security 3 <sup>rd</sup> Party Assessment.	Q3/Q4	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS						ACTION TAKEN
	IT Project and IT Configuration	IT	Considered	Follow-up	Validate effectiveness of CAPs to remediate issues found in internal audit.	Q3/Q4	
	HICE Shared IT Integrity and Security	IT	In Process	Audit	CAP presented for final Mgmt. actions by Delegation Entities. IT Security is involved to make sure L.A. Care Mgmt. is tracking.	2023	
	Internal Investigations	Compliance	Ongoing	Operational	Ongoing support of non-FWA Internal Investigations.	2023	
	Risk Management Support	Risk Oversight	Ongoing	Operational	Support Risk Management activities, including Issues management, GRC evaluation/implementation, Risk Assessment.	2023	
	2024 IA Plan	Risk Oversight	Ongoing	Operational	Build out a 3-year plan to create a rotating audit program.	Oct-Dec 2023	
<p>Chairperson Booth asked where Compliance places all finished items. Does L.A. Care wait for DHCS to have a finding again. Mr. Gower responded that it depends on the risk. He has worked Mr. Sobetzko and Mr. Mapp to make sure what they have found in prior audits that there is proper coverage and are closed out. Mr. Mapp stated that they use their internal audit resources to evaluate whether or not CAPs were implemented. With limited staff resources not all can be covered.</p>							
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave the following report:</p> <p>He said he will provide give a written report every other meeting. He spoke about the build out in the Case Management Department and the build out in the Utilization Management Department. Dr. Amin has been visiting FQHCs and community clinics and meetings staff that are providing services to members and speaking to L.A. Care members as well. He received positive feedback and members feel very connected to L.A. Care and the work that it is doing, they feel well taken care of by the community clinics. This has given Health Services a platform to move forward with the services that are being provided to members.</p>						



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>There are specific services that members pointed out that need to be made better such as transportation. He spoke about the restructure in Health Services. On February 27 everyone moved into their new teams. Health Services is collecting what they are doing right now and making sure they are doing everything that is required by their contracts and patients are being taken care of with the highest level of care. There are some gaps that need more staff or the system needs to be perfected. DHCS issued new requirements for Population Health Management (PHM) for 2023. They are meant to identify high risk members and provide the right level of care management and coordination for them. They also focus on providing transitional care for all DHCS high risk members. The number of Medi-Cal members L.A. Care identified as DHCS high risk and requiring complex care management is substantially higher than in previous models that were used. Health Services determined that a significant staff increase would be required to comply with the transitions of care that are coming down the pipeline. They formulated a plan around delivering this care particularly increasing hiring for direct network and highest acuity members. The new teams for transition of care are encompassed by seven community health workers that are being put into the system. They are planning to realign other community health workers to get this work done immediately. Three more coordinators are being hired and plan to add a Supervisor of care management. In addition to that they are planning to provide more support for program management to support new program implementation. Health Services is also adding staff to oversee and support clinical staff as the team has grown. He hopes the Board understands the commitment L.A. Care has to providing good case management, but more resources may be needed.</p> <p>Chairperson Booth said that transition of care requires everyone to look after their transition. She thinks it might be an overestimate of how much people need. Dr. Amin responded that she brings up a good question. The 2023 requirement provides transition of care services through the health pan for the highest risk patients. The way he sees that is making sure contracted vendors are taking care of those patients.</p> <p>Utilization Management (UM) He reported that Health Services is currently building out and looking what they need to fill the gaps. They broke it down in three major categories: quality, system and reporting, and authorization processing needs. The current nursing quality team manages UM as an umbrella organization. That work will be extended to the managed long term services and supports, including processors and reviewers. They are expanding quality audits and monitoring. They are establishing increased work around systems and reporting with the program manager for reporting and make sure they are requiring prior authorizations for services that are needed. This will help with real time metrics and analysis. The intention in authorization processing needs is to hire five new nurses and five new technicians. The processors are going to be working on letter management to make sure L.A. Care is taking care of high touch needs in the current system and make sure</p>	

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	<p>the templates are current regulatory requirements. L.A. Care does not take this as a light commitment and is resourcing teams on an active basis.</p> <p>Member Ballesteros asked Dr. Amin if he staffed gaps and augmented the department. Dr. Amin responded that these are new positions that need filling to meet regulatory requirements.</p> <p>Chairperson Booth asked if the letter writing team is taking over all the work in the department responsible for pushing out the letter. Dr. Amin responded that most of it is automated, there is much work in the backend that requires getting the right work in the right places. This process consolidates the process. Tara Nelson, <i>Senior Director, Utilization Management</i>, stated the issue they had with letter writing was that there were many teams touching the letters. They narrowed down the scope to ensure they have better control and ensure better quality. Dr. Amin said that they need to have the right controls, checks and balances in place. There are many members and this requires that it needs to be done carefully and requires extra staff.</p>																
<p><b>PROVIDER INCENTIVES UPDATE</b></p>	<p>Henock Solomon, <i>Manager, Incentives, Population Health</i>, gave a Provider Incentives Update (<i>a copy of the written report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Incentives serve as an amplifier for Quality Improvement (QI) interventions</li> <li>• The programs promote provider accountability</li> <li>• Designed to align the improvement efforts across all levels of L.A. Care’s provider network</li> </ul> <p>The aim is to foster systematic process improvements, better care coordination, reduce variation and promote consistency.</p> <p>Physician and Clinic Pay for Performance Payment Statistics</p> <table border="1" data-bbox="396 1049 1583 1276"> <thead> <tr> <th>Incentive Program</th> <th># Providers</th> <th>Total Payments</th> <th>PMPM* Median</th> <th>PMPM* Max</th> </tr> </thead> <tbody> <tr> <td>Physician P4P</td> <td>997</td> <td>\$20.9 million</td> <td>\$1.01</td> <td>\$3.67</td> </tr> <tr> <td>Direct Network P4P</td> <td>60</td> <td>\$520,000</td> <td>\$3.30</td> <td>\$8.89</td> </tr> </tbody> </table> <p>Chairperson Booth asked Mr. Solomon that if providers are not eligible for both programs, and it looks like the direct network earned more, but if the number of total payments is divided by providers, it is more for the P4P provider. Mr. Henock said that it depends on the membership size.</p> <p>Medi-Cal VIIP Trends (2016-2021)</p>	Incentive Program	# Providers	Total Payments	PMPM* Median	PMPM* Max	Physician P4P	997	\$20.9 million	\$1.01	\$3.67	Direct Network P4P	60	\$520,000	\$3.30	\$8.89	
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	<p>Improvements noted in:</p> <ul style="list-style-type: none"> <li>• Perinatal care</li> <li>• Child immunizations</li> <li>• Chlamydia screening</li> </ul> <p>Variation noted in:</p> <ul style="list-style-type: none"> <li>• Cancer screenings</li> <li>• Diabetes care</li> </ul> <p>Declines noted in:</p> <ul style="list-style-type: none"> <li>• Well-Child visits</li> </ul> <p>Managed Care Accountability Set (MCAS) – Medi-Cal  MCAS are priority measures set by the State, many are held to a Minimum Performance Level (MPL)  MPL = NCQA 50<sup>th</sup> percentile  Most MPL measures are included in our provider gap reports and tied to P4P performance (several are double-weighted)</p> <p>Changes:</p> <ul style="list-style-type: none"> <li>• Increasing number of MCAS measures held to MPL <ul style="list-style-type: none"> <li>- 2022 – 15 measures</li> <li>- 2023 – 18 measures</li> <li>- 2024 – 25 measures</li> </ul> </li> <li>• The three new measures now being held to MPL for MY 2023: <ul style="list-style-type: none"> <li>- Developmental Screening in the First Three Years of Life</li> <li>- Topical Fluoride for Children</li> <li>- Asthma Medication Ratio</li> </ul> </li> <li>• Additional measures to be stratified by race/ethnicity (ex: W30, AMR)</li> </ul> <p>Additional Measure Changes</p> <ul style="list-style-type: none"> <li>• Quality Transformation Initiative (QTI) – Covered California <ul style="list-style-type: none"> <li>- Plans must meet specified measure benchmarks. Fees will be assessed for measures that fall short.</li> <li>- 4 measures: <ul style="list-style-type: none"> <li>➤ Childhood Immunization Status - Combo 10</li> <li>➤ Colorectal Cancer Screening</li> <li>➤ Comprehensive Diabetes Care: A1c Control</li> <li>➤ Controlling High Blood Pressure</li> </ul> </li> <li>- These measures will have enhanced scoring and payment triple-weighting in the LACC VIIP.</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Other New Incentive Measures <ul style="list-style-type: none"> <li>- Social Determinants of Health – identified using prioritized z-codes</li> <li>- Health Information Exchange – encouraging HIE adoption and use</li> <li>- Initial Health Appointment – to be completed w/in 120 days of enrollment</li> </ul> </li> </ul> <p>Future Happenings</p> <ul style="list-style-type: none"> <li>• CMC Transitioned to D-SNP in 2023 <ul style="list-style-type: none"> <li>- New Medicare VIIP Incentive Design <ul style="list-style-type: none"> <li>➤ Quality Withhold method</li> <li>➤ Tiered performance earn backs</li> <li>➤ Stars measures and cut points</li> </ul> </li> </ul> </li> <li>• External Performance Benchmarks <ul style="list-style-type: none"> <li>- Discussions are taking place to transition from L.A. Care peer group percentiles to external percentiles for Medi-Cal P4P Program targets.</li> <li>- Action Plan Evaluation</li> <li>- Thorough analysis of action plans outcomes vs VIIP scores.</li> <li>- Potential modifications to action plan methodology.</li> </ul> </li> </ul> <p>Provider Recognition Awards:</p> <ul style="list-style-type: none"> <li>• Provider Recognition Awards Event will be held in person to honor top performing providers <ul style="list-style-type: none"> <li>- Celebrate winners on social media, provider page on L.A. Care’s website, articles and newsletters, and billboards</li> </ul> </li> </ul> <p>Chairperson Booth asked if L.A. Care is pushing one of the companies for the health information exchange. Mr. Solomon responded that he does not have the specifics, but can obtain that information.</p> <p>Member Ballesteros noted that the providers are going to do all this work on the ground. He thinks it is important to ask these questions, but a provider may not always have an answer for that client and may only be able to provide a number. He stated that trying to get an initial visit within the first 100 days of enrollment is difficult, because 30% of members that are delegated have wrong numbers and addresses. There needs to be push back to the state to try to get the resources to fix this.</p>	
<b>HEALTH EQUITY QUALITY INITIATIVES</b>	<p>Brigitte Bailey, <i>Quality Improvement Program Manager III, Quality Improvement</i>, and Marina Acosta, <i>Manager, Health Equity</i>, gave a presentation about Health Equity Quality Initiatives (<i>A copy of the written reports can be obtained from Board Services</i>).</p> <p>Enterprise Updates</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• New Chief Health Equity Officer Dr. Alex Li is creating a Health Equity Mitigation Plan focused on enterprise wide health equity priorities.</li> <li>• Recently welcomed 8 new Consumer Health Equity Council members. Council provides a forum for consumer discussion and perspectives on activities promoting health equity among members.</li> </ul> <p>Health Equity Initiatives Across L.A. Care</p> <ul style="list-style-type: none"> <li>• NCQA Health Equity Accreditation (On track for submission on December 5, 2023).</li> <li>• Collection of Sexual Orientation and Gender Identity data by call center staff.</li> </ul> <p>Includes collection of:</p> <ul style="list-style-type: none"> <li>- Preferred pronouns Gendered and gender neutral identifiers (she/her; he/him; they/them)</li> <li>- Sex assigned at birth: The sex (female/male) assigned to a child at birth, most often based on the child’s external anatomy.</li> <li>- Gender identity: A person’s innermost concept of self as male/female, a blend of both, or neither; how a person perceives and calls themselves.</li> <li>- Sexual orientation: How a person characterizes their emotional and sexual attraction to others.</li> </ul> <p>All have “choose not to disclose” option</p> <ul style="list-style-type: none"> <li>• Population Health Management Index <ul style="list-style-type: none"> <li>- Goals to improve disparities in the Black/African American population in prenatal care, diabetes, and hypertension.</li> </ul> </li> <li>• Culturally tailored Interactive Voice Response (IVR) call script for Black/African American members with hypertension.</li> <li>• Racial/ethnic/language and regional disparity analysis is a prioritized focus across internal workgroups.</li> <li>• Continued efforts to increase number of languages that outreach goes out in and</li> <li>• diversifying images in mailers and social media campaigns.</li> <li>• California Right Med Collaborative where pharmacy technicians/clerks outreach to members with focus on the Black/African American, Latino, or Hispanic members.</li> <li>• COVID-19 disparity efforts around member communication campaigns including</li> <li>• Leonard Nimoy Family COVID-19 Campaign, social media posts and IVR calls.</li> </ul> <p>Medi-Cal Initiatives</p> <ul style="list-style-type: none"> <li>• Medi Cal Performance Improvement Project (PIP) focusing on disparities in the Black/African American population in diabetic care ending in April 2023. <ul style="list-style-type: none"> <li>- Final submission to DHCS due April 27, 2023.</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>- The Quality Improvement team worked closely with Bartz Altadonna clinic to lower the percentage of Black/African American members with an A1c over 9. <ul style="list-style-type: none"> <li>➤ Evaluation pending.</li> </ul> </li> <li>• New clinical PIP focusing on disparities in the Black/African American population in the Child and Adolescent Well Care Visits measure (W30).</li> <li>• Continued efforts focusing on maternal health disparities amongst Black/African American pregnant people. <ul style="list-style-type: none"> <li>- Pregnancy resource guide for Black parents.</li> <li>- Generating African American Infant and Nurturers' Survival Initiative (GAAINS).</li> <li>- Integration of doulas into the network.</li> </ul> </li> <li>• Early stages of developing a Health Equity Summary Score with CMS Office of Minority Health</li> </ul> <p>L.A. Care Covered Initiatives</p> <ul style="list-style-type: none"> <li>• Healthcare Evidence Initiative (HEI) data collection efforts , in partnership with Covered California, are on track and race/ethnicity codes are populating as expected</li> <li>• Quality Improvement Project (QIP) focusing on disparities in diabetic care amongst Black/African American members continues. <ul style="list-style-type: none"> <li>- Contract executed with GA Foods to provide Medically Tailored Meals to cohort of 30 members.</li> <li>- 11 out of 27 eligible members enrolled in the program.</li> <li>- Program will continuously enroll throughout the year.</li> </ul> </li> <li>• Developed a Spanish version of a diabetes care magnet to send to Spanish speaking members with diabetes.</li> </ul> <p>Medicare Plus (D-SNP) Initiatives</p> <ul style="list-style-type: none"> <li>• Spanish version of a diabetes care magnet to send to Spanish speaking members with diabetes.</li> <li>• Culturally tailored versions of the colorectal cancer screening mailer for the Black/African American and Asian populations.</li> <li>• Cardiovascular Disease Management Program, specifically hypertension, with focus on Black/African American population. <ul style="list-style-type: none"> <li>- Includes D-SNP, Medi-Cal and L.A. Care Covered</li> </ul> </li> </ul> <p>Providers</p> <ul style="list-style-type: none"> <li>• Provider Equity Award 2nd year of recognizing practices in their health equity efforts. Focus on disparity and social determinants of health efforts.</li> </ul>	

