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AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, April 18, 2024, 2:00 P.M.
L.A. Care Health Plan, 1st Floor, CR 100, 1055 W. 7th Street, Los Angeles, CA 90017

Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mc80e156fa64d192b4c36ccf3db1e773f

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting number: 2494 061 3955 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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 (ADA) 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, Chair*

1. Approve today's meeting Agenda — *Chair*
2. Public Comment (*please see instructions above)* — *Chair*
3. Approve March 21, 2024 Meeting Minutes P.3 — *Chair*
4. Chairperson's Report — *Chair*
   - Education Topics
5. Compliance & Quality Committee Charter Process — Todd Gower, *Chief Compliance Officer*
6. Chief Compliance Officer Report P.26 — Todd Gower
   - Delegation Oversight Program Development
   - Delegation Oversight Monitoring
   - Risk Management and Operations Support
   - Utilization Management
   - Quality Improvement
7. Chief Medical Officer Report P.73 — Sameer Amin, *MD Chief Medical Officer*

DRAFT

8. Provider Performance Improvement (P4P/VIIP) P.83 — Henock Solomon, *Senior Manager, Incentives, Population Health*

9. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

10. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)

11. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four potential cases

12. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Todd Gower, Chief Compliance Officer, Serge Herrera, Privacy Director, and Gene Magerr , Chief Information Security Officer

13. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on May 16, 2024 at 2:00 p.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.
NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT http://www.lacare.org/about-us/public-meetings/board-meetings and by email request to BoardServices@lacare.org

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 http://www.lacare.org/about-us/public-meetings/board-meetings and can be requested by email to BoardServices@lacare.org.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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) 628 6420. 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 21, 2024

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members
Stephanie Booth, *MD, Chairperson*
Al Ballesteros, *MBA*
G. Michael Roybal, *MD*
Fatima Vazquez

** Absent ** Via Teleconference*

Senior Management
John Baackes, *Chief Executive Officer*
Sameer Amin, *MD, Chief Medical Officer*
Augustavia J. Haydel, *General Counsel*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*
Alex Li, *Chief Health Equity Officer*
Edward Sheen, MD, *Senior Quality, Population Health & Informatics Executive, Quality Improvement*
Michael Devine, *Director, Special Investigations Unit*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, *MD*, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:02 p.m. 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 by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	**The meeting Agenda was approved as submitted.**	**Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)**
PUBLIC COMMENT	*There was no public comment.*	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	**The Februrary 15, 2024 meeting minutes were approved as submitted.**	**Approved unanimously.**
CHAIRPERSON REPORT • **Education Topics**	In her Chairperson's report, Chairperson Booth emphasized the importance of clear communication, especially regarding numerical data. She suggestsed using percentages and providing context, such as denominators for measurements, to aid in understanding complex information. She also encouraged avoiding excessive use of acronyms and jargon to ensure clarity in reports and documents. She highlighted the need to document discussions and decisions for clarity and future reference. She appreciated the efforts of those who take time to explain concepts and definitions to her, ensuring accurate understanding and documentation of information. Chairperson Booth also addressed the importance of celebrating successes, such as resolving issues without harm, and recommends including dates and historical context in reports to track progress accurately. She emphasized The significance of knowing whose goals or measurements are being discussed to understand their relevance and importance. She suggestsed a structured approach to reviewing documents, noting new information, and comparing it with previous data for informed decision-making. She acknowledged the complexity of the material and suggested keeping notes to aid in real-time discussions and decision-making processes.	
COMPLIANCE & QUALITY COMMITTEE CHARTER PROCESS	Todd Gower, *Chief Compliance Officer*, discussed the Compliance & Quality Committee Charter Process. Mr. Gower stated that the goal is to have a draft document ready for review by the CEO cabinet and Board Members over the next couple of weeks. They are trying to make sure that they are remaining in the current charter format and highlighted in yellow the changes that have been suggested. Chairperson Booth noted that the charter was not included in the packet. Mr. Gower stated that the document is not ready to be made public. Chairperson Booth agreed.	
CHIEF COMPLIANCE OFFICER REPORT	Mr. Todd Gower, *Chief Compliance Officer*, and the Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the full written report can be obtained from Board Services)*. Overview • Compliance Officer ICC Report Out • Special Investigations Unit (SIU)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

- Issues Inventory
- Internal Audit (IA)
- Memorandum of Understanding (MOU)
- Appeal & Grievance (A&G)
- Payment Integrity (PI)

Michael Devine, *Director, Special Investigations Unit,* gave the following update.
Fiscal Year 2023/2024 Year-to-date recoveries & savings dashboard

	Jan – Feb 2024	FY Year-to-date
Recoveries	$2.0M	$2.8M
Savings	$1.4M	$2.7M
Totals	$3.4M	$5.5M

Law Enforcement

Active Criminal Investigations	**47**
Undercover Operations	0
Arrests	2
Pending Prosecution	11
Convictions	3

Special Investigations Unit (SIU) Update

- Meeting with DHCS
- Hospice Fraud Initiative
- Health Care Providers Lab Conviction
- Billing Flaw
- Rafael Malikian (former Physician)
- Dr. D.S.

