

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – August 16, 2018



L.A. Care
HEALTH PLAN

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

Members

Al Ballesteros, MBA
Stephanie Booth, MD
Christina R. Ghaly, MD*
Hilda Perez**
G. Michael Roybal, MD, MPH

* *Absent* ** *Teleconference*

Management

Thomas Mapp, *Chief Compliance Officer*
Richard Seidman, MD, MPH *Chief Medical Officer*
Augustavia J. Haydel, *General Counsel*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Augustavia J. Haydel, Esq., <i>General Counsel</i> , called the meeting to order at 2:10 p.m.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez and Roybal)
PUBLIC COMMENT	There was no public comment.	
CHAIR ELECTION	<p>Augustavia Haydel, <i>General Counsel</i>, reviewed the process for Committee Chair election and asked for nominations for Committee Chair.</p> <p>Member Ballesteros nominated Dr. Ghaly. Member Roybal nominated Mr. Ballesteros. Mr. Ballesteros declined the nomination Member Booth nominated herself.</p> <p>Results of the vote are: Member Booth – 2 votes, Member Ghaly - 2 votes.</p> <p>By consensus the committee decided to defer the election to the September meeting. By consensus the committee asked Member Roybal to chair the remainder of this meeting.</p>	

APPROVED

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APPROVAL OF MEETING MINUTES	The May 15, 2018 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES
CHIEF MEDICAL OFFICER'S REPORT 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>): <ul style="list-style-type: none"> • Each year the Centers for Medicare and Medicaid services (CMS) establishes performance measures for Cal MediConnect (CMC). In recent years a portion of L.A. Care's premium payments was withheld. Up to 3% of the withheld premium can be earned back by improving upon prior performance or exceeding benchmark performance for each measure. L.A. Care recently received results for 2017, showing improvement and exceeding required performance in 9 of 10 measures. L.A. Care received just over \$5 million in incentive payments that will be passed along to physicians. Member Booth asked if the rules for passing this money to physicians the same as for Proposition 56 (tobacco tax) funds. Dr. Seidman responded that it is different. <ul style="list-style-type: none"> • John Baackes, <i>Chief Executive Officer</i>, Ali Modaresi, <i>Interim Senior Director, Health Information Exchange Initiative</i>, and Dr. Seidman attended a Health Information Exchange (HIE) Summit in July, hosted by the Hospital Association of Southern California (HASC), which included members of HASC, Community Clinic Association of Los Angeles County (CCALAC), HIE representatives (Los Angeles Network for Enhanced Services (LANES), Manifest Medex, Orange County Partnership Regional Health Information Organization, Inc., Collective Medical Technologies), Inland Empire Health Plan and representatives from Ventura County. The goal of the meeting was to further a dialogue among HASC members and the various HIEs to try to determine the best path forward. L.A. Care continues to advocate for local, regional, statewide and national HIEs. In support of this approach, a follow up meeting is planned to continue discussion among HIEs. • Participation continues to increase for LANES, with a recent addition of L.A. Care member and pharmacy data. Adventist Health has executed a data sharing agreement and is submitting clinical data to LANES for White Memorial and Glendale Adventist hospitals. Valley Presbyterian Hospital also executed the data sharing agreement. 	

