



AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, February 16, 2023, 2:00 P.M.

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

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate in person and via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting in person and via teleconference as follows:

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

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

<https://lacare.webex.com/lacare/j.php?MTID=m27bf0d95d9546a01f13f3e0b5fc36479>

To listen to the meeting via teleconference please dial:

+1-213-306-3065

Meeting number:

249 127 10115

Password: **lacare**

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

Attendees who log on to [lacare.webex](https://lacare.webex.com) using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function 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, text, voicemail, or email 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.

Your comments can be sent by voicemail, email or text. If we receive your comments by 2:00 P.M. on February 16, 2023, it will be provided to the members of the Compliance and Quality 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 also include the name of the item to which your comment relates. Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

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 that it 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 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 January 19, 2023 Meeting Minutes P.4 *Chair*
4. Committee Chair Election *Committee*
5. Chairperson's Report *Chair*
6. Chief Compliance Officer Report P.11 Thomas Mapp
Chief Compliance Officer
Elyse Tarabola
Senior Director, Regulatory Compliance
Cagla Ozden, *Chief of Enterprise
Performance Optimization*
7. Chief Medical Officer Report Sameer Amin, MD
Chief Medical Officer

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

8. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
9. 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
10. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- THC- Orange County, LLC DBA Kindred Hospital – Los Angeles, et al. v. L.A. Care, L.A.S.C. 22STCV19872
 - KND Development 52, LLC d/b/a Kindred Hosp. Baldwin Park, et al. v. L.A. Care, AHLA Case No. unavailable
 - KND Development 52, LLC d/b/a Kindred Hosp. Baldwin Park, et al. v. L.A. Care, L.A.S.C. 23STCV01166
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 March 16, 2023 at 2:00 p.m.

Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

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

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

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 19, 2023

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
 John Raffoul*
 G. Michael Roybal, MD
 Nina Vaccaro

* *Absent*

Senior Management

Augustavia J. Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*
 Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
 Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*
 Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:05 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.	
APPROVAL OF MEETING AGENDA		Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez,

