DRAFT

AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, May 21, 2020, 2:00 P.M.
L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

Teleconference Information
Call (844) 907-7272 or (213) 438-5597 / Participant Access Code #73259739

Members of the Board of Governors or staff may also participate in this meeting via teleconference. ***The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to*** boardservices@lacare.org***, or by a text or voicemail to 213 628 6420.***

The text, voicemail, or email should indicate if you wish to be identified or remain anonymous, and should also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 2:00 pm on May 21, 2020 will be provided in writing to the members of the Compliance and Quality Committee at the meeting.
Once the meeting has started, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over.
Public comments will be read for up to 3 minutes at the meeting.
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 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, Chairperson*
1.	Approve today's meeting Agenda	*Chairperson*
2.	Public Comment (*please see instructions above*)	*Chairperson*
3.	Approve March 19, 2020 meeting minutes P.3	*Chairperson*
4.	Chairperson Report	*Chairperson*
5.	Chief Medical Officer Report	Richard Seidman, *MD, MPH, Chief Medical Officer*
6.	Public Health Management 2020 Program Overview P.14	Elaine Sadocchi-Smith *Director, Population Health Management,* Matthew Pirritano, *PhD, MPH, Director, Population Health Informatics, Population Health Management*
7.	Chief Compliance Officer Report P.41	Thomas Mapp

- Log Issues & Risks Report P.44
- Delegation Oversight Department & L.A. Care Monitoring Program Update P.55
- Covid-19 Preparedness Plan Update P.70

Chief Compliance Officer,
Elysse Palomo
Director,
Regulatory Affairs, Compliance,
Sabrina Coleman
Senior Director,
Delegation Oversight
Marie Mercado Grijalva,
Manager,
Regulatory Analysis and Communications

ADJOURN TO CLOSED SESSION (Est. time 10 minutes)

8. PEER REVIEW
   Welfare & Institutions Code Section 14087.38(n)

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on August 20, 2020 at 2:00 p.m.

The order of items appearing on the agenda may change during the meeting. Teleconference arrangements may change prior to the meeting. Those planning to participate by telephone should confirm with L.A. Care Board Services prior to the meeting. Please keep your comments to three minutes or less.

THE PUBLIC MAY ADDRESS THE COMMITTEE ON ALL MATTERS LISTED ON THE AGENDA BY FILLING OUT A "REQUEST TO ADDRESS" FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING IS DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON L.A. CARE MATTERS DURING PUBLIC COMMENT. AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

NOTE: THE COMPLIANCE & QUALITY COMMITTEE MEETS EVERY THIRD THURSDAY EVERY OTHER MONTH AT 2:00 P.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7th Street – 10th Floor, Los Angeles, California 90017.

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 Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

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) 694-1250. 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 19, 2020

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 **
Ilan Shapiro, MD *
Nina Vaccaro **
* Absent ** Teleconference

Management

Richard Seidman, *MD, MPH Chief Medical Officer*
Augustavia J. Haydel, *General Counsel*
Thomas Mapp, *Chief Compliance Officer*
James Kyle, MD, *Medical Director, Quality, Quality Improvement*
Katrina miller Parrish*, MD, FAAFP, Chief Quality and Information Executive*
Maria Casias, RN, BSN, MPH, *Director, Quality Improvement Accreditation*
Yasamin Hafid, *Senior Director, Compliance Risk Management and Operations Oversight*
Lisa Marie Golden, *Director, CSC Appeals & Grievance*

California Governor Newsom issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order No. 33-20, ordering all residents to stay in their homes, except for specific essential functions.
Members of the public can hear and observe this meeting via teleconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, MD, *Committee Chairperson*, called the meeting to order at 2:06 pm. 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, or on any other topic at the Public Comment section.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	**Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Vaccaro)**
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The January 16, 2020 meeting minutes were approved as submitted.	**Approved unanimously. 4 AYES**

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT	There was no chairperson report.	
CHIEF MEDICAL OFFICER REPORT	Richard Seidman, MD, MPH, *Chief Medical Officer,* referred to his written report *(a copy of the report can be requested from Board Services)*:	

Coronavirus Update (COVID-19)
The World Health Organization (WHO) declared the coronavirus outbreak as a Public Health Emergency of International Concern on January 30, followed by the United States declaration of a Public Health Emergency on January 31. As of March 7, there are over 100,000 cases, now representing less than 80% of cases worldwide, with more than 20,000 cases in more than 90 countries outside of China. There have been over 3,000 deaths. While cases in China have been declining since early February, cases throughout the rest of the world are increasing, and are expected to increase further as the outbreak spreads and the availability of testing increases. The WHO now believes it is likely that the outbreak will ultimately be declared a pandemic once widespread community transmission is established on all of the world's non-polar continents.

In California, Governor Gavin Newsom declared a State of Emergency on March 5, 2020, as did the Cities of Los Angeles, Long Beach and Pasadena. Emergency declarations are intended to help California prepare for and contain the spread of the outbreak by allowing state and local agencies to more easily access funds, equipment and services. In Los Angeles County, as of March 6 there were 13 known cases, notably all individuals with known travel to high-risk countries, in their known contacts, and two cases in airport passenger screeners at the Los Angeles International Airport. He stated that currently there are no known cases of community transmission, although that can change at any time as it has in other parts of the United States and in other parts of the world. This would mark a significant change in the status of the outbreak.

L.A. Care has a plan in place and is taking proactive steps to ensure that our employees are protected and business operations continue to operate as efficiently as possible to provide services to the members of L.A. Care as the coronavirus outbreak evolves. At this time in Los Angeles County, the risk to the general public is low and public health authorities have not called for schools or businesses to close. L.A. Care is preparing to enable its employees to work remotely as the need arises.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care took an additional proactive intervention to collaborate with the Los Angeles County Department of Public Health, which sends priority notifications via email through the Los Angeles Health Alert Network (LAHAN), on topics such as local disease outbreaks and emerging health risks. Each notification is clearly marked with an alert level directed to the intended audience. He noted that the first cohort of L.A. Care network providers were welcomed to LAHAN on February 13. A total of 3,165 new emails were added to LAHAN. At least 1,139 (36%) of people opened and interacted with the email and only 23 people opted out (0.7%). A nice thank you for being added email was sent directly to LAHAN.	
	The following is taken from the Center for Disease Control's (CDC) website: *There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus*.	
	Influenza Season The CDC estimates of the total number of cases during the 2019-20 flu season are as high as 50 million cases, with the number of deaths as high as 50,000. In Los Angeles County, emergency room (ER) visits for influenza-like illness has been declining for the last several weeks, but the number of deaths increased over prior weeks. Influenza activity in Los Angeles should continue to decline now over the next several months until it begins to pick up again in the late summer and fall.	
	National Committee for Quality Accreditation (NCQA) Update L.A. Care will host its triennial onsite survey for the NCQA Accreditation this year. Our file submission is due to NCQA in early April, and NCQA representatives will be onsite in June for the file review portion of the survey process. Our Quality Performance Management (QPM) team that manages our Healthcare Efficiency Data Information Set (HEDIS) efforts recently passed the annual HEDIS audit. The auditor was extremely complimentary of L.A. Care's team and processes. The QPM team and others across the organization are managing the selection process for the HEDIS application used to determine and report HEDIS scores.	
	Member Perez asked, is a member is feeling symptoms, is that person advised to call the nurse advice line instead of their primary care doctor? Dr. Seidman responded that if people are feeling the need to seek medical services he suggests that members first call the nurse advice line. Dr. Seidman stated that members can also call their doctor's office.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Perez asked Thomas Mapp, *Chief Compliance Officer*, if employees working from home have the necessary resources to do their jobs? She would like to know if it is challenging for employees to work from home and how they are coping. Mr. Mapp responded that L.A. Care employees are coping well.	
	Dr. Seidman pointed out that L.A. Care has posted information on its website reminding members to call their doctor or the nurse advice line before going in person for services. There are links on the website to COVID-19 related messages and to Teledoc. Members can register to become Teledoc users and to schedule virtual visits. Prescription mail order is also an underutilized service that is available to members. He pointed out that members are becoming used to getting prescriptions by mail, which enhances adherence and compliance, and assures availability of medications which may not be in stock at the pharmacy.	
	Member Vaccaro asked if the Teledoc program has a panel of physicians to serve patients? Dr Seidman responded that it is a virtual doctor visit, and the scope of service is for urgent care services. About 80% of the calls have been by audio only. If a face-to-face visit to a doctor is warranted the Teledoc physician will make that recomendation.	
	Dr. Seidman stated that he has been asked about continuity of care and getting documentation to the member's doctor's office. When people have gone to get services at a hospital the member's doctor may not receive a report via fax. Hospitals only provide members with discharge papers. They do not send it to the patient's doctor. The expectation is that Telehealth quality and speed will improve member experience by providing follow up information to the primary care provider.	
	Member Perez stated that she has been watching the L.A. Care's social media accounts and she wasn't able to find information about the nurse advice line. She suggested to have someone respond "live" to people on the social media accounts. Dr. Seidman responded that he will forward her suggestion to Communications staff. He noted that the nurse advice line phone number is printed on the back of Member ID cards.	
APPROVE QUALITY IMPROVEMENT DOCUMENTS	Maria Casias, RN, BSN, MPH, *Director, Quality Improvement Accreditation,* summarized the 2019 Quality Improvement (QI) Program Evaluation and 2020 QI Program Description and Work Plan *(a copy of the presentations can be requested from Board Services)*: 2019 QI Program Evaluation	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	Results of Major Audits:
	• Regulatory Audits managed/supported 16 audits
	• Centers for Medicare and Medicaid Services (CMS) Services Validation Audit cleared 9 of 16 findings
	• Department of Health Care Services Medical Audit findings increased from 3 to 14
	   - Findings are attributed to a new focus on pharmacy, initial health assessments, and California Children's Services
	   - Corrective Action Plans have been developed and will be monitored prior to the 2020 audit
	• For the first time, L.A. Care received 100% in two data validation audits confirming the accuracy of care management, health risk assessment, grievance, appeal, pharmacy, and utiliztion management data
	• Monitoring framework was developed to monitor internal business units and delegates for the Cal MediConnect (CMC) line of business
	NCQA Accreditation Status
	• Medi-Cal-maintained "Commendable" status
	• CMC and L.A. Care Covered (LACC) maintained "Accredited" status
	
	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Performance:
	Medi-Cal
	• Adult scores remained low in 2019, and NCQA Accreditation points: 4.08
	• Pediatric scores were statistically unchanged from 2019, and NCQA Accreditation points: 7.65
	LACC
	• Enrollee Experience: 1 star, unchanged from 2018
	CMC
	• NCQA Accreditation points: 6.24, improved by 3 points
	New Interventions:
	• Customer Service training for network providers
	
	Clinical
	HEDIS Performance RY 2019
	• DHCS Auto- Assignment: L.A. Care scored higher than Health Net in 3 out of the six auto-assignment measures (Childhood Immunizations, Well Child Visits 3-6 years of age, Prenatal)	

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	- Prenatal care resulted in a three-point increase (one point for improvement and two points for the statistically significant difference over Health Net).
	    - Increase from 54% to 67% + 9% rate adjustment due to DHCS calculation error in 2017. Total allocation 76%.
	• Medicaid: NCQA total Accreditation points: 82.1 (HEDIS: 24.98 & CAHPS: 7.65)
	• Medicare: NCQA total Accreditation points: 75.4 (HEDIS: 25.94 & CAHPS: 6.24)
	• NCQA Health Insurance Plan Ratings
	    - Medi-Cal: L.A. Care is the highest rated Medi-Cal managed care plan in Los Angeles with a rating of 4.0 stars
	    - CMC: maintained a score of 3.0 stars
	    - LACC Marketplace Quality Rating System: maintained a score of 3.0 stars
	
	2020 QI Program Description & Work Plan
	General Revisions
	• Updated Strategic Priorities (Vision 2021), Goals, and Objectives.
	Program Structure Revisions:
	• The Medi-Cal, LACC , and CMC lines of business language now reflects the current membership and changes that were effective January 2020:
	    - Medi-Cal expansion for undocumented immigrants
	    - CMC extended until 2022
	    - LACC qualifying criteria for California Premium Subsidy
	• Included language to describe how the Quality improvement and Population Health Management (PHM) programs are related in terms of operation and oversight. The PHM program uses both the QI workplan to monitor PHM activities and the QI annual evaluation as part of the PHM impact report.
	• QI Program Goals and Objectives were updated.
	