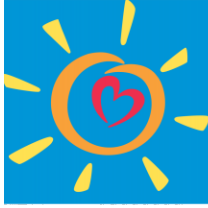
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Inclusion of race/ethnicity field in monthly Provider Opportunity Reports (POR) <ul style="list-style-type: none"> <li>- Report shows providers which of their members are due for certain services.</li> <li>- Inclusion of race/ethnicity will allow providers to do their own disparity analyses.</li> <li>- Webinar in June educating providers on how to use this information.</li> </ul> </li> <li>• On going efforts in the Elevating the Safety Net program.</li> <li>• Wednesday Webinar series bringing in more external speakers and organizations to discuss health equity related topics with providers, IPAs and clinic staff. <ul style="list-style-type: none"> <li>- Upcoming Gun Safety webinar series with CME credit.</li> <li>- Partnership with WIC.</li> <li>- Gender equity care.</li> </ul> </li> <li>• Working on DHCS Equity and Practice Transformation Program <ul style="list-style-type: none"> <li>- To be released soon by DHCS</li> </ul> </li> </ul> <p>Member Perez noted the eight new Consumer Health Equity Council members. She asked for more information about that. Ms. Acosta responded that this is part of the equity structure brought up in 2020. There are quite a few stakeholders such as members, providers, and vendors. This council reports to the members equity council to speak about different initiatives around various topics such as food insecurity. Ms. Perez asked how the consumer members were chosen. Ms. Acosta responded that there were applications posted on the L.A. Care website and various other places. Ms. Perez asked if this is a public committee and if what they speak about is open to the public. Ms. Acosta responded that staff gets feedback from members and there will be cross talks that will take place this year.</p>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Compliance &amp; Quality Committee meeting was adjourned at 4:05 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 4:06 P.M.</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• 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</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:25 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 4:25 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: \_\_\_\_\_





**L.A. Care**  
HEALTH PLAN®

**To:** Compliance & Quality Committee of the Board of Governors  
**From:** Thomas Mapp, Chief Compliance Officer  
**Subject:** Chief Compliance Officer Report – OPEN SESSION  
**Date:** May 18, 2023

### **COMPLIANCE OFFICER OVERVIEW**

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

1. A&G Trend Report – Demetra Crandall
2. Issues Inventory – Mike Sobetzko
3. Risk Management Status Updates – Mike Sobetzko

# Compliance & Quality Committee Meeting



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

May 18, 2023

# Chief Compliance Officer Overview

**Presenter(s):** Thomas Mapp

1. A&G Trend Report
2. Issues Inventory Updates
3. Risk Management Status Updates



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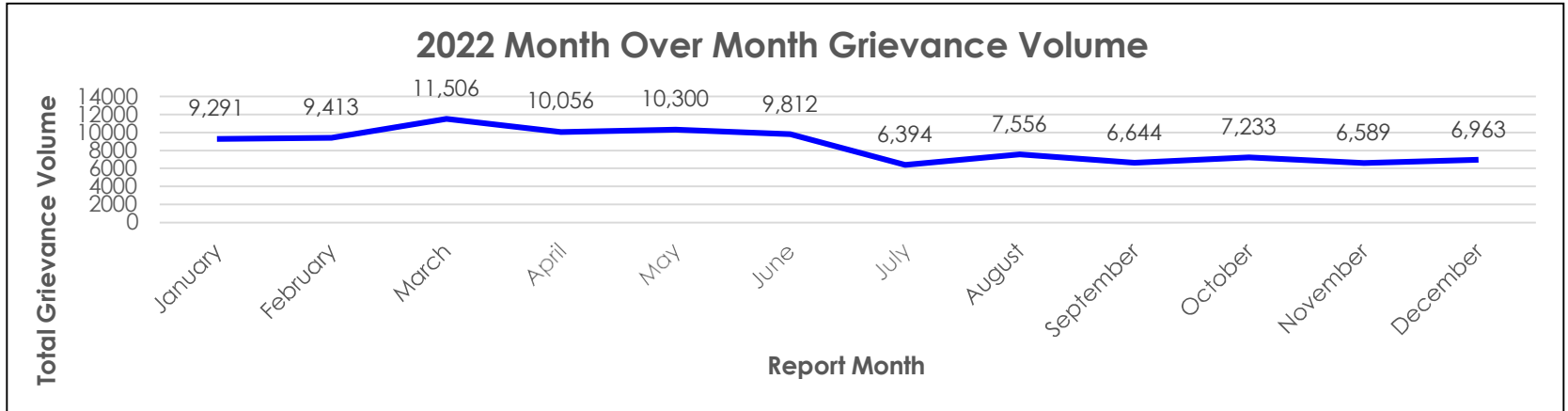
*For All of L.A.*

# Appeals & Grievance Trend Analysis 2022-Q1 2023



# Appeals & Grievance 2022 Trend Analysis

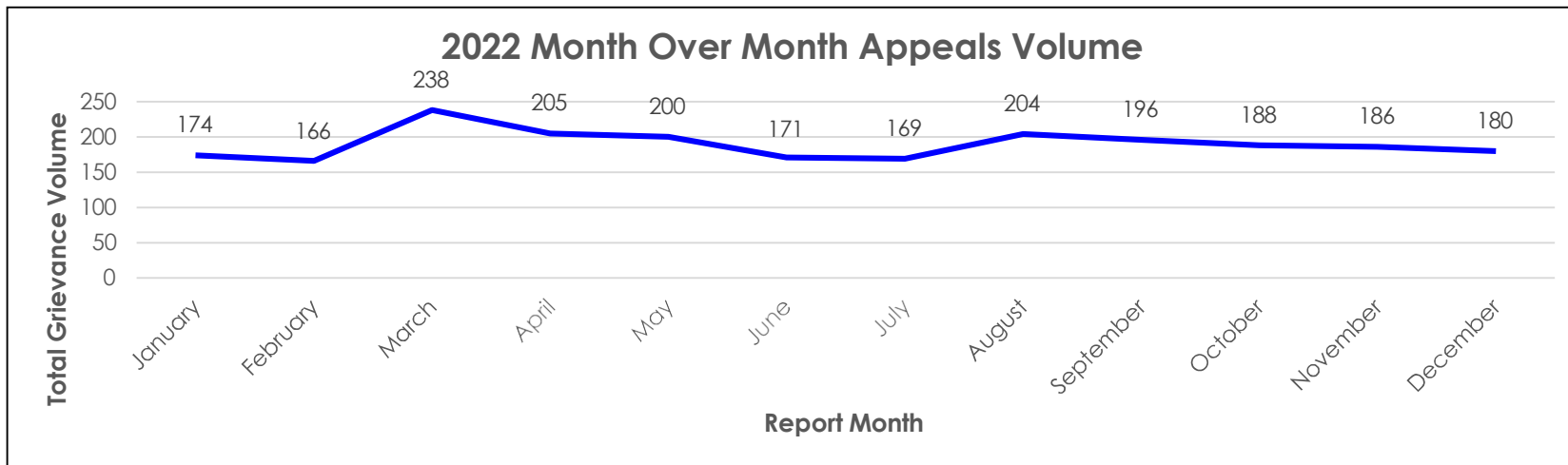
# Grievance Volume 2022



Month Over Month Grievance Volume Detail												
Grievance Category	Report Month											
	January	February	March	April	May	June	July	August	September	October	November	December
Access	4,168	4,334	5,266	4,964	4,908	4,881	2,120	2,538	2,336	2,521	2,300	2,325
Attitude and Service	2,057	2,043	2,467	2,062	2,078	2,085	1,745	1,988	1,766	1,934	1,650	1,773
Billing and Financial Issues	2,747	2,628	3,205	2,459	2,710	2,399	2,122	2,536	2,215	2,405	2,284	2,534
Quality of Care	310	396	549	560	585	427	388	468	303	358	345	317
Quality of Practitioner Office Site	9	12	19	11	19	20	19	26	24	15	10	14
<b>Total</b>	<b>9,291</b>	<b>9,413</b>	<b>11,506</b>	<b>10,056</b>	<b>10,300</b>	<b>9,812</b>	<b>6,394</b>	<b>7,556</b>	<b>6,644</b>	<b>7,233</b>	<b>6,589</b>	<b>6,963</b>

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

# Appeal Volume 2022



Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	January	February	March	April	May	June	July	August	September	October	November	December
Access	166	158	218	188	187	160	162	199	188	182	173	170
Billing and Financial Issues	8	8	18	17	11	10	5	4	7	3	13	9
Quality of Care	0	0	2	0	2	1	2	1	1	3	0	1
<b>Total</b>	<b>174</b>	<b>166</b>	<b>238</b>	<b>205</b>	<b>200</b>	<b>171</b>	<b>169</b>	<b>204</b>	<b>196</b>	<b>188</b>	<b>186</b>	<b>180</b>

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

# CMC/DSNP Background/Goals/Results

CMC/DSNP Grievances	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	3,613	41%	17.17	10	No
Attitude and Service	2,517	29%	11.96	10	No
Billing and Financial Issues	2,121	24%	10.08	10	No
Quality of Care	521	6%	2.48	10	Yes
Quality of Practitioner Office Site	11	0%	0.05	10	Yes
Total	8,783	100%	41.75	20	No

## **Quantitative Analysis - Grievances (CMC/DSNP):**

- The goals for the Quality of Care and Quality of the Practitioner Site were met
- All other categories and the total rate did not meet the goal.
  - The rate for Access exceeded the goal by the largest margin, 7.17
  - The total grievance rate goal was exceeded by 21.75 grievances per 1000 member months
- Access is the leading cause of grievances with 41% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.

