COMPLIANCE & QUALITY COMMITTEE MEETING

BOARD OF GOVERNORS

April 20, 2023 • 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017

AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS
Thursday, April 20, 2023, 2:00 P.M.
L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=m5e22202e12f4e46e813ad88aaf010d05

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting number: 2490 690 2127   Password: lacare

Teleconference Site
Hilda Perez
L.A. Care Health Plan Lynwood 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., April 20, 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

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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 March 16, 2023 Meeting Minutes p.5   *Chair*

4. Chairperson's Report   *Chair*

5. Chief Compliance Officer Report p.30   Thomas Mapp
                                                                            Chief Compliance Officer

6. Chief Medical Officer Report   Sameer Amin, MD
                                                                              Chief Medical Officer

7. Provider Incentives Update p.50   Henock Solomon
                                                    Senior Manager, Incentives, Population Health

8. Health Equity Quality Initiatives p.59   Brigitte Bailey
                          Quality Improvement Program Manager III, Quality Improvement
                                                                                     Marina Acosta
                                                                            Manager, Health Equity

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:
    Four 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 May 18, 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 – March 16, 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
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*
Tom McDougall, *Chief Information and Technology Officer*
Katrina Miller Parrish, *MD, FAAFP, Chief Quality and Information Executive*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*
Tara Nelson, *Senior Director, Utilization Management,*
Angie Lageson, *Director, Provider Contracts and Relationship Management*
Demetra Crandall, *Director, Customer Solution Center Appeals and Grievances*
Michael Devine, *Director, Special Investigations Unit*
David Kagan, *Senior Medical Director, Direct Network*

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 2:00 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.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	**Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)**

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	**The February 16, 2023 meeting minutes were approved as submitted.**	**Approved unanimously by roll call.** **3 AYES**
CHAIRPERSON REPORT	Chairperson Booth thanked everyone for attending, all input helps L.A. Care move forward. She asked if lower levels of care can be automatically approved. She also wondered why L.A. Care still uses faxes. She said that they are very old and most people don't use faxes anymore, but she could be wrong. She thinks Medi-Cal is expecting L.A. Care to be the Utilization Management for everyone, including transferring members to lower levels of care. She wonders why L.A. Care can't do discharge planning over a weekend. She has noticed that Skilled Nursing Facilities are not open to take extra patients. She said that it might be better for members to transfer on weekends, and it may lower cost.	
CHIEF COMPLIANCE OFFICER REPORT	*(Board Member Perez joined the meeting.)* Thomas Mapp, *Chief Compliance Officer*, and Compliance Department staff presented the Chief Compliance Officer Report: *(a copy of the written report can be obtained from Board Services):*. The report includes: • Final 2023 C&Q Reporting Calendar • Issues Inventory • Risk Assessment Remediation Status Michael Sobetzko, *Senior Director, Risk Management and Operations Support,* reported on the Issues Inventory through the end of February 2023. 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. • 91 Issues being tracked from 2022 and into 2023 - 56 Closed and Remediated - 19 are in process of remediation - 16 Enforcement Actions – handled separately and were part of remediated in prior month	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Issue Name	Status	Comments
Transparency in Coverage Phase 2, Self-Service Tool	Going to IRB for approval	Effective January 1, 2023 Transparency in Coverage legislation requires carriers provide a compliant Pricing Tool for L.A. Care Covered and Personal Assistance Services Council members to determine their out-of-pocket costs when seeking care. The L.A. Care time to develop tool may take until October 2023. Will be presented to external vendor project plan by March 2, 2023
Payment Lock- Provider Payments Not Sent	Received plan, lacked dates	A provider escalation relative to a payment not being remitted in December 2022, (9999 payment lock error) resulted in the identification of opportunities to improve the process of reconciling 9999 payment lock errors.

Board Member Roybal asked if transparency coverage is something that L.A. Care is a regulatory obligation to have up and running by January 1. He asked if it includes in-network costs or covers any out of network costs that might be incurred for particular members. Mr. Sobetzko replied that he will provide a response at a later time. Most certainly in-network and it is unclear on the out of network. Board Member Roybal asked how many members were affected. He said that might be part of the solution. Mr. Sobetzko will provide data in response to his request.

Issue Name	Date Reported	Accountable Exec /Accountable Business Unit	Date Closed	Issue found comments

Failure to pay provider	November 6, 2022	Provider Network/Claims	February 28, 2023	• A Beacon provider did not receive payment. • Remediation- EPO work with Claims to clear matter.	
Requirements for observation of inpatient admission	January 10, 2023	UM	February 28, 2023	• 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. • Remediation- Monitoring measures in place	
Untimely Behavioral Health Authorizations	July 14, 2022	UM/Behavioral Health	February 28, 2023	• From 6/28/2022 to 7/29/2022. 153 cases were identified as non-compliant with authorization turnaround times (TAT) for routine requests for autism services for MCLA members. • Remediation- Monitoring measures in place to manage TAT and address outliers.	

Board Member Roybal asked if there is a a monthly report generated for patient issues that can be reviewed to see the timeliness on responses to make sure the messages are cleared in an hour. Mr. Sobetzko responded that each call is tracked and not automatically created.

Risk Assessment Remediation Status

Risk ID	Risk Title	BU/Owner	Mitigation Update	Status Internal Audit	
C2	HRA Assessment /	HRA Assessment / Care Managemen	• Existing workflows and monitoring reports will continue for the Disabled and Special Needs Plan.	To be included in IA follow-up plan and	Delayed / Possibly Off-Track with a Path

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN
	Reassessment Timeliness	t / Even MORE Steven Chang	New workflows are being developed to identify the three new populations requiring annual reassessments (members with Long Term Services and Supports needs, children with special health care needs, and pregnant individuals), in accordance with the latest Department of Health Care Services CalAIM Policy Guide and Frequently Asked Questions. • Integrate and automate multiple monthly reports into Health Reimbursement Arrangment (HRA) dashboard for more efficient monitoring. Pending development resources. • Until efforts to complete a reliable HRA dashboard, the overall monitoring process, including for the new Public Health Managament populations, will remain highly inefficient and subject to user errors.	Part of D-SNP Readiness	to Green	

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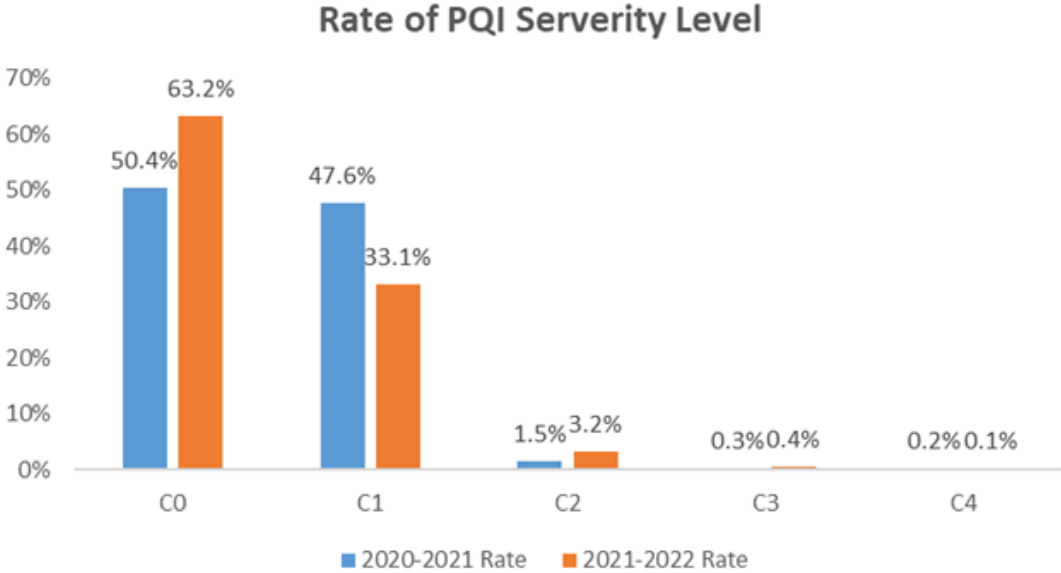
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN
	C13	Compliance Program Effectiveness	Compliance Tom Mapp	• Completion of outstanding Compliance Program Effectiveness deliverable – Board Training (December 2022) • Reorganization of Compliance department (February 2023)	Part of Follow-up Assessment from prior CPE	In Process / On Track to Mitigation Strategy

Mr. Mapp stated that Centers for Medicare and Medicaid Services (CMS) requires L.A. Care to do this annually in connection with any CMS contract.