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	<ul style="list-style-type: none"> • Staff continue to track provider enrollment to comply with a new requirement that all providers providing services to Medi-Cal Managed beneficiaries be enrolled with the State Medi-Cal program. This is a requirement in other states, but is new to California. Until January 2018, only fee-for-service providers in California were required to enroll with the state in order to receive a Medi-Cal provider number, which enables them to directly submit claims. Plans are given two options to comply with this requirement – either refer providers to the state’s enrollment system, or develop an internal option. Given the cost of developing a compliant option, most health plans have elected to refer providers to the state. The state does not offer mechanisms to enroll some provider types, including behavioral health providers that provide services for members with autism. L.A. Care is tracking the issue closely with Plan Partners, and is advocating directly with the state and with its trade associations to minimize the impact of this new requirement on L.A. Care’s providers and network. Many L.A. Care providers are not enrolled with the state as Medi-Cal providers. A lot of work will go into informing unenrolled providers about the new requirement. • Costco dropped out as the vendor for mail order pharmacy due to the new regulation and L.A. Care is seeking a new mail order pharmacy. <p>Member Ballesteros asked if all provider types need to be enrolled. Dr. Seidman responded that many clinics have enrolled all their physicians.</p> <p>Member Perez asked if physicians not enrolled will be notified. Dr. Seidman responded all physicians that are not enrolled will get notified.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, discussed highlights of his written report. <i>(A copy of his written report may be requested from Board Services.):</i></p> <ul style="list-style-type: none"> • Sabrina Coleman joined L.A. Care as Senior Director of Audit Services, responsible for managing internal and delegation oversight audits. In a previous position, she managed hospital audits for the State of New York. • California Department of Health Care Services (DHCS) is scheduled to be onsite for an annual audit September 10 through 21. Compliance is working with the business units in preparation for the audit. DHCS seems focused on: <ul style="list-style-type: none"> ○ Delegation of utilization management. DHCS selected L.A. Care’s PPG Healthcare LA (MedPoint) as a sample to focus on this area. This is an onsite visit and is new in the DHCS audit process. 	

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	<ul style="list-style-type: none"> ○ 2017 CAP Follow-Up ○ Cal MediConnect processes <p>Yasamin Hafid, <i>Senior Director, Compliance Risk Management and Operations Oversight</i>, reported KPMG has contracted with L.A. Care from July 16, 2018 to September 30, 2018. The vendor will conduct a Current State Assessment of L.A. Care's Business Continuity Management (BCM) Program and perform a Business Impact Analysis (BIA) of five key areas to prepare a report with the results of the maturity assessment of its BCM Program. The BIA will be on business processes for Enterprise Shared Services, Finance, Customer Solution Center, Healthcare Services and Information Technology.</p> <p>Member Booth asked about the test that was done about six months ago. Mr. Mapp responded that was a drill to see if the systems can be revived.</p> <p>Member Roybal asked if L.A. Care will do table top exercise and if this is a regulatory requirement. Ms. Hafid noted that L.A. Care is planning to do so in future. Mr. Mapp responded that it is a requirement that was developed out of the idea that so much information is electronic, so protection and accessibility disaster recovery are in HIPPA.</p> <p>Member Ballesteros asked if there was the National Committee for Quality Assurance (NCQA) section for disaster recovery for certification. Ms. Hafid responded yes there is.</p> <p>Mr. Mapp continued his report:</p> <ul style="list-style-type: none"> ● The DHCS corrective action plan included a weekly update and list of items for corrective action. As of last week DHCS ended the weekly update. ● L.A. Care is gathering and preserving documents related to Synermed. DHCS and Synermed have stored 700 boxes. L.A. Care is trying to confirm with DHCS and regulators what L.A. Care should do with those boxes. L.A. Care does not have access to the records. <p>Member Booth asked Mr. Mapp to explain the DOJ inquiries. Mr. Mapp indicated that they were looking for more information as to how a particular issue was closed. Member Booth asked about L.A. Care policy that addressed how issues are elevated to higher authorities. Katrina Miller, MD, <i>Chief Quality and Information Executive</i>, responded that is what staff is working on.</p>	

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	<p>Member Roybal congratulated staff on the 100% data validation audit for CMC.</p> <p>Member Perez asked Mr. Mapp to comment on the biggest challenge since he became Compliance Officer. Mr. Mapp responded that the heavy regulations, continually being ready for the next audit and managing to have sufficient staff to oversee the audits. He complimented Elysse Palomo for her work and he noted that his department relies on other departments for support.</p> <p>Member Roybal asked about a situation with CalCare managed care. Mr. Mapp responded that a whistleblower raised issues with claims data. CalCare has new ownership. L.A. Care is not directly involved but has members through Anthem and Care 1st.</p>	
<p>DISEASE MANAGEMENT 2017 EVALUATION & 2018 PROGRAM</p>	<p>Katrina Miller, MD, <i>Chief Quality and Information Executive</i>, and Elaine Sadocchi-Smith, <i>Director Disease Management</i>, reported on the Disease Management 2017 Evaluation and 2018 Program Description (<i>A copy of their PowerPoint Presentation may be requested from Board Services.</i>):</p> <ul style="list-style-type: none"> • L.A. Care offers three no-cost disease management (DM) programs: <ul style="list-style-type: none"> ○ L.A. Cares About Asthma ○ L.A. Cares About Diabetes ○ L.A. Cares About Your Heart • Members are identified based on a variety of sources including: <ul style="list-style-type: none"> ○ System identification: Predictive Model ○ Encounters ○ Pharmacy encounters ○ Lab data when available ○ Referrals (self, provider, discharge call, concurrent review, pharmacy non-compliance, HRAs) ○ All lines of business are eligible for the all programs • Members are stratified into acuity levels using Inpatient/ER <ul style="list-style-type: none"> ○ Utilization, lab data, pharmacy data and receive increasing ○ Condition monitoring interventions • All programs have interventions that include, but are not limited to: <ul style="list-style-type: none"> ○ All members: Welcome letter, health education mailings, access to ○ DM resource line and health education classes ○ Level 2 members: Telephonic condition monitoring at least every- ○ other month. 	