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Meeting Agenda was approved as submitted.	Roybal and Vaccaro)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The November 17, 2022 meeting minutes were approved as submitted.	Approved unanimously by roll call. 5 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth gave the following report:</p> <p>She commented that IT projects are getting delayed quite often’ she is not placing any blame whatsoever. It seems to her that it may be due to other more urgent tasks taking priority. She is not sure why. She thinks these terribly urgent issues may pop up so often because all of the regulatory changes. Regulatory change seems to be continuous; and even when the rules are firmed up, they change again. They might even change five years in the future. The changes always seem to create an emergency for California’s health plans, but not for the government agencies that actually have some control over the changes. Besides L.A. Care wanting assurance that everything is done right, there’s always some agency asking for new data sets to prove L.A. Care did, will do, show proof it did not do, or is telling L.A. Care to fix the data collection, because it didn’t work five years ago due to a form it used to collect the data. With all this in mind, Dr. Booth began to wonder if IT would ever be in a “nominal state”, or baseline. She does not know what kind of root causes could be identified, but she does know L.A. Care is facing problems. The same difficulties are being dealt with by the Compliance Department and probably other departments have the exact same issues. She questioned what could be done. L.A. Care continues to put great effort into building the best public option health plan in the United States. Every interruption to IT is a drain of time and energy away from its core tasks and the team’s capacity to meet their goals. It is like trying to clean house while the kids go wild at the same time. For L.A. Care to succeed, all of its sub-units need to succeed. The status quo is not a good option. She suggested creating a special IT emergency department to focus on handling all of the urgent distractions. All these tasks require special knowledge of the systems, how to use them and what they can do; it’s an extraordinarily complex organization with lots of interconnections.</p> <p>Chairperson Booth asked, “What is the worst possible thing that could happen if L.A. Care planned to focus on its patients, the health care providers and the enterprise itself? Are there just a few tasks that it could take a hard pass on for 12 to 24 months?” Why can’t LA Care ever say, “no?” As an example: LA Care has the task of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>collecting extensive information about its members. All of the information is important. However, when someone is sick, knowing about their chronic medical condition is more important than personal pronoun preferences. Regulatory entities must recognize different types of information have different value. She wondered, why LA Care couldn't choose to gather information that can help save lives, first? She is concerned that with more and more regulations, L.A. Care will have an increasing number of these kinds of problems and will continue to over-stress the staff and lose employees. That's not good for members. The Board needs to think about taking care of L.A. Care.</p> <p>Member Ballesteros asked for clarification of her comments. Chairperson Booth stated that some of the issues for Compliance seem to arise repeatedly. She is concerned that L.A. Care may begin to lose providers and members. Chairperson Booth responded that she has recognized that there has been significant pressure on health plans to decrease costs while increasing services and administrative requirements.</p> <p>The Committee members discussed the meeting schedule. Ms. Haydel stated that staff would poll committee members.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and the 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>Chelsea Hardy, <i>Manager, Regulatory Affairs</i>, and Surah Alsawaf, <i>Manager, Regulatory Affairs</i>, reported on Regulatory Compliance 2022 activities.</p> <p>Regulatory Inquiries</p> <p>Ms. Alsawaf reported that her team worked closely with the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) Contract Managers to address and resolve regulatory inquiries throughout the 2022 calendar year. These inquiries involved provider terminations, claims issues, P&P and data requests, and various surveys. L.A. Care received 268 regulatory requests from DHCS and 32 from CMS. Inclusive of the 268 requests received from DHCS, 65 required working collaboratively with our Plan Partners to provide a resolution. In addition, L.A. Care also received 140 member and provider issues. To better track and trend these member issues, a Member Issue tracker was created to help reduce member issues, improve member experience, and access to care.</p> <p>High Priority Remediation Activities</p> <p>Regulatory Compliance led a cross-functional effort to remediate the deficiencies outlined in the Department of Managed Health Care and DHCS Enforcement Actions including appeals and grievances timeliness, authorization timeliness, claims payment processing, and delegate oversight. Staff worked closely with the business owners to conduct root cause analyses and develop targeted corrective actions. In instances where the deficiencies outlined in the enforcement actions already had remediation activities in place, staff worked with</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the business owners to review and refresh the root causes and add corrective actions to ensure the remediation plans were sufficient. Once the corrective action plans were finalized, staff began ongoing corrective action plan monitoring to ensure the corrective actions were implemented timely and completely. To assist in the corrective action plan monitoring, an Enforcement Action dashboard was developed that includes all actions and the status for each action. The dashboard is also used to report on the progress of corrective action implementation to leadership and the Board of Governors. Staff continue to work with the business owners to update and revise the corrective action plans to ensure the enforcement action deficiencies are adequately addressed.</p> <p>Chairperson Booth stated that providers are supposed to notify state officials when they move, and information should be available about which providers are no longer working in a certain office. That information should also indicate which patients the providers are serving. Ms. Alsawaf responded that some issues are more so specific to members not being able to schedule an appointment or have a delay in services. Many of the cases are resolutions to the appeal and grievance process resolutions that are unsatisfactory for the patient. Those cases may be escalated to the Ombudsmen’s Office and are managed much more expeditiously than normal appeals and grievance cases.