Upcoming Quarterly Investigative Roundtables

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

March 14, 2024

- Speaker: Karen Weintraub
- EVP, Health Care Fraud Shield

June 13, 2024

- Speaker: Jeanette Calinsky
- Deputy Attorney General, CA DOJ

SIU Open Cases – Aging as of March 1, 2024

Count of Age	Monitoring	Open	Grand Total
0-30	5	13	18
31-60	3	26	29
61-180	11	111	122
Older 180+	328	211	539
Not Promoted	0	132	132
GRAND TOTAL	**347**	**493**	**840**

Time Frame	Cases Opened	Late Notification of Regulatory Reporting
2023 - Q1	80	1
2023 - Q2	95	1
2023 - Q3	82	1
2023 - Q4	95	0
TOTAL	**352**	**3**

Top 5 Allegation Types of Fraud, Waste and Abuse (Allegation Type vs Participant Q4 2022 – Q1 2024)

- Questionable Billing Patterns

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Services Not Rendered / Documented • Identity Theft • Upcoding • Not Medically Necessary Top 5 Referral Source vs Participant from Q4 2022 – Q1 2024 • Internal Employee • Plan Partner • PostShield • PPG • Other Michael Sobetzko, *Senior Director, Risk Management and Operations Support,* reviewed the Issues Inventory update *(a copy of the full report can be obrtainded from Board Services).* The report provided an overview of past issues that have been remediated, administratively closed, or documented for mediation efforts. He mentioned that most of these past issues were included in the packet for further reading. He focused on discussing two new open issues. He addressed the alternative format selection for members with visual or other impairments that affect the ability to read. These members have the right to request alternative formats such as large print or audio-only representations. There is a requirement to capture and report these selections to ensure the organization understands member preferences. Mr. Sobetzko mentioned that there may be inconsistencies in collecting and submitting this information, and this will be further investigated. The second issue discussed was the noncompliance with timely termination of providers. The Credentialing Committee had administratively terminated three enhanced care management providers, but recent checks showed these providers were still active in the system. He noted the need to understand the termination process better, examine the source of the issue, and prevent other providers from remaining active post-termination. Chairperson Booth asked about the remediated cases. Mr. Sobetzko responded that Compliance never deletes remediated issues from its database; instead they are moved to the monitoring category. They continually review issues that may have been remediated, which occasionally leads to a duplicate record. Mr. Gower thanked Mr. Sobetzko for his efforts in collating and analyzing data related to issues inventory, and mentioned similar efforts being made regarding corrective action plans and mitigation activities. He indicated that the organization is working with IT professionals to implement this consolidated system, which is expected to be completed later in the year. The	

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	purpose of this system is to ensure that nothing falls through the cracks by providing alerts and notifications about ongoing activities. This proactive approach aims to keep leadership and relevant individuals informed about mitigation activities, audits, and follow-up actions, thereby enhancing overall compliance and risk management within the organization. Maggie Marchese, *Senior Director, Audit Services*, gave an Audit Services Update. Open 2023 Audits: • Data Management and Governance Phase I: Final Audit Report • Date Management and Governance Phase II: Final Audit Report • Provider Quality: PQI (follow-up assessment) • Staffing/Talent Acquisition Assessment: Management responses pending. Open 2024 Audits: • Product Sales and Member Services • Provider Network: Access to Care • Plan Partners Audit: Moved from Q3 to Q1 (replaced Provider Dispute Resolution Audit) • Appropriate Access Controls/ IT System Security: Moved from Q2 to Q1 CAPs Inventory Management/Monitoring: • IA developing a SharePoint designed to incorporate a formal workflow process to track all internal audit-related CAPs. Audit Services – Upcoming Q2 Audit Projects Audits: • Call Center • Provider Operations Follow-Up Assessments: • Claims: Out-of-Area Emergency Services Claims • DSNP Implementation and Oversight Risk Mitigation Plan Implementation Effectiveness Reviews: • HRA Reassessment Efforts Lucy Nakamura, *Director, Provider Network Management,* gave Provider Network Management update. Department of Health Care Services APL23-029 • The 2024 Medi-Cal Managed Care Contract requires all managed care plans (MCPs) to enter into Memorandums of Understanding (MOUs) with counties and third-party entities to	