CMC/DSNP Appeals	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	453	96%	2.15	10	Yes
Attitude and Service	0	0%	0.00	10	Yes
Billing and Financial Issues	16	3%	0.08	10	Yes
Quality of Care	1	0%	0.00	10	Yes
Quality of Practitioner Office Site	0	0%	0.00	10	Yes
Total	470	100%	2.23	20	Yes

## **Quantitative Analysis - Appeals (CMC/DSNP):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 7.85 under the goal.



# LACC/LACCD Background/Goals/Results

LACC/D Grievances	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	7,622	29%	5.54	5	No
Attitude and Service	4,116	16%	2.99	5	Yes
Billing and Financial Issues	13,599	53%	9.89	5	No
Quality of Care	484	2%	0.35	5	Yes
Quality of Practitioner Office Site	21	0%	0.02	5	Yes
Total	25,842	100%	18.80	10	No

## **Quantitative Analysis - Grievances (LACC/D):**

- The goals for Attitude and Service, Quality of the Practitioner Office Site and Quality of Care, were met.
- All other categories and the total rate did not meet the goal.
  - The rate for Billing and Financial Issues exceeded the goal by the largest margin, 4.89
  - The total grievance rate goal was exceeded by 8.80 grievances per 1000 member months
- Billing and Financial Issues is the leading cause of grievances with 53% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

LACC/D Appeals	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	451	93%	0.33	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	30	6%	0.02	5	Yes
Quality of Care	3	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	484	100%	0.35	10	Yes

## **Quantitative Analysis – Appeals (LACC/D):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.67 under the goal.

# MCLA Background/Goals/Results

MCLA Grievances	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	29,915	47%	1.82	5	Yes
Attitude and Service	16,244	26%	0.99	5	Yes
Billing and Financial Issues	13,078	21%	0.80	5	Yes
Quality of Care	3,820	6%	0.23	5	Yes
Quality of Practitioner Office Site	160	0%	0.01	5	Yes
Total	63,217	100%	3.84	10	Yes

## **Quantitative Analysis – Grievances (MCLA):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 3.18 under the goal.
- Access is the leading cause of grievances with 47% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

MCLA Appeals	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1,127	94%	0.07	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	60	5%	0.00	5	Yes
Quality of Care	8	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	1,195	100%	0.07	10	Yes

## **Quantitative Analysis – Appeals (MCLA):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.93 under the goal.

# PASC Background/Goals/Results

PASC Grievances	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1,511	39%	2.51	5	Yes
Attitude and Service	771	20%	1.28	5	Yes
Billing and Financial Issues	1,446	37%	2.40	5	Yes
Quality of Care	181	5%	0.30	5	Yes
Quality of Practitioner Office Site	6	0%	0.01	5	Yes
Total	3,915	100%	6.51	10	Yes

## **Quantitative Analysis – Grievances (PASC):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 2.49 under the goal.
- Access is the leading cause of grievances with 39% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

PASC Appeals	CY 2022				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	120	94%	0.20	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	7	5%	0.01	5	Yes
Quality of Care	1	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	128	100%	0.21	10	Yes

## **Quantitative Analysis – Appeals (PASC):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.80 under the goal

# Qualitative Analysis (CMC/DSNP, LACC/D, MCLA and PASC):

## **Access**

- Over 67 percent of L.A. Care's access grievances have been resolved by the next business day.
- Delay in authorization at the Primary Care Physician office identified as the top access issues.
- Members continue to express their concerns with the accessibility of their primary physician office.
- Members are dissatisfied with the lack of providers contracted with plan to assist members.

## **Attitude and Service**

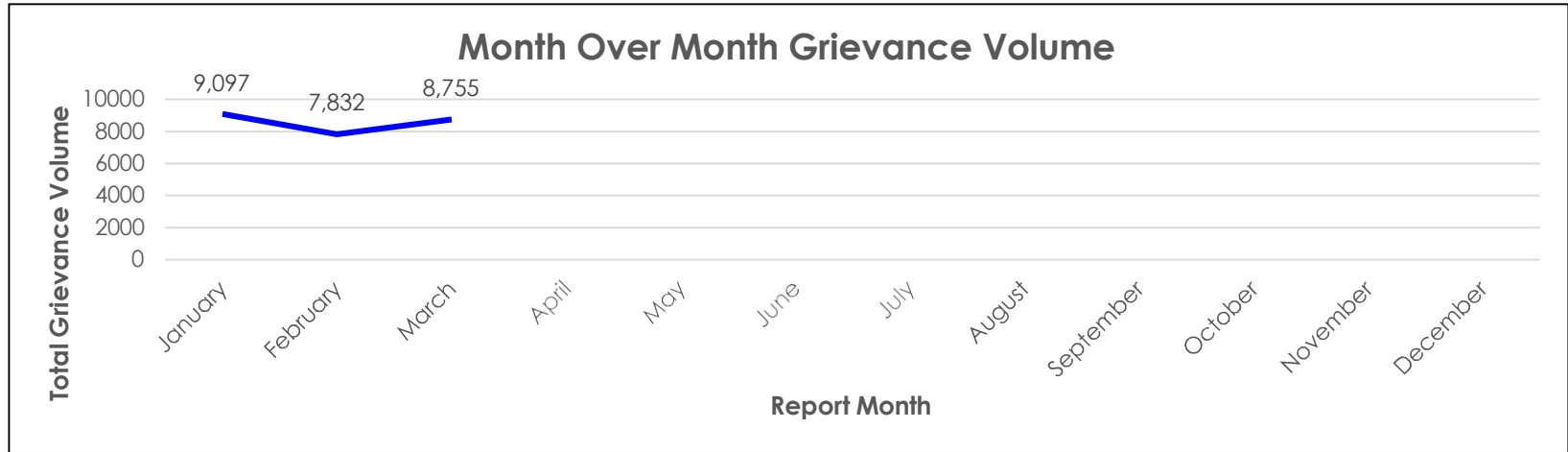
- Attitude and service at Primary Care Physician office identified as the top issue, members state providers are not paying attention, rude and unprofessional.
- Members expressed concerns with L.A. Care's Customer Service Department.
- Miscommunication from L.A. Care continues to cause member abrasion, member stats they are receiving incorrect information and getting the run-around between different department/areas.

## **Billing and Financial Issues**

- Billing Discrepancy identified as the top billing and financial issue along with balance billing has been the top concerns with L.A. Care members.
- Member education on benefit of premium, deductible and co-payment continue cause member abrasion.
- Although it is a top issue, over 49 percent of L.A. Care's billing and financial grievances have been resolved by the next business day.

# Appeals & Grievance Q1 2023 Trend Analysis

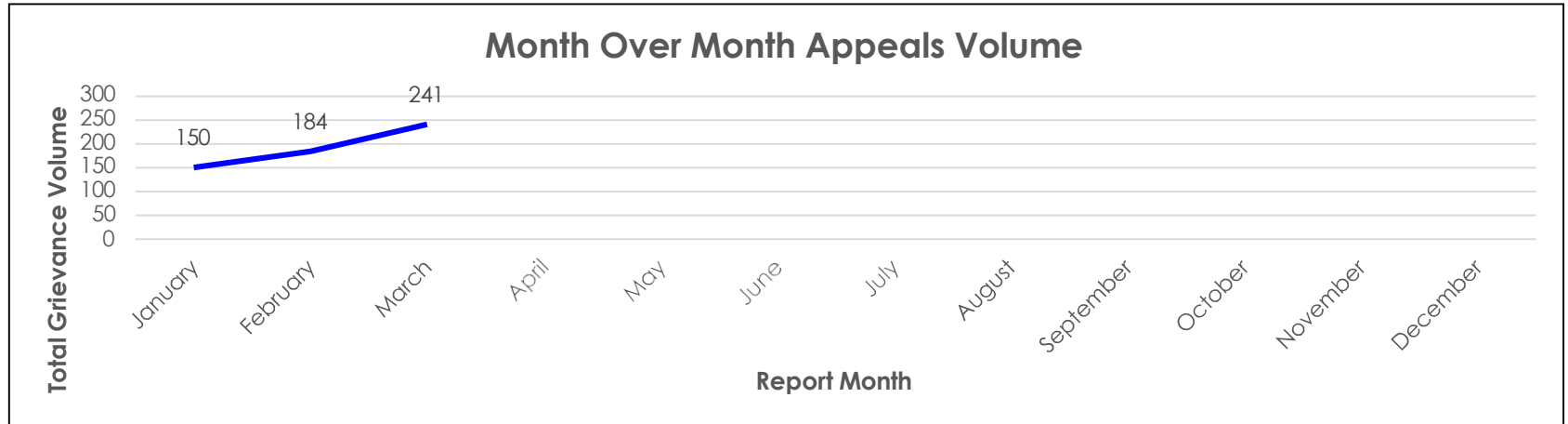
# Grievance Volume Q1 2023



Month Over Month Grievance Volume Detail												
Grievance Category	Report Month											
	January	February	March	April	May	June	July	August	September	October	November	December
Access	2,868	2,588	2,752									
Attitude and Service	2,323	2,127	2,478									
Billing and Financial Issues	3,509	2,788	3,130									
Quality of Care	379	320	389									
Quality of Practitioner Office Site	18	9	6									
<b>Total</b>	<b>9,097</b>	<b>7,832</b>	<b>8,755</b>									

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

# Appeal Volume Q1 2023



Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	January	February	March	April	May	June	July	August	September	October	November	December
Access	139	176	232									
Billing and Financial Issues	8	8	8									
Quality of Care	3	0	1									
<b>Total</b>	<b>150</b>	<b>184</b>	<b>241</b>									

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

# CMC/DSNP Background/Goals/Results

CMC/DSNP Grievances			CY Q1 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	742	31%	13.80	10	No
Attitude and Service	908	38%	16.88	10	No
Billing and Financial Issues	472	20%	8.78	10	Yes
Quality of Care	258	11%	4.80	10	Yes
Quality of Practitioner Office Site	2	0%	0.04	10	Yes
Total	2,382	100%	44.29	20	No

## **Quantitative Analysis - Grievances (CMC/DSNP):**

- The goals for the Billing and Financial, Quality of Care and Quality of the Practitioner Site were met
- All other categories and the total rate did not meet the goal.
  - The rate for Attitude and Service exceeded the goal by the largest margin, 6.88
  - The total grievance rate goal was exceeded by 24.29 grievances per 1000 member months
- Attitude and Service is the leading cause of grievances with 38% of the total Q1 2023 volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.

CMC/DSNP Appeals			CY Q1 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	137	95%	2.55	10	Yes
Attitude and Service	0	0%	0.00	10	Yes
Billing and Financial Issues	5	3%	0.09	10	Yes
Quality of Care	2	1%	0.04	10	Yes
Quality of Practitioner Office Site	0	0%	0.00	10	Yes
Total	144	100%	2.68	20	Yes

## **Quantitative Analysis - Appeals (CMC/DSNP):**

- All goals for each individual categories and total were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 7.45 under the goal.



# LACC/LACCD Background/Goals/Results

LACC/D Grievances			CY Q1 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	947	16%	2.52	5	Yes
Attitude and Service	1,156	20%	3.07	5	Yes
Billing and Financial Issues	3,507	60%	9.32	5	Yes
Quality of Care	202	3%	0.54	5	Yes
Quality of Practitioner Office Site	13	0%	0.03	5	Yes
Total	5,825	100%	15.48	10	Yes

## **Quantitative Analysis - Grievances (LACC/D):**

- The goals for the Access, Attitude and Service, Quality of Care and Quality of the Practitioner Site were met
- The goal for Billing and Financial Issues total rate did not meet the goal.
  - The rate for Billing and Financial Issues exceeded the goal by the largest margin, 4.32
  - The total grievance rate goal was exceeded by 5.48 grievances per 1000 member months
- Billing and Financial Issues is the leading cause of grievances with 60% of the total Q1 2023 volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

LACC/D Appeals			CY Q1 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	130	94%	0.35	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	8	6%	0.02	5	Yes
Quality of Care	0	0%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	138	100%	0.37	10	Yes

## **Quantitative Analysis – Appeals (LACC/D):**

- All goals for each individual categories and total appeals were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.65 under the goal.