</p> <p>Mr. Mapp reviewed the 2023 Compliance Work Plans. Chairperson Booth asked if the issues she raised earlier could be addressed in the work plans. After reviewing the work plans, Chairperson Booth raised a question about trying to develop a clear way of communicating the expected or typical workflow process of Compliance across investigating issues, tracking, remediation, and corrective action plans. The results would be added to the work plan as an item to develop and escalate to this committee, to help prevent compliance issues.</p> <p>Mr. Mapp presented Motion COM 100.0223 to the committee for approval.</p> <p><u>Motion COM 100.0223</u> To approve the CY 2023 Compliance Work Plan, as submitted.</p> <p>Mr. Sobetzko reviewed the proposed 2023 Annual Risk Assessment (<i>a copy of the report can be obtained from Board Services</i>). Mr. Mapp presented Motion COM 102.0223.</p> <p><u>Motion COM 102.0223</u> To approve the CY 2023 Risk Assessment, as submitted.</p> <p>Todd Gower, <i>Consultant</i>, reviewed the proposed 2023 Internal Audit Plan (<i>a copy of the report can be obtained from Board Services</i>), and he presented Motion COM 101.0223 to the committee for approval.</p>	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Roybal and Vaccaro)</p> <p>Approved unanimously by roll call. 5 AYES</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion COM 101.0223</u> To approve the CY 2023 Internal Audit Plan, as submitted.</p>	<p>Approved unanimously by roll call. 5 AYES</p>
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported (<i>a copy of the written report can be obtained from Board Services</i>):</p> <p>Dr. Amin thanked everyone for the warm welcome and he thanked L.A. Care staff for helping him get up to speed quickly. L.A. Care has great promise in giving better access to L.A. Care members and vulnerable populations in L.A. County. Access to him means more than just availability of services, it is about giving people the opportunity to understand health care, better utilize it and afford it. It means reducing barriers and improving health equity. His hope is to continue moving L.A. Care in that direction.</p> <p>Member Roybal noticed that one of the issues that L.A. Care will focus on this year are potential quality issues and making sure they are addressed. He asked if the Committee could get a report every month on any backlog. Dr. Amin responded that he gets a report from the Quality Improvement team and he will make sure the Committee receives the report. He pointed out that a full retrospective on potential quality issues will be conducted and he will make it available at future meeting. Dr. Parrish stated that her team would bring the report to the committee. She reported that the work is going very well and the department was able to staff up very quickly between October and December. She feels they will have any backlog cleared by April.</p> <p>Initial Health Assessment (IHA) will transition to Initial Health Appointment</p> <ul style="list-style-type: none"> • All network providers have access to monthly IHA reports to ensure all new enrollees have an IHA within 120 days. • Enterprise Performance Optimization department staff is monitoring sample Participating Physician Groups and developing a program for the Direct Network. The updated Key Performance Indicators for IHA completion coincide with the new CalAIM IHA requirements. • The Population Health Management team and IHA Workgroup are submitting all required documentation for the DHCS Audit (July 1, 2021-January 31, 2023). Additionally, they reviewed the draft IHA All Plan Letter revision and provided feedback and questions. <p>Member Roybal noted that IHAs will often change and asked if anything is being done so that it is not a rocky transition for providers. Dr. Parrish responded that L.A. Care has a strong internal cross-functional team working on IHAs. They are also updating policies and procedures.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
HELP ME GROW LA	<p>Cathy Mechsner, <i>Manager, Health Information Technology Program, Quality Improvement</i>, presented information about Help Me Grow LA <i>(a copy of the full report can be obtained from Board Services)</i>.</p> <p>Help Me Grow LA is a collaboration between First 5 LA & LA County Dept. of Public Health First 5 LA awarded a grant to L.A. Care in a four-year agreement to provide:</p> <ul style="list-style-type: none"> • Child Health Provider Outreach Program: (over three years) <ul style="list-style-type: none"> - Education campaign for families/caregivers and providers - pilot program at ten practice sites <p>Patient/Provider Experience:</p> <ul style="list-style-type: none"> • Majority of LA County Safety Net patients 0-5 years old are L.A. Care members • Strong rapport with Safety Net pediatric practices who: <ul style="list-style-type: none"> - Are committed to improving child development programs in L.A. County - Have conducted recommended screening tools for patient assessments <p>Chairperson Booth asked Ms. Mechsner if the questionnaire could be placed on the provider’s portal or site and asked if there is cost associated with it. Ms. Mechsner responded that there is an additional cost due to the licensing agreement. The challenge is a proprietary online subscription service. They are not willing at this point to have the tool imbedded in the electronic health record.</p>	
HEALTH OUTCOMES SURVEY (HOS)	<p>Linda Carberry, <i>Manager, Quality Data, Quality Performance Management</i>, presented information about L.A. Care’s Health Outcomes Surveys (HOS) <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>HOS Protocol</p> <ul style="list-style-type: none"> • All managed care organizations with Medicare contracts must participate • Administered annually to a random sample of Medicare beneficiaries • Baseline survey administered to new cohort/group, each year • Two years later, these same beneficiaries are surveyed again for follow up measurement • The baseline sample size is 1200 • Results are from surveys fielded 2019 - 2021 <p>In addition to health outcomes measures, HOS is used to collect three Healthcare Effectiveness Data and Information Set effectiveness of care measures:</p> <ul style="list-style-type: none"> - Management of Urinary Incontinence in Older Adults - Physical Activity in Older Adults - Fall Risk Management <p>Member Roybal asked if the 29 plans that are doing better than L.A. Care are Medi Medi plans or just Medicare</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	C plans. Ms. Mechsner responded that they must be Medicare based, but there is no way of knowing. Dr. Parrish stated that there might be Medicare Advantage plans.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:42 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 3:45 P.M.</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF • L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069, Department of Health Care Services (Case No. Unavailable) <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p>	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:05 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	The meeting was adjourned at 4:05 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: February 16, 2023

