

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – March 15, 2018



L.A. Care
HEALTH PLAN

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

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	The February 6, 2018 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES
CHAIRPERSON'S REPORT	There was no Chairperson report.	
CHIEF EXECUTIVE OFFICER'S REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> • The federal budget resolution did not include provisions on the premium subsidies for the individual health coverage market. Mr. Baackes had met with the Chairman of the Ways and Means Committee to discuss the budget bill. • The Hyde amendment provisions on abortion derailed and will not be restored in time for rate filings in June. • January 1, 2019 premium pricing will be set without cost-sharing reductions (CSRs). • L.A. Care Covered has 77,000 members with premiums paid. 	

APPROVED

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<p>CHIEF MEDICAL OFFICER'S REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, discussed 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"> • For the next several months' significant resources will be focused on optimizing the Healthcare Effectiveness Data and Information Set (HEDIS) outcomes for 2017. Teams of L.A. Care staff and contracted vendors are working with our Plan Partners, contracted providers and provider groups to capture all available administrative and supplemental data, and select medical record data to close all possible data gaps before the deadline to submit outcomes to our HEDIS auditor and on to NCQA. • L.A. Care hosted a Continuing Medical Education (CME) event on February 24 focused on end of life and palliative care. More than 200 L.A. Care network providers and others attended this very informative event. KPCC 89.3 featured L.A. Care's February 24 Palliative Care Conference in "Critically ill Medi-Cal patients just got an important new benefit." The conference was the first to present Los Angeles County health providers with information about the new palliative care benefit, which took effect January 1, 2018. California now requires that palliative care services, treatment of the physical, emotional, and spiritual suffering associated with a serious illness, to be made available to Medi-Cal patients. The conference focused on closing the knowledge and experience gap, explaining the differences between the services and how to refer patients to this new benefit. • On March 24, L.A. Care, in conjunction with Kaiser Permanente and SafeMed LA hosted an all-day CME event titled, "The Opioid Epidemic: Trends, Updates, Where We Stand Now." Topics included hot topics and trends around the epidemic, substance use system of care, pain management and non-opioid alternative therapies, medication assisted therapy, and naloxone training & certification. <p>Dr. Seidman thanked Drs. Li and Miller for all the hard work they put into preparing the Quality Improvement and Utilization Management documents.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, introduced Elysse Palomo, <i>Senior Manager, Regulatory Audits and Governance</i>, and reported that the 2017 Department of Health Care Services (DHCS) audit resulted in six adverse findings, reduced from 50 adverse findings for 2015 and 15 for 2016.</p> <p>Mr. Mapp added that the Compliance department has developed an abbreviated list of Key Performance Indicators based on regulatory audit findings. The first report will be</p>	

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	<p>presented to the Internal Compliance Committee in March and staff will present it to the Committee at the May meeting.</p> <p>Malayan Boyd, <i>Director, Delegation Oversight, Compliance</i>, reported that the Delegation Oversight team conducted a live tracer audit at Management Services Organizations (MSO) and Primary Physician Groups (PPG) to determine the type of systems they have in place. They were notified that a live tracer audit was going to be conducted on site and to pull a universe of utilization management files. A random selection of files was audited. There is no upfront preparation or planning with a live tracer audit. Staff is looking into an Information Technology (IT) auditor to join the Delegation Oversight team to review the systems and make sure staff members cannot alter or manipulate systems. Mr. Mapp added that in a recent provider audit it was discovered that staff members altered files. Ms. Boyd added that L.A. Care submits findings directly to PPGs who contract with the Management Services Organizations (MSOs). We want the PPGs to share findings and corrective action plan (CAP) with MSOs to hold them accountable.</p> <p>Mr. Mapp shared that Compliance department staff is looking into the process of referring delegates to the Sanctions Committee for failure to comply with regulatory and performance requirements. One of the first cases that will be taken to the Sanctions Committee are two PPGs that were late in supplying information for 274 files, resulting in a fine to L.A. Care for \$35,000 because of the late submissions.</p> <p>Mr. Mapp introduced a member of the public, Bruce Anderson, <i>Health Plan Compliance Officer, Anthem</i>, who was engaged with the SynerMed and EHS Medical Group situation. Mr. Anderson shared that he worked closely with Mr. Mapp throughout this process that changed by the hour. There are some legal concerns around Achieva Med, an entity planning to take over SynerMed. He expressed that they are pleased to be able to continue to process claims for SynerMed. Mr. Mapp added that L.A. Care continues to monitor Synermed and EHS claims to assure that providers are being paid. Dr. Seidman added that SynerMed prior authorizations will be honored for 90 days. L.A. Care is also encouraging new IPAs to honor the previous authorizations from members that were assigned to SynerMed. Physicians are encouraged to contact specialists that were pre-approved for services to L.A. Care members to determine if they are part of the new IPA and if not to consider memorandums of understanding or service agreements to ensure that patient care is not delayed or interrupted. There was</p>	