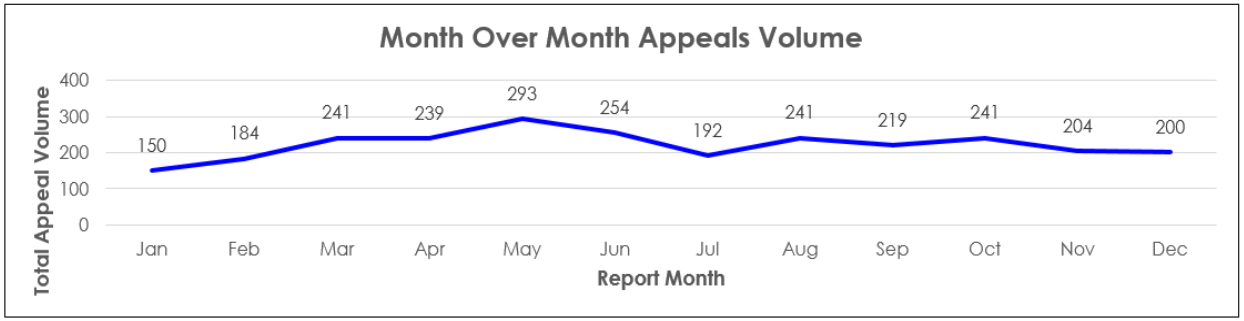
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

contractually ensure the provision and coordination of whole-system, person-centered for Members.

- On October 11, 2023, DHCS also issued All Plan Letter (APL) 23-029 to explain in details the intent and scope of MCPs responsibilities under the MOUs, including timing of MOUs execution and submission to DHCS and MOUs oversight and monitoring.
- Shortages in staff resources delay and impact the timely initiation and completion of MOUs.
- Until adequate staffing resources are allocated, fulfilling these obligations within the stipulated timeframes will remain challenging.
- Non-compliance with DHCS mandates exposes the L.A. Care and its partners to legal and regulatory consequences, including fines, penalties or other enforcement measures, and places a risk on overall compliance.
- *Note: Estimated total number of MOUs to complete: 100-120 for 2024-2025.*

Demetra Crandall, *Director, Appeals & Grievances,* gave an Appeals & Grievances update.
Appeal Volume 2023

Monthly Appeals Report: Detailed Appeals Data
Reporting Period: 2023
Note: Cells highlighted green indicate highest volume Appeals categories/subcategories for the report month.

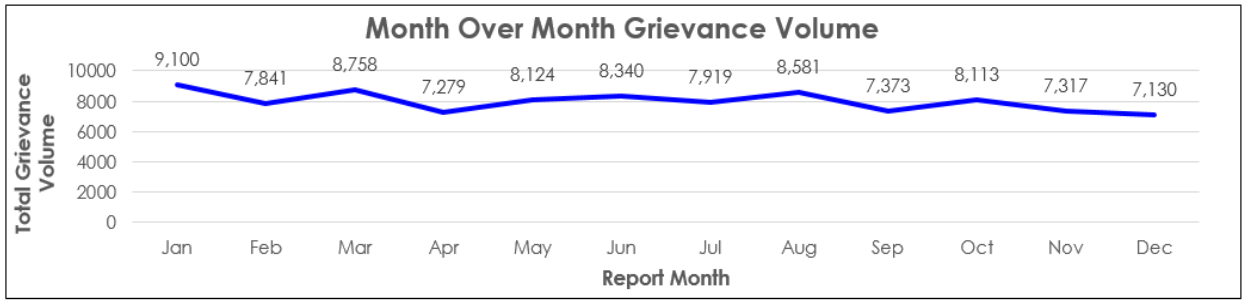


Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	139	176	232	235	283	230	186	222	210	229	196	164
Billing and Financial Issues	8	8	8	4	8	21	5	16	8	7	7	33
Quality of Care	3	0	1	0	2	3	1	3	1	5	1	3
Total	**150**	**184**	**241**	**239**	**293**	**254**	**192**	**241**	**219**	**241**	**204**	**200**

Grievance Volume 2023

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Monthly Grievances Report: Detailed Grievances Data
Reporting Period: 2023
Note: Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month.