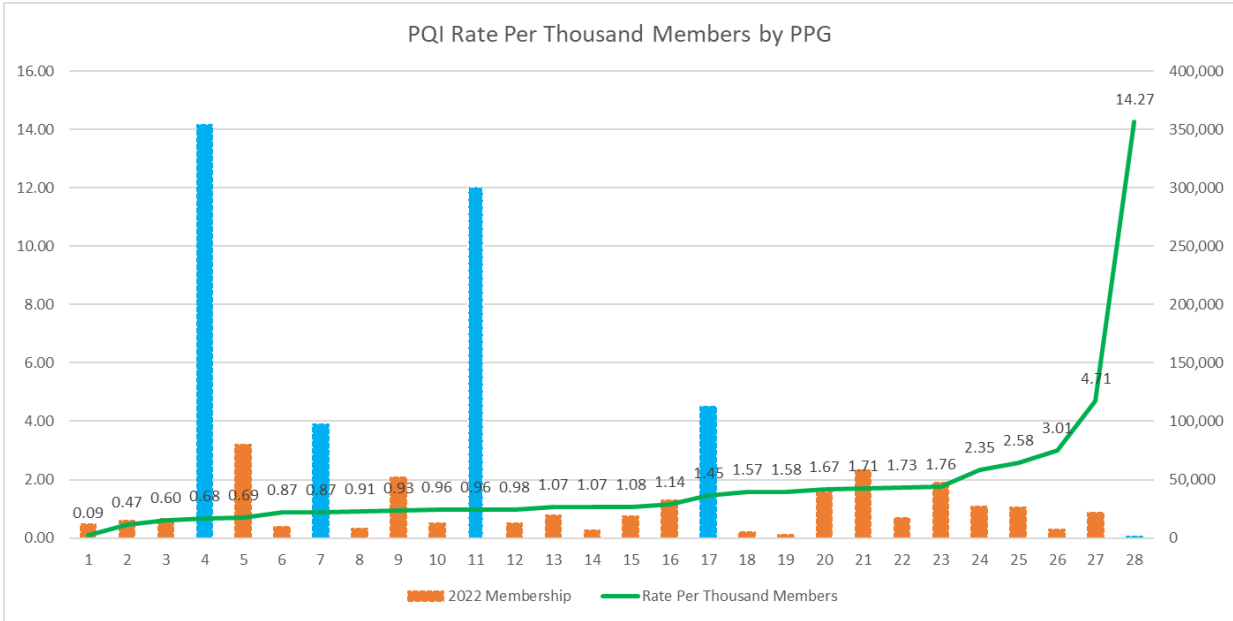| Risk ID	Risk Title	BU/Owner	Mitigation Update	Status Internal Audit	
O4	Provider Quality	PQI - Untimely Processing Christine Chueh	• Additional staff; improved collaborative partnership between Provider Quality Review and Appeals & Grievances; and migrating Provider Quality Issues actions and Corrective Action Plans into Jira application for workflow management. 1.26.23 Update: Ongoing Monitoring and reports to ICC. • ICC Update Provided January 25, 2023: • RN and Specialist Bonus Program for case completion running October 2022 – February 2023 • December 2022 Provider Quality Review team closed 528 cases; reduced the untimely aging category from 479 to 343 • Total of 20 Registered Nurses on team now.	To be include in Follow-up assessment in 2023	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN
	O20	Staffing / Skilled Hires / Time to Hire	HR Terry Brown	• Compliance requested to delay audit until after March 10 • Document requests in preparation	Included in Internal Audit audit 2023	

CHIEF MEDICAL OFFICER REPORT	Sameer Amin, MD, *Chief Medical Officer,* reported: *(a copy of the written report can be obtained from Board Services).*
	Dr. Amin referred to the written report that is included in the meeting packet.. Dr. Amin reported that a relatively large redesign of Health has been completed as of February 27, and people have moved into new positions. Case Management, Utilization Management, and Managed Long Term Support Services have moved into Health Services.
	Operational and clinical leadership members are working together. The medical directors for the most part, used to have a reporting structure that was apart from the actual department they're often working with. The new organizational structure allows for operational clinical leadership to be involved very early on in strategy.
	There is a clinical leader and an operational leader in charge of Case Management; and a clinical leader and operational leader in charge of Utilization Management. The focus has been around improved discharge planning and increasing staff capacity for that work. Positions were added for education auditing, and for clinical decisions being made.
	In addition, a new department called Community Health was established. It includes Behavioral Health, Social Services, and Community Supports. The initial goals are to pull together L.A. Care's housing initiatives into one holistic program and then further build out the community supports programs. There is a whole menu of items that Dr. Amin would like to get to better support the community and that team is going to be working on what comes next to make sure that they are well built out, but clinically and operationally sound.
	Dr. Amin reported he has tried to get away from faxes and get these things to be completely digital to be able to pass information back and forth.
	It has been a struggle and it is not necessarily on the health plan side. If the question is whether or not the provider network, the hospital to Skilled Nursing Facilities can send information using the portal. Faxing is a health care industry standard. L.A. Care is working on establishing a portal.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Booth asked if they arrive to L.A. Care as an email. Tara Nelson, *Senior Director, Utilization Management*, said she works on the UM side and is not an IT person so she does not have specifics. Faxes come in and L.A. Care has a fax vendor who then converts them into electronic files which are uploaded to L.A. Care's internal system. By the time they reach UM they are electronic files. Tom McDougall, *Chief Information and Technology Officer*, said that L.A. Care has a cloud vendor to digitize faxes electronically.	
	Post-Discharge Care Dr. Amin reported that L.A. Care often has to step in to make sure that its members are getting the most appropriate care in the best setting. Whether it's moving people to recoup care, or it's moving them to a skilled nursing facility, L.A. Care wants to be part of that discussion as a managed care plan. He thinks L.A. Care's voice is key. L.A. Care has several trusted skilled nursing faciltities and has a red line with their leadership and don't require a prior authorization from those faciltities, because there is an established relationship and they do high quality work. Ms. Nelson stated that L.A. Care has staff working seven days a week and they still have to intake them and process all the fax requests. If they're sent later in the evening, it might not be addressed until the next morning, but we do prioritize those requests to make sure that we're not holding up any hospital discharges.	
	The goal of a managed care plan is to make sure that members are getting the right care at the right place at the right time. L.A. Care teams make its organizational structure to help facilitate internal teams in getting their work done. Dr. Amin added that when additional resources are needed, John Baackes, *Chief Executive Officer*, and the Executive team are providing these resources. In the three months that he has been at L.A. Care he has worked with Mr. Mapp on delegates and clinical oversight provided by Health Services. He feels they are having a very constructive conversation with the Department of Health Services. During the audit they will reaffirm a desire to strengthen oversight for delegates and providers.	
PROVIDER QUALITY REVIEW ANNUAL UPDATE	Christine Chueh, RN, *Senior Manager, Provider Quality, Quality Improvement*, and Rhonda Reyes, *Quality Improvement Program Manager III, Quality Improvement*, provided the Provider Quality Review Annual Update *(a copy of the written report can be obtained from Board Services)*.	
	The Quality Improvement (QI) Provider Quality Review (PQR) team manages the Potential Quality of Care Issue (PQI) process, which is a regulatory requirement to identify clinical issues/concerns and ensure high quality patient care is delivered to L.A. Care members. The QI PQR process evaluates an occurrence or occurrences in which there are potential or suspected deviations from accepted standards of clinical care. The QI PQR team conducts the PQI review for L.A. Care's direct lines of business. Plan Partners (PP) are delegated to conduct the QOC (Quality of Care) review for members assigned to them and their network providers. Annual oversight audit and quarterly monitoring of Plan Partners (PP) are done to ensure PP QOC reviews align with L.A. Care Policies & Procedures QI-001. All reviews must be completed within 6	

| AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	calendar months (L.A. Care P&P Q I-001). The QI PQR team monitors quarterly submission of Critical Incident (CI) Reports required by Cal MediConnect (CMC) delegates (Participating Physician Groups PPG) and Vendors) to appropriately capture critical incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) for the health, safety and welfare of L.A. Care's members.
	