	Program Changes
	Quality of Care
	• HEDIS measures updated; they will be prioritized for interventions and/or monitored in 2020.
	• The Health Equity program was revised to clarify health equity vs. health disparities and to update the program goals.	

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	Quality of Service: • Hospital safety and use of California Hospital Compare data in assessing performance of L.A. Care network hospitals was added. • MinuteClinic information was included. This became effective June 1, 2019 for our direct line of business members. • Included new telehealth service effective January 1, 2020, for L.A. Care's direct line of business members to improve access to care when their primary care doctor is not available. **Motion COM A.0420** **To approve the following documents:** • **2019 Quality Improvement Annual Report and Program Evaluation – All Lines of Business** • **2020 Quality Improvement Program Description and Work Plan – All Lines of Business**	**Approved unanimously. 4 AYES**
CHIEF COMPLIANCE OFFICER REPORT	Mr. Mapp referred to the written report included in the meeting packet (*a copy of the written report can be obtained from Board Services*). COVID-19 Preparedness Plan In response to the Local Public Health Emergency declared on March 4, 2020, the Compliance - Business Continuity team convened a workgroup to activate L.A. Care's emergency response protocols and develop a focused COVID-19 preparedness plan. The workgroup is meeting regularly to track business decisions, regulatory requests/requirements, and staff, member and operational impacts. Governing Regulatory Guidance: • Department of Managed Health Care (DMHC) APL 20-006 • Department of Health Care Service (DHCS) COVID-19 Memo to Managed Care Plans • CMS Health Plan Management System Memo: Reminder of Pharmacy and Provider Access during a Federal Disaster or Other Public Health Emergency Declaration Access to Facilitites In alignment with guidelines set forth by the CDC, sick employees have been urged to stay home. Managers were instructed to send employees home who come to work ill. Family and Community Resource Centers have been advised to ask visibly ill	

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	visitors to go home. Additional cleaning procedures have been put in place for Headquarters and Garland facilities. L.A. Care has not cancelled any meetings or events onsite and is asking employees who are representing the organization at upcoming internal or community meetings/events to use their best judgement. Communication Strategy Regular updates are provided to management, staff, members and providers through L.A. Care's internal and external facing websites, in alignment with the CDC and the WHO recommendations. A Frequently Asked Question (FAQ) document was provided to staff and providers to provide guidance in responding to member's questions. The Facilities and Communications Departments have also provided guidance and resource materials to the Family Resource Centers FRCs on how to operate during this time. Serving Members Call Center is tracking COVID-19 related calls and issues; volume remains under ten per day. Per standard CMS protocol, prior authorization requirements for prescriptions, medically necessary services and transportation have been waived for members impacted by COVID-19. Special Investigations Unit is on alert to monitor potential fraud, waste and abuse. Members are encouraged to pursue telehealth service options. FAQ guides were distributed to Call Center representatives, nurses on the Nurse Advice Line and Pharmacy Department staff, for consistent communication to members. Providers L.A. Care requested and received business continuity plans from our Plan Partners and vendors focused on COVID-19 preparedness. Additional communications for medical groups, Direct Network providers and facilities are completing internal review, and will be distributed on March 10. Sales and Marketing Department suspended all large scale CMC and LACC sales events until further notice. Next Steps • Request sent to Appeals and Grievances Department to develop a process to track appeals and grievances related to COVID-19. • Deploy L.A. Care's requirement for staff returning from any Level 3 travel advisory country, to remain outside of any L.A. Care facility for 14 days.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• A memo will be released to all staff on March 10 regarding potential school closures. • Human Resources, IT and Legal staff are discussing a larger scale remote work strategy that can be deployed quickly, if needed. • Health Services is discussing a strategy/communication for community health workers and home visits. • Critical business units are finalizing business continuity plans that address potential COVID-19 impact to operations. Yasamin Hafid, *Senior Director, Compliance Risk Management and Operations Oversight*, stated tht L.A. Care is tracking and logging member calls related to COVID-19. Ms. Hafid presented information in the Compliance Issues Log. (*A copy of the meeting materials can be obtained from Board Services*). Chairperson Booth asked about delegated entities? Mr. Mapp responded that Compliance staff is responsible for delegation oversight and will report on activities to the committee. Member Vaccaro asked about the anticipated duration L.A. Care staff will be working remotely? Terry Brown, *Chief Human Resources Officer*, responded that L.A. Care is following the advice of public health officals. Los Angeles Unified School District is out for two weeks, and it is anticipated that will extend beyond Spring vacation. He thinks it might be that long for L.A. Care employees. Dr. Seidman agreed with Mr. Brown's comments and Governor Newsom's comments earlier this week. Things are changing dramatically, and it is useful take things in small increments. He noted that the CDC has noted that it is not expected that schools will be back this school year. Mr. Mapp added that L.A. Care is very capable and well set up to serve its members for a long period of time.	
APPEALS & GRIEVANCE UPDATE	Mr. Mapp introduced Lisa Marie Golden, *Director, Customer Solution Center Appeals and Grievances, CSC Appeals & Grievance*. Ms. Golden presented information in regards L.A. Care Appeals & Grievance (*A copy of the presentation can be obtained from Board Services*). Medi-Cal Grievances Quantitative Analysis	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Grievances related to attitude and service delivered by network providers and health plan staff are the top categories during this measurement period. The percentage rate for this category increased by 6% based on the previous measurement period. - 29% of grievances in these categories are related to transportation services • Grievances related to access issues increased by 3% based on the percentage rate reported for the previous measurement period • Grievances related to billing and financial issues decreased by 7% based on the percentage rate reported for the previous measurement period Qualitative Analysis The data supports the top two reasons for dissatisfaction in these categories are related to the following: • Dissatisfaction with their transportation services • Dissatisfaction with their primary care physician and/or office staff Medi-Cal Appeals Quantitative Analysis • Rate of appeals per 1,000 members decreased for appeals related to billing and financial issues when compared to the previous measurement period • Access issues represent the highest percentage rate for appeals. The rate per thousand did not experience a significant increase. • 34% of all appeals are related to pharmacy. Qualitative Analysis - The top category for appeals filed are related to access issues. Upon review, 48% of the overturns are related to pharmacy services. This can be attributed to prescribers which failed to respond to a request for additional information within the allotted timeframe. As a result the request is denied due to lack of sufficient evidence to support approval of the initial request. Upon receipt of the denial notice the prescriber submits supporting documentation and an appeal will often result in an overturn. Mr. Mapp asked if there are any grievances related to COVID-19? Ms. Golden responded that none have been submitted that are directly related to COVID-19.	

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	Chairperson Booth asked about the chart on page 180 of the meeting packet. She would like to see the number value changed to over 1,000. She noted that following through on grivances is important and it is a way to improve services.	
	Member Perez asked about the many grivances related to billing. Ms. Golden responded that members mistakenly use the state-issued card or an expired membership card, which causes the provider to directly bill the member for services. Member Perez suggested that L.A. Care find a way to make it less confusing for members. Chairperson Booth suggested that L.A. Care ask consumer advisory committee members for suggestions. Member Perez asked Ms. Golden if she can attend advisory committee meetings. Ms. Golden stated that she attended ECAC twice last year to inform members and take suggestions, and she will continue to attend as needed.	
COMMITTEE ISSUES		
REVIEW COMMITTEE CHARTER	This agenda item has been postponed for a future meeting.	
ADJOURNMENT	The meeting was adjourned at 3:45 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: _____

Population Health Management Program Description

Compliance and Quality Committee

May 21, 2020

Population Health Management Core Team

- Elaine Sadocchi-Smith, FNP, MPH, CHES
  Director, Population Health Management
- Matt Pirritano Director, PhD, MPH,
  Director, Population Health Informatics
- Johanna Kichaven, MPH, CHES,
  Program Manager
- Anna Hamedani, RN, BSN, PHN,
  Program Manager
- Maria Casias, RN, PHN, MPH,
  Director, Quality Improvement and Accreditation
- Annette Garcia,
  Manager, Accreditation
- Katrina Miller Parrish, MD, FAAFP
  Chief Quality and Information Executive

Population Health Management Cross-Functional Initiative

- Cross-Functional Team Departments:
  - Accreditation
  - Behavioral Health
  - Care Management
  - Clinical Assurance
  - Commercial Products
  - Customer Solutions Center
  - Data Science Innovation
  - Enterprise Data Management
  - Health Information Technology
  - Information Technology
  - Medicare Stars
  - Pharmacy
  - Population Health Management
  - Quality Improvement
  - Quality Performance Informatics
  - Safety Net Programs and Partnerships
  - Utilization Management
- Collaborative Meetings with all Departments involved in PHM efforts

Population Health Management Overview

- L.A. Care's Population Health Management (PHM) strategy addresses:
  - NCQA's PHM standards

  - Provides services to members through patient-centered model of care engaging members regardless of where the member lies on the continuum of health.

  - Provides a continuum of coordinated, comprehensive care using evidence-based practice guidelines to improve members' quality of life and meet members' diverse care needs by improving quality of care and sustainably lowering cost.

For All of L.A.