COMPLIANCE OFFICER OVERVIEW

This Compliance Officer Overview includes the following updates:

- 1) DSNP Update – Surah Alsawaf, Victor Hurtado, Executive Director, Medicare Product and Business Unit Representatives
- 2) Issues Inventory Update – Mike Sobetzko
- 3) Internal Audit Update – Todd Gower
- 4) SIU Update – Michael Devine
- 5) C&Q Reporting Calendar – Tom Mapp
- 6) Staffing Updates – Tom Mapp

Compliance & Quality Committee Meeting Open Session



L.A. Care
HEALTH PLAN®

For All of L.A.

Compliance Division – February 16, 2023

L.A. Care: CMC – DSNP Transition



L.A. Care
HEALTH PLAN®

For All of L.A.

General Information - Enrollment

Presenter(s): Dwayne Broussard, Senior Manager, Medicare Enrollment Enrollment Services, Customer Solutions Center

Member retention rate from MMP to D-SNP

- L.A. Care has managed a 92% retention rate from MMP to DSNP as of January 2023

Ensuring MCP enrollment is aligned to D-SNP

- LAC has reported daily un-alignment figures to DHCS.
- Pending Medi-Cal enrollment file to ensure un-align members fall out. Delay of Medi-Cal enrollment files may show a temporary enrollment with another MCP.
- D-SNP Un-alignment Summary:
 - Active Unaligned D-SNP members
 - Rollover - 122
 - Net new - 159



General Information - Customer Solution Center

Marisol Fernandez, Senior Manager, Customer Solution Call Center
Customer Solution Call Center

The below are the top 5 call reasons from members:

- Over The Counter Health Benefit – Inquiry
- Telephonic Request (interpreter service)
- Pharmacy
- ID Card
- Benefits



General Information - Continuity of Care

Tara Nelson, Senior Director, Utilization Management
Utilization Management (UM)

Total Continuity of Care (CoC) Requests:

- 403 total CoC requests
- L.A. Care maintains a log of all CoC requests and validates that the Participating Provider Group (PPG) addresses and completes all requests
- L.A. Care reaches out to PPG around the 30-day turnaround time on any open items to ensure timely completion



Challenges



L.A. Care
HEALTH PLAN®

For All of L.A.

Transition of Members

Dwayne Broussard, Senior Manager, Medicare Enrollment
Enrollment Services, Customer Solutions Center

Enrollment System Process:

- Maintenance enrollment transaction code discrepancy
- Legacy CMC cancellation effective date
- Legacy CMC Member ID

PCP Auto-assignment Process:

- Clarify PCP assignment for rollover members to D-SNP



Access to Care

Angela Pena, Manager, Provider Contracts and Relationship Management, Provider Network Management

Angie Lageson, Director, Provider Contracts and Relationship Management, Provider Network Management

Marco Avila, Director, Medicare Product Management, Medicare Product

PPGs:

- Delay in processing of Previous Authorizations by PPGs
- Delays in Processing Eligibility Files

Dental:

- State eligibility portal (AEVS) displayed incorrect dental carrier information
- Incorrect Dental Carrier phone number on Member ID Cards



Access to Care cont.