Month Over Month Grievance Volume Detail

Grievance Category	Report Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	2,868	2,588	2,752	2,273	2,467	2,686	2,565	2,693	2,324	2,592	2,297	2,285
Attitude and Service	2,326	2,136	2,481	2,061	2,334	2,301	2,413	2,399	2,154	2,340	2,260	2,165
Billing and Financial Issues	3,509	2,788	3,130	2,598	2,895	2,879	2,495	2,933	2,391	2,716	2,417	2,369
Quality of Care	379	320	389	335	418	463	431	540	494	447	335	306
Quality of Practitioner Office Site	18	9	6	12	10	11	15	16	10	18	8	5
Total	**9,100**	**7,841**	**8,758**	**7,279**	**8,124**	**8,340**	**7,919**	**8,581**	**7,373**	**8,113**	**7,317**	**7,130**

Erik Chase, *Senior Director, Claims Integrity,* gave a Payment Integrity Update.
He mentioned the provider disputes disposition and their goal of resolving these disputes within 45 working days. Mr. Chase noted that they are averaging about a 96% completion rate within this timeframe, which is in compliance with their standards. He also mentioned the volume of provider disputes they handle monthly, which is between 32,000 to 36,000. Mr. Chase discussed the claims denial rate, which currently stands at about 21%. He explained that this primarily includes denials that offer an opportunity for providers to make changes or decisions to remediate the issues. He also mentioned the process of claims forwarding and denials related to max paid by primary insurers, which are stripped out as they require no action from providers. Mr. Chase talked about their first pass claims adjudication rate, which aims for a 95% completion rate within 30 calendar days and a 99% rate within 45 working days. He stated that they have been averaging 95% and 99.7% respectively, demonstrating efficient claims processing. Mr. Chase also spoke about their annual goal for payment integrity, which is set at $170 million. He noted that they are currently $16.5 million favorable to this goal due to incremental savings and recoveries achieved by the team. He explained that their efforts focus on recovering overpaid amounts, as recovering these funds after payment typically yields lower returns. Mr. Chase also spoke about upcoming discussions during the Board of Governors meeting where he plans to provide more detailed insights into

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	specific issues and improvements related to payment integrity, coordination of benefits agreements, and challenges faced with certain healthcare changes affecting their metrics.	
CHIEF MEDICAL OFFICER REPORT	Sameer Amin, *MD, MPH, Chief Medical Officer*, reported: A cyber attack on data held by Change Healthcare occurred on February 21. Change Healthcare operates the largest clearinghouse for insurance billing and payments in the country, and has been unable to process claims electronically since the attack. This is a seriosu service disruption they experienced due to this cyber attack. L.A. Care is working with Change Healthcare's corporate parent, Optum, to test and implement an interim electronic claims submission solution using the Optum Intelligent Electronic Data Interchange. This solution serves as an alternative pathway for claims submission while Change Healthcare works on restoring services. Despite initial challenges faced by providers L.A. Care has started receiving claims directly through Optum. The current volume of claims is higher than usual due to the volume of delayed submissions over the past few weeks. Ongoing efforts are underway to explore additional solutions and additional vendors for claims submission. L.A. Care has communicated with the provider community through multiple town halls, to inform them about options to submit paper claims. There has been a significant increase in paper claims volume as providers and facilities seek payment for their services amidst the challenges faced with electronic claims processing. L.A. Care is working to expedite payments to providers, especially service providers such as skilled nursing facilities (SNFs), who are facing financial difficulties. Dr. Amin mentioned that theyL.A. Care has successfully forwarded $30 million in payments to providers over the past few weeks, providing them with much-needed financial support until electronic claim submissions can be processed and paid. Having a highly delegated network and a system that pays a significant portion through capitation has been beneficial in ensuring that many providers continue to receive regular payments. This helps maintain stability within the network despite the disruption caused by the cyber attack on Change Healthcare. Member Roybal asked if there are groups that have been more affected by this or is it pretty uniform. Dr. Amin responded that the severity of the impact depends on the financial situation of the entities more than a direct reliance on Change Healthcare services. Entities that struggle with day-to-day finances and have difficulty paying bills without immediate funding are experiencing the most significant challenges, such as smaller healthcare providers and SNFs. Dr. Amin also noted that certain entities adapt better to the alternate claims pipeline through Optum, particularly those with more sophisticated claims processing systems or easier access to the new pipeline. L.A. Care is actively working to ensure access to the pathway for all providers. L.A. Care has opened up the option for paper claims submissions for those who cannot use the electronic pathway effectively, showing sensitivity to the diverse needs of the provider network.	

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<tr><th>AGENDA ITEM/
PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td>CHIEF HEALTH EQUITY OFFICER REPORT</td><td>Alex Li, MD, Chief Health Equity Officer, reported (a copy of the written report can be obtained from Board Services):

<u>National Commission on Quality Assurance (</u>NCQA<u>)</u> Health Equity Accreditation
On March 11, 2024, L.A. Care was notified by NCQA that L.A. Care achieved the NCQA Health Equity Accreditation status. L.A. Care received a score of 98%, or 86.5 out of 88 possible points. L.A. Care is extremely proud of its work in health equity and achieving this status. There were 170+ health plans out of 1,100+ health plans nationally that have received the NCQA Health Equity Accreditation status.