Population Health Management — Community & Health System

At Risk Population — Integrated Health System – Social Work, Behavioral Health, Whole Person Care

Chronic Condition — Chronic Condition Management

Acute Illness Complex Case Management — Complex Care, Transition of Care, Speciality Care

Care Coordination
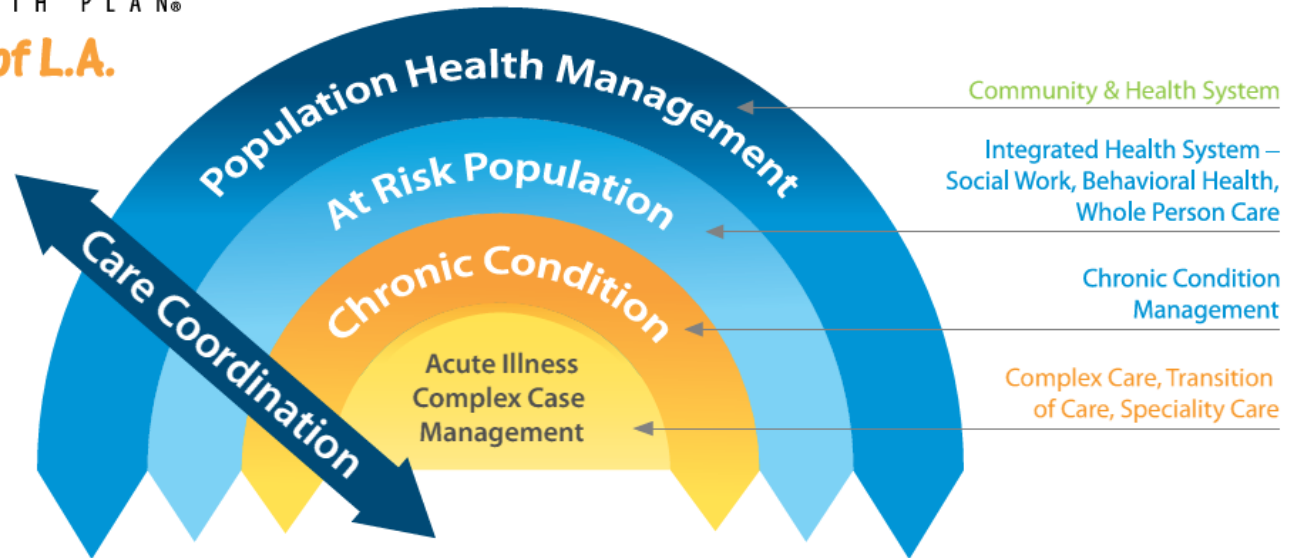
Health and Wellness and Primary Prevention
- Health Risk Screening
- Risk Reduction
- Preventive Care

Chronic Condition Care Management
- Risk for Disease Progression
- Risk for Disease Complication
- High Risk

Complex Care and End of Life Care/ Palliative Care
- High Risk CM
- Complex Case Management
- Palliative Care
- End of Life and Specialty Care

Improved Outcomes

Health ◦ Experience ◦ Cost

Source: http:/www.hscrc.maryland.gov/documents/md_maphs/wg_meet/-mtg-8/27-03-2014-A-Deutschendorf-HSCRC-Presentation.pdg

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Population Health Management Program Description

- The PHM Program Description is L.A. Care's strategy to conduct coordinated, collaborative Population Health programs through:
  - Keeping Members Healthy
  - Early Detection/Emerging Risk
  - Care Management
  - Social Determinants of Health
  - Care Transitions (Outcomes Across Settings)
  - Patient Safety

Population Health Management Components

- The main components addressed in the PHM Program Description include:

  - Population Identification
  - Stratifying and risk-based segmentation
  - Member enrollment health appraisal and engagement
  - Intervention and monitoring
  - Evaluating program outcomes

Population Health Management Components

- The PHM Program Description addresses these through the following areas along the continuum of care with interactive interventions:

  - Keeping Members Healthy
  - Early Detection/Emerging Risk
  - Care Management
  - Care Transitions
  - Patient Safety

2020 Population Health Management Program Description Updates

- Updated 2020 Interventions and new 2020 Programs. For example:
  - Ambulatory Care Pharmacy Initiative
  - Pandemic Resources
- Incorporated Asthma and Diabetes Programs into Care Management
  - Retired Asthma and Diabetes DM programs in April 2020
- Updated 2020 Goals

PHM Data Flow
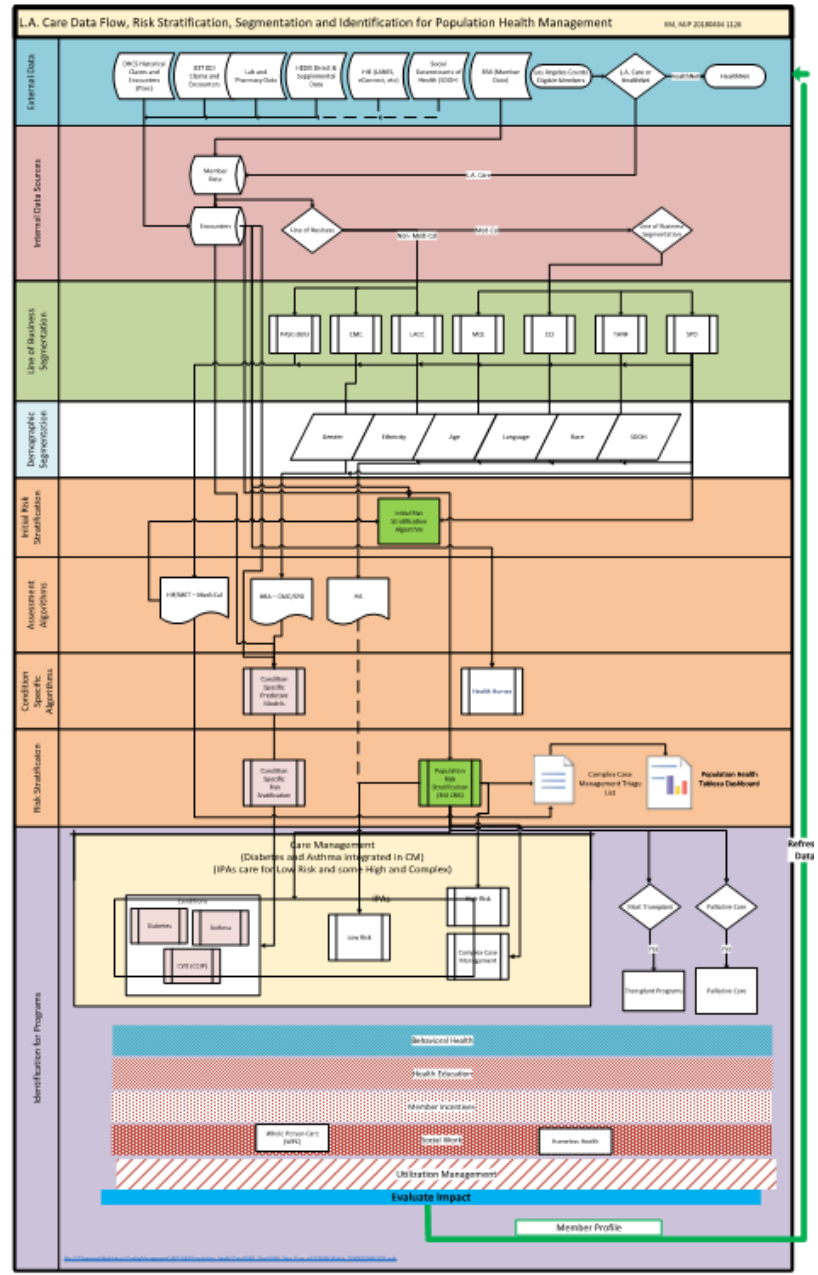
Population Health Management Population Assessment

- Many of the differences between demographic groups confirm prior findings

- Many of the top diagnoses confirm prior findings and are already supported by existing programs

- Some key differences between demographic groups are being investigated to identify or develop initiatives or programs to address

Population Health Management
Membership by Primary Language
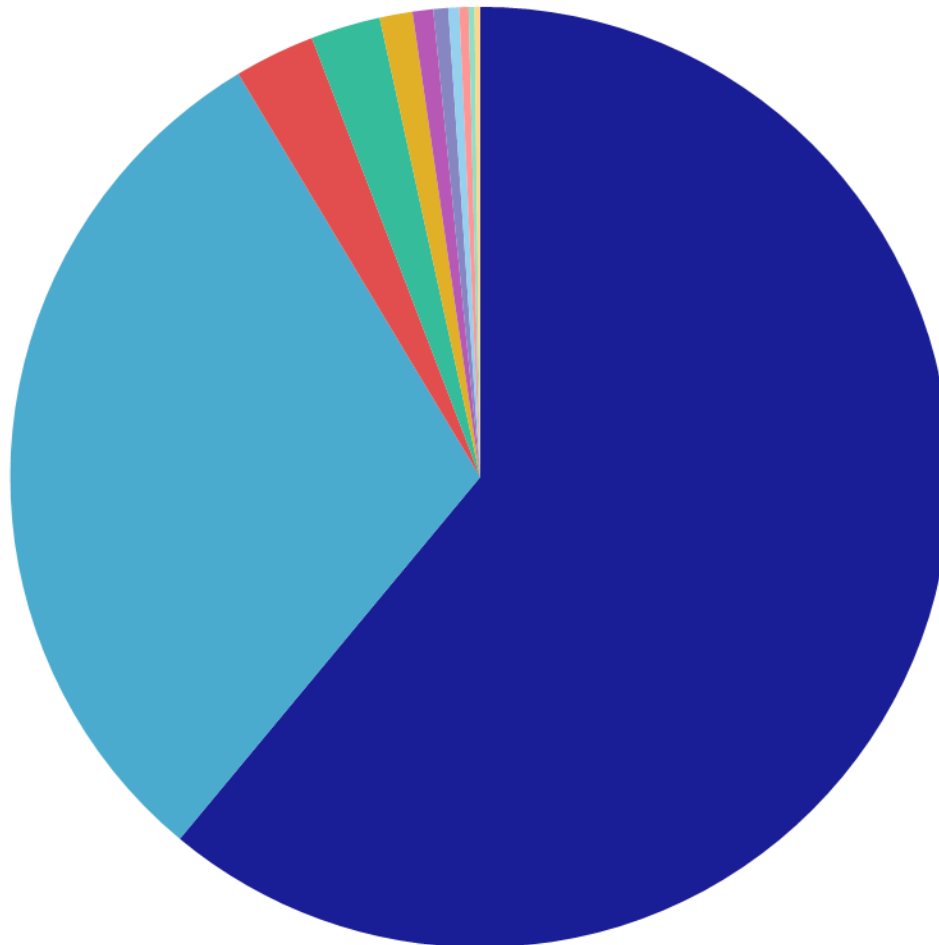
English - 60%

Spanish - 30%

Armenian - 3%

Cantonese, Mandarin, other Chinese - 2%

Korean - 1%

Vietnamese - < 1%

Population Health Management Clinical Quality by SDOH Factors
Monitor for Disparity to Address

CMC HEDIS by Race

Legend:
- American Indian and Alaska Native
- Asian
- Black or African American
- Unknown race
- White

Categories (Medicare_CMC):
- AMM-Effective Acute Phase Treatment
- AMM-Effective Continuation Phase Treatment
- BCS-Breast Cancer Screening
- CDC-BP control (<140/90 mm Hg)
- CDC-Eye exam (retinal) performed
- CDC-HbA1c (HbA1c) Testing
- CDC-HbA1c Poor Control (>9.0%)
- CDC-Medical attention for nephropathy
- PBH-Persistence of BB Treatment After a Heart Attack

Population Health Management
Area Deprivation Index (AD) by University of Wisconsin

- The ADI takes into account things such as income, employment, and housing quality in order to derive a score that represents the SDOH burden of geographic areas

- Score from 1-10 with higher numbers indicating a higher degree of SDOH.
- For L.A. Care's Medi-Cal line of business it appears that individuals in the SPD segment face consistently higher SDOH across all age groups.
- CCI and TANF are a mix, both being higher than the median.
- Overall their ranges are quite similar.