Note: Grievance rate by 1000 members

# MCLA Background/Goals/Results

MCLA Grievances		CY Q1 2023			
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	4,709	32%	1.05	5	Yes
Attitude and Service	4,920	33%	1.10	5	Yes
Billing and Financial Issues	3,664	25%	0.82	5	Yes
Quality of Care	1,354	9%	0.30	5	Yes
Quality of Practitioner Office Site	83	1%	0.02	5	Yes
Total	14,730	100%	3.28	10	Yes

## **Quantitative Analysis – Grievances (MCLA):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 3.90 under the goal.
- Access is the leading cause of grievances with 33% of the total Q1 2023 volume. The Quality of the Practitioner Site had the least number of grievances, making 1% of the total volume

MCLA Appeals		CY Q1 2023			
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	242	95%	0.05	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	10	4%	0.00	5	Yes
Quality of Care	2	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	254	100%	0.06	10	Yes

## **Quantitative Analysis – Appeals (MCLA):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.95 under the goal.

# PASC Background/Goals/Results

PASC Grievances			CY Q1 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	287	27%	1.93	5	Yes
Attitude and Service	201	19%	1.35	5	Yes
Billing and Financial Issues	494	47%	3.33	5	Yes
Quality of Care	74	7%	0.50	5	Yes
Quality of Practitioner Office Site	4	0%	0.03	5	Yes
Total	1,060	100%	7.14	10	Yes

## **Quantitative Analysis – Grievances (PASC):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 1.67 under the goal.
- Access is the leading cause of grievances with 47% of the total Q1 2023 volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

PASC Appeals			CY Q1 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	38	97%	0.26	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	1	3%	0.01	5	Yes
Quality of Care	0	0%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	39	100%	0.26	10	Yes

## **Quantitative Analysis – Appeals (PASC):**

- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.74 under the goal

# Barrier Analysis & Opportunities for Improvement:

## Barrier Analysis:

- Lack of member knowledge regarding coverage benefit limits and managed care requirements.
- Large influxes of calls to the customer service department which at times lead to extended wait times.
- A large percentage of DSNP grievance were related to access to care issues specific to L.A. Care's supplemental vendors.
- Pharmacies had to adjust their billing practices, specifically to split-bill appropriately to Magellan for Part B crossover claims for DSNP members. A fax blast was sent to pharmacies regarding this change.

## Opportunities for Improvement:

- The A&G team is collaborating with internal product teams to improve the members experience especially regarding access to care issues.
- The team is focusing on STAR measures. Monitoring reports are being created to conduct root cause analysis on CTMs and Appeals to raise our STAR rating.
- PCT (A&G system of record) Updates: Continued enhancement of grievance & appeal categories in PCT to support data analytics.
- In preparation for DSNP updates were made to PCT, A&G reports, policies and procedures and the creation of new letter templates
- Improve our communication with our Plan Partners to make sure we are able to meet the regulatory timeframes for cases received from our Regulators.
- Cross-Functional JOM: A&G and Call Center has established a JOM to address cross-functional challenges, and enhance our members' service and experience. The current focus are billing and financial concerns.
- A&G collaborated with an advisory firm to provide a customized work plan for success. The teams have identified and implemented some improvements to department structure, staffing, and procedures that are integral to processing appeals and grievances

Thank You

# Issues Inventory (through 4/30/23)



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

Presenter(s): Mike Sobetzko

# Issues Inventory Update

April 2023 Summary

- **Issues Reported in 2022 and 2023**

- 127 items are listed in the Issues Inventory as of April 30, 2023<sup>(1)</sup>
- 40 issue items were added to the inventory
  - 1 newly added issue remains in New/In Review status
  - 20 newly added issues are in Open Status
  - 19 newly added issues have been remediated
- 38 issues require remediation
  - 2 in New status:
    - (-)3 of the 4 existing New issues are now in Open status, leaving 1 existing issue in New status
    - (+)1 new issue is in New status
  - 36 in Open status:
    - (+) 3 of the 4 existing New issues are now in Open status
    - (-) 4 of the 17 existing In Process issues were remediated in April
    - (+) 20 new issues are in Open status

- **Issues Reported Prior to 2022**

- 25 issues were updated to Remediation status. Remediation had been completed and documentation had been received, but Issues Inventory update was incomplete.

Issue Status	As of 03/31/23	As of 04/30/23
New	4	2
Open	17	36
<b>Total New &amp; Open Issues</b>	<b>21</b>	<b>38</b>
+		
Deferred	16	16
Remediated	56	72 <sup>(2)</sup>
Closed to Inventory (duplicates)	3	1 <sup>(3)</sup>
<b>Total Inventory Count</b>	<b>96</b>	<b>127</b>

(1) Includes issues reported in 2022 and 2023

(2) Remediated Items: 56 existing items + 4 existing items remediated in April + 2 items with status corrected from Closed to Inventory to Remediated – 9 items incorrectly included in March items + 19 new items remediated

(3) Closed to Inventory: 3 existing items - 2 items with status corrected from Closed to Inventory to Remediated

# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<b>DHCS - Acute Administrative Days + OOA/Wellness:</b> LA Care process/payment for Acute Administrative Days & OOA Wellness services.	4/7/23		New/In Review
<b>DHCS Escalation Care Management Referral Delay:</b> A DSNP member contacted the DHCS for assistance with the approval of a Care Mgmt referral.	4/20/23	Utilization Management	Open
<b>SB 368 - Out of pocket maximum:</b> The pending implementation of the service tool for SB 368 have potential other risks and being assessed for level and impact	4/20/23	Commercial Product Mgmt.	Open
<b>NCQA Mock Audit 1Q2023 - UM 5:</b> Timeliness of UM Decisions, Elements A–C. : NCQA requires that written denial notification are sent to the treating “Practitioner	4/17/23	Quality Improvement	Open
<b>NCQA Mock Audit 1Q2023 - UM 7:</b> Denial Notices, Elements B, C, E, I: DHCS has mandatory requirements regarding the use of template language and appeal rights.	4/17/23	Quality Improvement	Open
<b>Community Health Worker (CHW) Benefit Claims Implementation:</b> Claims system processing is pending to due to limited IT resources.	4/14/23	Product, Claims, IT	Open
<b>Members Transitioning FFS to MC PCP Matching:</b> Assigning the correct member's PCP selection based on the NPI number on the HealthCare Organization (HCO) form.	4/14/23	Products, Enrollment	Open
<b>Blue Shield 274 - DHCS Provider Network Directory Errors:</b> The 274 data from Blue Shield is incorrect which is causing delays for LA Care to report the information to DHCS.	4/7/23		Open
<b>Claims Payment for Prop 56 add on:</b> DHCS inquiries about correct payment from LA Care to Totally Kids Sun Valley for prop 56 add on.	4/6/23		Open
<b>Inbound Lines down to Call Solution Ctr &amp; Inside Sales:</b> On March 16th, it was reported inbound lines were down, which impacted departments such as Call Solution Center, Inside Sales and other department.	3/16/23		Open
<b>PQI Backlog Cases via A&amp;G Transmission:</b> PQI have back log cases from A&G due to incorrect email address errors via manual email transmission.	3/17/23		Open



# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<b>Mail Room Processes Audit - Untimely P&amp;P Review:</b> Finding #1: Policies were past due date for annual review. - FS-003 Collection and Disposal of Documents with PHI - Next review date 2/22/2022 - FS-004 Temporary On-Site and Regular Off-Site Storage of PHI - Next review date 2/22/2022 - FS-007 Mailroom Policy - Next review date 2/22/2022	6/8/2022	Facilities, A&G	Remediated
<b>Mail Room Processes Audit - Inadequate Documentation of Mailroom Processes:</b> Finding #2: Lack of documentation of new processes in the mailroom that were initiated in 2020 and 2021 to address the Covid public health emergency and work- from-home business model. Directions from Facilities are provided by email.	6/8/2022	Facilities, A&G	Remediated
<b>Mail Room Processes Audit - Returned Mail Indefinitely Stored in Mailroom:</b> Finding #3: 17 bins of returned mail with bad addresses (approximately 15,000 notices to members containing protected health information) have been stored since October 2020 in the Mailroom. Commercial and Group Product Management has asked Management of the returned mail can be shredded and is awaiting a decision.	6/8/2022	Facilities, Legal, Compliance	Remediated
<b>Mail Room Processes Audit - Hard copy of scanned mail stored indefinitely:</b> Finding #4: Mail for Appeals & Grievances is delivered to and indefinitely stored in a storage room on the A&G floor of the 1200 building after it has been scanned.	6/8/2022	Facilities, A&G	Remediated
<b>Mail Room Processes Audit - Misdirected Mail Guidance from Mailroom:</b> Finding #5: L.A. Care Departments lack guidance on what to do with misdirected mail, there is no consistent process to monitor, improve and minimize misdirected mail.	6/8/2022	Facilities	Remediated
<b>Mail Room Processes Audit - Shadow Mail Operation :</b> Finding #6: Mail is coming into Building 1200 and processed by CSC staff. There is not one clear owner of the process.	6/8/2022	Facilities, CSC Operations	Open

# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<b>Transportation Benefit Audit - Lack of focused audit documentation – CRM:</b> Finding #1: The Provider Contracting and Relationship Management’s Desk Level Procedure NEMT & NMT Oversight and Monitoring Program Screening and Enrollment section states focused audits must be completed and MMUM-060 states L.A. Care will audit vendors, but the desktop procedure does not include the procedure content indicating how to perform focused audits of the transportation provider emergency enrollment process, including validating evidence of transportation providers’ emergency enrollment status. The activity referred to as a “focused audit” includes only review of a report, as opposed to audit procedures and the activity, findings and actions taken to mitigate findings are not documented.	10/6/2022	PNM, CRM	Remediated
<b>Transportation Benefit Audit - Lack of UM Monitoring of PCS Form Quality – UM:</b> Finding #2: According to APL 22-008, on page 7, under Non-Emergency Medical Transportation Physician Certification Statement Forms, “MCPs must ensure that a copy of the PCS Form is on file for all members receiving NEMT services and that all fields are filled out by the provider.” UM does not perform monitoring to ensure there is a PCS Form on file for every member receiving NEMT.	10/6/2022	UM, CRM	Open
<b>Transportation Benefit Audit - Transportation Network Report (TNR):</b> Lack of Sufficient Data – CRM: Finding #3: APL 22-008, MCP Monitoring and Oversight (page 14) states “MCPs must conduct monitoring activities no less than quarterly” which may include the “[e]nrollment status of NEMT and NMT providers.” However, the weekly TNR, which CRM uses to perform monitoring, does not contain sufficient data to verify that transportation providers who have emergency enrollment only provided trips during the time frame the provider was enrolled. The transportation provider’s emergency enrollment approval date, and emergency enrollment effective dates are missing – and those dates would be needed to perform the monitoring. Interviews with CRM’s Account Manager and CTC demonstrated there is an inconsistent data element definition for the “Approved Date” column of the TNR, which CRM uses to perform monitoring, resulting in an inability to monitor correctly.	10/6/2022	PNM-CRM	Open

# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<p><b>Transportation Benefit Audit - PCS Forms: Missing Forms - UM and CRM: Finding #4:</b> Page 3 of APL 22-008, under Prior Authorizations, states “The member must have an approved Physician Certification Statement (PCS) form authorizing NEMT by the provider.” Sample testing showed four (4) of 20 PCS forms (20%) were missing and one of the four missing forms was for a dialysis-related courtesy trip. Regulations require PCS Forms be completed prior to the transportation services.</p>	10/6/2022	UM, CRM	Open
<p><b>Transportation Benefit Audit - PCS Forms: Incomplete – UM and CRM: Finding #5:</b> According to APL 22-008, on page 7, under Non-Emergency Medical Transportation Physician Certification Statement Forms, “MCPs must ensure that a copy of the PCS form is on file for all members receiving NEMT services and that all fields are filled out by the provider.” Sample testing showed four (4) of 16 PCS forms (20%) were incomplete in that they did not have all required fields completed, as required by regulations.</p>	10/6/2022	UM	Open
<p><b>Transportation Benefit Audit - Incomplete Exclusion Screening - CRM: Finding #6:</b> Title 42 § 455.436 requires organizations to perform exclusion screening of all providers no less frequently than monthly. Sample testing showed exclusion screening of the transportation providers Uber Health and Lyft were not screened, and these providers performed services for fifteen (15) of 39 rides sampled.</p>	10/6/2022	CRM	Open
<p><b>Transportation Benefit Audit - Missing Member-Initiated NEMT Trip Workflow – UM: Finding #7:</b> Page 7 of APL 22-008 states “Members must be able to request a PCS form from their provider by telephone, electronically, in person, or by another method established by the MCP.” A corrective action plan submitted to the DHCS in response to a finding from the 2019 Medical Audit stated UM would “develop a workflow for managing member-initiated prior authorizations for transportation, with staff education/training.” However, the supporting documentation supplied to the DHCS was the Transportation Services Job Aid, which does not include a workflow or describe how the UM staff will obtain the PCS Form for member-initiated NEMT service prior authorizations.</p>	10/6/2022	UM	Open

# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<b>OOA Emergency Services Claims and Grievances Audit - Missing Assigned Person Address:</b> Finding #1: Sample review showed A&G Acknowledgement Letters sent in 2020 did not always provide the address of the person assigned to the grievance.	4/14/2022		Open
<b>OOA Emergency Services Claims and Grievances Audit - Inadequate Consideration:</b> Finding #2: Sample review showed A&G did not always adequately consider grievances in that they conducted minimal or no investigation of the grievance, as required by regulation and A&G policy and procedure and as outlined in the desktop procedure.	4/14/2022		Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Inadequate Resolution:</b> Finding #3: Sample review showed A&G did not always adequately resolve grievances, as required by regulation and A&G policy and procedure, and as outlined in the desktop procedure. (11/20 samples)	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Decision Letter Explanation Not Clear:</b> Findings #4: Sample review showed A&G consistently did not issue a clear explanation for L.A. Care's decision about the grievance, as required by regulatory requirements. This occurred in the following ways: 1) the letter did not describe the resolution/decision when one had been reached by L.A. Care, and 2) the letter did not describe the resolution/decision because L.A. Care had not completed an investigation and consequently had no resolution. (13/20 samples)	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Decision Letter Explanation Not Concise:</b> Finding #5: Sample review showed A&G consistently did not issue a concise explanation for L.A. Care's decision about the grievance, as required by regulatory requirements. This occurred when letter included extraneous/redundant information in the resolution section. (20/20 samples)	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Untimely Resolution Letters:</b> Findings #6: Multiple resolution letters were not sent timely in that it was sent after thirty (30) days from the date the first grievance on the matter was received. In one case the resolution letter was sent thirty (30) days after the member filed the initial grievance and had already received two (2) resolution letters although the matter had not been resolved. (2/20 samples)	4/14/2022	A&G	Remediated

# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<b>OOA Emergency Services Claims and Grievances Audit - Missing Grievance File Documentation:</b> Findings #7: Multiple cases referred to documentation reviewed while considering the grievance, however documentation was not retained in case file in accordance with internal and external requirements. (2/20 samples)	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Failure to Meet Linguistic Needs:</b> Findings #8: Sample review showed L.A. Care did not meet the linguistic needs of its non-English speaking/writing members by sending correspondence on English templates instead of the templates written in the language indicated in the system or specified by the member. In one case, the correct template was sent, however the customized content (i.e., resolution explanation) was written in English. (6/6 samples)	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - No Quality Goals/Metrics:</b> Findings #9: A &G does not have performance measures and goals that focus on quality (adequate consideration, adequate rectification of issue, clarity, and conciseness of resolution letters), although quality and review of trending reports and improvements is required by regulation and A&G policy and procedure.	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Untimely P&amp;P Review:</b> Findings #10: The AG-001 and AG-008 "Next Annual Review Date" showed the policy and procedure review was overdue (date was February 28, 2021) and the AG-008 procedure section had errors in that it has an incorrect section title and formatting errors.	4/14/2022	A&G	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - No Procedure for Coverage Continuation:</b> Finding #11: The A&G policy and procedure documents do not address the requirement to continue coverage until final determination is made about the grievance (HSC § 1368 (a)(6)).	4/14/2022	A&G	Open
<b>OOA Emergency Services Claims and Grievances Audit - Failure to Report Pending Grievance to DMHC:</b> Finding #12: A&G could not provide records showing a pending grievance had been reported to the DMHC as required by HSC § 1368(c), and CCR § 1300.68(f)(1).	4/14/2022	A&G	Open

# Issue Inventory Update

## Issues Added in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<b>OOA Emergency Services Claims and Grievances Audit - Claims System Limitation:</b> Finding #1: The claims processing system, QXNT, does not have the functionality to process OOA emergency services claims differently than in-area emergency services claims when the division of financial responsibility for OOA claims is different than in-area claims (e.g., L.A. Care is responsible for in area emergency services, but the PPG is responsible for OOA emergency services).	5/25/2022	Claims Operations	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Inadequate Controls to Mitigate Limitation Risk:</b> Finding #2: Although the QNXT system functionality limitation was identified in 2014, adequate controls to prevent (e.g., claims department training, guidance document updates, exception reporting) or detect (e.g., monitoring reports) the risk related to claims processing errors for OOA claims were not put in place.	5/25/2022	Claims	Remediated
<b>OOA Emergency Services Claims and Grievances Audit -Lack of ER Claims KPI Reporting:</b> Finding #3: No KPI reporting exists for denied OOA claims for emergency services.	5/25/2022	Claims	Remediated
<b>OOA Emergency Services Claims and Grievances Audit - Untimely Misdirected Claims :</b> Findings #4: One claim was forwarded to the PPG beyond the 10-day window (24 days). The claim was misdirected back to L.A. Care from the PPG in error when the PPG did not recognize that the lab charges were incurred as part of emergency services. Per the DoFR the PPG was responsible for labs in the ER.	5/25/2022	Claims	Remediated

# Issue Inventory Update

## Issues Remediated in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
<b>Non-Compliance - DSNP Member Notice Process:</b> The Enrollment Services team identified 65 D-SNP member notices that were out of CMS compliance. A reconciliation process is needed for the member notice process to ensure member notices are accurately triggered and transmitted.	11/29/22		<ul style="list-style-type: none"><li>• Vendor deployed correction to enrollment code on the 834 file</li><li>• Revised policy and desk level procedure for the D-SNP enrollment process to include the reconciliation process.</li></ul>	04/19/23
<b>D-SNP Failure to Provide Accurate Member Materials:</b> On January 19, 2023, L.A. Care disclosed to CMS that approximately 18,600 members received member ID cards with an incorrect phone number for dental services.	01/19/23	Medicare Product	<ul style="list-style-type: none"><li>• Mailed out corrected ID cards along with the cover letters on January 27, 2023 (English) and February 6, 2023 (all threshold languages).</li><li>• Checklist has been created to ensure all fields are validated and additional levels of review is added to the Quality Assurance process.</li></ul>	04/18/23
<b>DSNP Enrollment - Reconciliation GAP:</b> Lack of a formal enrollment reconciliation process to determine member eligibility.	01/20/23	Enrollment	<ul style="list-style-type: none"><li>• Vendor deployed correction to enrollment code on the 834 file</li><li>• Revised policy and desk level procedure for the D-SNP enrollment process to include the reconciliation process.</li></ul>	04/18/23

# Issue Inventory Update

## Issues Remediated in April 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
<p><b>2021 DHCS Medical Audit Finding: 2.4.1</b> - The Plan did not inform member 30 calendar days before the end of the Continuity of Care (COC) period about the transition process.</p>	2/3/2022	Enterprise Shared Services, Utilization Management	<ul style="list-style-type: none"> <li>• CAP ID 1796: I. Utilization Management team will develop a process in Syntranet to notify members of the end of COC period and in-network transition. Utilization Management will update the COC request for Medi-Cal members training/desktop procedure to ensure it correlates with the requirements outlined in L.A. Care's Policy and procedure MM-UM-0021 and APL 18-008. Status: Completed 09/14/2022</li> <li>• CAP ID 1797: Utilization Management will develop a monthly audit tool to ensure members are notified 30 calendar days before the end of COC and notified about the process that will occur to transition the member's care to an in-network provider. Utilization Management Quality Assurance team will conduct monthly audits of COC cases to ensure UM staff are following MMUM-021 policy and APL 18-008 requirements. If noncompliance is identified, UM Quality Assurance will provide additional training and coaching to staff. Status: Completed 07/21/22</li> <li>• CAP ID 1798: Utilization Management team will conduct UM staff training on updated training materials/desktop procedures for COC request upon hire, and annually. Status: Completed 09/14/2022</li> </ul>	<p>04/28/23</p> <p>*Previously remediated issue updated in Issues Inventory</p>



Compliance & Quality Committee  
Risk Management Updates through 04/30/23



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# Risk Management Update

## Top Risks – Summary Status

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

# Risk Management Update

## Top 10 Risks – Detail Status

Risk #	C2
Risk Title	HRA Assessment / Reassessment Timeliness
Risk Statement	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
Risk Owner	Steven Chang, Rebecca Cristerna, Oscar Linares
Risk Mitigation Activities	<ul style="list-style-type: none"> <li>• Implement new workflows to identify populations requiring annual reassessments</li> <li>• Implement new workflows and monitoring reports to ensure annual assessment completion</li> <li>• Conduct D-SNP readiness project</li> <li>• Internal Audit will conduct an effectiveness review of the risk mitigation plan implementation.</li> </ul>
Implementation Documentation	<ul style="list-style-type: none"> <li>• Report showing monthly progress of reduced backlog</li> <li>• Updated Policy HS-CM-013</li> </ul>
Prior Update	<ul style="list-style-type: none"> <li>• Existing workflows and monitoring reports will continue for the DSNP. New workflows are being developed to identify the three new populations requiring annual reassessments (members with LTSS needs, children with special health care needs, and pregnant individuals), in accordance with the latest DHCS CalAIM Policy Guide and FAQ.</li> <li>• Integrate and automate multiple monthly reports into HRA dashboard for more efficient monitoring. Pending development resources.</li> <li>• Until efforts to complete a reliable HRA dashboard, the overall monitoring process, including for the new PHM populations, will remain highly inefficient and subject to user errors.</li> </ul>
Status Update	<ul style="list-style-type: none"> <li>• Completion documentation included 1/31/23 email from Steven Chang describing completed status</li> <li>• <b>Audit:</b> Planning validation project.</li> </ul>

# Risk Management Update

## Top 10 Risks – Detail Status

Risk #	CI3
Risk Title	Compliance Program Effectiveness
Risk Statement	With the Plan winning new contracts and past CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.
Risk Owner	Tom Mapp
Risk Mitigation Activities	<ul style="list-style-type: none"> <li>Engage third-party to conduct Annual Compliance Program Effectiveness (CPE) assessment</li> <li>Reorganize Compliance department</li> <li>Complete CAP Validation after CPE assessment</li> </ul>
Planned Implementation Documentation	<ul style="list-style-type: none"> <li>CPE assessment report</li> <li>CAP Validation results</li> </ul>
Prior Update	<ul style="list-style-type: none"> <li>Completion of outstanding Compliance Program Effectiveness deliverable – Board Training (12/2022)</li> <li>Reorganization of Compliance department (2/2023)</li> </ul>
Status Update	<ul style="list-style-type: none"> <li>Vendor engaged to perform Annual Compliance Program Effectiveness (CPE) assessment</li> </ul>

# Risk Management Update

## Top 10 Risks – Detail Status

Risk #	O4
Risk Title	Provider Quality: PQI - Untimely Processing
Risk Statement	Where PQI processing is not timely completed, L.A. Care could experience regulatory non-compliance with its attendant penalties, fines, and potential member and provider harm
Risk Owner	Christine Chueh, Maria Casias, Rhonda Reyes
Risk Mitigation Activities	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> Implement staffing changes to assist with the closure of backlog cases</li> <li>• <b>Monitoring:</b> Implement monitoring with PQI and Grievances using monthly reports</li> <li>• <b>Prioritization:</b> Implement prioritizing aging case assignments using PQI internal tracking log and weekly reports</li> <li>• <b>Audit:</b> Internal Audit will conduct an effectiveness review of the risk mitigation plan implementation.</li> </ul>
Implementation Documentation	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> Org Chart (implemented, pending documentation)</li> <li>• <b>Monitoring:</b> Monthly Open Aging Report (implemented, pending documentation)</li> <li>• <b>Monitoring:</b> PQI Missing Cases from Grievances Monthly Report for reconciliation (implemented, pending documentation)</li> <li>• <b>Monitoring &amp; Prioritization:</b> Weekly Open Aging Report by Clinical Reviewer by Aging Status (implemented, pending documentation)</li> <li>• <b>Monitoring &amp; Prioritization:</b> PQI Internal Tracking Log (implemented, pending documentation)</li> </ul>
Prior Update	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> Increased team to 20 RNs total; implemented bonus program for case completion</li> <li>• <b>Monitoring:</b> Improved partnership between Provider Quality Review and A&amp;G</li> <li>• <b>Prioritization:</b> Migrating PQI actions &amp; CAPS into JIRA for workflow management</li> <li>• <b>Leadership Oversight:</b> Provided monitoring update to 1/25/23 to ICC</li> <li>• <b>Outcomes:</b> Closed 528 cases in December 2022; Untimely aging reduced from 479 to 343</li> </ul>
Status Update	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> 4 triage nurses and 17 clinical review nurses. Staffing for working backlog is complete.</li> <li>• <b>Monitoring:</b> Ongoing monitoring efforts in collaboration with grievances to ensure an additional backlog is not created. The untimely case is pending peer review committee and will be closed end of May. New report will be available 5/12/2023, to identify additional issues, and leadership review of the monitoring report will be conducted. Secondary backlog issue caused by mistyped email address in Syntranet; remediation is monitoring report, DLP development, and leadership review. Remediation is due 05/31/2023/</li> <li>• <b>Prioritization:</b> The PQR team has continued to give older cases priority review.</li> <li>• <b>Audit:</b> Planning validation project.</li> <li>• <b>Outcomes:</b> <ul style="list-style-type: none"> <li>• Cases Due in March: 3 cases remained untimely reduced from 900+ cases in 2022.</li> <li>• All Open Aging Cases as of 04/30/2023 (Including August backlog): 2,614 cases aged (0-151 days), 88 cases aged (152-183 days), 7 cases aged (184-213 days) and 1 case is untimely aging over 214 days.</li> <li>• Making progress on backlog cases due in August.</li> </ul> </li> </ul>