<u>Equity Practice Transformation Program Update</u>
The California Department of Health Care Services (DHCS) Equity and Practice Transformation (EPT) program announced that 46 practices selected to L.A. Care as their managed care plan sponsor; 211 out of 700+ practices across California were selected to participate in the program. On March 7, 2024, L.A. Care hosted a welcome session and below is a quick overview of the practice type and their impact on Medi-Cal patients.

<table>
<tr><th>Type of Practice</th><th>Total Number of Practices</th><th>Total in Direct Network</th><th>Medi-Cal Members (LA Care and HealthNet) Impacted</th></tr>
<tr><td>Private</td><td>24</td><td>8</td><td>100,938</td></tr>
<tr><td>FQHCs</td><td>22</td><td>5</td><td>488,981</td></tr>
<tr><td>Totals</td><td>46</td><td>13</td><td>589,919</td></tr>
</table>

DHCS 2024 Quality Withhold and Incentive Program (QWIP)
On March 11, 2024, DHCS shared with the managed care plans their preliminary proposal for their new Quality Withhold and Incentive Program. The QWIP is intended to be a program where a small percentage of the managed care plan's revenue is withheld and then earned back based on the 8 managed care accountability set (MCAS) and consumer and provider survey responses. The new modification of the program is to have a health equity framework and seeks to require health plans to address sub-populations that perform poorly in the MCAS measures.</td><td></td></tr>
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QUALITY OVERSIGHT COMMITTEE (QOC) UPDATE	Edward Sheen, *MD, Senior Quality, Population Health & Informatics Executive, Quality Improvement*, gave a Quality Oversight Committee (QOC) Update *(a copy of the report can be obtained from Board Services).*
	
	Health Education Evaluation FY 2022-2023
	Mission
	To improve member health through the provision of wellness and disease prevention programs, services and resources.
	Goals
	• Provide or coordinate educational programs and services that assist members to:
	  • Modify personal health behaviors
	  • Learn and follow self-care regimens and treatment therapies
	  • Learn to effectively use primary and preventive health care services
	• Support internal L.A. Care business units such as Care Management, and the Community Resource Centers
	• Implement of health education programs to improve HEDIS, CAHPS and CMS Five-Star Quality Ratings
	• Oversee delegated health education functions of Plan Partners
	
	Highlights/Goal Accomplishments
	Doula Benefit
	• Successfully implemented the Medi-Cal Doula benefit in collaboration with the Medi-Cal Product.
	• To date 100 MCLA members have received doula services.
	New Wellness Platform
	• Contracted with a new vendor for the *My* Health In Motion™ wellness platform through an RFP.
	• New feature-full wellness platform launched on January 1, 2024.
	Medically Tailored Meals Program
	• *Meals As Medicine* saw an increase in authorization requests of 122% and a 154% increase in enrollment from the previous fiscal year, greatly surpassing the goal of 25% increase.
	Disease Self-Mmanagement & Prevention Programs
	• The FY 22-23 goal was to increase by 15% the referrals and enrollments into the diabetes, prediabetes, asthma, pediatric healthy weight and adult weight management.
	• While an increase in overall referrals was noted, only a 7% increase in referrals for education on the targeted chronic conditions took place thus falling short of the 15% goal.	

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Additional Key Accomplishments

- Nurse Advice Line redirected 3,276 symptom check calls to appropriate lower level of care; 8% of those were for members that intended to go to the Emergency Department.
- An increase of 72% in orders and distribution of health education materials for a total of 55,814 pieces.
- Resource Guide on perinatal resources to address maternal health disparities among Black individuals mailed to 1386 members.

L.A. Cares About™ programs send monthly mailings with information about resources for newly identified members with diabetes, diabetes and CKD, asthma, COPD and high risk pregnancies. The goal is to drive traffic to the MyHIM™ wellness portal and connect members to education resources such as NAL, health education workshops, coaching and materials.