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	<ul style="list-style-type: none"> ○ Level 3 and Level 4 members: Telephonic condition monitoring at ○ least every month or more frequent as needed. ○ Members may be referred to: <ul style="list-style-type: none"> ▪ Referrals to community based organizations and FRCs for classes ▪ Case Management /Utilization Management ▪ Nutritional counseling referrals ▪ Social Workers ▪ Behavioral Health ▪ Managed Long Term Services and Supports, Community-Based Adult Services, Palliative Care <p>Member Roybal asked if there is a plan to provide home visits and Dr. Miller noted <i>L.A. Cares About Asthma</i> renewed a contract with QueensCare Health Centers to provide high-touch in-home interventions for members with asthma participating in the <i>L.A. Cares About Asthma</i> DM program.</p> <ul style="list-style-type: none"> ● L.A. Care’s Disease Management department provides a variety of educational materials throughout the year. ● High severity members receive registered nurse telephonic coaching and condition monitoring calls, including creating a care plan and setting goals. ● L.A. Care met many of the HEDIS goals for 2017. <p>Member Ballesteros asked if patients are still receiving outpatient care and how is the telephonic monitoring and patient primary care physician connecting and sharing information. Dr. Miller responded that the nurses speak to both the patient and the provider’s office to ensure the patient is attending doctors’ appointments. Ms. Sadocchi-Smith noted that there are some difficulties when trying to contact an outpatient provider that is prescribing the treatment plan. There is more success when a member sees the same provider.</p> <ul style="list-style-type: none"> ● L.A. Care reached 716 members for the Asthma controller medications; 34% of the population targeted. L.A. Care reached 421 members regarding Hemoglobin A1c; 35% of the population. ● A barrier for the program is a lack of success in connecting with members on the telephone, creating challenges in building relationships with members. ● Next steps include: 	

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	<ul style="list-style-type: none"> ○ Disease Management is developing COPD and Heart Failure programs. ○ Disease Management nurses will manage all conditions for each assigned member rather than focusing on single conditions. ○ Disease Management nurses will be placed in the Family Resource Centers to see members face to face for condition monitoring. ○ The Disease Management leadership team will fine-tune L.A. Care’s operational processes: <ul style="list-style-type: none"> ▪ Develop automated Disease Management reports and mailing lists. ▪ Remediate screening queues and predictive model in order to ensure the predictive model and the screening queue data matches and correctly assigns members to an RN. ▪ Develop and test outcome reports to identify opportunities to improve efficiency and outcomes for the disease management programs. ● 2018 Additions: <ul style="list-style-type: none"> ○ Two New Programs: <ul style="list-style-type: none"> ▪ COPD ▪ Heart Failure ○ Presence in FRCs <ul style="list-style-type: none"> ▪ Assigning DM RNs to conduct condition monitoring face to face ○ System Enhancements: <ul style="list-style-type: none"> ▪ Build new program assessments into our clinical systems ▪ Develop clinical outcome and productivity reports <p>Member Booth asked if L.A. Care is working with facilities that received grants for medical projects regarding Hemoglobin A1c levels. Dr. Miller responded L.A. Care is working with those clinics.</p> <p>Dr. Seidman noted that a RFP will be released this week to bring in a new analytics and reporting platform. Integration projects are ongoing to allow different Health Information Exchanges (HIEs) to share data. He noted that the data sharing agreement is available to anyone who will like to review it.</p> <p>Member Roybal asked what is being done to reduce duplication of work. Dr. Miller responded that, if L.A. Care becomes aware that a clinic is already working with a member, L.A. Care will discuss L.A. Care’s criteria to ensure appropriate services are delivered. L.A. Care makes sure that the individuals working with the member are following the program.</p>	