	PQI Data Analysis – Q4 2021 – Q3 2022
	• PQI's processed 3273: 495 (15%) triaged 0 (not a PQI).
	  - Triage 0 decrease from previous year 41% triage 0
	  - Provider quality review was conducted on 2,778 cases.
	• PQIs can be identified by any department, yet 98.1% came from Appeals & Grievances (A&G) or Customer Solution Center (CSC).
	• Medi-Cal had the most cases, however, the ratio of cases per thousand members per year (PTMPY) is higher for the CMC product line at 2.09 cases PTMPY.
	• Top issues are consistent with the previous year. Treatment/Diagnosis (28.3%),Delay in Service (17.3%) and Communication/Conduct (13.3%) was the third highest issue followed by Access to Care (12.4%).
	• Delay in Authorization had an increase of 2.5% from previous year and Access to Care increased by 3.3%	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Issue Code	Issue Description	2021/2022 Rate	Difference	
PQ1	DME/Supplies	2.2%	✔	-2.4%
PQ2	Benefit Issue	1.8%	✔	-0.5%
PQ3	Delay in Service	17.3%	❗	0.0%
PQ4	Denial of Service	2.3%	❗	-0.1%
PQ5	Refusal of Care/Rx	5.6%	✔	-1.9%
PQ6	Refusal of Referral	1.9%	❗	0.3%
PQ7	Treatment/Diagnosis	28.3%	❗	0.8%
PQ8	Delay in Authorization	7.3%	❌	2.5%
PQ9	Access to Care	12.4%	❌	3.3%
PQ10	Continuity of Care and Coordination of	3.2%	✔	-2.3%
PQ11	Communication/Conduct	13.3%	❗	0.0%
PQ12	Physical Environment	1.1%	❗	0.5%
PQ13	Medical Record/Documentation	0.6%	❗	-0.4%
PQ14	Transportation	1.9%	❌	1.9%
PQ15	Systems Issue	0.9%	✔	-1.6%

LOB	Member Month	PQI	PTMPY	Difference	
MCLA	15,797,625	1,943	0.12	❗	0.1
LACC	1,338,573	283	0.21	❗	0.0
CMC	214,780	448	2.09	✔	−1.4
PASC	604,523	104	0.17	❗	0.1
Total	17,955,501	2,778	0.15	❗	0.0

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Board Member Roybal asked if there is an industry standard for raised issue per member per year. Ms. Reyes will have to answer that question at another time. Katrina Miller Parrish, *MD, FAAFP, Chief Quality and Information Executive* stated that they do have comparisons to Plan Partners coming up and it's one way to look at it. Industry standards are difficult because they are done differently in different places. • C0 (No Quality of Care or Service Issues) - 12.8% Increase • C1 (Substantiated service issue causing member dissatisfaction) - 12.8% Increase • C2 (Borderline Quality of Care issue with potential for adverse health outcome) - 1.7% Increase - Clinical review staff has been taking more of a deep dive analysis on each case and a stricter approach when leveling each case. • C3 (Moderate Quality of Care issue with actual adverse health outcome) – one Case • C4 (serious and or significant quality of care issue with significant adverse health outcome) – one Case **Rate of PQI Serverity Level** C0: 50.4% (2020-2021), 63.2% (2021-2022) C1: 47.6% (2020-2021), 33.1% (2021-2022) C2: 1.5% (2020-2021), 3.2% (2021-2022) C3: 0.3% (2020-2021), 0.4% (2021-2022) C4: 0.2% (2020-2021), 0.1% (2021-2022) ■ 2020-2021 Rate ■ 2021-2022 Rate • PQR team continues to meet quarterly with selected PPG's/Vendors to review any PQI findings and discuss issues or trends. • The below chart represents PPG membership and number of PQI per thousand member per year (PTMPY) by PPG	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• The membership bars highlighted in blue represent the PPG's we have ongoing quarterly monitoring to identify any trends or issues. Board Member Roybal asked asked if this is a rate and if it should matter how many members they have. Ms. Reyes responded that this is a rate; the more members means the rate will be lower. Delegation Oversight • Collection of quarterly reporting from each delegate as well as monitoring of timely closure of potential quality issues (PQI). • Continued issue with Anthem Blue Cross with the number of PQI being captured. - Anthem noted 2,627 (25%) clinical grievances of 10503 grievances during the audit period were reviewed by a medical director. Of those 192 (7%) were referred for PQI review by the medical director. The PQR team will continue to monitor the volume and compare the data with L.A. Care grievances.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care & Plan Partners PQIs by membership size per 1000 members	

Quality Assurance Validation and Report
- PQR Inter-Rate Reliability (IRR)
  - To improve the consistency and accuracy in applying review criteria, in the leveling and final reporting of PQIs, the PQR clinical team conducts quarterly internal inter-rater reliability (IRR) testing, evaluation, and monitoring.
    o The appropriate determination of PQI severity level continues to be the most discussed area.
    o The clinical team uses the bi-weekly huddles to review and align decision determination for PQI severity level.
- Review Appeals & Grievances (A&G) and Customer Solution Center (CSC) Cases
  - PQR conducts monthly oversight of CSC and A&G cases (1% or 30 cases each) not referred to PQI during FY 2021-2022. Goal is for 100% compliance
  - CSC met 100% compliance rate and A&G met 88% compliance rate but continues to improve

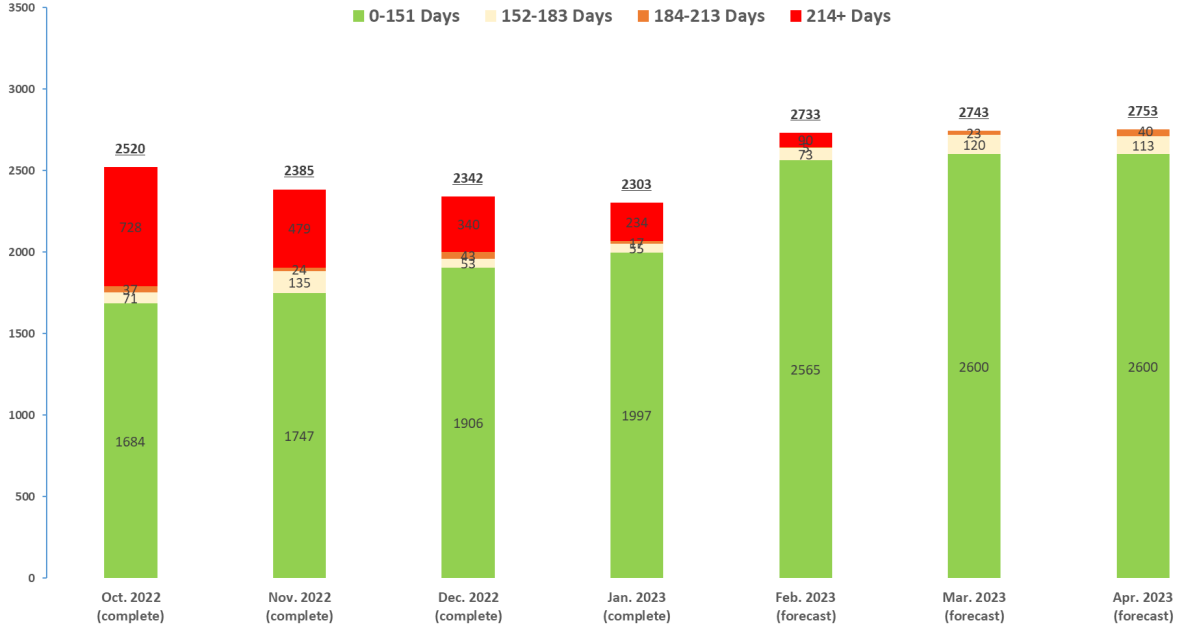| AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	A&G Case Review chart	
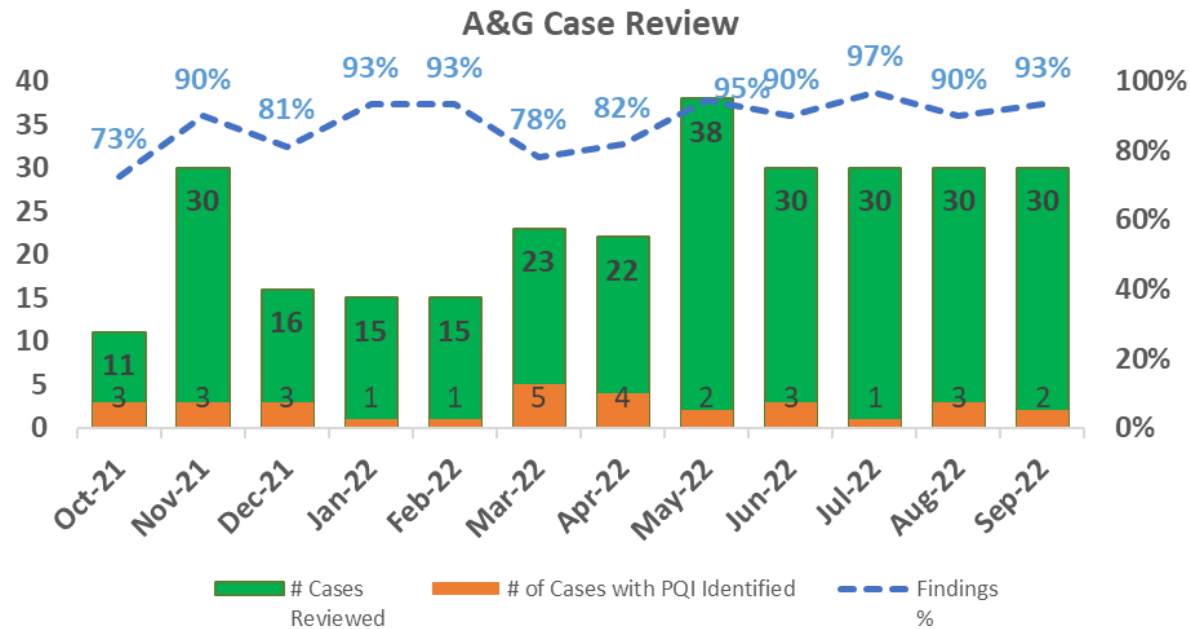
- All CMC delegates submitted critical incident quarterly reports by Q3 2022.
- The PQR nurse reviewers assessed potential quality of care concerns from all CIs reported.
- All quarterly reports were submitted timely to L.A. Care Health Services Reporting and Support Services/Enterprise Data Strategy team for Medicare Operations and Compliance review for final reporting to CMS.