Angela Pena, Manager, Provider Contracts and Relationship Management

Angie Lageson, Director, Provider Contracts and Relationship Management

Marco Avila, Director, Medicare Product Management

Beacon:

- Delays in Processing Eligibility Files
- Misinformation by Vendor Call Center Agents
- Beacon online provider directory D-SNP update delay

Nations Benefit:

- Misinformation by Vendor Call Center Agents
- Delays in activating OTC/SSBCI benefit
- Long call center hold wait times with OTC vendor



Pharmacy

Diane Lee, Director, Pharmacy Compliance
Pharmacy & Formulary

- Confusion amongst pharmacies on how to split-bill appropriately to Magellan for Part B crossover claims
- Magellan not granting overrides for refill-too-soon/vacation or other emergency situations



Appeals and Grievances

Demetra Crandall, Director, Customer Solution Center Appeals and Grievances
CSC Appeals & Grievances

- Total Grievances received: 1599 (Jan 1-20,2023)
- Large percent of grievances relating to access to care with our supplemental vendors
- No issues with issuing integrated grievances or appeals.

Top 3 Grievance Trends	
Long hold wait times – Vendor related (Nation)	
Prescription cost increased from CMC to D-SNP	
D-SNP member eligibility not active or not found	

Appeals Data	
Total appeals received	21
Reason for appeals	Physical Therapy, DME, & Pharmacy
Total appeals upheld	1
Total appeals overturned	2

CTM January 1- 20, 2023	
Category	Total
Marketing	4
Access to Care	2
Enrollment/Disenrollment	2
Quality of Care	1
Legal/Administrative	1
Total number	10



Issues Inventory as of 1/26/23



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter: Mike Sobetzko

2023 Issue Inventory Update - Summary

Presenter(s): Michael Sobetzko and Todd Gower

-  Completed
-  In Process
-  Follow-up not provided-escalated

The Issue Inventory continues to be updated and going through a clean-up process:

- 2022 Issues that are remediated will be part of the IA follow-up review process.
- 88 Issues being tracked from 2022 and into 2023
 - 2 Need further follow-up
 - 30 are in process of remediation
 - 51 are remediated
 - 5 New Issues added- See next slide with detailed chart



2023 Issue Inventory Update - Summary

Presenter(s): Michael Sobetzko and Todd Gower

● Completed
 ● In Process
 ● Follow-up not provided-escalated

Issue Name	Status	Accountable Owner	Accountable Business Unit	Comments
Out of Area Current Members	1/31/2023	RoseAnna Alcala	SIU	<ul style="list-style-type: none"> SIU Investigator on a case where we have over 16,000 active members who have a local address but also have a mailing address that is out of county, out of state and out of country. I met with a few teams this morning and I was told LA Care has no process in place to help track these issues. I have a meeting with DHCS on Thursday about this issue. DHCS wants to know what process LA Care has in place
Member must be able to request Provider by NPI in enrollment	12/14/2022	Phinney Ahn	Product	<ul style="list-style-type: none"> Medi-Cal members are not able to request a specific provider by NPI during enrollment. Fix is in queue with IT but has been pushed backed in queue due to other priorities. Currently out of compliance. Q2 is current date for fix.
DSNP Enrollment - Reconciliation GAP	1/20/2023	Aurora Cabellon	Enrollment	<ul style="list-style-type: none"> The lack of a formal enrollment reconciliation process is a big risk and gap for the organization creating risks to access to care, and overpayment (i.e., members who should not be active are being sent in eligibility files, members who should be active not in QNXT). My ask that that the Enrollment team begin developing a formal end-to-end reconciliation process (with documented P&Ps, reports).
Facility Site Review (FSR) Backlog	1/20/2023	Dr. Armin	Quality	<ul style="list-style-type: none"> L.A. Care FSR is working with the LA County Collaborative regarding the periodic backlog. o DHCS approved the LA Care FSR backlog methodology and granted a 2-year plan to address FSR/MRR (Medical Record Review) /PARS (Physical Accessibility Review Survey) backlog audits by 12/31/2023. o Quarter 3 progress report via the MCP (Managed Care Plan) Site Review Tracker has been submitted to DHCS.
Requirements for observation of inpatient admission	1/10/2023	TBD	UM	<ul style="list-style-type: none"> UM to ensure that the new process of checking voicemails every thirty minutes and/or the message detailing the requirements for Observation and inpatient admission has been added.



