

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – May 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  
 Christina R. Ghaly, 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
<b>CALL TO ORDER</b>	Chair Kimberly Uyeda, MD, called the meeting to order at 2:12 p.m.	
<b>APPROVAL OF MEETING AGENDA</b>	The Agenda was approved as amended.	<b>Approved unanimously by roll call. 4 Ayes (Booth, Perez, Roybal and Uyeda)</b>
<b>APPROVAL OF MEETING MINUTES</b>	Member Perez noted that on page 9 the minutes should read <i>Health Promoters</i> instead of <i>RCAC members</i> . Member Booth noted that on page 8 it should read <i>satisfaction in specifically lower performing areas</i> .  The March 15, 2018 meeting minutes were approved as amended.	<b>Approved unanimously by roll call. 4 AYES</b>
<b>CHAIRPERSON'S REPORT</b>	There was no Chairperson report.  <i>Member Ghaly joined the meeting.</i>	
<b>CHIEF MEDICAL OFFICER'S REPORT</b>  Richard Seidman, MD, MPH	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , referred to his written report ( <i>A copy of his written report may be requested from Board Services.</i> ):  The Los Angeles Network for Enhanced Services (LANES), a health information exchange for all hospitals, clinics, and health plans that provide care to L.A. County residents who are Medi-Cal insured or uninsured is up and running. There is starting to	

**APPROVED**

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	<p>be meaningful progress with health information exchanges that enhance quality of care. Los Angeles County Supervisor Mark Ridley-Thomas submitted a motion that was approved by the Board of Supervisors to direct the director of Los Angeles County Department of Health Services to work with L.A. Care to get three additional healthcare delivery organizations to sign on as participants by July of this year. Recently Board member Mark Gamble, of the Hospital Association of Southern California, has partnered with Dr. Bradley Gilbert, Chief Executive Officer of Inland Empire Health Plan, to host a health information exchange summit in Los Angeles.</p> <p>Member Ghaly shared that there has been good progress assessing LANES and revamping communication with the entities they have the most contact with to see if they can encourage them to participate in the program. Some entities mentioned that they had intended to do some interaction with LANES a few years ago, but found contractual and legal challenges at that time. The process is a little easier now. She noted that another portion of the motion is to explore partnerships with other health information exchanges across California with the intent of accelerating adoption of health information exchange use by safety-net providers.</p> <p>Dr. Seidman reported that significant resources are dedicated at this time of year to optimize the Healthcare Effectiveness Data and Information Set (HEDIS) outcomes for 2017. Teams of L.A. Care staff, Plan Partners and contracted vendors are working with contracted providers and provider groups to capture all available administrative and supplemental data, and select medical record data, to close as many data gaps as possible before the deadline to submit outcomes to the HEDIS auditor and to the National Commission on Quality Assurance (NCQA).</p> <p>To follow up the recently approved motion to create a Workforce Development Initiative to improve the supply of clinicians serving our members, the first phase of funding to support medical student scholarships at the David Geffen School of Medicine at UCLA and the Charles R. Drew/UCLA Medical Education Program is in process. Funds are committed to each institution for four full ride scholarships covering tuition, room and board, and living expenses. Scholarship selection is moving forward quickly so that incoming students/applicants can be informed as soon as possible, ideally, early enough to positively influence their decision to accept an offer in Los Angeles. Selection criterion includes financial need, interest in primary care and in working in underserved communities.</p>	