# Risk Management Update

## Top 10 Risks – Detail Status

Risk #	020
Risk Title	Staffing / Skilled Hires / Time to Hire
Risk Statement	As the Plan deals with impacts from the Pandemic and current economic environment, the ability to staff roles is at risk, to include internal frustration. Not addressing the staffing challenges can lead to the plan not filling roles and could negatively impact the Plan and Members.
Risk Owner	Terry Brown
Risk Mitigation Activities	<ul style="list-style-type: none"> <li>Internal Audit will conduct an assessment of the Staffing/Talent Acquisition programs</li> </ul>
Planned Implementation Documentation	<ul style="list-style-type: none"> <li>Assessment report</li> </ul>
Prior Update	<ul style="list-style-type: none"> <li>Compliance requested to delay audit until after March 10</li> <li>Document requests in preparation</li> </ul>
Status Update	Staffing/Talent Acquisition Assessment currently underway. Estimated completion date is 06/02/2023.



## Chief Medical Officer Report

May 2023

### Care Management/Utilization Management / MLTSS Department

#### Care Management

##### Enhanced Care Management (ECM)

Noah Ng is the new Director of Enhanced Care Management (ECM) and he has taken leadership of the team following the staff integration from the Safety Net Initiatives department. He is in the process conducting a full assessment of people's roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide. Notable opportunities for improvement include:

- **Data Integrity**
- **Payment Model**
- **Clinical Oversight**
- **Network**
- **Regulatory Notifications**
- **Staffing**
- **Documentation**

As part of the assessment, risks will be prioritized. Upon completion of the review, remediation and improvement plans will be developed and implemented on a rolling basis starting in June.

##### Transitional Care Services (TCS)

CM team began implementing our transitions of care program at the beginning of the year for members. We have been training Community Health Workers (CHWs) to be incorporated into the model specifically to assist Direct Network members who do not have an assigned CM. CM team receive daily reports from UM of members admitted and discharged to supplement the limited data available through the Health Information Exchanges.

Due to the new populations of focus and the broad TCS requirements, CM received RRB approval in April for five additional staff. In addition, six CHW staff in the Social Services Department who have been administering a Transitions of Care (ToC) pilot program have begun transitioning to the CM department..

Risk stratification algorithms in iPro are being revised to delineate all risk levels and provide a new indicator for DHCS High Risk in accordance with updated DHCS Population Health Policy Guide from December 2022. Even without the full estimates, a substantial expansion of staff will be needed to ensure TCS is provided to high risk SPDs and members receiving LTSS. CM leadership are preparing an additional RRB ask to continue to ramp up the TCS program. We are also working with the Provider Network Management team to ensure TCS for pregnant members and Children with Special Health Care Needs will be delivered through PPGs.

## **General CM**

- CCS (DHCS Audit focus area)
  - Historically and currently, very few CCS members are in CCM and none with Medi-Cal as secondary coverage. Additional staff and processes are being developed as we seek to meet contractual requirements.
    - A cross-functional team of UM and CM staff has been outlined and net new staff will be requested from RRB.
    - While ECM is expanding in 7/2023 to take on the care coordination of CCS members, CCM still needs to be made available for CCS members electing out of ECM. Moreover, new DHCS PHM expectations spotlight Children with Special Health Care Needs (CSHCN) as a high-risk population that require additional coordination, regardless of whether they are already in CCS.
    - UM System SyntraNet does not currently display dates of birth in the work queues or dashboards that would allow team members to identify members under 21. Request submitted to add this critical data element.
  - MOU with county CCS agency is from 1999 and needs updating to clarify each party's requirements, including the expectations for a dedicated CCS Liaison position. Compliance Department has reached out to DHCS to get the current MOU template applicable to LA County.

## **Utilization Management**

### **Timeliness Corrective Action Plans** (from June 2021 regulatory disclosure and 2021 DHCS Audit)

- Compliance Scorecard measures – Feb 23 most recent available
  - Overall performance
    - 45/53 measures > 95%, 50/53 measures > 90%
    - 7/8 measures under 95% are for notification timeliness (1 provider, 6 member). Two main causes – delays due to translation to threshold languages and failed letters. The former should improve with a solution being built between SyntraNet and translation vendor to automate multiple steps in the translation process. However, we expect to still have some delays related to less common languages that take longer on the translation vendor's end. For the latter, in March, we added monitoring of failed letters via system alerts. In addition, UM leadership is establishing a dedicated and robust letter team who will have subject matter expertise, higher proficiency and productivity which will help improve letter timeliness.
  - Direct Network only (see below)
    - 17/20 measures > 95%



- Three member notification measures below 95%. Two main causes – delays due to translation to threshold languages and failed letters. The former should improve with a solution being built between SyntraNet and translation vendor to automate multiple steps in the translation process. However, we expect to still have some delays related to less common languages that take longer on the translation vendor’s end. For the latter, in March, we added monitoring of failed letters via system alerts.
- Toney Consulting staff (supplement staffing) received cross-training in March and April in order to provide additional hands to multiple UM areas based on volume/staffing needed.

### **Direct Network**

- Compliance has created a subset scorecard to monitor timely decisions and notifications, the first three months (November-January scores) were submitted to DMHC in February. At the end of March, DMHC sent back a comment letter with questions related to untimely notices. LAC responded in April, explaining the root causes and solutions described above. The Department also inquired specifically about a batch of letters with excessive delays which we explained were due to failed letters previously not identified and were resent as a batch in February. The failed letter alert monitoring now being done daily should prevent a recurrence.
- Feb 23 most recent available scores:
  - 17/20 measures > 95%
  - Three member notification measures below 95%. See above scorecard descriptions of root causes and corrective actions.

### **UM Quality Program (DHCS Audit focus area)**

- Developing and implementing audit tools and protocols
  - Emphasis on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
  - Focused audits based on audit/corrective action areas and identified gaps (e.g. Continuity of Care, letter readability, private duty nursing, Physician Certification Forms)
- Additional positions in recruitment for trainers and auditors
  - Hired: 3
    - Three additional Clinical Quality Nurse Reviewers have been brought on board and are in training for role specific tasks
  - Newly approved/In recruitment: 3
    - A Health Services Nurse Educator, Quality Nurse Reviewer, and Quality Reporting and Auditing specialist have been approved as incremental hires
- Enhanced Reporting to Utilization Management Committee began during the March meeting:
  - Annual program description/evaluation
  - Inter-rater Reliability reports for nurses and physicians
  - Staff Audit Updates
  - Quality metrics/oversight
  - UM Call Center Performance
  - UM Highlights and Activities
  - Training Updates

### **Hospital agitation/abrasion**

- Provider Disputes Resolution (PDR, originates from Claims)
  - Backlog resolved as of 12/31/22 and compliance sustained for three full months

- Creation of dedicated PDR team to support ongoing compliance and assist with litigation/arbitration cases; four positions filled (two start 3/13/23), one in recruitment. Toney Consulting agreement extended to Sept 2023 to supplement staffing.
- Participation in cross-functional team assessing root causes and solutions to reduce PDR volume
- PDR prevention activities in progress to increase rate of concurrent review and to close cases ASAP following discharge.
- Reestablishing Admit Team for post-stabilization requests (audit focus area)
  - Nine positions filled, two in recruitment (the 3pm-11pm shifts have been difficult to fill)
  - Revising processes and documentation to improve compliance and enable reporting and oversight
  - Identified process to notify hospitals when inpatient level-of-care is denied but observation level of care has been approved
  - Collaboration with the Provider Network team on related requirements for updating hospital contracts
- Adding a dedicated discharge planning team to accelerate processing of authorizations needed for discharge and provide more resources for members who are difficult to place due to complex medical-psycho-social situations. Changes to UM processes were sent to all contracted hospitals in April and updated forms were posted to our public website. As of mid-April, the volume of requests for complex discharge planning have increased in response to our changes and communications.

## **Managed Long Term Services & Supports (MLTSS)**

### **Community Based Adult Services (CBAS)**

- As part of the post-COVID transition to in-center attendance, state allowed for some out-of-center services to continue on a limited basis under Emergency Remote Service (ERS) provisions. New regulations require CBAS providers to use DHCS' Electronic Visit Verification (EVV) as of March 23, 2023. The purpose of EVV is to ensure that services are delivered in the home and should reduce the potential for inappropriately high utilization and fraud. PNM is doing the oversight of provider use of EVV.

### **Skilled Nursing Facility**

MLTSS, QI, Enrollment and Finance cross-functional workgroups have worked to address a variety of cost and quality issues arising from members going to or leaving Long Term Care (LTC) facilities who did not have appropriate assignment to a PCP/PPG. New processes implemented in December 2022 to ensure timely transitions:

- Members going to LTC are assigned to LA Care directly and no longer to a PPG
- Members returning to community get assigned to PCP/PPG
- Data collection and monitoring of discharges are being done to avoid PQIs as a result of access to care issues
- Ongoing process of monthly reconciliation of new and former LTC assignments for appropriate capitation payments

### **CalAIM**

Planning is in swing for future Community Supports (CS) that will be managed by MLTSS. Two that raise concerns:

- Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In
  - Currently members in the population are covered by FFS Medi-Cal and the benefits are administered by Regional Centers.
  - There are 235 6-bed ICF-DDs in LA County.
  - DHCS reached out to MCPs regarding ICF-DDs concern around claims and payment timing.
  - Expecting a very delayed release of policy guide (October) for a 1/1/24 effective date
  - A major challenge will be the authorization conversion from Treatment Authorization Requests (FFS Medi-Cal) to Prior Authorizations (Managed Care Medi-Cal). Without clear guidance from DHCS there could be delays and/or disruption in care and these members will require significant care coordination.
- Nursing Facility Transitions, Diversions to Home, and the Assisted-Living Waiver (ALW) program (transitioning members who meet program and medical criteria for transition out of LTC).
  - There are questions around the financial responsibility for ALW, which is a waiver program as opposed to a covered benefit.
  - The queue for ALW spots can take months if not longer.

### **Over and Under Utilization**

We have been actively working to monitor and address over/under utilization of care within our network. This has been an ongoing effort that runs through our clinical analytics department in collaboration with, among others, utilization management, provider network management, care management, and finance. Hospice has been an area of focus due to high utilization. Findings include:

- An unusual number of members on hospice for > 1 year
- Incorrect billing for long lengths of stay
- High volume providers who discharge members at 6 months who are then immediately enrolled in another hospice
- Relatively high enrollment for members with chronic conditions that may not be at end-stage of illness

A cross functional team meets weekly to review results of data analysis and determine next steps.

### **Quality Improvement and Informatics Department**

#### **Chief Updates**

- NCQA Agreed to roll Discretionary Survey into the Triannual Health Plan Accreditation Survey.
- The Direct Network Physician Advisory Committee is set and first meeting will be in June.
- CMS Interoperability will be transitioning from the vendor, Change Healthcare to another process for identity management. A Member facing Webform is in development for request API access. DHCS Operational Readiness documentation was provided.
- We await the Health Equity and Practice Transformation Grant from DHCS

- QI continues to support the FQHC Alternative Payment Model Program implementation including encounter data process challenges.

