

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – February 6, 2018

L.A. Care Health Plan CR 1025, 1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Kimberly Uyeda, MD, *Chairperson***

Al Ballesteros, MBA*

Stephanie Booth, MD

Hilda Perez

G. Michael Roybal, MD, MPH

* *Absent* ** *Teleconference*

Management

John Baackes, *Chief Executive Officer*

Thomas Mapp, *Chief Compliance Officer*

Richard Seidman, MD, MPH *Chief Medical Officer*

Augustavia J. Haydel, *General Counsel*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chair Kimberly Uyeda, MD, called the meeting to order at 2:10 p.m.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	Approved unanimously by roll call. 4 Ayes (Booth, Perez, Roybal and Uyeda)
APPROVAL OF MEETING MINUTES	Member Booth noted that on page four it should read, L.A. Care does not instead of does. The November 16, 2017 meeting minutes were approved as amended.	Approved unanimously by roll call. 4 AYES
CHAIRPERSON'S REPORT	There was no Chairperson report.	
CHIEF EXECUTIVE OFFICER'S REPORT	John Baackes, <i>Chief Executive Officer</i> , reported that L.A. Care has cancelled the contract with Employee Health Services (EHS) in the middle of November because of their association with SynerMed's fraudulent activities. There was a huge overlap with providers between EHS and other groups with which L.A. Care contracts. In mid-December, the State issued a directive for all plans to cancel their contracts with EHS because they discovered additional issues. All nine health plans who were involved came together and the leadership of Health Net. As of January 31 most health plans have migrated off the EHS contract. If a member had a primary physician that is contracted with another L.A. Care group and that is in good standing with, the	

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	<p>member will continue to have the same physician through that new group. Those 100 physicians that are in groups that are in not good standing or were only contracted with EHS will have the option to come into L.A. Care’s direct network.</p> <p>A direct enrollment campaign was launched. The goal is to have all the members keep their same physicians moving forward. Mr. Baackes added that this will allow L.A. Care to jump start the growth of its direct network outreach. This sends out a strong message to the provider community that L.A. Care will not tolerate this type of misconduct and there are consequences to violating the rules that are in place for the protection of the members for both quality and compliance purposes.</p> <p>Mr. Baackes added that the proposed bipartisan agreement addresses a wide range set of issues and would continue funding to March 23. Relevant spending included in the resolution is ten years for the Children’s Health Insurance Program.</p>	
<p>CHIEF MEDICAL OFFICER’S REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, discussed some areas from his written report (<i>A copy of his written report may be requested from Board Services.</i>):</p> <ul style="list-style-type: none"> • As previously reported, L.A. Care has achieved “accredited” status from National Commission on Quality Assurance (NCQA) for Medi-Cal and Cal MediConnect (CMC). L.A. Care is also accredited for Covered California based on standards score only, because NCQA has not yet established the measures and benchmarks it will use to determine the total scores for this product line. <ul style="list-style-type: none"> ○ One of the enterprise goals that was retained from last year is to reach “commendable” status in at least one Line of Business (LOB) in 2018. L.A. Care is within 3 points of achieving this goal for its Medi-Cal LOB and can achieve these points through improvement in Healthcare Effectiveness Data and Information Set (HEDIS) scores or Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results. ○ In early March, L.A. Care will be conducting a mock NCQA survey to assess readiness for the fast approaching 2 year look back that L.A. Care will be accountable for during our next on site survey in 2020. Among other changes NCQA has added a new set of standards requiring the implementation of a Population Health Program. This new requirement is largely a repackaging of some pre-existing standards previously included in other categories such as Quality Improvement and Disease Management, Complex Case Management, and Member Engagement. New standards include requirements to measure and improve overall population health based on a set of metrics that L.A. Care 	