Compliance with CI Reporting	Compliance Goal	Compliance %
Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report		100.0%

Provider Quality Review- Risk Assessment
*(Backlog and Remediation Plan and Update)*
- PQR team received a backlog of 1560 cases from grievances from August 2021 – March 2022 and consequently it generated a backlog of untimely aging of 900+ PQI cases for clinical review.
  - Status: 90 cases remain open from this backlog and we anticipate closure of untimely cases to be completed by end of March 2023

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• A second backlog of 503 cases was identified on October 6, 2022
	   - The 503 cases are from Appeals and Grievances (A&G) that contained a PQI date from January 1, 2021-December 31, 2022.
	   - The cause of the backlog was identified on January 1, 2023 as human error of an incorrect selection of delivery method in PCT when submitting the PQI referral. Delivery methods consisted of typing of an incorrect or misspelling of an email address to PQI inbox, sent to member or regular mail to our headquarter address.
	   - During the first week of February, A&G delivered the additional 503 cases to PQR team for review which will become due the first week of August, 2023.
	   - A remediation plan to close these additional cases in a timely manner has been implemented. Designated staff has been assigned to work the additional cases with a goal of completing at least 100 cases or more each month. The designated staff consist of 1 triage RN, 4 clinical review RNs and 3 project specialists. While our goal is to get all cases closed within the timely aging category, there is still a risk that some may fall into the untimely aging category as some of these cases have aged and retrieval of medical records may be difficult.
	
	Chairperson Booth asked if all those cases were late to A&G first. Dr. Parrish responded that it was the A&G backlog. The quality of care issues were submitted to her team. Dr. Amin stated that there is a larger discussion about clinical partnership between A&G and the QI team that will be remediated. The immediate problem has been remediated but some additional work will be done by Health Services.
	
	Open Aging Report and Forecast by Aging Status
	• Assumptions: Intake 560/Month, Closed 550 Month
	• February includes new backlog of 503 additional cases	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	  Open Aging by PQI Due Date • Currently we have 90 cases considered untimely. (shown in red) • Blue bars represent our current open aging of cases and when they are due which is 6 months from the date PQR team receives the case. • Orange bar represents the additional cases received as part of a second backlog from appeals and grievances. • PQR team average monthly closure rate is about 500-550 cases per month. (shown on next slide)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PQI Intake, Output, and Open Aging by Month • Additional staff was hired in July, 2022 resulting in an increased closure rate of PQI cases. • Spot bonus program was implemented to our review team in October 2022 which provided financial incentives to close additional cases. • Staff Paid Time Off contributed to the lower case closure during November 2022 – January 2023 • February intake total includes the 503 from the new backlog.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PQI Intake, Closed Cases and Open Aging	
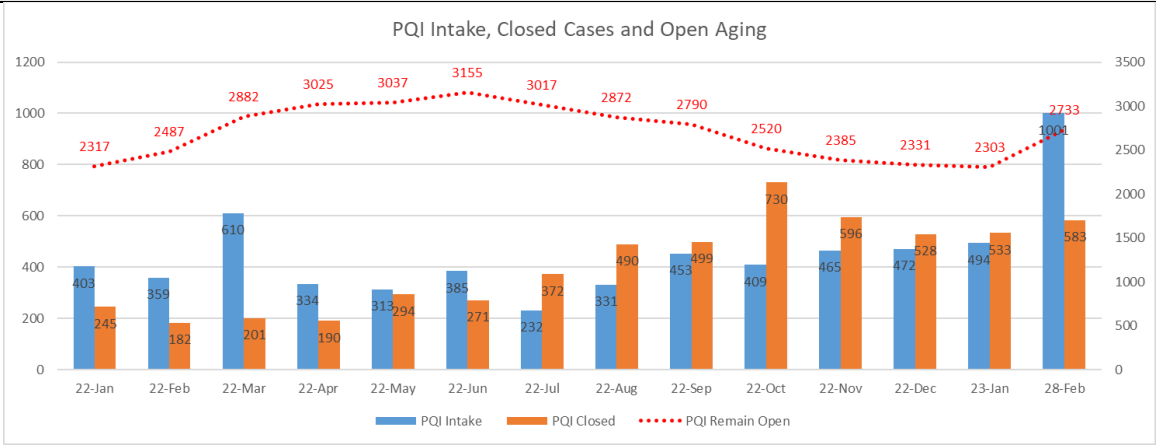
Headcount: 36: including two supervisors and one program manager

As of 02/28/2023	Regular Cases + First Backlog	2nd Backlog
# PQI Cases	2265 including 90 cases in the untimely aging category	468 cases
# Staff Dedicated	2 Triage RNs 14 Clinical Review RNs 8 Project Specialist 2 Coordinators	1 Triage RN 4 Clinical Review RNs 3 Project Specialist
Estimated Monthly Capacity	450 Cases	100 Cases
Estimated Closure of the Backlog	March 31, 2023 for current untimely cases and keep all open cases in timely aging category (Under 6 months)	August 2, 2023
RISK	Pulled staff from our regular workflow to manage the 2nd backlog may create a risk of cases entering untimely aging if our monthly intake exceeds are closed totals.	Concerns with obtaining medical records for aged cases as they may require more time to process

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

APPROVE QUALITY IMPROVEMENT DOCUMENTS (COM A.0323)
 	
• **2022 Quality Improvement Annual Evaluation**
	Bettsy Santana, *Senior Manager, Quality Improvement Initiatives,* presented the 2023 Quality Improvement Program Description. *(A copy of the written reports can be obtained from Board Services).*
	
	• The Quality Improvement Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to:
	  - Quality and Safety of Clinical Care
	  - Quality of Service
	  - Member Experience
	  - Access to Care
	• The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities.
	  - Staff throughout L.A. Care contribute to the activities
	
	QI committees regularly meet to oversee the various activities
	
	National Committee for Quality Assurance (NCQA) Accreditation
	• In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1-5) to a "star" rating system (1-5 stars).
	  - Medi-Cal 3.5 Star
	  - Medicare 3.0 Star
	  - LACC no NCQA rating
	
	Health Effectiveness Data and Information Set (HEDIS) Performance
	DHCS Auto Assignment:
	• Auto-assigned allocation for Medi-Cal members L.A. Care 67% vs 33% for Health Net. It remains unchanged from the prior year.
	• For MY2021, L.A. Care met the Minimum Performance Level (MPL) on 12 out of the 15 Managed Care Accountability Sets (MCAS) measures. Measures that were below the MPL were Childhood Immunization Status (CIS), Well Child Visits in the First 30 Months of Life (W30) for both the first 15 months and 15 to 30 months.
	