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	<p>not a spike in member complaints or grievances due to interruption of care in the specialty network for services under prior authorizations.</p> <p>Member Booth asked about IPAs that use Achieva Med. Mr. Mapp responded that L.A. Care staff is working on conducting a pre-delegation review. Dr. Seidman added that there is no need for L.A. Care to go shopping for a new MSO as the IPAs in our network that were managed by SynerMed have found new MSOs.</p>	
<p>BIENNIAL REVIEW OF L.A. CARE HEALTH PLAN'S CONFLICT OF INTEREST CODE</p>	<p>Ellin Davtyan, <i>Associate General Counsel</i>, reported that California law requires local public agencies, such as L.A. Care, to review and update their Conflict of Interest Code (Code) biennially. Pursuant to a notice received from Los Angeles County, which is L.A. Care's Code reviewing body, staff conducted a review of the Code and recommended updating the list of Designated Positions that are required to file a Form 700. On December 1, 2016, L.A. Care's Board of Governors approved the proposed updates to the Code, which were submitted to the L.A. County on December 12, 2016.</p> <p>L.A. County recently completed a review of the Code we submitted, and provided additional changes and revisions and incorporated the relevant changes L.A. Care made during the 2014 biennial review.</p> <p><u>Motion COM 100.0418</u> To approve and adopt the L.A. County Board of Supervisors' proposed revisions to the Conflict of Interest Code of L.A. Care Health Plan, as attached.</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<p>2018 RISK ASSESSMENT PROGRAM</p>	<p>Yasamin Hafid, <i>Senior Director, Risk Management and Operations Oversight</i>, reported the 2018 Risk Assessment was completed enterprise wide with 29 business units in the first calendar quarter of 2018. Phase 2 is in process and includes validation of the risk universe and review and analysis of current risk scores. Cross-functional risk assessment meetings are in progress to document risk mitigation efforts and are expected to be completed by March 31, 2018. The Risk Management Plan will be presented to the Internal Compliance Committee in March.</p> <p><u>Motion COM 101.0418</u> To approve the Compliance 2018 Risk Assessment Report</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<p>QUALITY IMPROVEMENT AND UTILIZATION MANAGEMENT PROGRAMS DOCUMENTS</p>	<p>Alex Li, MD, <i>Deputy Chief Medical Officer</i>, provided an overview on the Utilization Management Program documents (<i>a copy of his presentation can be obtained by contacting Board Services</i>). Dr. Li reported that there have been significant changes in leadership and systems in Health Services.</p>	

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	<ul style="list-style-type: none"> • Turn-around time targets were met for outpatient and were not met for inpatient • Readmission rate target was met • Average length of stay was consistent with Plan Partners • Inpatient admission rates were not met due to more seniors and people with disabilities program members, who were auto assigned to LA Care Medi-Cal <p>Member Roybal suggested conducting a risk adjustment.</p> <p>Dr. Li continued his report:</p> <ul style="list-style-type: none"> • Oversight metrics were over and under utilized <ul style="list-style-type: none"> ○ Some were identified as requiring further analysis and follow-up ○ Reviewed quarterly at UM Committee ○ Leadership and staff have been trained on the new system • Update to the 2018 Program Description <ul style="list-style-type: none"> ○ Maintain many of the same 2017 key strategic objectives and goals in reference to turn around time, customer services, staff training and more <ul style="list-style-type: none"> ▪ Added an emphasis to social services and Whole Person Care links ▪ Improving coordination with Los Angeles County Department of Mental Health and Department of Public Health Substance Abuse and Prevention Control network providers ○ Examine and re-conceptualize our clinical auditing process <ul style="list-style-type: none"> ▪ Increase oversight of Community Based Adult Services <ul style="list-style-type: none"> • Staff site-visits and customer feedback ○ Address opportunities to improve the network (i.e. skilled nursing facilities) ○ Improve out of network management • Revisions to the 2018 Program Description <ul style="list-style-type: none"> ○ Organizational Structure Revisions: <ul style="list-style-type: none"> ▪ Health Services Department leadership transition ▪ Staff re-structure: <ul style="list-style-type: none"> • Improve services • Enhance training and subject matter expert capacity • Improve morale and reduce staff turnover ▪ Social Services and Behavioral Health Departments are now under one leadership team ○ Systems and Workflow Enhancement: 	