Area Deprivation Index by RCAC
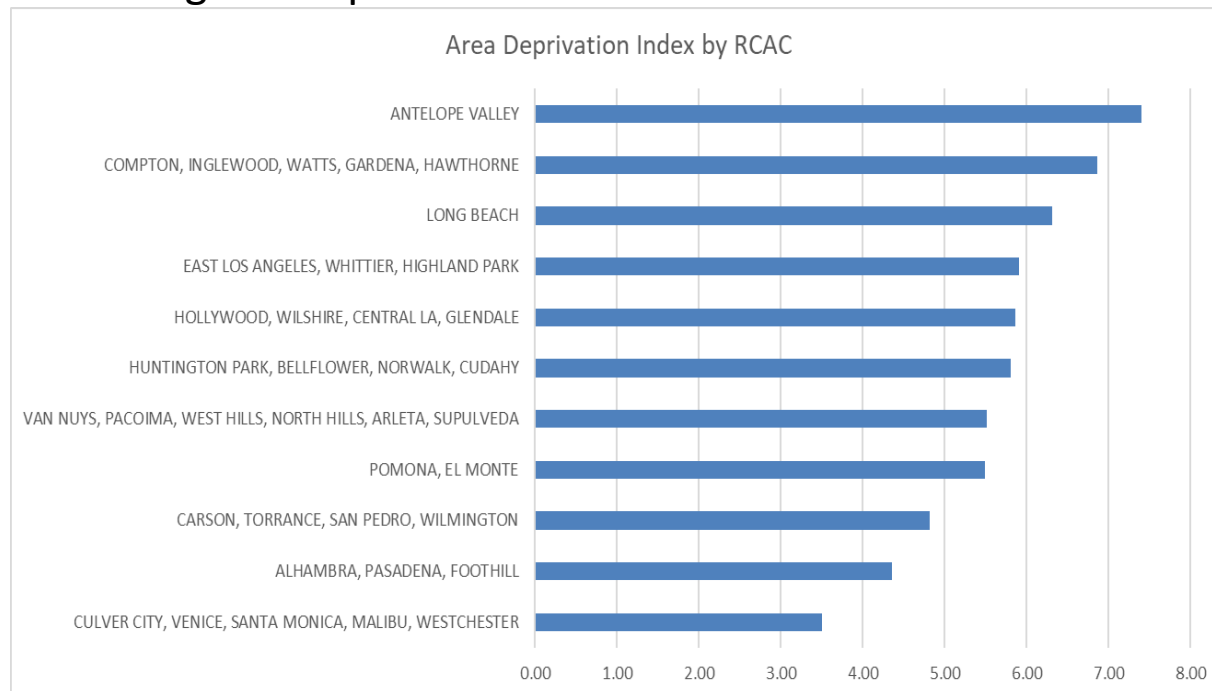
Population Health Management Risk Stratification

- 2015 – 2019: 3M CRG

- 2019 - Optum Symmetry/ Impact Pro:

- Identification for Complex Case Management:

Current Risk Level	Low (<2)	Moderate (2 - <7)	High (>= 7)
High (>=7)	426	2414	20245
Moderate (2 - <7)	16242	147706	2621
Low (<2)	1758880	17163	214

Prior Risk Level

Prior Run Date: 10/31/2019 | Current Run Date: 11/30/2019

Population Health Management
Behavioral Factors Analysis

- Identify those appropriate for In-Home Care

- Identify those appropriate for intensive telephonic and Interdisciplinary Care team management

- Identify those appropriate for chronic care management

- Identify those in need of prevention management – especially at risk by SDOH

At Risk Health Behaviors for Complex TANF Members
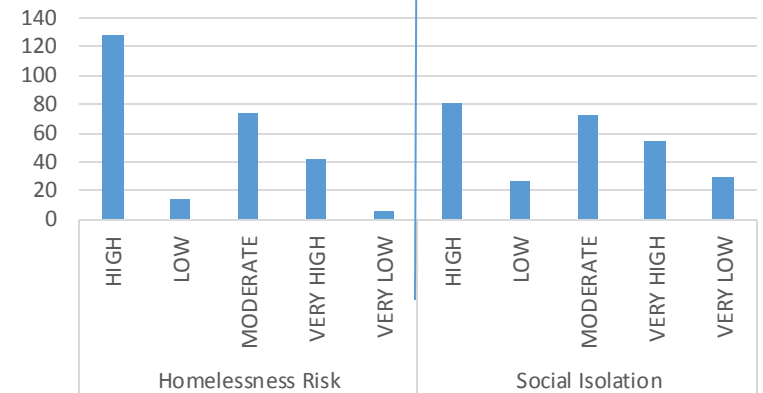
Positive Health Behaviors for Complex TANF Members
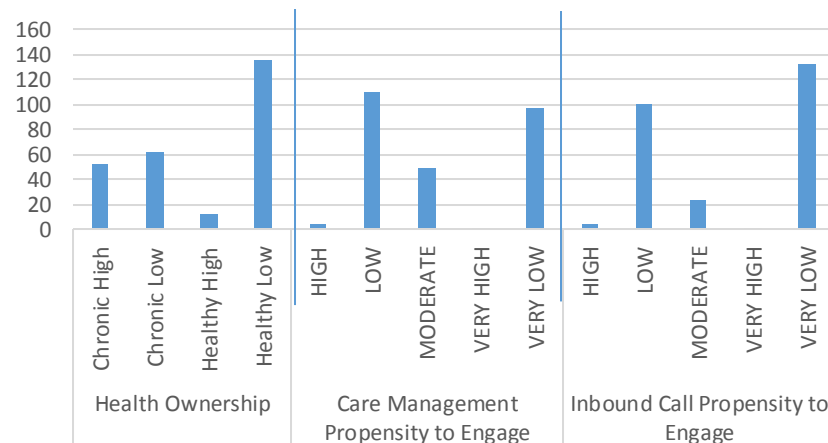
Population Health Management
Population Based Efforts
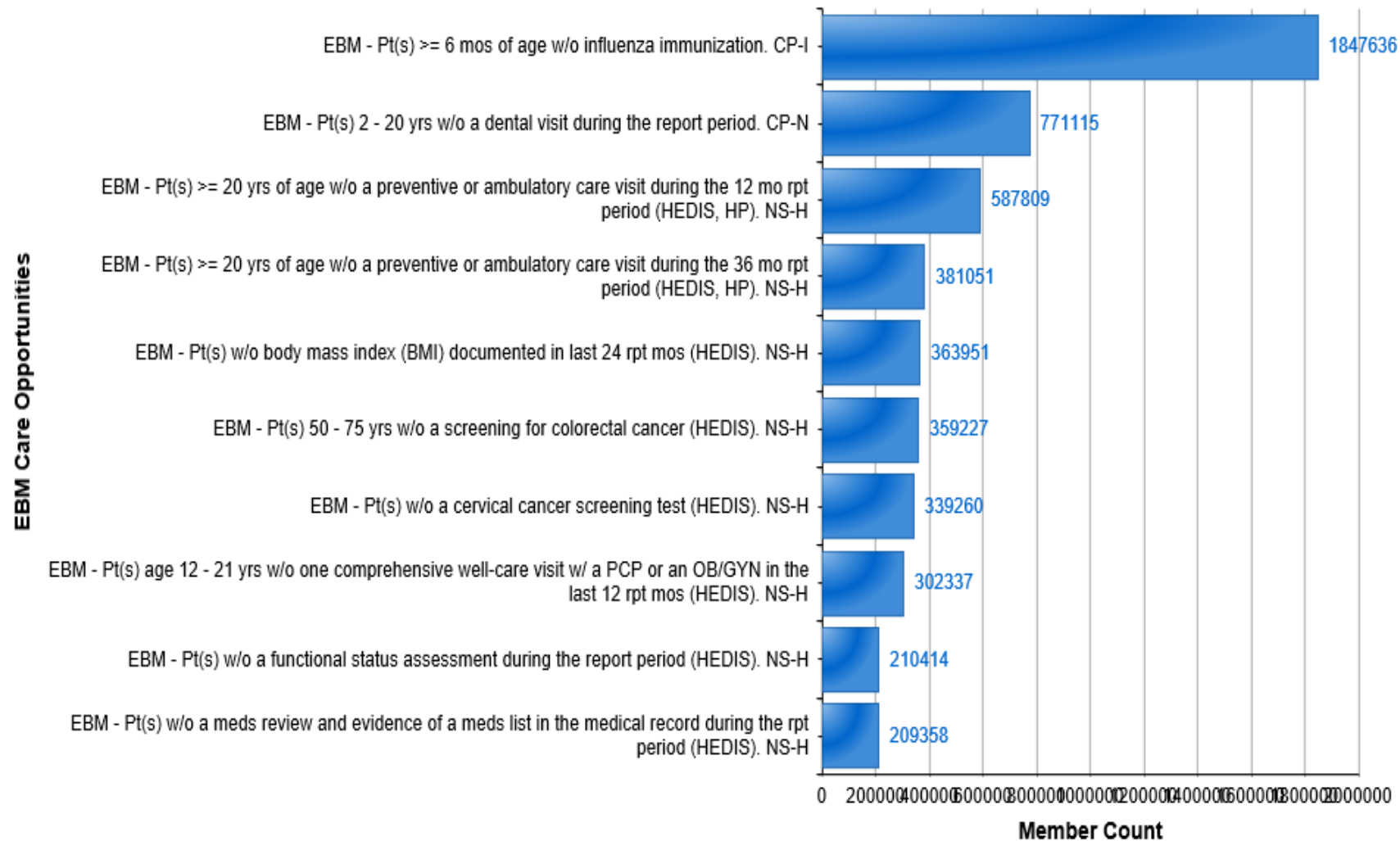
Population Health Impact Evaluation 2019 Overview

- **Summary:** L.A. Care continued to develop a coordinated Population Health Management Program (PHMP) addressing members' needs across the continuum of care and coordinating across departments and services throughout the organization.

  - The PHMP focused on linking the 2018 population assessment findings to existing programs and identifying gaps to enhance programs or services.

  - The PHMP focused on collaboration of programs and initiatives to meet the PHM Index, meeting nine out of twelve in 2019.

Population Health Management Population Assessment Key Findings

- Data mostly confirms existing L.A. Care programs:
  - Diabetes (Performance Improvement Program (PIP))
  - Prenatal and Postpartum
  - Asthma (Performance Improvement Program (PIP))
  - Hypertension
  - Cardiovascular disease
  - Chronic Obstructive Pulmonary Disease (COPD)
- Member segments data also in line with expectations
  - Segment
  - Language
  - Ethnicity
  - Race

Population Health Management Population Assessment Areas of Focus

- **Disparity Performance Improvement Plan (PIP)**- Teams established

- **Transitions of Care-** Working to improve processes. PHM Cross Functional Team will be facilitating process improvement plan

Population Health Management Population Assessment Areas of Focus

- No changes in demographic percentages (i.e., ethnicity, language, race)

- As last year, fractures remained in the top ten diagnoses for members over 75 years of age

- High proportion of diseases of the urinary system across lines of business for outpatient, ER, and inpatient utilization

Population Health Index Scoring Enterprise Goals 2020

- Goal Methodology:
  - HEDIS 2020 goals are the next percentile from the 2019 benchmarks
  - Other goals set are improvements from 2018 rates

- Goal Scoring:
  - Met: Goal met for at least one LOB for each metric (total=15)
  - Minimum 10/15 – rewards 80% of incentive amounts
  - Mid 11/15 – rewards 100% of incentive amounts
  - Max >= 12/15 – rewards 110% of incentive amounts

- PHM Section of Enterprise Goal Dashboard includes preliminary and final results

Population Health Index
⭐ 10 out of 15 goals have been met ⭐

L.A. Care HEALTH PLAN.