	Member Experience
	CAHPS Performance:
	• Medi-Cal Adult and Children scores remained low in 2022. For both adults and children in Medi-Cal, all composites and ratings remain below the 25th percentile except for Medicaid Child ratings for Health Plan (50th percentile) and Specialist Seen Most Often (66th percentile).
	• L.A. Care Covered scores improved from 2021 to 2022 but we are rated one star for Marketplace.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Cal MediConnect, most scores declined from 2021 to 2022. L.A. Care's opportunities to improve CAHPS performance are most persistent in measures of access Clinical Initiatives • Completed 31 interventions: social media, mailings, automated & live agent calls and text messaging. • Total of 14 Patient Experience Training webinars and 15 trainings for 11 IPAs/clinics provided by the SullivanLuallin Group. Supported PPGs (12) with improving their HEDIS and CAHPS scores. • Provider training webinars (16) conducted. • Collaborated with national, governmental and community-based organizations: The Childhood Lead Poisoning Prevention Program (CLPPP) within Department of Public Health, Los Angeles City Housing Department, and the Los Angeles HPV Vaccine Coalition. The L.A. Care Health Promoters and the Los Angeles LGBT Center. Care Management (CM)/Disease Management (DM): • For the CMC line of business, 2 out of 3 goals for Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) were met; Health Risk Assessment (Core 2.3) reassessment rates exceeded goal at 67.3% and the Health Risk Assessment (Core 2.1) Initial compliance rate exceeded goal at 99.9%. • A total of 2,908 cases were opened by the CM Department for FY 2022. Population Health Management (PHM) Continues to address members' needs across the continuum of care and through transitions of care focusing on: • Using the findings from the annual population health assessment to identify gaps, and enhance existing programs and interventions and develop new initiatives. • Developing and tracking PHM goals. • Meeting National Committee for Quality Assurance (NCQA) and California Advancing and Innovating Medi-Cal (CalAIM) requirements Addressing Disparities • Over fiscal year 2021-2022, L.A. Care strategically prioritized collection of Social Determinants of Health (SDOH) and Sexual Orientation and Gender Identity (SOGI) data. L.A. Care plans to submit for 2024 NCQA Health Equity Accreditation, which includes collection of SOGI data. • LGBTQ+ trainings - L.A. Care hosted two LGBTQ trainings titled, "LGBTQ+ Health Training for Quality Improvement Staff" and "Gender Affirming Care".	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Introduced two new Community Health Investment Fund (CHIF) grants.	
	(the full written report can be obtained from Board Services.)	
	Chairperson Booth commented that there is substantial information about what L.A. Care tried to do and she wonders if there is more explanation in terms of what the outcomes were in the thick packet that was distributed. It does not indicate if they want to do the interventions again. Ms. Santana replied that there is a time lag in getting the information. For example text messaging was deployed in April 2022 and L.A. Care is now just getting the results.	
	Board Member Ballesteros noted that she referenced some of the trainings and collection of data being done for the LGBTQ community and said it would be nice, in the future, to get a sense of what is covered in those topics and how L.A. Care approaches educating the provider base on those issues. One of the things they are speaking about on the HIV Commission is the fact that many individuals could benefit from increased education about STDs and HIV and resources to remain HIV negative but, the commission is unsure about what is happening in the private sector. They are looking at the increased rates of STDs and are concerned that it could possibly lead to increased cases of HIV. In terms of the trainings and how they work to collect some of these disparities, it is interesting to know how providers are being educated about routine screenings and testings. For positive tests, they receive regular reports about people in care, with about 30% non-compliant. The patients do not appear to be seeing doctors routinely. Patients are identified as positive, but are not meeting standards of care. Ms. Santana responded that L.A. Care did some work with providers on gender affirming care and how to work with language.	
• **2023 Quality Improvement Program Description**	Ms. Santana presented the 2023 Program Description Revisions.	
	General Revisions Strategic Priorities (2022-2024), Goals, and Objectives	
	Program Structure QI Program Goals and Objections	
	Organizational Structure, QI Program Leadership and Resources Positions were added, removed if they no longer exist, or modified as appropriate.	
	Committee Structure Added Quality Improvement Health Equity Committee	
	Scope of the Program Staff has continued to add language to address providing *equitable* care and services	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	References to Cal MediConnect were removed and replaced with Dual-Special Needs Plan (D-SNP) line of business.
	
	Quality of Equitable Care
	• Update to the QI conceptual frame from the Triple Aim to the Quadruple Aim
	• The Healthcare Effectiveness Data and Information Set (HEDIS) measures (31) will be prioritized, by Line of Business, for interventions and/or monitored in 2023.
	• Added the Dual Eligible Special Needs Plans (D-SNPs) line of business and Stars related programs and reporting requirements e.g. the Model of Care.
	• Medi-Cal removed the Individual Health Education Behavioral Assessment (IHEBA) requirement and the Initial Health Assessment name will be changed to the Initial Health Appointment. The 120-day timeframe will remain however a primary care visit within the timeframe can be used as a proxy for compliance with the new IHA requirements.
	
	Quality of Equitable Care
	
	Transitional Care Program
	L.A. Care's Transitional Care Program (TCP) now includes Covered California direct lines of business.
	
	Elevating the Safety Net Initiative
	• In 2018, L.A. Care launched the Elevating the Safety Net (ESN) initiative with an approved five-year investment of up to $155 million to address the physician shortage looming in Los Angeles County.
	
	CalAIM Incentive Payment Program
	• The Department of Health Care Services (DHCS) provided CalAIM Incentive Payment Program (IPP) funding to L.A. Care for Enhanced Care Management (ECM) and Community Supports (CS), to drive delivery system investments in provider capacity and delivery system infrastructure.
	
	Incentives
	• Starting in 2023, L.A. Care will launch a L.A. Care Medicare Plus (Dual-Special Needs Plan) D-SNP VIIP Program for its Medicare providers and members.
	
	Background & 2023 Goals
	The QI Work Plan tracks goals and activities geared toward quality improvement for the organization. It is a fluid document and revised on an ongoing basis throughout the year.
	• For goals not met, the QI Department:
	  - Reviews the findings
	  - Completes a barrier analysis	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	- Develops a plan to address the barriers
	    - Prioritizes interventions
	    - Implements the interventions
	    - Evaluates the effectiveness of interventions
	
	General updates
	• Added an Equity Tab- to track equity activities
	• Labeled the Quality Transformation Initiative measures (4)
	• Labeled the Department of Managed Care Services Equity measures
	• Changed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) rates to reflect our unadjusted rates
	• Five more measures on the Managed Care Accountability Set (MCAS) now have to meet the minimum performance level (MPL)
	
	Total Measures for 2023:
	• Service: 71
	• HEDIS: 30
	• CAHPS: 33
	• Equity: 9
	• Reporting only Measures: 31
	• Priority 3 HEDIS Measures: 37
	
	New Measures
	Medi-Cal MCAS Measures:
	• Topical Fluoride Varnish
	• Number of Out-patient ED Visits per 1,000 Long Stay Resident Days
	• Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization
	• Potentially Preventable 30-day Post-Discharge Readmission
	D-SNP:
	• Diabetes: Eye Exam for Patients With Diabetes
	L.A. Care Covered:
	• No changes from prior year
	(Few new measures, but several measures moved from the reportable section to the high priority section of the work plan.)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Motion **Approve the following documents:** • **2022 Quality Improvement Annual Report and Evaluation – All lines of business** • **2023 Quality Improvement Program and Work Plan – All Lines of Business**	**Approved unanimously by roll call.** **4 AYES** **(Ballesteros, Booth, Perez, and Roybal)**
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:35 pm. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:36 P.M. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases 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 • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF	
RECONVENE IN OPEN SESSION	The Committee reconvened in open session at 4:20 p.m. There was no report from closed session.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 4:23 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: _____

To: Compliance & Quality Committee of the Board of Governors

From: Thomas Mapp, Chief Compliance Officer

Subject: Chief Compliance Officer Report (OPEN SESSION)