Internal Audit Update as of 1/26/23



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For All of L.A.

Presenter: Todd Gower, RGP

Closeout - 2022 Internal Audit (12 Projects)

Presenter(s): Todd Gower

○ Considered
 ● Delayed
 ● In process/operational
 ○ With Mgmt..
 ● Completed

Audit	Risk Focus	Status	Status Comments	Next Steps
Compliance Request: OOA Emergency Services Claims and Grievances Audit	Ops/Claims	Completed	<ul style="list-style-type: none"> Management approved CAPs 	Test CAPs – Starting JAN 2023C
Compliance Request: Mail Processes Audit	Admin	Completed	<ul style="list-style-type: none"> Management approved CAPs 	Test CAPs – Starting JAN 2023
Compliance Request: Transportation Benefit Audit (NMT & NEMT)	Ops / Member Services	Completed	<ul style="list-style-type: none"> Management approved CAPs 	Final Report with CAPs
Ongoing: HICE Shared IT Integrity and Security Audits	IT	Ongoing-Rollover to 2023	<ul style="list-style-type: none"> Ongoing effort, with Summary CAPs presented for final Mgmt. actions by Delegated Entities. IT Security is involved to make sure L.A. Care Mgmt. is tracking. 	Ongoing Audits to the next set of entities
Follow-up: DHCS Findings	Follow-up	Completed	<ul style="list-style-type: none"> 16 CAP were reviewed for effectiveness 5 were rated effective; 5 were rated partially effective; and 6 CAPs were rated not effective. 	Will follow-up after current DHCS Audit
Follow-up: Sales and Marketing (Regulatory audit 2020 and IA 2021)	Member Services	Completed	<ul style="list-style-type: none"> Final report submitted and provided to Management- All CAPs Closed 	Complete final audit on effectiveness in 2023- Date TBD following Risk Assessment
Follow-up: Provider terminations	Network	Completed	<ul style="list-style-type: none"> Final report submitted and provided to Management 	CAP plan being validated
IA Plan: IT Project and IT Configuration Audit	IT	With mgmt. to review – Rollover to 2023	<ul style="list-style-type: none"> Reviewed draft observations for Management to substantiate or provide sufficient evidence 	Final Conference/Final Report with CAPs
Risk Assessment Support	Risk Oversight	Completed	<ul style="list-style-type: none"> Consolidated survey results and in process of prioritization, linking prior year risks and scheduling interviews with Risk Team 	2023 Risk Assessment and IA Plan
Internal Investigations	Compliance	Completed	<ul style="list-style-type: none"> Support Adhoc Investigations as requested from Compliance 	Privileged
2023 IA Plan	Risk Oversight	Completed	<ul style="list-style-type: none"> Normalized Audit Plan in Draft and waiting for Risk Assessment outcomes to formalize a 3-year plan 	2023 IA Plan to present to C&Q and BOD

2023 Internal Audit Plan

(15 Projects)