L.A. Care Health Services
2019-2020 PHM Index Enterprise Goal

Category	Sub Category	Source	LOB	Goal	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Care Management	Pct of elig mbrs ages 6-12 who had presc for ADHD for a min 210 days and min 2 F/U visits in the 9 mths.	HEDIS	MCLA	≥ 30%				48.41%	48.05%	48.05%	48.05%
	Pct of gaps addressed based on HRA resp with MLTSS needs & sucessful post HRA outreach results in SPD and CMC.	MLTSS	CMC	≥ 70%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			MCLA	≥ 70%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Pct of mbrs w/ a care plan completed w/in 90 days of enrollment (excl unable to contact, refusals).	CORE Measure 3.2	CMC	≥ 57%	49.00%	49.00%	49.00%				
Chronic Condition Management	Diabetes: Pct of mbrs w/ Hgb A1c < 8%	HEDIS	CMC	≥ 64%				54.12%	53.61%	53.61%	61.34%
			LACC	≥ 63%				50.63%	53.92%	58.32%	59.75%
			MCLA	≥ 51%				41.54%	39.85%	49.82%	50.37%
	Pct of mbrs w/ asthma who have a ratio ≥ 0.50 of controller meds to total asthma meds	HEDIS	LACC	≥ 79%						72.39%	72.63%
			MCLA	≥ 58%					52.99%	52.77%	53.28%
	Pct of mbrs /w diabetes /w Statin Therapy Adherence at 80%.	HEDIS	CMC	≥ 74%				71.40%	74.36%	74.44%	74.32%
Keeping Members Healthy	Pct of mbrs who rec'd Flu vaccine w/in a year	CAHPS	CMC	≥ 47%					19.96%	42.14%	47.42%
			LACC	≥ 24%					8.66%	22.98%	26.32%
			MCLA	≥ 31%					15.74%	28.98%	31.49%
	Pct of mbrs up to age 2 who rec'd Combo 10 (MCLA) and Combo 3 (LACC) vaccines	HEDIS	LACC	≥ 85%				33.33%	34.52%	61.90%	78.57%
			MCLA	≥ 33%				27.01%	27.59%	32.76%	33.91%
	Pct of mbrs age 12-21 who had min 1 well-care visit w/a PCP or OB/GYN.	HEDIS	MCLA	≥ 45%				41.78%	45.89%	49.32%	51.37%
	Pct of mbrs receiving postpartum care.	HEDIS	LACC	≥ 76%				52.59%	54.41%	66.91%	72.76%
			MCLA	≥ 69%				58.85%	60.77%	63.64%	68.90%

NON HEDIS: All Non-HEDIS data are represented by GREEN and RED colors. Rates are either PASS or FAIL based on target Enterprise Goal.
HEDIS: All HEDIS data are represented by GREEN, YELLOW, and RED colors. 95% Confidence Interval was applied to calculate lower and upper limits that identify whether monthly rates could statistically achieve target Enterprise Goal threshold.

🟩 GREEN: Data met and exceeded projected target rate and Enterprise Goal rate.
🟨 YELLOW: Data meets projected target rate. Calculation is above the lowest confidence interval and statistically can achieve the final Enterprise Goal rate.
🟥 RED: Data did not meet projected target rate. Calculation is below the lowest confidence interval and statistically will not meet the Enterprise Goal rate.

http://providence/#/views/ExecutiveLevelMetrics-Scorecard/HS-PHMIndex

Population Health Index continued

Patient Safety	Readmission Rate (O/E)	HEDIS	CMC	O/E < 1.0							0.99	0.99
			LACC	O/E < 1.0							0.40	0.41
			MCLA	O/E < 1.0							0.80	0.82
	UM to achieve 90% compliance w/ denial letters for all LOBs for ≥ 9 months.	Excel Reports	CMC	≥ 9 Months								
			LACC	≥ 9 Months								
			MCLA	≥ 9 Months								
	UM to achieve 95% compliance turn around time w/ OP svcs reqsts for all LOBs for ≥ 9 months.	CCA	CMC	≥ 9 Months								
			LACC	≥ 9 Months								
			MCLA	≥ 9 Months								
Satisfaction	Adult Mbr Sat- CAHPS (HP or MAPD) or QHP-EES	CAHPS	CMC	≥ 6.54 Pts	6.24	6.24	6.24	6.24	6.24	6.24	6.24	
			LACC	≥ 3 Stars	3.00	3.00	3.00	3.00	3.00	3.00	3.00	
			MCAL	≥ 4.38 Pts	4.09	4.09	4.09	4.09	4.09	4.09	4.09	
	Child Mbr Sat - CAHPS	CAHPS	MCAL	≥ 7.95 Pts	7.65	7.65	7.65	7.65	7.65	7.65	7.65	

*UM will be changing their Index goals

NCQA Audit Update

- All PHM Materials were submitted to NCQA (2019 PHM Program Description used). 2020 PHM Program Description is for next Audit cycle.

- NCQA Consultant review was positive and shown to meet all of the required PHM standards

Population Health Management Looking Forward

- Connect PHM across the organization,
  - Align with Care Catalyst
    - Care Catalyst is an enterprisewide initiative to streamline and operationalize system of record to support L.A. Care's entire population across the care matrix (e.g. UM, CM, HECLS, BH, Transportation)
  - Transition of Care Program

- Determine areas to focus on in line with all line of business goals

- Better coordinate initiative implementation to eliminate duplication of effort

- Publicize main areas of focus on and how they connect with lines of business and Health Services' department initiatives

Questions/Discussion

TO:	Compliance & Quality Committee of the Board of Governors
FROM:	Thomas Mapp, Chief Compliance Officer
SUBJECT:	Compliance Officer Report
DATE:	May 12, 2020

Compliance Overview

1. COVID-19 Update
    a. Roadway to Return Initiative. No immediate changes after May 15 (end of current Stay at Home Order). Additional communications planned as decisions are made by Leadership, with advanced notice to employees. Coordination with landlords to ensure safe environment for employees (ingress/egress in building, masks, cleaning and other new procedure).
    b. COVID-19 Testing Guide under development – Who pays? Frequency? Prior Authorization?
    c. Transportation to Testing Sites. Effective, May 11, Call the Car began supporting trips to recommended walk-up COVID-19 testing centers. No wait time fees are necessary, as trips will be drop-offs and pick-ups to/from walk-in testing centers.
    d. Update on health disparities initiatives.
    e. Review of Call Center analytics and grievance trends
    f. Lessons Learned/Preparation for Future Events; pandemic plan improvements

2. Issues Log. Summary of key issues under Compliance oversight (see Exhibit 1)

Delegation Oversight Update

1. Overall review of the DO programmatic structure. Why it was formed and how it will improve the way oversight is conducted. Introduction of the Delegation Oversight Committee.
2. An overview of the progress and accomplishments of the Account and Communications Management Program.
3. An overview of the changes to the audit program, specifically 1) Risk based audit methodology, 2.) sub-delegated entity oversight, 3.) Suspended in person oversight audits, and 4.) virtual oversight program in the midst of COVID under development.
4. Four Phase Monitoring approach in collaboration with Compliance

Regulatory Audits Update

1. DMHC Follow-up Audit:
    a. Follow-up audit of the 2018 On-Site Routine Survey to validate the correction of findings in the following audit areas:
        i. Grievance and Appeals
        ii. Utilization Management
        iii. Continuity of Care

          iv.   Access to Emergency Services
          v.   Prescription Drug Coverage
    b. Pre-Audit documents and sample case files were submitted to DMHC. Virtual on-site audit to occur on June 9, 2020.

2. **CMS Revalidation Audit:** 7 out of 23 findings from the 2018 CMS Validation Audit remain uncorrected, which will be tested at a Revalidation Audit.
    c. 7 findings remain uncorrected:
        i. Expedited service authorization request timeliness
        ii. Standard grievance timeliness
        iii. Expedited appeal timeliness
        iv. Development of a care plan
        v. Ensuring care plans address issues identified in a health risk assessment
        vi. Care team documentation
    d. The Auditors are finalizing the audit work plan; targeting a potential clean period October to December 2020.
    e. CMS Revalidation Audit is expected to occur in January 2021.

3. **Audit Readiness**
    A. DHCS suspended the 2020 annual audits. However, Regulatory Affairs will conduct internal DHCS audit assessment in the month of June 2020.
    B. Conducted a CMS Revalidation Audit Pre-Assessment focused on expedited service authorization request timeliness, standard grievance timeliness, and appropriate initiation of a grievance.
        i. Results were communicated to the internal business units and delegates on 04/28/2020.
        ii. Based on the deficiencies identified during audit, CAP monitoring process have been implemented and assistance have been provided to the delegates and internal business units for correcting the deficiencies.
    C. Conducting a DMHC Pre-audit assessment, which will include additional documentation requests and mock audit interviews with the business unit's owners to prepare for the audit in June 2020 and moreover to identify any risk.

Fraud, Waste and Abuse (SIU)

1. Savings and Recoveries – FY 2020
    Recoveries: $1.9M
    Savings: $5.8M
    Total: $7.7M

2. Law Enforcement
    ▪ 40 Active Criminal Investigations with various agencies
    ▪ 2 Undercover Operations
    ▪ 5 Arrests Pending
    ▪ 8 Providers pending prosecution
    ▪ 3 Convictions

Privacy

1. L.A. Care reported 2 incidents and 2 events in March involving misdirected information and unauthorized disclosures to business associates. One incident, involving misdirected mail to a member, is still under investigation as we have been unable to confirm that any mail was actually sent to the member by L.A. Care.
2. L.A. Care's business associates reported 6 incidents during March involving misdirected mail, unauthorized disclosures, or unauthorized access. This is a notable decrease in reports from business associates for this quarter.

2020 PRIVACY EVENTS, INCIDENTS AND BREACHES

L.A. CARE					
INCIDENT TYPE	JAN	FEB	MAR	TOTALS	%TOTALS
Unauthorized Disclosure	-	-	1	1	7.69%
Unauthorized Use/Access	-	-	1	1	7.69%
Mis-Sent	5	2	2	9	69.23%
TOTALS	7	2	4	13	100.00%

BUSINESS ASSOCIATES					
INCIDENT TYPE	JAN	FEB	MAR	TOTALS	%TOTALS
Unauthorized Disclosure	5	1	3	9	30.00%
Unauthorized Use/Access	1	3	2	6	20.00%
Mis-Sent	5	9	1	15	50.00%
TOTALS	11	13	6	30	100.00%

Risk Management and Operations Support

Enterprise Risk Management ("ERM") and Business Continuity ("BC")
1. Daily COVID-19 calls and activity monitoring
2. Review of critical area business impact analysis and resumption plans
3. Working with non-critical areas to develop business analysis and resumptions plans
4. Collecting and reviewing vendor Business Continuity / Disaster recovery plans to ensure alignment with internal processes

COVID-19 Regulatory Guidance and Flexibilities
1. As of May 8, 2020, received 224 COVID-19 communications and guidance from regulatory agencies and trade associations. Guidance has been provided on COVID-19 screening/testing/treatment, provider enrollment, telehealth, provision of care in alternative settings, pharmacy, and health plan management and oversight. Regulators have also released waivers and new rules to support and expand the provision of health care.
2. As of May 8, 2020, received 42 flexibility inquiries: 13 internal and 29 delegate. Most of the requests for internal inquiries are extensions/cancellations/modifications of audits or reporting requirements in light of COVID-19, while most delegate inquiries are related to claims or prior authorization.

Top Issues

AltaMed Claims Non-Compliance

- On April 17, 2020, AltaMed sent L.A. Care a written notification of non-compliance regarding claims processing. ImageNet, the vendor that processes AltaMed's paper claims, was impacted by COVID-19, as they were not immediately capable of working remote. ImageNet now has the ability to work remote, but there is a backlog of paper claims, due to the downtime.
- AltaMed received a corrective action plan from ImageNet, and conducts weekly calls.
- L.A. Care is monitoring the issue thorough weekly updates provided by AltaMed. Additional information has been requested to determine the impact to L.A. Care.

Enrollee Overpayment of Out-of-Pocket Maximums

- L.A. Care has received multiple enforcement matters from the Department of Managed Health Care (DMHC), regarding enrollee overpayment of out-of-pocket maximums, causing non-compliance of the Health and Safety Code and L.A. Care's Evidence of Coverage.
- The individual cases that have been sent to L.A. Care by DMHC have been remediated, and enrollees have been reimbursed.
- A workgroup has been convened to determine the root cause and conduct a full impact analysis.