L.A.Cares About™		Probable Causes
Letters mailed	73,793	Members do not ▪ open letter ▪ understand letter content ▪ seek resources promoted on letter
*My*HIM™ target conditions workshops completed	40	
*My*HIM™ surveys competed (How did you hear about wellness portal?)	174	
*My*HIM™ survey answer (Heard about wellness portal through a letter)	8	
NAL calls for education on targeted conditions (Unable to directly link receiving letter to NAL utilization)	179	
Self-referrals to Health Education for targeted conditions (Unable to directly link receiving letter to self referrals)	295	

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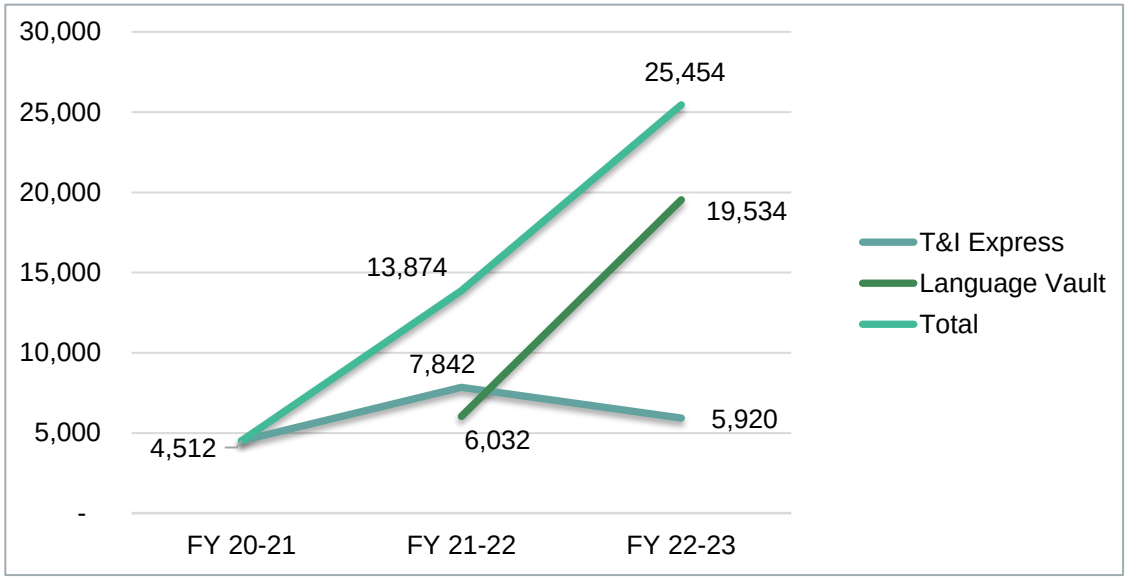
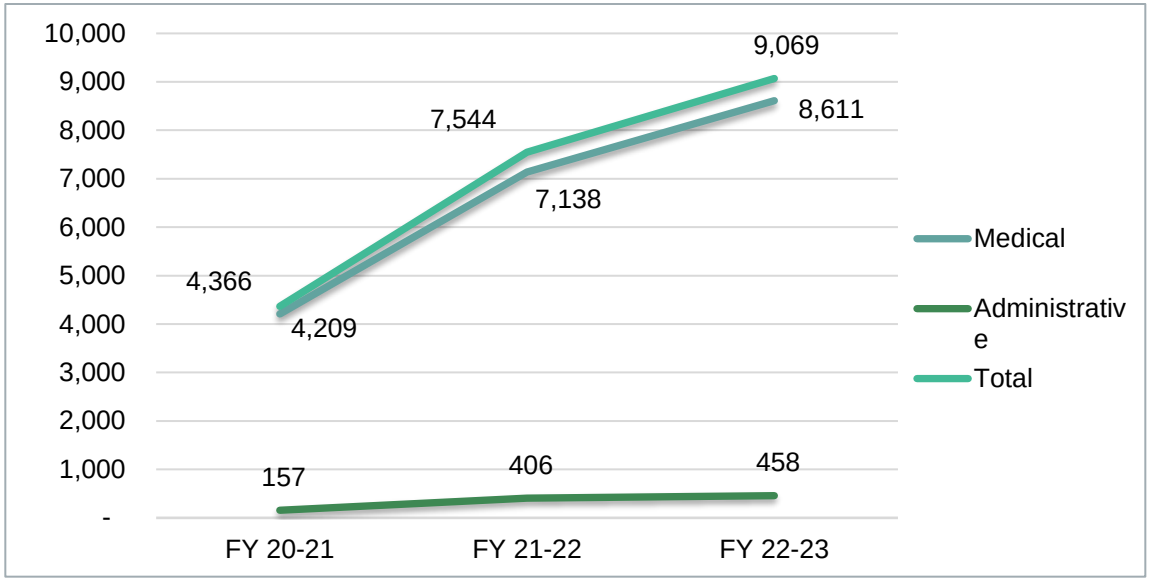
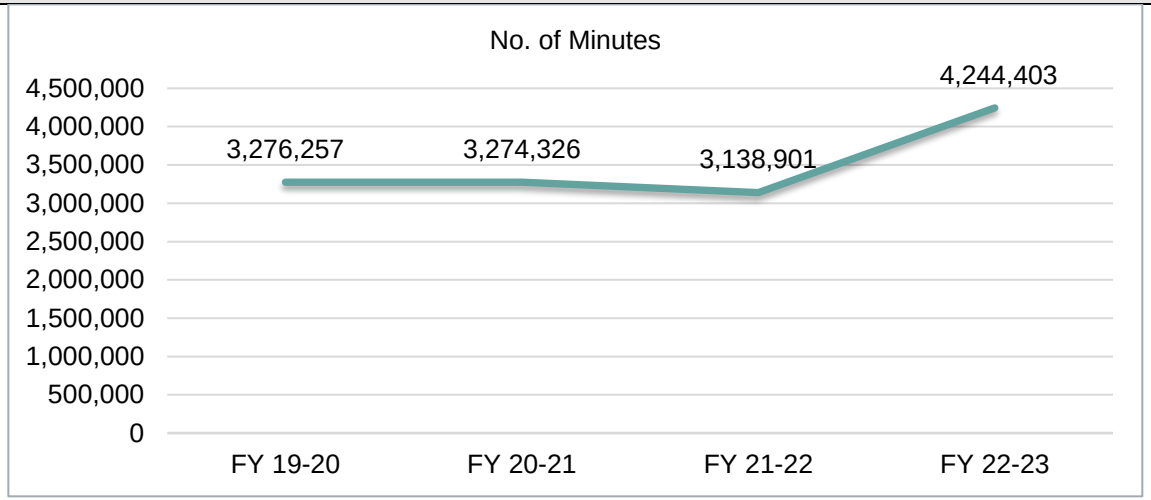
	FY22-23 C&L Program Evaluation C&L Services Unit ensures access to culturally and linguistically appropriate services through provision of language services and provider and member education. This annual evaluation report is for all product lines, which includes: ending of language services utilization uantitative and qualitative analysis aluation of the overall effectiveness of the C&L Program mmunity representatives' feedback on the C&L Progra Translation & Alternative. Format 25,454 documents translated in 32 languages • Standard service Translation & Interpretation (T&I): 23%, Rapid service (Language Vault (LV) –Notice of Action letters (NOA)/Notice of Action Resolution (NAR): 77% • 84% increase when compared to FY21-22 • Top three languages: Spanish (70%), Armenian (7%), Chinese (5%) • 89% of standard service (T&I), 98% rapid service (LV) delivered on-time. • 820 alternative formats produced: Large print (75%), Audio (22%), Braille (3%)  	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Face to Face Interpretation 9,069 face-to-face interpreting requests in 31 languages • Medical: 95%, Administrative: 5% • PCPs: 30%, Specialists: 70% • 69% of medical appointments at DHS Rancho (44%) and APHCV (25%) - Top three languages for medical appts: Spanish (52%), Thai (8%), ASL (8%) - 96% of medical requests fulfilled successfully - 97% of members satisfied with services  Telephonic Interpreting 235,875 calls with over 4.2 million minutes in 86 languages • Call Center including Faneuil (72%), CM (5%), EvenMORE (4%) • 27% increase in call volume, 35% increase in call duration Top three languages: Spanish (79%), Mandarin (5%), Armenian (3%) 89% of calls connected in less than 30 seconds 96% of members satisfied with services	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN



Goals: Met Five out of seven goals were met

FY 22-23 Goals		Benchmark	Results	
Member are satisfied ("Very Happy" or "Somewhat Happy") with interpreting and translation services	**Face-to-face interpreting**	**90.0%**	**96.8%**	**Met**
	Telephonic interpreting	**90.0%**	**95.5%**	**Met**
	Translation	**90.0%**	**99.7%**	**Met**
Deliver translation requests before or on the requested due date.	**Standard service (T&I Express)**	**90.0%**	**89.3%**	***Not met***
	Rapid service (Language Vault)	**90.0%**	**98.4%**	**Met**

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	Telephonic interpreting calls connect in 30 seconds or less.	**90.0%**	**88.8%**	***Not met***	
	Fulfill face-to-face interpreting requests for member medical appointments.	**90.0%**	**96.0%**	**Met**	

Goals: Not Met – Root Cause & Action Taken
Longer connection time to a telephonic interpreter

- *Root cause*: Two major natural disasters; earthquake in Mexico and hurricane in Puerto Rico depleted availability of interpreters especially Spanish, resulting in longer connection time in FY22-23 Q1.
- *Action taken*: Vendor adjusted interpreter hours and allowed overtime to remedy the situation while recruitment and onboarding process continued. The connection time returned to above KPI 96.6% in Q3, 95.2% in Q4.