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	<p>define and will be required to continuously improve.</p> <ul style="list-style-type: none"> • HEDIS reporting for reporting year 2018 (measurement year 2017) is underway in L.A. Care’s first year of a three-year full service agreement with a new HEDIS software vendor, Cognizant. <ul style="list-style-type: none"> ○ Preliminary rates for HEDIS 2018 have been generated. Overall, even without direct/supplemental data sources included, Medi-Cal rates are slightly higher than prior year preliminary rates. ○ The new Cognizant HEDIS engine favorably processes diagnoses and office visits to capture additional data to improve measured performance. • Various interventions are being conducted by using social media. Facebook campaigns allow L.A. Care to place targeted messages to targeted members encouraging them to get necessary care. • Set-up and completion of CG CAHPS survey in 4th quarter for Member Experience. <ul style="list-style-type: none"> ○ Prepare staff to follow-up on members expressing issues. ○ Added some questions to perform analytic breakdowns of areas that L.A. Care can improve. • L.A. Care offers incentive programs at the physician, provider group and plan partner levels. All report cards went out at the end of the year. <ul style="list-style-type: none"> ○ Physician Pay-for-Performance (P4P) Program: Approximately \$21 million in incentive payments were made to 882 physicians and 57 community clinics. Due to increased stakeholder and regulatory focus on access to care, L.A. Care introduced an access and availability payment gate for MY 2017. This payment gate will be based on results from the DMHC required Provider Appointment Availability Survey and the Provider After-Hours Access Survey. P4P performance reports and incentive payments for the 2017 program are scheduled for the 4th quarter of 2018. ○ The Physician P4P Program provides performance reporting and financial rewards for practices serving Medi-Cal members, and represents an opportunity to receive significant revenue above capitation. Eligible physicians receive annual incentive payments for outstanding performance and improvement on multiple HEDIS measures—17 were included in 2017, and auto-assignment measures were double-weighted (these have a greater role in determining physician and clinic performance scores and incentive payments). ○ Value Initiative for IPA Performance (VIIP)+P4P Program: Starting in 2017, 	

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	<p>VIIP was merged with LA P4P to provide a stronger platform, streamlined reporting and alignment for quality improvement. The new program, ‘VIIP+P4P’, measures, reports, and provides financial rewards for provider group performance across multiple domains, including clinical quality, access and availability, utilization, encounters and member satisfaction. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high performing PPGs. VIIP+P4P performance reports and incentive payments for the 2017 program are scheduled for the 4th quarter of 2018.</p> <ul style="list-style-type: none"> ○ Plan Partner Incentive Program: This program is being modified to better align the efforts of L.A. Care with those of its health plan partners as a critical point for improving the outcomes and satisfaction of members. Participating health plan partners receive incentive payments for defined improvement in L.A. Care’s auto-assignment measures based on administrative data. A portion of each plan’s incentive is tied to the encounter data submission performance of its largest PPGs, as measured in the VIIP+P4P program. <p>Member Ballesteros asked if L.A. Care is collecting any supplemental data and if there is a cutoff point to submit. Dr. Seidman responded that L.A. Care is still collecting supplemental data and has not past our cutoff date yet.</p> <p>Dr. Seidman continued his report:</p> <ul style="list-style-type: none"> ● The California Department of Public Health awarded a grant to L.A. Care for Prescription Drug Overdose Prevention. L.A. Care’s Behavioral Health and Pharmacy departments will partner with the LA County Substance Abuse Prevention and Control and the SafeMedLA Coalition, a consortium of health plans, providers, and county agencies focused on prescription drug abuse. The grant will be used to conduct community based interventions to reduce prescription drug overdoses, to foster coalition building, and to fund outreach and education activities, provider training, and data collection. L.A. Care has shown improving trends of fewer of our members using opioids, particular at high prescription amounts. <p>Member Booth asked how could a group get into the e-Management program. Dr. Seidman responded L.A. Care targets private doctors to encourage screening for anxiety, depression and substance use disorders. The goal for the program is to make</p>	