### **Health Education & Cultural Linguistic Services (HECLS)**

- The race and ethnicity (R/E) data remediation program was subsumed into the new “Member Data Capture Initiative”. This new initiative includes all member demographic components.
- MediKeeper was selected as the new NCQA certified wellness vendor that will provide an online member health and wellness platform launching in January 2024.
- The DHCS Doula benefit launched 1/1/2023. The doula provider recommendation form, doula member flyer, and provider trainings are currently under review by the Doula workgroup for deployment by end of April 2023.
- Perinatal texting campaigns expanded to include commercial line of business and incorporate messaging on Doula benefit.

### **Quality Improvement-Initiatives**

#### **First 5LA/HMG LA**

- Cohort 1 practices (APHCV + Kids & Teens MCG) have generated a 14% increase in screenings conducted and are now screening 25% of our members aged 0-5 years old.

#### **Transform L.A.-Direct Network**

- Current program enrollment: 21 practices, 107 providers, 13,093 DN members (35% of total DN members).
- Twelve practices (with pediatric members) out of 21 are now tracking CIS-10 as a required measure in addition to A1c>9% (Poor Control) and Controlling Blood Pressure.

### **Provider Quality Review (PQR)/Potential Quality Issues (PQI)**

- **PQR, Appeals, and Grievances Data Discrepancies:** As previously stated, the PQR team received an additional 503 cases from Grievances in February 2023. A remediation plan to close the additional cases has been implemented in addition to monthly audits of A&G cases not sent to PQI, to ensure PQIs are being properly routed. As of March 31, 2023, 441 cases remain open from the new backlog; the goal is to complete cases by August 2023.
  - The risk management and operation support team is now engaged with A&G and PQR team to review the oversight/monitoring manual forwarding communication/reporting process for PQI cases.
  - Joint meetings continue with CSC/ A&G, DHS and Call The Care to address ongoing optimization, issues and CAPs.

### **Quality Improvement (QI)-Accreditation:**

#### **Stars/HEDIS**

- MY2022 performance continues to be projected at an overall 2.5 (with rounding). In March, the HEDIS overall domain improved (2.41 to 2.71) but the Operations domain overall declined (3.40 to 3.24). HEDIS improved due to +1 Star Rating improvement in Care of Older Adults (COA) Medication Review, COA Pain Assessment, Osteoporosis Management in Women and Plan All Cause Readmission. Operations fell due to a 1 Star rating decline in Reviewing Appeal Decisions due to a change in cut-point assumptions.

- Root-cause analysis continues for Grievance and Appeals (timeliness and overturn rate) and complaints lodged directly with CMS through the Complaints Tracking Module (CTM) for MY2023 and MY2022. Outcome of efforts includes corrective actions and project management to ensure timely implementation of recommendations. An additional analysis to be conducted to identify if G&A and CTM have correlation on connections to member disenrollment.
- CAHPS Survey at the contract level for MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to DSNP contract being new. However, the plan will conduct a CAHPS survey at the PPG level during Q4 to help guide programs and PPG evaluations for MY2024.
- For the High Touch HEDIS / Pharmacy Call Center Outreach RFP, three vendors were selected and their solutions were demonstrated in March. The winner is AdhereHealth.
- The TTY/ Foreign Language Star Measure is currently exceeding the goal of 80% (for Part C and Part D) for MY2023. Current performance is 86% for Part C (3 Star) and 100% for Part D (5 Star).
- Pharmacy Medication Adherence measures are performing at similar levels in MY2023 as in prior years when comparing February and March activity. This will yield an overall domain rating of 2 Stars or less unless the rate of month over month decline is reduced.
- The HEDIS audit season is underway and all deliverables are on target. Both Advent and HSAG Audits took place in March with some minor follow-ups but overall successful. Non-Standard Data submissions and approvals are due March 31, 2023. Medical Records collection for hybrid pursuit is currently on target.
- Align. Measure. Performance (AMP) measure sets file generation is on target with plan to submit in April.
- Prospective HEDIS MY2023 is running in parallel to retrospective. First prospective rate tracker will be available this month.

### **Population Health Management (PHM)**

- The PHM NCQA year one documentation for the 2023 audit is final and expected to meet the requirements. The PHM team has submitted documentation for year two NCQA documentation and is finalizing a consolidated PHM Impact Evaluation Report per NCQA Consultant, The Mihalik Group's (TMG) recommendation. No barriers to note.
- The PHM team will develop the 2023 PHM Program Description in Q2 2023 and will include the CalAIM requirements. CalAIM Strategy document is due October 2023.
- L.A. Care is working to develop the CalAIM Key Performance Indicators (KPIs) report that will be shared with DHCS in July 2023. It will be built into a Tableau Dashboard for tracking.
- The PHM team has drafted the overarching PHM Policy & Procedure and a Transitional Care Services (TCS) Policy & Procedure that will be reviewed for approval in the April Quality Oversight Committee (QOC).

### **Initial Health Assessment (IHA) transitioning to Initial Health Appointment**

- The PHM team and IHA workgroup have reviewed APL 22-030 and are making all necessary changes to QI-047 IHA policy, lacare.org, the Universal Provider Manual, the New Member Welcome Letter and New Member Welcome phone script. The QI-047 IHA Policy has been submitted to DHCS and is being approved at QOC in April 2023. There are two potential points of improvement in our IHA monitoring process. The IHA workgroup is drafting the documentation on the root causes and a corrective action plan to address. The ideas include enhancing the monitoring tool, possibly widening the sample and adding accountability to PPGs.

### **Facility Site Review (FSR)**

- The total Covid Public Health Emergency (PHE) related backlog panning 3/15/2020-12/31/2021 is now down to **82**. To date three hundred and thirty eight (338) audits have been completed from the backlog.
- In Q1 2023, 48 FSR/MRR audits were conducted from the backlog.

## Population Health Informatics

### **Health Information Management (HIM) Analytics**

- HIM supports key analytic elements for the CalAim project. Populations of high-risk members who've had a transition of care are being identified for improved Care Management purposes. Further, KPIs relating to ambulatory care and members' engagement with their PCPs are being developed.
- Social Determinants of Health are being monitored by HIM on a PPG and PCP level. Tracking is currently underway to monitor improved usages of SDOH z-codes. Additionally, screening codes have been incorporated into the analysis to verify that an SDOH screening occurred.

### **Health Information Exchange Ecosystem (HIEc)**

- Currently, a cross-functional stakeholder group is in the process of discussing revisions to the Hospital Services Agreement (HSA), which will include a new requirement for hospital participation in Health Information Exchanges (HIEs). Additionally, a memo is being prepared to be sent to contracted hospitals to request their compliance status and to bring their attention to the CMS 9115 Hospital ADT notification requirements.
- The HIEc team is working closely with the ECM team and HIE vendors (LANES and CMT), to bring on additional new entities for Enhanced Care Management/Community Support (ECM/CS) programs. The HIE program continues to support the transition of the existing Health Homes Clinics and CB-CMEs to the new ECM program.
- The Post-Acute Care Management (PAC-MAN) solution is live, giving MLTSS and Care Management users access to near real-time Skilled Nursing Facility (SNF) data on members, with efforts underway to expand access beyond the current 80% of contracted SNFs.
- Clinical Data Repository (CDR) solution vendor selection in progress; aiming to begin real-time ADT ingestion through FHIR from LANES & CMT by May 2023.

## Pharmacy Department

### **Star Rating Metrics**

- **Medication Adherence:** Pharmacy's Comprehensive Adherence Solutions Program (CASP) targets DSNP members who are at risk of non-adherence in any of the 3 triple-weighted adherence measures. A business case for Salesforce was submitted to assist our efforts to increase member engagement and ensure compliance with the Telephone Consumer Protection Act (TCPA). Pharmacy and the STARS team are working on internal review of the CVS adherence program and the Gaps In Care program to target other STARS metrics.
- **Osteoporosis Management in Women who had a Fracture (OMW):** Pharmacy's comprehensive approach has steadily increased our Star Rating from 1 Star (MY2020) to 3 Stars (MY2022). Pharmacy will be handing off this measure to QI by May but will continue to provide clinical support if needed.
- **Medication Therapy Management (MTM) Program:** CMS requires health plans to offer a minimum level of MTM services to Medicare members through a CMS-approved MTM program.

Services include an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and CustomHealth pilot program, achieved 31% completion rate of eligible members in 2023 Q1, a significant improvement from 2022 Q1 at 17%. Pharmacy plans to add OutcomesMTM as an additional vendor.

### **California Right Meds Collaborative (CRMC)**

- CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. An average A1c reduction of 2% in patients with an average baseline A1c of 11.7% (2.8% reduction seen in  $\geq 5$  CMM visits) and an average systolic blood pressure (SBP) of 14.4 in patients with baseline blood pressure  $>140/90$  mmHg and 2 or more visits is seen.

### **Clinical Pharmacy Pilot Program (Ambulatory Care)**

- A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. 262 medication therapy problems were identified across all patient visits. Current clinics include Wilmington Community Clinic (started 9/2022) and APLA (started 12/2022). Contract with Harbor Community Health Center is pending.

### **Community Resource Center (CRC) Flu Clinics**

- Pharmacy is working closely with Health Education, CRC leadership, and North Star Alliances to plan for the upcoming flu season. Expanding from 4 events in 2022, 10 events will be hosted between September to October 2023. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. Contract amendments are currently under review by L.A. Care Legal team.

## **Community Health Department**

### **Social Services**

- The CHW Benefit Recommendation Form has been uploaded on our provider website and our providers are now able to make requests to have a CHW outreach.

### **Behavioral Health**

- The Behavioral Health Integration (BHI) Incentive Program was a 2- year (January 1, 2021- December 31, 2022) grant funded program by DHCS aimed at improving physical and behavioral health outcomes. L.A. Care was awarded \$9 million to disburse to eight network providers who achieved behavioral health integration milestones and measures. Final year performance metrics were submitted to DHCS in March 2023.

### **Community Supports (CS) Operations & Reporting:**

- CS staff worked alongside ECM team to resubmit revisions on Q1 2022 Regulatory Reporting to DHCS
- CS staff is working alongside our ECM team to collect data needed to submit Q1 2023 Regulatory Reporting due to DHCS on May 16<sup>th</sup>.

- CS staff received DHCS Updated Data/Report guidance and is currently analyzing the requests. Staff will work with internal IT staff to build out reports in accordance with DHCS requirements.

**HHSS:**

- As of April 21, 2023, over 10,900 members enrolled in HHSS
- Contracted provider network increased from 22 to 25 this quarter

**Street Medicine (SM):**

- Healthcare In Action (HIA): providing care by 4/1/2023
- Work plan for Network Expansion: Developing timeline and strategy for LA Care Street Medicine network and program



# Medi-Cal Managed Care Accountability Set MCAS

May 18th, 2023



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**



**Rachel Martinez, RN**

*Supervisor, Quality Improvement  
Clinical Initiatives*



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

# Medi-Cal Managed Care Accountability Set (MCAS)

## Background

- Top priority measures are set to a Minimum Performance Level (MPL), the national NCQA 50<sup>th</sup> percentile.
- Not meeting the MPL may lead to sanctions and additional projects—PDSAs or SWOTS.
- This year there are 18 measures held to the MPL, plus 24 reportable measures that may be added in subsequent years.
- DHCS has proposed increasing measures held to MPL to 25 in 2024.
- Two new measures come from the CMS Core Set of measures (i.e., not HEDIS) and are now held to MPL for MY 2023:
  - Developmental Screening in the First Three Years of Life
  - Topical Fluoride for Children

# MCAS Measures Held to the MPL

#	MEASURE REQUIRED OF MCP	MEASURE ACRONYM
1	Follow-Up After ED Visit for Mental Illness – 30 days*	FUM
2	Follow-Up After ED Visit for Substance Abuse – 30 days*	FUA
3	Child and Adolescent Well – Care Visits*	WCV
4	<b>Childhood Immunization Status – Combination 10*</b>	CIS-10
5	Developmental Screening in the First Three Years of Life	DEV
6	Immunizations for Adolescents – Combination 2*	IMA-2
7	Lead Screening in Children	LSC
8	Topical Fluoride for Children	TFL-CH
9	Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits*	W30-6+
10	Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits*	W30-2+
11	Asthma Medication Ratio*	AMR
12	<b>Controlling High Blood Pressure*</b>	CBP
13	Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%)*	HBD
14	Chlamydia Screening in Women	CHL
15	Prenatal and Postpartum Care: Postpartum Care*	PPC-Pst
16	<b>Prenatal and Postpartum Care: Timeliness of Prenatal Care*</b>	PPC-Pre
17	Breast Cancer Screening*	BCS-E
18	<b>Cervical Cancer Screening</b>	CCS