Remittance Advice Billing Issue

- A system flaw was discovered that would cause a dollar amount to populate into the Member Responsibility field on RA statements for non-contracted providers.
- An action plan was developed and approved by regulators, and an impact analysis is being conducted.
- The vendor is set to release a system fix in May 2020.

Top Issues

Provider Terminations

- On May 11, 2020, L.A. Care received a notice of non-compliance from the Department of Health Care Services (DHCS), regarding untimely notification to DHCS of provider terminations.
- The notice documented four alleged incidents, between January 2020 and March 2020.
- L.A. Care is disputing two of the four alleged incidents.

Annual Notice of Change (ANOC)

- On March 5, 2020, L.A. Care submitted to the Centers for Medicare and Medicaid Services (CMS) a self-disclosure, informing that there were inaccuracies in L.A. Care's ANOC. In error, L.A. Care filed a "yes" for prior authorization and referral requirement, for Medicare Opioid Treatment Program (OTP) services. However, L.A. Care provides OTP services without a requirement for prior authorization and referral, in order to reduce any delay or barrier to accessing care.
- The Member Handbook was also mailed to all of the members, with the correct OTP prior authorization requirements.
- The Cal MediConnect Product team is continuously monitoring utilization, member calls, as well as appeals and grievances related to the OTP program.

Compliance & Quality Committee of the Board
Table of Risks
5/12/2020

Risk Name	Risk Domain	Description of Risk	Status	Risk Owner(s)	Description of Mitigation/Remediation
Care Management	Reputational Regulatory Financial	Low Individualized Care Plan (ICP) completions and high unable to contact (UTC) numbers caused by possession of incorrect member contact information, difficulty reaching our member population, and members declining to complete the ICP.	High	Care Management	**3/24/20:** LAC is on a PIP by CMS around Care Plan completion and reported to Compliance monthly. Also report to the CMT. -Progress is being tracked by Compliance Regulatory Audits Team
Member Data	Operational Reputational Regulatory Financial	Lack of process to ensure that member data files are complete and accurate. Inaccurate member data results in inconsistencies in enrollment/disenrollment processes such as inappropriate coverage cancellations for LACC members, errors in member assignments to PCPs, enrollment/disenrollment process issues, and timely mailings of member notifications.	High	Enrollment Services	Compliance is coordinating discussions with Customer Solutions Center-Enrollment Services, to determine the root cause(s) of this risk, and outline remediation efforts. This risk is broken down into 2 separate matters: 1) Missing termination dates on eligibility files going to our PBM (Navitus). 2) Files being received from the State with incorrect or missing data. **3/24/20:** Regarding the missing termination dates on the PBM eligibility file, there is an ongoing workgroup with IT, Navitus and Pharmacy, to resolve gaps and termed member issues. Navitus provides "Term By Absence (TBA)" file to Pharmacy for validation. Regarding the State files missing or having incorrect member data. This is

			(High)		an issue that has been occurring for years. The State has been made aware of the issues, but there is no process in place to go back to the state when individual reports come in incorrect or incomplete. Additional meetings need to occur with IT and Enrollment Services, to discuss possible remediation.
Provider Data	Operational Reputational Regulatory Financial	Lack of accurate provider data impacts regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access, enrollment and disenrollment processes, timely mailings of provider notifications.	High	Provider Network Management	Implementation of the Third Party Management (TPM) program, allowing L.A. Care's provider data to be processed and housed in a centralized location. TPM will be phased in, eventually taking the place of existing systems, MPD, PNOR and CACTUS. TPM is expected to go live in January 2020, starting with PPG data, but all of the existing systems/processes will still be running concurrently, until TPM is proven to work. The implementation phases will span throughout 2020, testing processes and system connections (i.e., connection and data transfers to and from QNXT).
Call Center- Recorded Credit Card Payments for LACC/LACC-D	Reputational Regulatory Financial	Lack of process for ensuring the member credit card information is not accessed or inappropriately utilized after receipt of premium payments, for Covered California lines of business. Call Center representatives' calls are recorded, including member credit card information.	Medium	Call Center	Information Security and Privacy are assessing the issue and options for remediation, including potentially transferring calls to a designated, unrecorded line for the collection of credit card information or finding a way to systematically trigger the recording to stop when the credit card information is collected by the representatives. **4/28/20:** Changes have been made to the call routing and some of the processes augmented to increase security. Members are now routed directly to the WEX IVR system for making payments when they select the payment option on our menu. The IVR

Care Management	Reputational Regulatory Financial	Components of Care Management (including the Disease Management and chronic health services) have been put on hold, causing for regulatory and clinical risks.	Medium	Care Management	system was enhanced by revising the required information, which was showing a high rate of declined payments. This change has yielded an increase in successful payments. A CSC agent will only receive a payment call if the members' attempts to make a payment are not successful in the IVR. We removed our vendor from any access to taking and/ or processing payment calls, isolating these call types to internal staff. Our NICE technology solution is being worked on for the PCI compliance component. IT is working on a timeline for this implementation. We've deployed a clean desk policy and have collected pictures of staff members' work environment to ensure it complies with PCI standards. This information has been shared with our partners in Compliance, Privacy and Security.
					3/24/20: •Diabetes and Asthma DM programs will be transferred to the Health Education team effective 4/1 to conduct mail outreach to members. This decision was vetted through Quality, Product and Compliance. •CVD DM will remain under CM but mailers will be managed by the HE team. We are in the process of retraining the team to be able to take in CVD DM cases. •The CM team has worked on catching up on DM mailers that were put on hold in August of last year. We are currently working on Feb 2020 mailers •The CM program by definition performs disease management activities for all member comorbidities as disease management occurs at all care management levels.

					•The CM team is still not fully staffed, we continue recruiting efforts with HR and TA. We had a Hiring Blitz on 2/22/20.
Delegation Oversight	Operational Reputational Regulatory Financial	Lack of consistent and effective strategy for audit, monitoring and oversight of delegated entities, resulting in delegated entities being out of compliance with their delegated functions, not immediately remediating identified deficiencies, and impacting L.A. Care's members, operations and compliance with regulatory requirements.	Medium	Delegation Oversight Clinical Assurance Provider Network Management	**4/17/20:** Delegation Oversight has surveyed L.A. Care's delegated network to self-report the sub-delegates they have contracted with. We have also updated out audit methodology to audit the self-reported sub-delegates. .
HIPAA- Live PHI Data Used for Testing	Operational Reputational Regulatory Financial Technical	L.A. Care uses live ePHI data for testing purposes. Lack of security controls in the testing environment do not meet HIPAA requirements for minimal use or access tracking. System logs can be overwritten, so security and access are difficult or impossible to audit and monitor.	Medium	Information Technology Information Security	IT is currently evaluating their use of ePHI data for testing, to see if test (fake) data can be utilized, moving forward. The data masking initiative will also help to remediate this issue. **4/8/20:** Test data strategy and de-identification proof of concept engagement completed 3/31/20 •De-identification strategy drafted, currently being vetted for final approach – focus is on top 5 strategic projects •Plan to have approach and implementation plan by mid-May •Projects will need to fund this effort as part of the test estimates, and net new resources to write de-identification algorithms, etc. are required to implement.
HIPAA- Vendor & PPG Offshoring of L.A. Care PHI/PII	Operational Reputational Regulatory Financial	L.A. Care lacks a process for formal oversight and monitoring of third party entities that offshore PHI/PII.	Medium	Information Technology Information Security	A Privacy & Security Questionnaire was created, to help L.A. Care gather information from vendors and determine if they are/are planning to offshore L.A. Care PHI/PII. Vendor contract language has been updated to reflect L.A. Care's current

					4/28/20: A Questionnaire was operationalized and Business Associate Agreements (BAAs) have language of "No PHI" outside the U.S., without L.A. Care approval. Also, Information Security has an offshore policy on this matter. PNM provided the list of impacted PPGs and offshore information to Information Security. We are looking into having a third party vendor handle third party risk management, possibly by end of year. We have not started auditing PPGs yet, but will include interview questions related to third party risk.
Medi-Cal Provider Enrollment	Operational Reputational Regulatory Financial	L.A. Care and its Plan Partners' non-compliance with Department of Health Care Services (DHCS) All Plan Letter (APL) 19-004 (previously APL 17-019). In January 2018, L.A. Care was required to begin a process for terminating providers that were not enrolled in the Medi-Cal Program. To date, L.A. Care has not begun terminating such providers, exposing the organization to regulatory audit findings and, potentially, other disciplinary action by DHCS.	Medium	Provider Network Management Plan Partner Operations	Non- compliance with APL 19-004 (17-019) was based on a business decision made in 2017, to protect L.A. Care members from the impact of implementing the APL. Quarterly internal meetings have been held through 2018 and 2019, with Compliance, L.A. Care's Chief Medical Officer, Executive Director of Medi-Cal Product Administration, Provider Network Management, Pharmacy and Plan Partner Operations, to assess progress toward compliance. The meetings have been made more frequent, now being held monthly. A plan has been put in place to begin enforcing the APL around the end of Q1 2020.
Member Assignments	Operational Reputational Regulatory	Members are inappropriately assigned to providers that do not cover their age range (i.e., providers that are listed as only serving adults are being assigned children. (Identified in 2/12/20 QOC Meeting)	Medium	Provider Network Management Safety Net Initiatives	4/8/20: Meeting was held with QI, PNM, Enrollment Services and Compliance, to determine the root cause and discuss a plan of action. There is a workgroup on place, to discuss issues, as they arise. Additional ongoing monitoring is required for the data being submitted by the PPGs.

					Next Steps: - Tiffany Wen, QPM will share the list of providers identified during our outreach in 2019 - Thomas Mendez, QPM will share the list of providers with member details once available to Angie and her team - List should include reason for the member assignment issue if wrongfully enrolled due to age restriction or due to age out - Amabelle Holgado and Maria Lugo, PNM/PDU will work with the PPGs to submit the correct provider data especially for the providers identified by QPM during their outreach
Prior Authorizations	Reputational Regulatory Financial	L.A. Care is not currently meeting Utilization Management prior authorization timeliness.	Medium	Utilization Management Information Technology	Compliance is in discussions with the Utilization Management Department, to identify the root cause of the prior authorization backlog, and steps for remediation.
Provider Terminations	Operational Reputational Regulatory Financial	Provider terminations are not being communicated appropriately or timely by delegates, causing L.A. Care to be out of compliance with meeting regulatory requirements for timeliness of provider termination communications to regulators and members.	Medium	Provider Network Management Enrollment Services	Discussions have occurred between Compliance and Provider Network Management. A corrective action plan was submitted to DHCS, related to 1 specific incident, but will be applied to the whole provider termination process. Remediation includes re-education of the delegates, through Joint Operations Meetings or trainings, and becoming more stringent with disciplinary action toward delegates that do not comply.
System Access	Operational Reputational Regulatory Financial	Lack of consistent process for oversight and monitoring of access to internal and external systems (i.e., internal staff transfers to units where current access	Medium	Information Technology Information Security	Initiatives are being led by Information Technology and Information Security, to identify and implement solutions for these gaps. One possible solution will