Presenter(s): Todd Gower

Considered
 Delayed
 In process/operational
 With Mgmt..
 Completed

Audit	Risk Focus	Status	Type and Approach	Internal Audit Project High-Level Descriptions	Proposed Timing
New - Staffing / Talent Acquisition Process	Staffing	Planning	Audit-Full	Assessing the current staff management program to include talent acquisition process, onboarding, and retention oversight.	January-March 2023
New - Data Management	IT	Planning	Audit-Agile	Assess overall data management governance	January-March 2023
New - Delegation Oversight Assessment	Delegation Oversight	Planning	Assessment- Agile	Assess current Delegation Oversight program effectiveness	January-March 2023
New - DSNP Program Assessment	Key Programs	Considered	Assessment- Agile	Past go-live assessment	April-June 2023
New - Provider Network – Access	Network	Considered	Assessment- Agile	Validate Network Access oversight and risk .	April-June 2023
New - Cost Containment Assessment	FWA	Considered	Assessment- Agile	Validate current cost containment follow-up, recovery and feedback process	July-September 2023
Annual Audit: Marketing and Member Services	Member Services	Considered	Audit- Agile	Annual effectiveness audit related to member services	July-September 2023
New - Disaster Recovery	Ops	Considered	Assessment-Agile	Assess revised operationalizing of the new DR/BC program	Oct-Dec 2023
Follow-up Assessment- Transportation Benefit Audit (NMT & NEMT)	Member Services	Considered	Follow-up Assessment- Agile	Follow-up on NMT and NEMT CAPs	April-June 2023
Follow-up Assessment- IT Security CAPs	IT	Considered	Follow-up Assessment- Agile	Follow-up on IT Security 3 rd Party Assessment CAPs	April-June 2023
Follow-up Assessment-IT Project and IT Configuration Audit	IT	Considered	Follow-up Assessment- Agile	Follow-up on 2022 IT Audit CAPs	July-August 2023
Ongoing: HICE Shared IT Integrity and Security Audits	IT	Ongoing	IT Audit- NIST	Ongoing effort, with CAP presented for final Mgmt. actions by Delegation Entities. IT Security is involved to make sure L.A. Care Mgmt. is tracking.	2023
New - Internal Investigations	Compliance Support	Ongoing	Compliance Support	Ongoing support of Internal Investigations	2023
Risk Management Support	Risk Oversight	Ongoing	Operational	Provide support on Risk Assessment activities and Issues Inventory corrective actions, GRC, Issue Management SW (JIRA)	2023
2024 IA Plan	Risk Oversight	Ongoing	Operational	Continue to build out a 3 year plan to create a rotating audit program	Oct-Dec 2023

Special Investigations Unit



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For All of L.A.

Presenter: Michael Devine

Special Investigations Unit – Fraud, Waste & Abuse Update

Presenter(s): Michael Devine

I. Year-to-Date Recoveries & Savings Dashboard

	Month	FY Year-to-date
Recoveries	\$ 496K	\$ 717K
Savings	\$ 421K	\$ 2.2M
Totals	\$ 917K	\$ 2.9M

II. Law Enforcement

Active Criminal Investigations (FBI, CA DOJ, LASD HALT)	31
Undercover Operations	0
Arrests	0
Pending Prosecution	15
Convictions	5



Special Investigations Unit – Fraud, Waste & Abuse Update

Presenter(s): Michael Devine

Fraud, Waste and Abuse:

Dr. Minas Kochumian:

Dr. Kochumian operated, owned and oversaw Minas Kochumian MD, a Medical Corporation dba California Medical & Rehabilitation Group in Northridge CA. Kochumian operated a scheme using “superbills” to bill for CPT codes/procedures that were never rendered to the patients

Kochumian was indicted for violating Title 18 US Code section 1347, Healthcare Fraud. He pled guilty to Count 1 and was sentenced to forty-one (41) months in federal prison. Kochumian was also ordered to pay restitution in the amount of \$5,486,287 pursuant to 18 U.S.C §3663A, pay a fine of \$20,000.00 and a special assessment of \$100. Kochumian was also ordered to surrender his medical license to the medical board effective 12/13/2022.

LA Care directly paid Kochumian \$395,448.40 in medical claims and \$79,567.72 in pharmacy claims during the timeframe related to the indictment. In addition, plan partners Anthem Blue Cross paid \$10,166.97, BlueShield Promise paid \$3,260.45 and Kaiser Permanente paid \$231.92 in medical claims.



Topics for Discussion

Presenter(s): Tom Mapp

1. C&Q Reporting Calendar
2. Staffing Updates