Date: April 20, 2023

COMPLIANCE OFFICER OVERVIEW

This Compliance Officer Overview includes the following updates:

1) 2023 Compliance Work Plan Status (Thomas Mapp)
2) 2023 Delegation Oversight Audit Work Plan (Marita Nazarian)
3) Issues Inventory (Michael Sobetzko)
4) Internal Audit (Todd Gower)
5) Grievance Trend Report (Demetra Crandall)

Compliance & Quality Committee Meeting Open Session

Compliance Division – April 20, 2023

Chief Compliance Officer Overview

Presenter(s): Thomas Mapp

- 2023 Compliance Work Plan Status (Thomas Mapp)

- 2023 Delegation Oversight Audit Work Plan (Marita Nazarian)

- Grievance Trend Report (Demetra Crandall)

- Issues Inventory (Michael Sobetzko)

- Internal Audit Update (Todd Gower)

2023 Delegation Oversight Audit Work Plan

Presenter(s): Marita Nazarian

2022 Delegation Oversight Annual Audits

- 42 Audits conducted
  - 27 audits completed and closed (*Audit Reports attached)*
  - 15 audits in progress

CR= Credentialing
CPE= Compliance Program Effectiveness
C&L= Cultural & Linguistic Services
HE= Health Education
PN= Provider Network operations
CI= Critical Incidents
UM= Utilization Management
SIU= Special Investigation Unit
QI= Quality Improvements

2022 Delegation Oversight Annual Audits

Delegate	Audit Areas	Audit Date	Audit Status
Children Hospital of LA	CR	5/2/2022	Closed
Planned Parenthood of Los Angeles	CR	3/29/2022	Closed
Navitus	CPE	8/2/2022	Closed
Health Dialog	C&L, CPE, HE, SIU	7/12/2022	Closed
Department of Health Services (DHS)	CR, C&L, PN, UM, SIU	7/5/2022	Closed
St. Vincent IPA (PDT)	CI, CR, CPE, PN, UM, C&L	5/23/2022	Closed
Exceptional Care Medical Group (Conifer)	C&L, CR, PN, UM, SIU	6/6/2022	Closed
Citrus Valley Physician Group (PDT)	CI, CR, C&L, CPE, PN, UM	5/23/2022	Closed
Call The Car	CI, CR, C&L, SIU	6/13/2022	Closed
Alta Med Health Services Corp. (Altura)	CI, CR, CPE, PN, UM, C&L	6/20/2022	Closed
VSP	CI, C&L, CPE, CR, FC, PN, UM	6/27/2022	Closed
Omnicare Medical Group (Altura)	C&L, CR, PN, UM, SIU	6/20/2022	Closed
Kaiser	CR, C&L, FSR, HE, MCS, MR, PN, QI, SIU, UM	7/26/2022	Closed
Adventist Health Physician Network	CI, CR, C&L, CPE, PN, C&L, Privacy, UM	8/22/2022	Closed
Axminster Medical Group	CPE, CR, CI, C&L, PN, UM, Privacy, SIU	7/19/2022	Closed
Bella Vista IPA	CPE, CR, CI, C&L, PN, UM, Privacy, SIU	8/23/2022	Closed
El Proyecto Del Barrio	CPE, CR, CI, C&L, PN, UM, Privacy, SIU	8/24/2022	Closed
Family Care Specialists IPA	C&L, CR, PN, UM, Privacy, SIU	8/25/2022	Closed
Global Care IPA	CPE, CR, CI, C&L, PN, UM, Privacy, SIU	8/26/2022	Closed
Health Care LA	CPE, CR, CI, C&L, PN, UM, Privacy, SIU	8/29/2022	Closed
Prospect Medical Group (MedPoint)	C&L, PN, UM, Privacy, SIU	8/30/2022	Closed
Beacon Health Strategies	CI, C&L, CPE, CR, FC, PN, QI, SIU, UM	9/6/2022	Closed
Blue Shield Promise	CR, C&L, FSR, HE, Privacy, MCS,MR, PN, QI, UM	9/13/2022	Closed
ASH	CI, C&L, CPE, CR, PN, UM, SIU	9/20/2022	Closed
South Atlantic Medical Group	CI, C&L, CPE, CR, PN, UM, SIU	9/27/2022	Closed
Optum Health Plan of California	CI, C&L, CPE, CR, PN, UM, SIU, Privacy	10/11/2022	Closed
Liberty Dental Plan of California	C&L, CR, PN, UM, SIU	10/25/2022	Closed

2022 Delegation Oversight Annual Audits

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

2023 Delegation Oversight Annual Audits

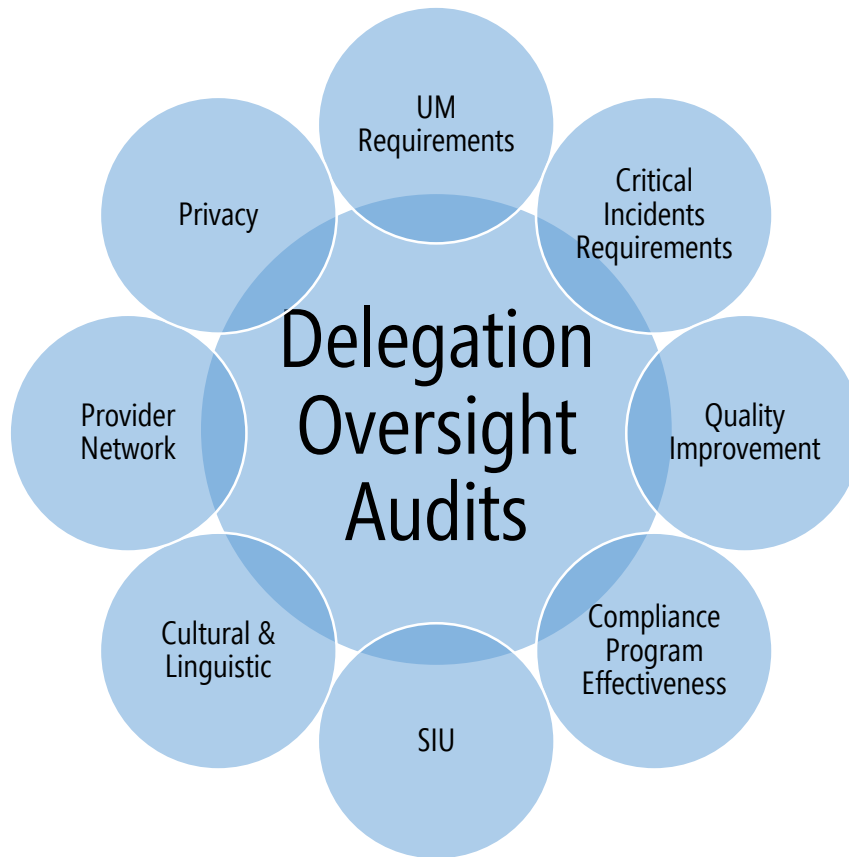*What entities will be audited?*

- Plan Partners

- PPGs/IPAs

- Specialty Health Plans (SHPs)/Vendors

33 Audits are scheduled from April 2023- January 2024

❖ *2023 Annual Audit Calendar Attached*

2023 Delegation Oversight Annual Audit Areas

- ✓ Credentialing and Claims audits are conducted by CR and FC departments.