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	<ul style="list-style-type: none"> ▪ Dedicated teams: composed of clinical, operations, process and IT staff <p>Member Perez asked if Dr. Li will provide the Committee with updates of the outcomes. Dr. Seidman responded as milestones are reached we will bring specific topics back to the Committee.</p> <p>Katrina Miller, MD, <i>Chief Medical Information</i> provided an overview on the Quality Improvement Program documents (<i>a copy of her presentations can be obtained by contacting Board Services</i>). Dr. Miller thanked the team members that worked on the program documents in 2017.</p> <ul style="list-style-type: none"> • In 2017 LA Care had its three year on-site NCQA Accreditation survey. This audit was to determine accreditation status for MCLA, LACC and the CMC lines of business. We scored well on the on-site and maintained our three year Accredited status • LA Care maintained a “Distinction in Multicultural Health Care” by NCQA • Clinical Quality: HEDIS • Medi-Cal Line of Business: <ul style="list-style-type: none"> ○ Significant improvement in 13 of 16 total measures ○ Declines in 3 measures ○ Met Minimum Performance Level for all State External Accountability Set measures • Cal Medi Connect (CMC) Line of Business: <ul style="list-style-type: none"> ○ Significant improvement in 19 of 20 total measures ○ Decline in 1 measure • LA Care Covered (LACC: Exchange) Line of Business: <ul style="list-style-type: none"> ○ Significant improvement in 11 of 11 measures ○ No declining rates for any measures • Clinical Quality Efforts: <ul style="list-style-type: none"> ○ In 2017, LA Care QI focused on restructuring the workgroups aimed at improving the HEDIS metrics. This involved increasing collaboration with Behavioral Health and Pharmacy Departments to develop comprehensive interventions to improve outcomes ○ There was continued strong focus on improving preventive care for adults and children, and women’s health issues ○ LA Care enhanced the Value Initiative for IPA Performance (VIIP) 	

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	<p>incentive program with the “Action Plan” process and made strong efforts to engage the PPG’s and provider network on improvement with webinars and live interaction</p> <ul style="list-style-type: none"> • Member Satisfaction: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: <ul style="list-style-type: none"> ○ In 2017 for MCLA adults, LA Care scored 3.03 out of a total possible of 13 points in this area. CAHPS remains the largest opportunity for LA Care to improve Accreditation status ○ Significant efforts are needed to improve member satisfaction in specifically lower performing areas: health plan customer service, doctor/patient interaction and access to care <p>In response to Member Roybal’s questions, Dr. Miller indicated the response rate for the CAHPS Survey, Dr. Miller responded 25-30%. Dr. Seidman added that NCQA makes health plans select data for either the adult or child CAHPS results for scoring purposes. L.A. Care selected the child’s CAHPS data for this year.</p> <p>Member Roybal suggested adjusting the weight of member satisfaction in the VIIP to leverage improvement. Dr. Seidman noted that one of the top performing groups in member satisfaction shared that they invested in doing a survey for the individual practice level.</p> <ul style="list-style-type: none"> • Appointment Availability Access: <ul style="list-style-type: none"> ○ 2017 study is currently being analyzed and will be reported in 2nd quarter 2018 ○ Did not meet our 2016 performance goals in 2017 ○ Work plan implemented to address deficiencies includes: <ul style="list-style-type: none"> ▪ Webinars conducted with PPGs ▪ Resource materials provided to PPGs including: regulatory requirements; appointment standards; survey methodology; best practice interventions; FAQ and tip sheets ▪ Corrective Action Plans (CAP) received quarterly documenting actions taken to bring network into compliance ▪ Member Quality Services Committee conducting root cause analysis of access related grievances by PPG on a per member per month basis 	