		is not required; external entities being granted unrestricted access to internal systems, allowing them the ability to access information that is outside of their purview; internal staff access to external systems, allowing them the ability to access L.A. Care member information when they transfer to other departments or are no longer employees of L.A. Care).			be working with Human Resources to potentially utilize employee profiles to issue and remove access to systems. **4/8/20:** Monthly self- audits and quarterly training for all IT staff involved with providing access while we work on the Identity access management project.
Vendor Contracting	Operational Regulatory Financial	Lack of consistent vendor contracting processes through the Procurement Department and the Provider Network Management Department, resulting in breaks in processes and missed review steps (i.e., ensuring use of appropriate Business Associate Agreements; pre-delegation assessments; privacy and security checks (including offshoring oversight); alignment of business continuity and disaster recovery protocols; etc.)	Medium	Procurement Provider Network Management	Compliance is in discussion with the Procurement Department and the Provider Network Management Department, to ensure alignment in processes between both areas, and to ensure that the final, aligned process includes all necessary review and approval steps. Procurement is currently a little further along, as they already have processes in place through SciQuest. Provider Network Management was working through the ACCIO project, to better align with the existing SciQuest process. However, ACCIO has been put on hold. Through 2020, Compliance will track updates to the SciQuest process and progress with the ACCIO project, to ensure alignment in processes.
Vendor Oversight	Operational Reputational Regulatory Financial	Lack of consistent process to oversight and monitor performance of vendors contracted through the Procurement Department and the Provider Network Management Department, resulting in no assurance that vendors are adhering to the requirements of the contracts, and/or identifying and remediating issues in a timely manner.	Medium	Procurement	The Procurement Department, in collaboration with other stakeholders, is leading an effort to identify top tier vendors (determined by criticality to the organization, with highest potential for impact to member services or operations) and develop a framework for oversight and monitoring, to be followed by the impacted business units.
Vendor Business Continuity/	Operational Reputational Regulatory	L.A. Care does not conduct a detailed, onsite evaluation of vendor/delegate disaster DR recovery timeframe and	Medium	Compliance Information Technology	Compliance and Information Technology are reviewing vendor contracts, and ensuring that the

Disaster Recovery	Financial	business continuity BC protocol. The lack of alignment between L.A. Care's BC/DR program requirements and recovery timeframes in vendor and provider processes impacts business resumption recovery of systems and applications for L.A. Care.			outlined requirement align with internal processes. Compliance and Information Technology have begun meeting with impacted business units and vendors, to access the gaps between L.A. Care's processes and the vendors' business continuity and disaster recovery protocols. Meetings will continue throughout 2020, in preparation for the 2020 Disaster Recovery Test.
Information Security- Lack of a Test and Development Network	Operational Reputational Regulatory Financial	L.A. Care has implemented a network with multiple layers of security to include firewalls, IPS, SIEM, etc. Network VLANs are implemented to segment networks and systems; however, a separate test and development segment is not currently in place, causing for the potential of disruption to protected information.	Low	Information Technology Information Security	IT and Information Security are in the process of implementing a network security zone dedicated to systems builds, application testing, etc., with estimated project completion in December 2019. **4/8/20:** This is still considered as a low risk. Still in progress and is at about 80% of completion.
Misclassification of Grievances	Operational Reputational Regulatory Financial	Misclassification of coverage determination/redetermination requests as grievances and/or customer service inquiries.	Low	Appeals and Grievances CSC Call Center	Customer Solution Center- Call Center desk level procedures have been revised to emphasize correctly identifying inquiries, appeals, grievances, coverage determinations/redeterminations, or any combination thereof. The existing monitoring programs have been revised to include new elements targeting misclassification and documentation of member needs, and daily targeted call log audits (random sampling). This risk will be monitored by Compliance, to ensure the corrective actions that have been put in place remediate the issue. **3/4/20:** Part of re-validation audit which is being monitored by Compliance Regulatory Audits. Status is currently on track.

Sales and Marketing: Agent/ Broker Oversight	Operational Regulatory Financial	Compensation rates, submission, and training and testing of agents and brokers may not be done in compliance with CMS rules, resulting in member impact and sanctions.	**Closed**	Sales and Marketing	**4/10/20** There is a monitoring process in place. On a monthly basis, the assigned staff conducts a monitoring validation to confirm all contracted agents that are appointed to sell the CMC product line has an active license and have been certified for the current contract year.
Claims Processing/ Tracking: PPG Authorizations	Operational Reputational Regulatory Financial	Authorizations may not be populating in CCA and QNXT, resulting in claims payment errors or inappropriate claim denials. This is specific to the ELDA process, which PPGs use to submit to L.A. Care. In 2017, PPGs were not submitting using the ELDA file. Once they began submitting, there were issues with coding or language and were not successfully loading into CCA and QNXT.	**Closed**	Electronic Data Interchange	**3/25/20:** The code fixes that were implemented throughout 2019 have resolved several ELDA issues. There are continuous updates/fixes as issues are presented and codes are changed. This process is monitored daily based on the error report. If there are issues identified, the Solutions Delivery team is notified, ticket opened. Resolution is tested and deployed. From an EDI perspective, this is monitored daily. We monitor the daily ELDA error report, and if there is any issue Solution Delivery/IT is notified, and if it is an internal issue, it is resolved. If it is a PPG coding issue, the PPG is notified, and they are responsible to correct the issue, and resubmit. This is not an immediate issue

Risk Scoring		
The risk scoring is based on the current Residual Score of the risk. The **Residual Score**= **Inherent Score** (Likeliness X Impact of the risk) X **Controls** (Remediation Efforts).		
* Controls must be completed to count toward the score.		
	High	**Risk currently has a Residual Score between 15 and 25. Mitigation Plan Required- Compliance review.**
	Medium	**Risk currently has a Residual Score between 5 and 15. Mitigation Plan In Progress- Compliance monitoring in place.**
	Low	**Risk currently has a Residual Score between 1 and 4. Mitigation Plan Complete- Risk will be closed, pending information received in next quarterly check-in meeting.**

* Returned Mail was previously listed as a risk, but has since been removed, as it has been determined to be a result of 2 risks that are already listed (provider data and member data).

Delegate Oversight Departmental Updates

Delegation *Oversight*
Checking the Pulse of Delegate Performance

✓ Plan Partners

✓ Participating Provider Groups (PPGs)

✓ Specialty Health Plans

DELEGATE PERFORMANCE CLIPBOARD INCLUDES:

1. Clinical Assurance/Utilization Mgmt — 10/10
2. Compliance Program Effectiveness — 10/10
3. Credentialing — 10/10
4. Cultural & Linguistic Services — 10/10
5. Financial Compliance — 10/10
6. Health Education — 10/10
7. Member Rights & Services — 10/10
8. Privacy & Information Security — 10/10
9. Provider Network Management — 10/10
10. Pharmacy — 10/10
11. Quality Improvement — 10/10

☑ **HEALTHY!**

Welcome to the future of delegation oversight! L.A. Care's new centralized Delegation Oversight Department will serve as the central hub of all delegate performance data, the new department will function as The *Pulse* of Delegate Performance and is expected to:

1. Streamline communications
2. Centralize and standardize audit functions
3. House the central repository of delegate performance results for regulatory reporting and performance scorecard!

Centralized Delegation Oversight Model

The future state of Delegation Oversight is a centralized department with three specialized verticals: Audit, Monitoring, and Account Management.

Delegation Oversight
Establishing Clear Visibility Into the Entire Delegate Landscape

Delegation Oversight Audit	Oversight & Performance Monitoring	Account Management & Communications
Centralized SME Auditors	Centralized Analysts, with dotted lines to SME Monitors	Centralized Account Managers
Standardized Processes	Aggregation of delegate data, tracking, and trending	Streamline communications: Single Point of Contact
Direct lines of accountability	Support regulatory audits	Facilitate audits

Delegation Oversight Committee

- Evaluates delegate performance through continuous oversight of reporting data
- Review and approve new delegation agreements

Sanctions Committee

- Evaluates referred issues and determines whether to implement sanctions

Delegation Oversight Committee Purpose & Objectives

1. To review and evaluate delegate performance scorecard results, identify risks, trends, and areas of performance improvement, recommend corrective actions for low performing delegates.

2. To review pre-delegation assessment results and make recommendations on whether new delegates will be accepted in the network based on the risks identified during the assessment.

3. To inform the network strategy by identifying out low performing delegated entities, and engaging the providers directly in the network to support high quality, cost efficient, member-centric care.

Performance Scorecard

- 3 Month performance trends
- Audit and Monitoring Results
- Outliers
- Risk Level Assignments
- Performance Improvement Opportunities

New Delegated Contracts

- Pre-Delegation Assessment
- Network Needs vs. Risks
- Approvals/Denials

Delegated Network Changes

- Sanction Recommendations
- Removal from Network
- Direct Network Strategy

Account & Communications Management

Delegation Oversight
Establishing Clear Visibility Into the Entire Delegate Landscape

Delegation Oversight Audit	Performance Monitoring	Account Management & Communications
Centralized SME Auditors	Centralized Analysts, with dotted lines to SME Monitors	Centralized Account Managers
Standardized Processes	Aggregation of delegate data, tracking, and trending	Streamline communications: **Source of Truth**
Direct lines of accountability	Support regulatory audits	Repository of Communications

ACM Trajectory

Looking Back
July 2019-May 2020 (January 2020 go-live)

- Operationalized performance based account management program by:
- Developing an organization wide Delegate Communications Plan, Intake Form, Polices and Processes, and TAT and creating and executing LMS training on the plan.

- Implemented and Tested Communications Plan by partnering with Clinical Assurance, Risk Management, SIU, Marketing and Fulfillment, and Quality Improvement

- Recruited, trained, and an fully staffed 6 ACMs to manage the performance of 46 delegated entities (Plan Partners, PPGs, Specialty Health Plans, and Vendors).

Looking Forward
(June 2020-December 2020)

- Absorb remaining performance related communications from rest of organization.

- Execute Monitoring/ ACM Workflows: Monthly proactive reminders and communication with delegates to retrieve all performance data/ reports, reactive follow up on late/deficient submission; technical assistance.

- Newsletter communicating regulatory updates and policy changes, SIU requirements, Privacy reporting obligations, DMHC/DHCS priorities, Health Plan priorities, performance scores, and upcoming deliverables.

Account & Communications Management
Timeline and Highlights

July
2O19

Centralized Delegation Oversight announced

October
2019

Job Descriptions Drafted, Reviewed, and Approved. Reorganization completed. 4 of 6 positions filled.

December
2019

Organization-wide LMS training created and ready for distribution

February
2020

Business Unit Account & Communications Management training commences

May-June
2020

Performance Communications absorbed by Delegation Oversight from Business Units; bi-monthly newsletter initiated

ACM Program Description/ Communications Plan/ Policies Developed

August - September
2019

Delegate Engagement session introduced account management idea to the delegates to obtain feedback

November
2019

Soft go-live absorbing audit and compliance communications. Annual delegate meeting introduced ACMs to all delegates.

January 2020 Go Live

All ACM positions filled. Coordination with CRM and Plan Partner Team.

Account Management at LAC flyer distributed

March
2020

Audit Program

Delegation Oversight
Establishing Clear Visibility Into the Entire Delegate Landscape

Delegation Oversight Audit	Performance Monitoring	Account Management & Communications
Centralized SME Auditors	Centralized Analysts, with dotted lines to SME Monitors	Centralized Account Managers
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Delegation Oversight Audit Updates

Annual Audit of Plan Partners, PPGs, Specialty Health Plans, and Vendors

2019 Audits	• Closed 27 audits • 15 audits are open for CAP monitoring
2020 Audits	• 3 audits are in progress • Audit Moratorium effective 3/24/2020
Updates to 2020 Audit Methodology	• Risk Based Audits • Tracer Reviews and Line Staff Interviews • Sub delegated Entity Survey and Oversight program
Centralization Progress	• Absorbed 9 UM, C&L, and CR auditors from internal departments • Synchronized audit schedules within the organization • Standardized Audit Tools
Audit Benchmarks	• Assigning weighs to audit standards for all PPG audit areas for scoring and risk assessment.
Virtual Audit Program	• Piloted first virtual audit. • Developing a virtual audit program to continue oversight in response to COVID

Delegation Oversight Audit: Pre-Delegation Assessments

Before a new delegate can contract to perform healthcare and administrative services on behalf of L.A. Care, Delegation Oversight conducts a pre-assessment to ensure they are able to meet contractual, regulatory, and operational requirements.