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<p>THE HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RESULTS</p>	<p>Grace Crofton, <i>Director, Quality Performance Informatics</i>, reported on HEDIS results (<i>a copy of her PowerPoint Presentation may be requested from Board Services</i>):</p> <ul style="list-style-type: none"> • L.A. Care changed HEDIS software vendors from Inovalon (HEDIS 2015-2017) to Cognizant Claimsphere (HEDIS 2018 - 2020). • Quality Performance Informatics staff has conducted HEDIS and CAHPS education for providers and their staff since 2016 to improve awareness of the quality of service they provide to their patients. • HEDIS 2018 had more than 200 measures spanning domains of care that covered: <ul style="list-style-type: none"> ○ Effectiveness of Care – Preventive Care and Chronic Care Management ○ Access and Availability ○ Utilization of Services ○ Experience of Care • A second year chart chase was completed. The report is based on a sample number of the overall members who qualify for a specific measure. That requires retrieval of charts to augment the electronic data. It has been estimated that it cost about \$70 per chart. <p>Dr. Seidman noted that the current HEDIS team is working with auditors to allow L.A. Care to locate the necessary clinical data via LANES, to reduce use of hard copy chart. This will dramatically reduce costs.</p> <ul style="list-style-type: none"> • Outreach in 2017 included 790 providers each with 100 or more L.A. Care members. The total membership of those providers was about 1 million, approximately 50% of the total L.A. Care membership. This was a significant increase over 2016, which included 211 providers and 152,000 members (8% of total membership). • L.A. Care conducted follow up with plan partners that did not perform adequately. • DHS informed L.A. Care during a debriefing that they had implemented a member satisfaction survey in 2016, which had a great impact on the 2017 CAHPS results. <p>Member Booth asked what DHS learned from the survey responses that helped improve the score. Member Roybal responded it is an overall effort to improve patient relations. In addition to training staff they have implemented patient comment cards and used the comment card responses to target performance improvement projects on service issues. The comments in the beginning were mostly negative and have become mostly positive over time. There is active coaching with staff on how to interact with</p>	

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	<p>patients. The county also invests in a system CAHPS survey. Dr. Seidman noted that AltaMed invested in a member experience survey. A majority of the groups do not invest in member experience surveys, which is part of the VIIP incentive program.</p> <ul style="list-style-type: none"> • HEDIS 2017 resulted in higher auto assignments allocation for L.A. Care due to statistically significant higher cervical cancer screening rate and significant improvement on results for well-child visits for ages 3-6 years. HEDIS 2018 Auto Assignment allocation results will be released October or November. • Nearly all providers appreciated the education, which helped them to better understand HEDIS and CAHPS data submission and how it affects their overall performance rating. • Relationships with the providers led to staff becoming a resource to the providers' office staff for all issues with L.A. Care. • Several provider offices had previous issues logging into the L.A. Care portal. Those were resolved during the visits, giving them easy access to member care reports and HEDIS/CAHPS resources. • L.A. Care will continue provider outreach with a goal of increasing to reach providers that serve at least 60% of L.A. Care's members. It is expected that the visits will continue to have a positive impact on the HEDIS and CAHPS rates. • The NCQA accreditation preliminary Medi-Cal score has improved to Commendable status, with a score of 81.94. <p>Member Booth asked if there is a formula for auto assignment. Dr. Miller noted there is a formula. Dr. Seidman added that it is a complicated algorithm created by the state. He added that L.A. Care knows areas to target to improve our scores. Dr. Seidman thanked both Dr. Miller and Ms. Crofton for their work.</p>	
ADJOURNMENT	The meeting was adjourned at 4:04 p.m.	

Respectfully submitted by:

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

APPROVED BY:

Date Signed: _____

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APPROVED BY:



Date Signed: 9/20/18

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