2023 Delegation Oversight Annual Audits- Methodology

- Risk Based Annual Audit Methodology

  - Focus on standards that delegates have had deficiencies identified through:

    - Previous Annual Audits
    - Monitoring Activities
    - Regulatory Audits
    - Case File Reviews

2023 Calendar Year - Outlook:

- To complete remaining open annual audits from 2022 calendar year

- To conduct 33 annual audits

- Pre-Delegation Assessments- Anticipate increase in number

- Continue to remediate historic gap in CAP validation process

- Develop DSNP audit tools

- Plan Partners Operational Readiness for 2024 contract

- Integration of performance criteria across monitoring and auditing

Issues Inventory

Presenter(s): Michael Sobetzko

Issues Inventory Update
March 2023 Summary

- **96 items were listed in the Issues Inventory as of March 31, 2023***
  - **5** items were added to the inventory (Total increased from 91 to 96)
    - *1 duplicate issue - closed*
    - *4 new issues*
  - **21** are in process of remediation
    - *17 existing issues are in process*
    - *4 new issues (details on next slide)+*
  - ***1 Issue was remediated***

Issue Status	As of 02/28/23	As of 03/31/23
New	2	4
In Process	16	17
Total New & Open Issues	**18[1]**	**21**
+		
Deferred	16	16
Remediated	55[2]	56
Closed to Inventory (duplicates)	2	3
Total Inventory Count	**91**	**96**

*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

Issue Inventory Update
New Issues Received in March 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Status
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.	03/02/23	Erick Chase, Shonnie Davis, Ann Reaves Provider Network Claims	In Process
Serendib Healthways (PPG) - Provider Orientation Education Reports Serendib Healthways' provider orientation monthly report has not been submitted to LA Care.	03/17/23	Anita M. Despues-Watson, Provider Network	In Process
Inappropriate & 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.	03/15/23	M. Devine, SIU D. Crandall, A&G	In Process
New Member Welcome Kits Mailings Oversight & 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.	03/21/23	Cagla Ozden, Richard Rice, Enterprise Performance Optimization	In Process

Issue Inventory Update
Issues Remediated

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Remediation Description	Accountable Exec / Business Unit	Date Remediated
Untimely Mail Delivery • Incoming mail scans late to A&G • Mail from January 2022 found in Facilities employee's cubicle • QI reported incoming mail delivered to employee's desk • Seventeen (17) bins of returned mail from Commercial Group and Product Management stored in Mailroom since October 2020 was eventually shredded.	03/28/22	• Update Mail Room policies and procedures. • Development of Mail Room desktop procedure and staff training. • All-department communication about Mail Room policy for employees working remotely. • Shredding of returned mail. • A&G implementation of scanning and archiving process. • All-department communication about misdelivered mail. • Follow-up audit added planned in 2023	Lance Maclean, Facilities Demetra Crandall, Appeals & Grievances Ellin Davtyan, Legal	03/24/23
2021 CPE Audit Finding • 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. • The training material used for the lacked FWA examples and FWA reporting information.	02/10/22	• Integrated Board training created and distributed to board members by Board Services with electronic attestation document. • Board Services collects and provides attestations back to compliance as board members complete. • Training report updated based on returned attestations. • Training report is supplied to ICC and C&Q. • Overdue training has been discussed at C&Q Board Meeting. • **Board Training 100% Complete**	Thomas Mapp, Compliance	02/12/23

Internal Audit Updates 03/31/23

Presenter(s): Todd Gower, RGP

Presenter(s): Todd Gower

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

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
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 3rd Party Assessment.	Q3/Q4
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

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	With Mgmt.	• One CAP in process, and 11 of 12 completed.	Test CAPs – Start Date TBD
Compliance Request: Mailroom Processes Audit	Admin	With Mgmt.	• One CAP in process, and 5 of 6 completed.	Test CAPs – Start Date TBD
Compliance Request: Transportation Benefit Audit (NMT & NEMT)	Ops / Member Services	With Mgmt.	• Two CAPs in process, and 4 of 6 completed.	Test CAPS – Start Date TBD
IA Plan: IT Project and IT Configuration Audit	IT	With Mgmt.	• Reviewed draft observations for Management to substantiate or provide sufficient evidence	Final Conference/Final Report with CAPs
Ongoing: HICE Shared IT Integrity and Security Audits	IT	Ongoing-Rollover to 2023	• 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	• 16 CAP were reviewed for effectiveness 5 were rated effective; 5 were rated partially effective; and 6 CAPs were rated not effective.	Wil follow-up after current DHCS Audit
Follow-up: Sales and Marketing (Regulatory audit 2020 and IA 2021)	Member Services	Completed	• 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	• Final report submitted and provided to Management	CAP plan being validated
Risk Assessment Support	Risk Oversight	Completed	• 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	• Support Adhoc Investigations as requested from Compliance	Privileged
2023 IA Plan	Risk Oversight	Completed	• 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

Compliance & Quality Committee Delegation Oversight Updates

2023 DO Audit Calendar

2023 Delegation Oversight Annual Audit Calendar			
Delegate	**Audit Date**	**Type**	**Audit Areas**
St. Vincent IPA	4/25/2023	PPG	CI, CPE, PN, UM, C&L, SIU, Privacy
Citrus Valley Physician Group	4/25/2023	PPG	CI, CPE, PN, UM, C&L, SIU, Privacy
Exceptional Care Medical Group	5/2/2023	PPG	C&L, PN, UM, SIU, Privacy
Call the Car (CTC)	5/9/2023	SHP	CI, C&L, SIU,
AltaMed Health Services Corp.	5/16/2023	PPG	CI, CPE, PN, UM, C&L, SIU
Omnicare Medical Group	5/16/2023	PPG	CPE, CI, C&L, PN, UM, SIU
Department of Health Services (DHS)	6/6/2023	PPG	C&L, PN, UM
Health Dialog	6/13/2023	SHP	C&L, CPE, HE, SIU
Anthem Blue Cross	6/20/2023	PP	C&L, FSR, HE, MCS, MR, PN, QI, UM
Navitus	7/5/2023	SHP	CPE, Privacy
Vision Service Plan (VSP)	7/12/2023	SHP	CI, C&L, CPE, PN, SIU, UM
Kaiser	7/25/2023	PP	C&L, FSR, HE, MCS, MR, PN, QI, UM
Adventist Health Physician Network	8/22/2023	PPG	CI, C&L, CPE, PN, C&L, Privacy, UM, SIU
Bella Vista IPA	8/23/2023	PPG	CPE, CI, C&L, PN, UM, Privacy , SIU
EL Proyecto Del Barrio	8/24/2023	PPG	CPE, CI, C&L, PN, UM, Privacy, SIU
Family Care Specialists IPA	8/25/2023	PPG	C&L, PN, UM, Privacy, SIU
Global Care IPA	8/28/2023	PPG	CPE, CI, C&L, PN, UM, Privacy, SIU
Health Care LA	8/29/2023	PPG	CPE, CI, C&L, PN, UM, Privacy, SIU
Prospect Medical Group (MCLA)	8/30/2023	PPG	C&L, PN, UM,Privacy, SIU
Beacon Health Options	9/5/2023	SHP	CI, C&L, CPE, PN, QI, SIU, UM, Privacy
Blue Shield Promise	9/12/2023	PP	C&L, FSR, HE, MCS, MR, PN, QI, SIU, UM
South Atlantic Medical Group	9/26/2023	PPG	CI, C&L, CPE, PN, UM, SIU, Privacy
Allied Physicians IPA	10/3/2023	PPG	CI, C&L, CPE, PN, UM, SIU
Community Family Care	10/3/2023	PPG	CI, C&L, CPE, PN, UM, SIU
Optum Health Plan of California	10/10/2023	PPG	CI, C&L, CPE, PN, UM, SIU
Heritage Provider Network	10/17/2023	PPG	CI, CPE, PN, UM, C&L, SIU, Privacy
Liberty Dental Plan of California	11/7/2023	SHP	C&L, PN, UM, SIU
Serendib Healthways, Inc.	11/14/2023	PPG	C&L, CR, PN, UM, SIU
Memorial Care Select Health Plan	11/28/2023	PPG	C&L, PN, UM, SIU
PIH Health Physicians	12/12/2023	PPG	CI, C&L, CPE, PN, UM, SIU, Privacy
Angeles IPA	1/9/2024	PPG	CI, CPE, PN, SIU, C&L, UM
Superior Choice Medical Group	1/16/2024	PPG	C&L, PN, UM, SIU
Axminster Medical Group	TBD	PPG	C&L, PN, SIU, UM

Background

- **Incentives serve as an amplifier for Quality Improvement (QI) interventions**

- **The programs promote provider accountability**

- **Designed to align the improvement efforts across all levels of L.A. Care's provider network**

MY 2021 Incentive Information

- **Physician and Clinic P4P Payment Stats**

Incentive Program	# Providers	Total Payments	PMPM* Median	PMPM* Max
Physician P4P	997	$20.9m	$1.01	**$3.67**
Direct Network P4P	60	$520k	$3.30	**$8.89**

- **IPA P4P Payment Stats**

Incentive Program	# IPAs	Total Payments	PMPM* Median	PMPM* Max
Medi-Cal VIIP	54	$15.5m	$0.88	**$1.82**
LACC VIIP	24	$2.1m	$1.66	**$2.77**
CMC VIIP	18	$436k	$1.83	**$3.04**