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	<p>it easier for providers to do the screenings by offering validated screening tools and incentives to the physicians that participate. The primary care provider who has identified one of these conditions will then be able to have a virtual consult with a psychiatrist. Dr. Seidman added that e-Management is not real time so it should not be used for acute conditions. L.A. Care is constantly in recruitment mode for the program for high volume physicians.</p> <p>Mr. Baackes asked Member Booth what is the most effective way to reach physicians. Member Booth responded that going where they are at is the best way. Member Booth added that it is extremely difficult getting people to participate nowadays.</p> <p>Member Roybal suggested online Continuing Medical Education credits.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, reported:</p> <ul style="list-style-type: none"> • Delegation Oversight and audit processes are under review with Provider Network Management, Legal Services, Compliance, and other departments. The goal is to develop short-term and long-term strategies to improve oversight and performance of Plan Partners and Participating Provider Groups. • The Compliance team is working with Health Services to develop a plan for the transition after January 31, of moving members from EHS to new provider groups. This process includes gathering documents, records of claim processing/ payment and utilization work plans from SynerMed. <p>Dr. Seidman added that to the greatest extent possible our goal is to preserve the primary care physician member relationship, there is a challenge with the specialty physicians. There have been 50 requests submitted for continuity of care in just this week. L.A. Care has received a current list of open authorizations from EHS and SynerMed for outpatient services. L.A. Care is encouraging new IPAs to honor those authorizations. L.A. Care is also trying to be as proactive to provide information to new groups.</p> <p>Member Booth expressed that she thinks it is awesome what L.A. Care is doing to protect its members.</p> <p>Member Roybal asked about Coast Healthcare Management . Mr. Mapp responded that Coast staff fabricated member Notice of Action letters and claims information. Both Citrus Valley Physicians Group and Family Care Specialists termed its agreement with Coast very quickly. Mr. Mapp noted that L.A. Care conducted an investigation</p>	

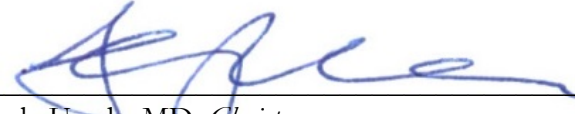
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	<p>and received a Corrective Action Plan. Member Roybal asked if L.A. Care informed its Plan Partners of these findings. Mr. Mapp responded everybody that was affiliated with Coast received letters directly from Coast. Member Roybal suggested that L.A. Care inform others of these findings to send a clear message that L.A. Care will not tolerate that misconduct. Mr. Baackes noted that the situation with SynerMed was different as Anthem and Care 1st had contracts with the same IPAs that L.A. Care did, as a result it affected all three plans. They all acted in unison. Coast self-reported and the Plan Partners got the same notice that L.A. Care got.</p> <p>Mr. Baackes added that L.A. Care’s problem, particularly the MSOs is that there is no regulatory oversight of these companies. The State, through the Department of Managed Health Care, only oversees IPAs as risk barring organizations. Since MSOs really do not get scrutiny it allows for misconduct to happen. Member Roybal asked if L.A. Care has tried to work in Sacramento to bring MSOs under the umbrella of regulators. Mr. Baackes responded that L.A. Care is advocating that all entities that are delegated with health plan functions be accredited or certified.</p> <p>Mr. Mapp continued his report:</p> <ul style="list-style-type: none"> • The 2018 Risk Management Program is in development. Business units are in the process of scoring their risks and this is 90% complete. Phase 2 will include review and analysis of risk scores and scheduling Quarter 1 Risk Assessment updates with business units. A risk monitoring plan is also in development. The 2018 assessment of compliance risks will be presented for review and approval at the next C&Q meeting. • Compliance department has developed a list of Compliance Key Performance Indicators and will present the metrics to the Internal Compliance Committee on January 24, 2018. The metrics are known risks based on regulatory audit findings. This is only a starting point. Metrics will be added as L.A. Care moves forward. • The updated version of the Code of Conduct will apply to all of L.A. Care including affiliates, the Board of Governors, officers, management, employees, community advisory committees, temporary staff, volunteers, contractors, interns, vendors, and stakeholders. The draft is being reviewed internally. The draft updated Code of Conduct will be presented to the Internal Compliance Committee and Compliance & Quality Committee for review and approval. 	
PUBLIC COMMENT	There was no public comment.	

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ADJOURNMENT	The meeting was adjourned at 3:00 p.m.	

Respectfully submitted by:

Malou Balones, *Committee Liaison, Board Services*
 Jennifer Carabali, *Committee Liaison, Board Services*
 Linda Merkens, *Manager, Board Services*

APPROVED BY:



 Kimberly Uyeda, MD, *Chairperson*
 Date Signed: March 19, 2018

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