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	<p>Member Booth noted that the collection of data for HEDIS is important and will allow L.A. Care to improve quality scores and work with providers to address barriers for accessing health care and promoting patient engagement. She expressed her excitement for the progress in collection of data.</p>	
<p><b>CHIEF COMPLIANCE OFFICER REPORT</b></p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, discussed areas from his written report (<i>A copy of his written report may be requested from Board Services.</i>):</p> <p>A senior management cross-functional workgroup met on May 1, 2018 and began recommending enhancements and revisions to the oversight program. Some recommendations were: collaborate with other Health Plans to develop methods to prevent fraudulent behavior; determine what L.A. Care can do differently to identify noncompliance; conduct an information systems analysis during audits of delegates; and require delegates to develop a compliance plan including oversight and audit activities as approved by their governing board. This workgroup will include an information technology (IT) auditor.</p> <p>The meeting of the internal Sanctions Committee focused on performance of delegates and Plan Partners was held on May 1, 2018. Three delegates were referred to the Internal Compliance Committee for review and approval. Dr. Seidman and Augustavia J. Haydel, <i>General Counsel</i>, are part of the Committee. Final actions will be presented to this Committee.</p> <p>Elysse Palomo, <i>Senior Manager, Regulatory Audits and Governance</i>, reported the Compliance department is developing an abbreviated list of key performance indicators (KPIs) for regulatory audit findings. Compliance will request remediation action plans for the deficient areas in the first quarter. Business units will present plans to the May Internal Compliance Committee meeting. Interventions will be requested from business units in a quarterly basis.</p> <p>L.A. Care received DMHC's Preliminary Report on the 2017 Financial Audit and is preparing corrective action plans and impact analyses in response. There were 14 findings, with 4 repeat findings. Three of the findings require L.A. Care to submit a retrospective review dating back to the last audit report (July 24, 2014).</p> <ul style="list-style-type: none"> <li>• Payment accuracy of interest on late claims</li> <li>• Incorrect Claim Denials configuration and eligibility system issues, processor error</li> <li>• Mailing Claim Payment Checks to Incorrect Addresses</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Research remaining claims to determine whether checks went to the correct addresses. If not, reprocess with interest.</li> <li>○ Research stale-dated checks to determine whether checks were mailed to the correct addresses</li> </ul> <p>Mr. Mapp will fill the Audit Services Senior Director position by mid-June. He introduced Joe Christensen, <i>Director, Special Investigations Unit, Payment Integrity</i>, who previously was the Director of the Insurance Fraud Division in Utah. The Special Investigation Unit is working an initiative to streamline reporting opportunities. A new way of reporting fraud has launched on the intranet to allow L.A. Care employees to report fraud easily. The next step is making that accessible on our website to allow providers and members report fraud online as well.</p> <p>Member Roybal asked about the data validation audit. Ms. Palomo responded that L.A. Care has been working with a vendor obtain data prior to a Centers for Medicare and Medicaid Services (CMS) validation audit. That has significantly improved the data acquisition process.</p> <p>L.A. Care’s Code of Conduct was last reviewed in October 2015. Compliance completed a routine review in 2018 which has been reviewed by Human Resources, Legal Services, Procurement, Information Security, and Sales &amp; Marketing. The revised Code was presented to the C&amp;Q Committee for approval.</p> <p>Chair Uyeda asked if a yearly acknowledgement by Board members is requested for the Code of Conduct. Ms. Haydel responded that Board members are required to complete bi-annual ethics training.</p> <p>Mr. Mapp noted that a review of the Code is part of the compliance training during new employee onboarding.</p> <p>Member Booth suggested she would like to review some areas of the report with Mr. Mapp for non-substantive changes.</p> <p>Member Roybal noted the misuse of a comma in the third paragraph of the Books and Records portion.</p> <p><b><u>Motion COM 100.0618</u></b>  <b>To approve L.A. Care’s Code of Conduct, as amended.</b></p>	<p><b>Approved unanimously by roll call. 4 Ayes (Booth, Ghaly, Perez, Roybal and Uyeda)</b></p>

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<p><b>DISEASE MANAGEMENT 2017 EVALUATION &amp; 2018 PROGRAM</b></p>	<p>Dr. Seidman reported staff is revising the program and will present it for discussion at the next meeting.</p> <p>Member Ghaly asked how disease management and case management in the plan level interface with disease management and case management at the provider level and how that is evolving. DHS has experienced problems with patients that have multiple case managers; making it inefficient and extremely confusing for all parties involved with the patients' health and care. Dr. Seidman responded that the coordination of both disease management and case and care management throughout the different levels is a significant challenge. Member Ghaly noted that there might not be one solution and suggested using different models. Dr. Seidman noted that the program is being designed for the NCQA population health. NCQA has moved disease management, preventive health, and complex case management into population health and added a measure and requirement to improve the overall health of the population. Member Ghaly noted that it has been proposed to replace the disease management program with primary care physicians managing those conditions. Dr. Seidman noted that from a health plan perspective, a typical primary care physician may not have the reporting and analytic capacity to look at his or her panel of patients to determine the hospital admission rate or other data for the patients with chronic conditions.</p> <p>Chair Uyeda asked about the age groups for pediatric care measures for asthma and diabetes as the data is only for five years of age and older. Dr. Seidman responded that NCQA allows each plan to decide which disease and age group the plan will focus on.</p> <p>Member Booth asked about the goal for the asthma measure. Dr. Seidman responded the measure was proved compliant with medication using pharmacy fill data. Member Booth asked about hospitalizations and emergency room visits. Dr. Seidman responded that the data was just not presented on the slide.</p> <p>Dr. Seidman added that Disease Management nurses will begin working out of the Family Resource Centers (FRC) to have more direct contact with members. Member Booth suggested that for L.A. Care members, having an established relationship with a staff member other than their physician can help ensure that the member will follow through with their care management.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. There was no public comment on the closed session items, and the meeting adjourned to closed session at 3:10 p.m.</p>	

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<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 3:37 p.m. No reportable actions were taken during the closed session.	
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 3:38 p.m.	

Respectfully submitted by:

APPROVED BY:

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

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Date Signed: \_\_\_\_\_


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 Date Signed: 9/20/18

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