\*Measure to be stratified by race/ethnicity

**Bold** =Auto-Assignment

# MCAS Reportable Measures

#	MEASURE REQUIRED OF MCP	MEASURE ACRONYM
19	<i>Colorectal Cancer Screening*</i>	COL-E
20	<i>Depression Remission or Response for Adolescents and Adults</i>	DRR-E
21	<i>Depression Screening and Follow-Up for Adolescents and Adults*</i>	DSF-E
22	<i>Pharmacotherapy for Opioid Use Disorder*</i>	POD
23	<i>Postpartum Depression Screening and Follow Up</i>	PDS-E
24	<i>Prenatal Depression Screening and Follow Up</i>	PND-E
25	<i>Prenatal Immunization Status</i>	PRS-E
26	Contraceptive Care – All Women: Most or Moderately Effective Contraception	CCW-MMEC
27	Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception – 60 Days	CCP-MMEC60
28	Diabetes Screening for People w/ Schizophrenia Bipolar Disorder Using Antipsychotic Medications	SSD
29	Follow-Up After ED Visit for Mental Illness – 7 days*	FUM
30	Follow-Up After ED Visit for Substance Use – 7 days*	FUA
31	Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	ADD-C&M
32	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	ADD-Init
33	Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM
34	Ambulatory Care – Emergency Department (ED) Visits	AMB-ED ii
35	Adults’ Access to Preventive/Ambulatory Health Services	AAP
36	Antidepressant Medication Management: Acute Phase Treatment	AMM-Acute
37	Antidepressant Medication Management: Continuation Phase Treatment	AMM-Cont
38	Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	NTSV CB
39	Plan All-Cause Readmissions*	PCR ii
40	Number of Out-patient ED Visits per 1,000 Long Stay Resident Days*	HFS
41	Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization*	SNF HAI
42	Potentially Preventable 30-day Post-Discharge Readmission*	PPR

\*Measure to be stratified by race/ethnicity

# 2023 Quality Improvement *Member* Interventions

Member Interventions & Modality	Target Measures or Topics
<b>Texting Program</b> – educational messages encouraging members to seek care	Well care visits for children, immunizations for children, colorectal cancer screening and breast cancer screening, blood pressure control, diabetes management, adult well care visits, perinatal care, and flu
<b>Automated Calls</b> - prerecorded messages with a reminder to seek care and offering after-hours care options	ER reduction, well care visits for children, colorectal cancer screening, breast cancer screening (2x), cervical cancer screening (2x)
<b>Social Media Campaigns</b> - paid content and health educations posts	Well care visits for children, colorectal cancer screening, breast cancer screening, cervical cancer screening, adolescent immunizations, flu, ER reduction, *blood lead screening, *depression screening and follow up
<b>Mailers</b> - letters, postcards, brochures	Breast/cervical/colorectal cancer screening, asthma, diabetes magnet, *birthday cards for children, well care visits for children, depression management
<b>At-home Test Kits/Services</b>	Osteoporosis management (in home DEXA scan), *diabetes management, *colorectal cancer screening, *kidney health evaluation
<b>Live Agent Calls</b>	*Childhood immunizations (CIS-10), adult well care visits (close care gaps for truly non-compliant), osteoporosis management
<b>Incentives</b>	*Well care visits for children, *childhood immunizations, *colorectal cancer screening, follow up after mental health hospitalization

\* New/Pending

# 2023 Quality Improvement *Provider* Interventions

Provider Interventions & Modality	Target Measure(s) or Topics
<b>Webinars</b>	Blood lead screening, vaccine, cervical cancer screening, health equity, member experience
<b>In-Person Provider Training</b> - trainings in addition to required courses	Member experience
<b>Clinic Meetings</b>	Discuss low performing measures that are trending below MPL, access to care issues, member experience, other quality related issues
<b>Practice Transformation/Site work</b>	Well care visits for children, developmental screenings, and blood lead screening
<b>Provider Mailers</b> - reminders, education, and regulatory information	Breast cancer screening, cervical cancer screening, perinatal care, ADHD management, metabolic monitoring for children/adolescents on antipsychotics, L.A. Care Clinical Practice Guidelines, and Bright Futures Periodicity Schedule
<b>Provider Newsletter</b>	CAIR registry info, HPV vaccine recommendations, and fluoride varnish and dental health
<b>Provider Reports/Portal</b> - custom reports with gaps in care	Childhood immunizations (CIS-10), adolescent immunizations (IMA-2), blood lead screening gaps, *well care visits for children under 30 months
<b>Educational Materials</b> - available for clinics to print and download from L.A. Care	*ER reduction flyer includes information on telehealth, minute clinics, nurse advice line and more; variety of free health education materials available to order through provider portal
<b>Fax Blast</b>	Hospitals receive information on best practices to ensure a postpartum appointment (Hospitals)

\* New/Pending

# MCAS

## Measures to be held to MPL in MY2024

- Colorectal Cancer Screening\*
- Depression Remission or Response for Adolescents and Adults
- Depression Screening and Follow-Up for Adolescents and Adults\*
- Pharmacotherapy for Opioid Use Disorder\*
- Postpartum Depression Screening and Follow Up
- Prenatal Depression Screening and Follow Up
- Prenatal Immunization Status

\* *Measure stratified by race and ethnicity.*

# Medi-Cal DHCS Performance Improvement Projects (PIPs)

DHCS has assigned Managed Care Health Plans two PIPs for 2023-2026.

- 1. The first PIP is clinical in nature. This PIP is focusing on the W306+ measure for children 0-15 months of age completing six or more well child visits with a focus on the Black and African American population.**
- 2. The second PIP is non-clinical around behavioral health. DHCS is asking health plans in California to work on improving follow-up after an ED visit for Severe Mental Illness SMH or Substance Use Disorder SUD. L.A. Care plans to work on improving provider notification of member with either encounters for follow up.**
  - In MY2021, L.A. Care did not meet the MPL for three children's measures. For 2021 health plans were held to the MPL for 15 measures.
  - As a result of those three measures, L.A. Care is currently working on a Strengths, Weaknesses, Opportunities, and Threats (SWOT) for W30-6+, W30-2+, and CIS-10.
  - L.A. Care is in the process of completing MY2022 final rates; at this time, we are below the MPL for six measures: CCS, LSC, WCV, FUM, W30A, W30B (still possible to meet MPL as we are in the process of data refreshes).







**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# Care Management



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

# ***Building the Care Management Team***



# LAC Care Management Cases: 4/2020—4/2023

Number of cases across period.

	4/2020	10/2020	4/2021	10/2021	4/2022	10/2022	4/2023
CMC/ DSNP	1606	1199	1131	912	801	809	967
MCLA	770	585	676	731	782	1128	1392
Total Cases	2386	1795	1821	1660	1599	1955	2421
Total CMs	19	28	29	30	37	51	69
Total CM Sups	3	1	1	2	4	7	8

# LAC Care Management Staffing: 4/2022—4/2023

Increase in staffing across period.

Role	4/2022	4/2023
Care Managers	37	69
Community Health Workers	9	17
Care Management Coordinators	22	34
Care Manager Supervisors	4	8
Total Positions	89	148

# ***New Requirements for Care Management***



# 2023: New DHCS High Risk Populations



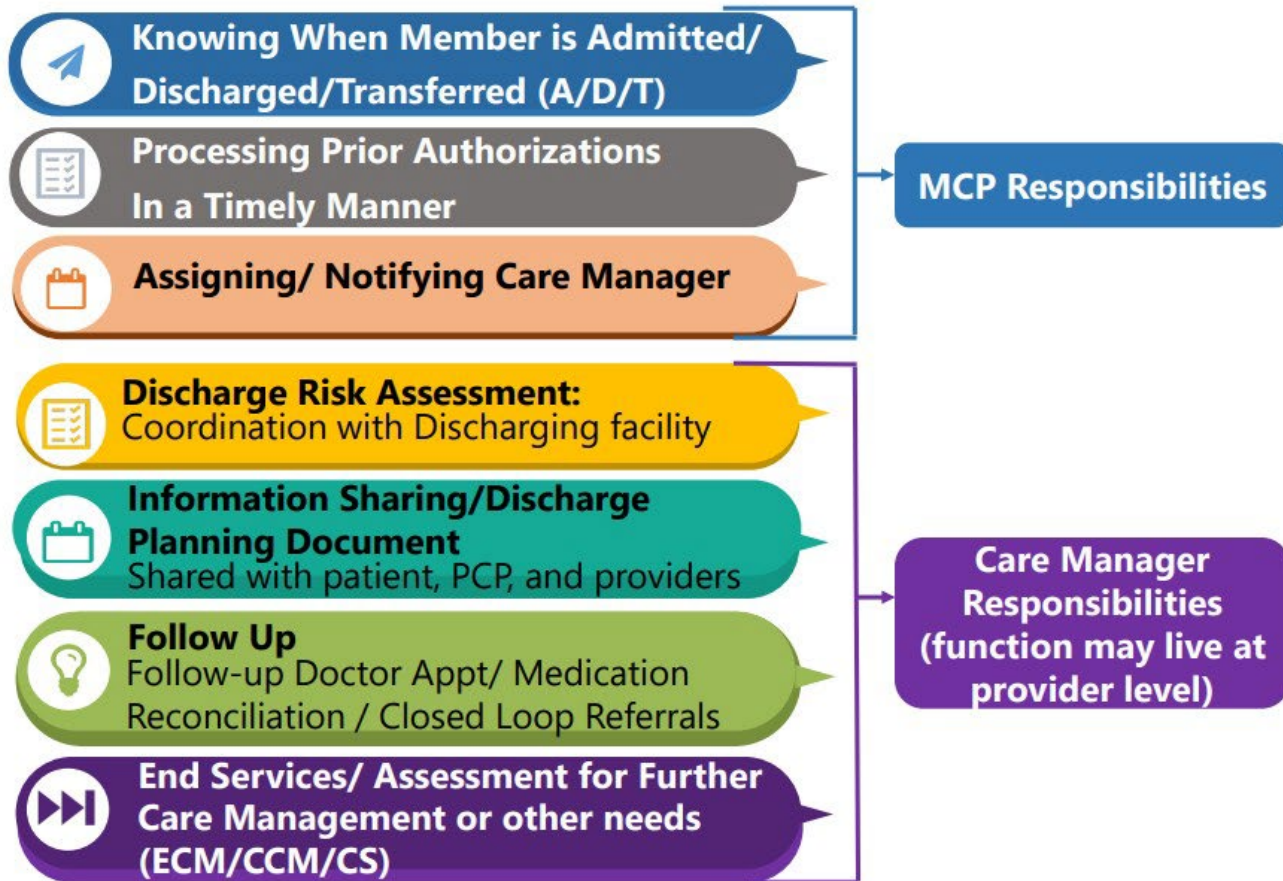
DHCS High Risk

DHCS High Risk Members Require: 1) Assessments 2) Potential Care Coordination  
3) Transitional Care Services

DHCS High Risk Population Groups	
<b>IPRO Clinical Risk: Complex</b>	<b>4,100 / Month</b>
<b>Children with Special Health Care Needs (CSHCN)</b>	<b>25,000 / Month</b>
<b>High Risk SPD Members</b>	<b>61,000 / Year</b>
<b>Pregnant Individuals</b>	<b>33,000 / Year</b>
<b>Members needing Long Term Services and Supports</b>	<b>29,000 / Year</b>
<b>Members in ECM</b>	<b>10,000 / Year</b>
<b>Members in CCM</b>	<b>3,600 / Year</b>

# DHCS High Risk Populations

## Transitional Care Services (TCS) Requirements





# *Training for New Care Managers*



# New LAC Care Manager Training

New Care Managers go through 6 weeks of intensive training to learn not only the workflows, care model, and the systems, but also the values of L.A. Care and the team.

## New Hire Curriculum includes:

### **Motivational Interviewing:**

“...designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.” – Miller and Rollnick

### **Trauma-Informed Care:**

Recognizing that trauma has effects on health outcomes, behavior patterns, and the physiological way information gets processed.

The goal is to create a sense of safety and avoid re-traumatizing the individual.

### **How We Take Care of Our Members**

L.A. Care’s care model and overall approach with members for care planning.

### **Community-Based Care Management Model**

Meeting our members where they are.

Members face a variety of biopsychosocial needs that may be barriers to their access to care.

L.A. Care address this barrier by adopting a community-based service delivery model to improve member access, which in turn, can help improve member health outcomes.