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	<ul style="list-style-type: none"> • After Hours Access: <ul style="list-style-type: none"> ○ We did not meet our performance goals for after-hours access, and formal corrective action plans were requested from the PPGs on how they plan to engage their contracted provider to be compliant <p>Member Roybal asked about The Youth Empowerment Screening Chlamydia Campaign aimed at parents of female 16-17 year olds. He noted that the campaign is a challenge as some parents will feel their child does not need a screening. Dr. Miller noted that the letter was carefully worded. Dr. Seidman noted that the Chlamydia Screening national guidelines recommend to screen sexually active females only, unless in an area of high risk. In his previous role he had implemented a universal approach for screening male and female 15 years of age and above and trained staff to inform the parents the universal screening is for all patients 15 years and above and it has nothing to do with behavior.</p> <ul style="list-style-type: none"> • Disease Management and Clinical Practice Guidelines: <ul style="list-style-type: none"> ○ Asthma and Diabetes program are available to all members, and are NCQA Accredited programs. ○ The Cardiovascular program was available to L.A. Care Covered and Cal MediConnect throughout the year, and to MCLA as of fourth quarter 2017. ○ New and revised clinical practice and preventive care guidelines were presented and approved by the Joint Performance Improvement Collaborative Committee and Physician Quality Committee • Provider Continuing Education: <ul style="list-style-type: none"> ○ In 2017 L.A. Care was accredited as a CME provider for physicians and Registered Nurses. LA Care received approval for accreditation from the American Psychological Association to provide continuing education to Psychologists • L.A. Care provided \$75,000 in grants to the Regional Community Advisory Committees to engage members on preventive and chronic care • Provider Incentive Programs: <ul style="list-style-type: none"> ○ L.A. Care Physician P4P program distributed \$21.1 million for measurement year 2016 ○ L.A. Care PPG Incentive distributed \$15.2 million to 56 groups ○ Plan Partner Incentive Program distributed about \$9 million • Member Incentives: 	

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	<ul style="list-style-type: none"> ○ The Rewards for Healthy Living (LACC) program incentivizes adults to complete wellness activities through My <i>Health In Motion</i>™ ○ Comprehensive Diabetes – (CMC) \$50 gift card for completion of HgbA1C, diabetic eye exam, nephropathy screening; 2016-2017 pay out \$32,350 ○ Cervical Cancer Screening (DHS MCLA members) – \$50 gift card for completion of services related to cervical cancer screening; 3,247 members were awarded in 2017. 7.76% of eligible members awarded ○ Breast Cancer Screening (LACC members) – \$50 gift card for completion of mammogram; 22 members were awarded in 2017. 3.94% of eligible members awarded <p>Member Roybal encouraged getting information to the patients and providing easier access to the tests. He suggested geocoding to determine which patients live close by, utilizing pap vans and reviewing social issues that might be preventing patients from getting these services.</p> <p>Member Perez shared that Health Promoters collaborated in a program to call members to remind them of tests that they have pending and inform them of the incentive for getting the test done. She suggested that incentives should be for both members and physicians.</p> <ul style="list-style-type: none"> ○ Follow-Up for Hospitalization after Mental Illness (CMC members) – emergency preparedness kit for completing follow-up visit on or before 30 days of their initial visit. Five members were awarded in 2017 <ul style="list-style-type: none"> ● Overall, L.A. Care achieved significant improvements in 2017 but there is much to be done ● The 2018 QI Work Plan will document the detailed roadmap for QI efforts throughout the year <ul style="list-style-type: none"> ○ Population Health Management ○ Improved Access through better provider data ○ Improved interoperability for clinical data and gaps in care: LANES ○ Congestive Heart Failure and Chronic Obstructive Pulmonary Disease programs ○ Data Science 	

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	<p>Member Booth shared that it would be interesting to know when dividing by race who responded to what incentive, to know what the providers race and language are. Thanked everyone in the work team as they are thinking about the whole universe. She noted that it is fabulous that L.A. Care is going to be less restricted with palliative care then what the State requires. Dr. Seidman thanked Member Booth for her comments.</p> <p><u>Motion COM-A.0318</u> To approve the following documents:</p> <p><u>2017 Evaluations</u></p> <ul style="list-style-type: none"> • 2017 Quality Improvement Annual Report and Evaluation – All lines of business • 2017 Utilization Management Program Evaluation – All lines of business <p><u>2018 Program Descriptions</u></p> <ul style="list-style-type: none"> • 2018 Quality Improvement Program – All Lines of Business • 2018 Utilization Management Program – All Lines of Business 	<p>Approved unanimously by roll call. 4 AYES</p>
PUBLIC COMMENT	There was no public comment.	
ADJOURNMENT	The meeting was adjourned at 4:00 p.m.	

Respectfully submitted by:

APPROVED BY:

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

Kimberly Uyeda, *erson*
 Date Signed: 16/18

APPROVED