Delegate	Status of Assessment
American Specialty Health Plan	Completed and approved for contractual updates
Call the Car	Completed and approved for contracting
Elite Care Health Organization, MSO	Completed an approved for contracting with enhanced monitoring
Health Homes Organizations	Completed
PIH Health Physicians, MSO	Completed and approved for contracting
Planned Parenthood	Completed and approved for contracting with enhanced monitoring
Solera	Completed and approved for contracting
Teladoc Health, Inc.	Completed and approved for contracting with monitoring
OptumHealth	In Progress
CareMore	In Progress
Cedars Sinai	In Progress

Performance Monitoring

Delegation Oversight
Establishing Clear Visibility Into the Entire Delegate Landscape

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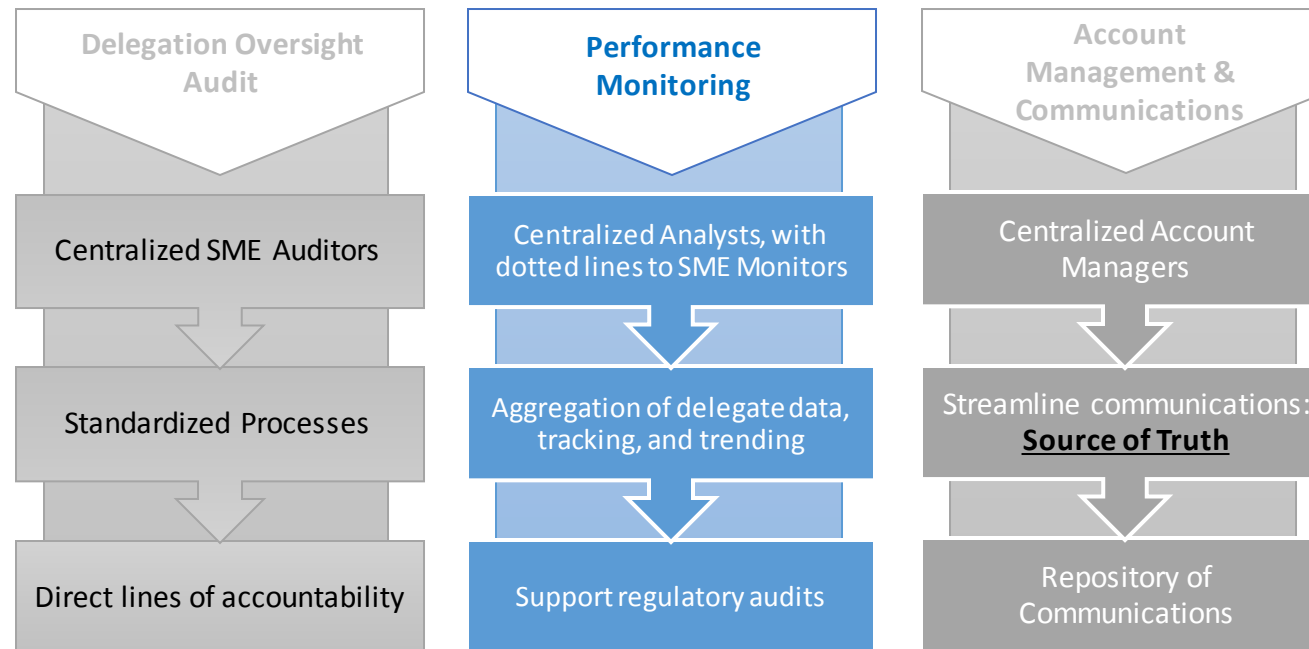
L.A. Care's Monitoring Program

Delegation Oversight & Compliance, Regulatory Affairs Joint Programmatic Structure

Delegation Oversight

Monitoring

Compliance, Regulatory Affairs

- Delegate Annual Audits
- Delegate Account & Communication Management

Delegation Oversight monitors the performance of 46 entities delegated to perform healthcare and administrative services on behalf of L.A. Care and in line with contractual, regulatory, and operational policies.

Compliance, Regulatory Affairs determines regulatory priorities and monitors internal performance of all business units to ensure compliance with contractual, regulatory, and operational policies.

- CMS, DHCS, DMHS Regulatory Audits,
- CMS/DHCS Account Management

L.A. Care's Monitoring Program

Four Phase Implementation

Phase 1

Inventory current monitoring activities

Create full universe of measures and requirements matrix

Design centralized monitoring framework

Formalize end-to-end monitoring process

Design scorecards and dashboard

Phase 2

Roll out a Pilot Program to test end-to-end process with a subset of measures

Phase 3

Centralize communications with DO ACMs

Centralize data submissions

Phase 4

Implement the complete monitoring program

Automation of data assessments, ingestion, scoring, and dashboard

Monitoring Program

L.A Care Monitoring Program Outputs:
Tableau Dashboard – Sample LOB Overview

Audit   Monitoring Monthly Report   **March 2020**

**Overall Score Card Distribution**

Score Card
- Compliant
- Non-Compliant
- Warning

44% | 42% | 15%
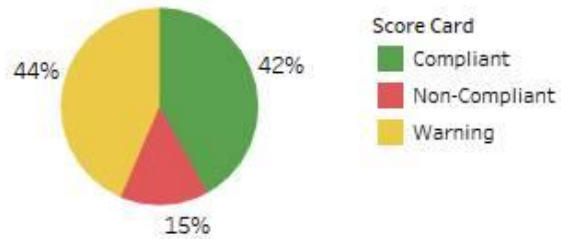
Count of Delegates by Measure and Score Card

Measure Name	LOB	Compliant	Non-Compliant	Warning
Clinical Decision Making of Expedited SARs	CMC	7	7	6
Core 3.2 ICP Completion within 90 Days	CMC	13	1	7
Core 3.2 Unable to Reach Rate	CMC	6	1	14
Total		26	9	27

Average Non-Compliant Points by Delegate/LA Care
Points Range: 0 to 2 (0 - compliant, 2 - Non-compliant)

Delegate	Value
Delegate 1	1.3
Delegate 2	
Delegate 3	1.0
Delegate 4	1.0
Delegate 5	1.0
Delegate 6	0.7
Delegate 7	
Delegate 8	0.7
Delegate 9	
Delegate 10	0.7
Delegate 11	
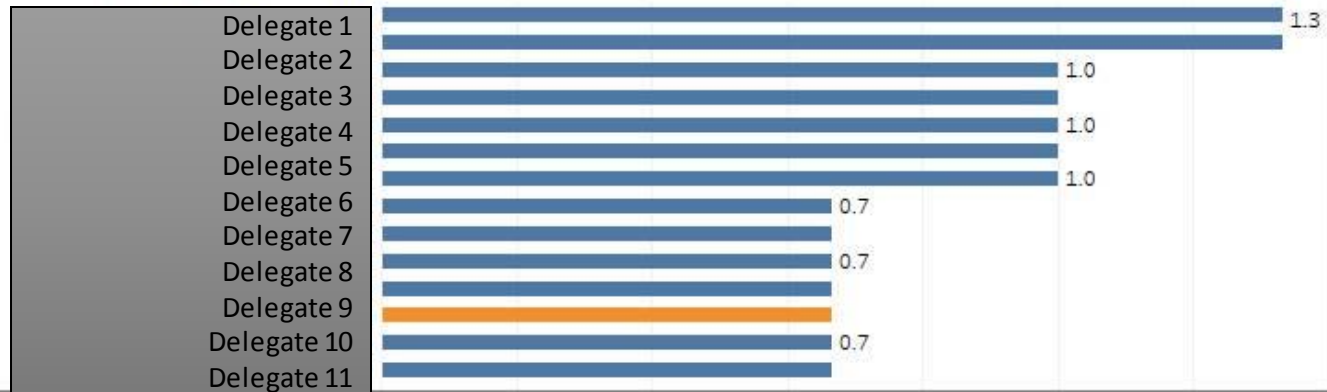
Delegate/LA Care
- Delegate
- LA Care

Reporting Month
March 2020

LOB
CMC

Audit Measure
(All)

Report Frequency
(All)

L.A. Care Monitoring Program Outputs
Tableau Dashboard – Sample PPG Scorecard

L.A. Care Compliance Department
Audit Monitoring Summary

March 2020 — Business BVMG

Delegate: Anonymous

Quarterly Non-Compliant Points

	2019 Q2	2019 Q3	2019 Q4	2020 Q1
CMC	0.4	0.1	0.7	0.7
LACC	1.0	0.0	1.0	0.0
Medi-Cal	1.0	0.0	1.0	0.0

Quarterly Performance History

Function Area	Measure #	Measure Name	LOB	2019 Q2	2019 Q3	2019 Q4	2020 Q1
CA		Core 3.2 ICP Completion within 90 Days	CMC	65%	93%	59%	83%
		Core 3.2 Unable to Reach Rate	CMC	7%	11%	31%	28%
UM	2.1.1	Clinical Decision Making of Expedited SARs	CMC	80%	100%	60%	60%
			LACC	60%	100%	60%	80%
			Medi-Cal	60%	80%	60%	100%

Monthly Performance History

Function Area	Measure #	Measure Name	LOB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CA		Core 3.2 ICP Completion within 90 Days	CMC	50%	92%	55%	86%	93%	100%	86%	0%	90%	71%	89%	89%
		Core 3.2 Unable to Reach Rate	CMC	0%	0%	20%	0%	33%	0%	50%	33%	8%	17%	43%	25%
UM	2.1.1	Clinical Decision Making of Expedited SARs	CMC			80%			100%			60%			60%
			LACC			60%			100%			60%			80%
			Medi-Cal			60%			80%			60%			100%

Score Card
- Compliant
- Non-Compliant
- Warning

COVID-19 Regulatory Guidance and Flexibilities

Regulatory Guidance

- L.A. Care has received COVID-19 guidance from our regulatory agencies and trade associations: **224** (as of 05/08/2020)
    - DMHC: **15** (14 actionable)
    - DHCS: **71** (47 actionable)
    - CMS: **77** (32 actionable)
    - Other: **61** (16 actionable/requests)
- Compliance is partnering with the Regulatory/Legislative Intra-team on monitoring implementation efforts for COVID-19 requirements.

Regulatory Flexibilities

- Compliance continues to monitor all regulatory flexibilities. To date, the Regulatory Flexibilities Strike Team has received 42 inquiries:
    - **13** internal inquiries
    - **29** delegate inquiries.
- CMS has released additional blanket regulatory waivers and a second Interim Final Rule, this one with Comment Period (IFC), which provides new rules to support and expand COVID-19 diagnostic testing for Medicare and Medicaid, increases hospital capacity (e.g., beds, outpatient services, off-site care), augments the workforce, and expands telehealth.
- Additionally, CMS recently granted approval of DHCS' request for multiple 1135 flexibilities related to Medicare and CHIP through the duration of the COVID-19 public health emergency. These flexibilities address pre-existing authorizations, accommodations for relocation to alternative settings, and temporarily allowing verbal consent as an alternative for home and community-based services (HCBS) programs.