PMPM: Per Member Per Month

Medi-Cal VIIP Trends (2016-2021)

Improvements noted in:

- Perinatal care
- Child immunizations
- Chlamydia screening

Variation noted in:

- Cancer screenings
- Diabetes care

Declines noted in:

- Well-Child visits

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 50th percentile
- **Most MPL measures are included in our provider gap reports and tied to P4P performance (several are double-weighted)**
- **Changes:**

➤ Increasing number of MCAS measures held to MPL
  - 2022 – 15 measures
  - 2023 – 18 measures
  - 2024 – 25 measures

➤ The three new measures now being held to MPL for MY 2023:
  - Developmental Screening in the First Three Years of Life
  - Topical Fluoride for Children
  - Asthma Medication Ratio

➤ Additional measures to be stratified by race/ethnicity (ex: W30, AMR)

Additional Measure Changes

- **Quality Transformation Initiative (QTI) – Covered California**
  - Plans must meet specified measure benchmarks. Fees will be assessed for measures that fall short.
  - 4 measures:
    - Childhood Immunization Status - Combo 10
    - Colorectal Cancer Screening
    - Comprehensive Diabetes Care: A1c Control
    - Controlling High Blood Pressure)
  - These measures will have enhanced scoring and payment *triple-weighting* in the LACC VIIP.

- **Other New Incentive Measures**
  - Social Determinants of Health – identified using prioritized z-codes
  - Health Information Exchange – encouraging HIE adoption and use
  - Initial Health Appointment – to be completed w/in 120 days of enrollment

Future Happenings

- **CMC Transitioned to D-SNP in 2023**
  - New Medicare VIIP Incentive Design!
    - ✓ Quality Withhold method
    - ✓ Tiered performance earn backs
    - ✓ Stars measures and cut points

- **External Performance Benchmarks**
  - Discussions are taking place to transition from L.A. Care peer group percentiles to external percentiles for Medi-Cal P4P Program targets.

- **Action Plan Evaluation**
  - Thorough analysis of action plans outcomes vs VIIP scores.
  - Potential modifications to action plan methodology.

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Provider Recognition Awards:
Thank you for all you do!

- **Provider Recognition Awards Event** will be held **IN PERSON** to honor top performing providers
  - Celebrate winners on social media, provider page on L.A. Care's website, articles and newsletters, AND billboards!!!

L.A. Care Health Plan's *5th Annual* **Provider Recognition Awards** Ceremony

Thursday, April 27, 2023
5 p.m.

L.A. Care
HEALTH PLAN®

Recognizes

Dr. Narciso Azurin

As **Top Performing Doctor** of the Year!

lacare.org/ThankYouProviders

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Questions?

Agenda

- Enterprise Updates

- Health Equity Initiatives Across L.A. Care Lines of Business

- Line of Business Specific Health Equity Requirements
  - Medi-Cal
  - L.A. Care Covered
  - Medicare Plus

- Providers and Health Equity

Enterprise Updates

- New **Chief Health Equity Officer -** Dr. Alex Li
  - Creating Health Equity Mitigation Plan focused on enterprise-wide health equity priorities.

- 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.

Health Equity Initiatives Across L.A. Care

- **NCQA Health Equity Accreditation.**
  - On-track for submission on 12/5/2023.

- Collection of **Sexual Orientation and Gender Identity data** by call center staff. Includes collection of:
  - Preferred pronouns – Gendered and gender neutral identifiers (she/her; he/him; they/them)
  - Sex assigned at birth – The sex (female/male) assigned to a child at birth, most often based on the child's external anatomy.
  - 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.
  - Sexual orientation – How a person characterizes their emotional and sexual attraction to others.
  - All have "choose not to disclose" option

- **Population Health Management Index**.
  - Goals to improve disparities in the Black/African American population in prenatal care, diabetes, and hypertension.

- **Culturally tailored Interactive Voice Response call script** for Black/African American members with hypertension.

Health Equity Initiatives Across L.A. Care Cont.

- **Racial/ethnic/language and regional disparity analysis** is a prioritized focus across internal workgroups.

- Continued efforts to **increase number of languages** that outreach goes out in and **diversifying images** in mailers and social media campaigns.

- **California Right Med Collaborative** where pharmacy technicians/clerks outreach to members with focus on the Black/African American, Latino, or Hispanic members.

- **COVID disparity efforts** around member communication campaigns including Leonard Nimoy Family COVID Campaign, social media posts and IVR calls.

Medi-Cal Initiatives

- Medi-Cal Performance Improvement Project (PIP) focusing on disparities in the Black/African American population in **diabetic care** ending in April 2023.
  - Final submission to DHCS due April 27th, 2023.
  - The Quality Improvement team worked closely with Bartz-Altadonna clinic to lower the percentage of Black/African American members with an A1c over 9.
    - Evaluation pending.

- New clinical PIP focusing on disparities in the Black/African American population in the **Child and Adolescent Well-Care Visits** measure (W30).

- Continued efforts focusing on **maternal health disparities** amongst Black/African American pregnant people.
  - Pregnancy resource guide for Black parents.
  - Generating African American Infant and Nurturers' Survival Initiative (GAAINS).
  - Integration of doulas into the network.

- Early stages of developing a Health Equity Summary Score with CMS Office of Minority Health

Pregnancy Resource Guide

- Includes 11 general and culturally-tailored resources for Black birthing individuals
- Resource guide found [here](#).

A PREGNANCY RESOURCE GUIDE FOR BLACK PARENTS

Pregnancy is a special time in life. Getting the right care at the right time helps ensure the health of both parent and baby. Timely prenatal care and a postpartum visit is important, but more so for those who are Black/African American.

L.A. Care supports the health of Black/African American parents and their babies. Use this guide to find resources that meet your needs. Most are no-cost, but please check fees and eligibility before use.

Program Name	Services	Contact
L.A. Care Healthy Pregnancy & Healthy Mom Programs	Written materials on care during and after pregnancy, healthy eating, breastfeeding Help making your first prenatal appointment and postpartum visit 7-84 days after delivery Transportation and interpreting assistance available	1-213-694-1250 ext. 4408 www.lacare.org/pregnancy
At Home Care	eDirectory of LA County Home Visiting Programs Fill out a survey to find programs near you	1-213-378-1967 LACPECHVC_Coordinator@labestbabies.org edirectory.homevisitingla.org/
Black Infant Health Programs (BIH)	Pregnancy, labor, and delivery support Newborn care	Marquita Jones: 1-323-238-3205 mjones@childrenscollective.org blackinfanthealth.org/

L.A. Care Covered Initiatives

- **Healthcare Evidence Initiative (HEI) data collection efforts**, in partnership with Covered California, are on-track and race/ethnicity codes are populating as expected.

- Quality Improvement Project (QIP) focusing on disparities in **diabetic care** amongst Black/African American members continues.
  - Contract executed with GA Foods to provide Medically Tailored Meals to cohort of 30 members.
  - 11 out of 27 eligible members enrolled in the program.
  - Program will continuously enroll throughout the year.

- Developed a **Spanish version of a diabetes care magnet** to send to Spanish speaking members with diabetes.

Medicare Plus (D-SNP) Initiatives

L.A. Care
Medicare Plus™
(HMO D-SNP)

- **Spanish version of a diabetes care magnet** to send to Spanish speaking members with diabetes.

- Culturally tailored versions of the **colorectal cancer screening mailer** for the Black/African American and Asian populations.

- **Cardiovascular Disease** Management Program, specifically hypertension, with focus on Black/African American population.
  - Includes DSNP, MCLA and LACC

Providers

- **Provider Equity Award**. 2nd year of recognizing practices in their health equity efforts. Focus on disparity and social determinants of health efforts.

- Inclusion of race/ethnicity field in monthly **Provider Opportunity Reports (POR)**.
  - Report shows providers which of their members are due for certain services.
  - Inclusion of race/ethnicity will allow providers to do their own disparity analyses.
  - Webinar in June educating providers on how to use this information.

- On-going efforts in the **Elevating the Safety Net** program.

- **Wednesday Webinar series** bringing in more external speakers and organizations to discuss health equity related topics with providers, IPAs and clinic staff.
  - Upcoming Gun Safety webinar series with CME credit.
  - Partnership with WIC.
  - Gender equity care.

- Working on DHCS **Equity and Practice Transformation Program**
  - To be released soon by DHCS

Questions?