On-time translation delivery (Standard service, T&I Express)

- *Root cause*: Staff turnover and inconsistency in the way delivery data was captured.
- *Action taken*: On boarded and trained two new Translation Specialists. TThe on-time delivery improved to 88.2% in Q3 and 89.4% in Q4.

Follow-up/Next Steps
FY22-23 C&L Program was able to meet the applicable regulatory requirements and the current needs of L.A. Care members. The program will continue for the following year with no substantive changes.
The C&L Services Unit will continuously pursue initiatives to improve C&L services in the upcoming fiscal year.

- Enhancement of alternative format fulfillment process
- Improvement of Khmer translation quality (Glossary)
- Streamlining face-to-face interpreting workflow
- Enhance provider education opportunities on language services
- Support Health Equity with DEI training implementation
- IT projects (R/E data remediation, Alternate Format data/workflow, NOA translation QNXT)

<table>
<tr><th>AGENDA ITEM/ PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td>MANAGED CARE ACCOUNTABILITY SETS (MCAS) MEASURE SET MY2023 AND MY2024 (MEDI-CAL)</td><td>Bettsy Santana, MPH, Senior Manager, Quality Improvement Initiatives, Quality Improvement, gave a report about Managed Care Accountability Sets (MCAS) Measure Set MY2023 and MY2024 (Medi-Cal) (a copy of the report can be obtained from Board Services).

• The Managed Care Accountability Set (MCAS) is a set of Medi-Cal performance measures that L.A. Care is required to report
• For MY 2022, L.A. Care received an intent to sanction in the amount of $890K
- L.A. Care has filed an appeal
• The MCAS list for MY 2023 has a total of 42 measures with 18 held to the National 50th% as set by the National Committee for Quality Assurance (NCQA), known as the Minimum Performance Level (MPL)
- 3 new measures were held to MPL in Measurement Year (MY) 2023
• Currently, we are still collecting data and calculating MY 2023 final rates

2023 Key Findings
For MY2023, L.A. Care is at risk of falling below MPL on 9 measures
“Topical Fluoride Varnish”* and “Well Care Visits for Children (ages 3-21)” are very close to meeting MPL. We are working hard to ensure we receive all data needed.
“Cervical Cancer Screening” rates and “Well Care Visits for Children under 30 Months” have improved but still not at MPL
“Follow-up after ED visit for Mental Health Condition (FUM)” and “Follow up after ED visit for Substance Use (FUA)”* have data gap issues that we are working on

Measures at risk
Rates for MY 2023 as of February 14, 2024

<table>
<tr><th>Measure Description</th><th>Measure Type</th><th>Rate</th><th>50th/ MPL</th></tr>
<tr><td>Cervical Cancer Screening (CCS)</td><td>H</td><td>50.12%</td><td>57.11</td></tr>
<tr><td>Childhood Immunization Status (CIS)</td><td>H</td><td>25.06%</td><td>30.90</td></tr>
<tr><td>Follow-Up After Emergency Department Visit for Substance Use (FUA)</td><td>A</td><td>26.60%</td><td>36.34</td></tr>
<tr><td>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</td><td>A</td><td>29.79%</td><td>54.87</td></tr>
</table>
</td><td></td></tr>
</table>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Lead Screening in Children (LSC)	H	60.34%	62.79
Prevention - Topical Fluoride For Children	A	16.54%	19.30
Well-Child Visits in the First 30 Months of Life (W30)	A	44.73%	58.38
Well-Child Visits in the First 30 Months of Life (W30)	A	63.46%	66.76
Child and Adolescent Well-Care Visits (WCV)	A	45.30%	48.07

Rates have improved which may lessen the monetary impact for MY 2023.

Highlights
Multiple childhood measures are trending up

- Topical Fluoride Varnish
- Lead Screenings (LSC)
- Well Care Visits for Children 15-30 months (W30 B)
- Child and Adolescent Well-Care Visits (WCV)
- Developmental Screening - Already met MPL
- Immunizations for Adolescent is currently at 75th percentile

We have high performance on two adult measures

- Breast Cancer Screenings is currently at 75th percentile
- Chlamydia Screening is at 90th percentile

MCAS MY 2024/RY 2025

- No substantive changes
- Still 18 Measures held to MPL
  - The diabetes measure transitions from Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (HBD) to Glycemic Status Assessment for Patients With Diabetes (GSD)
- 23 Measures are reportable
  - Only one measures was dropped from the list from prior year
    - Ambulatory Care – Emergency Department (ED) Visits

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• MY 2025 proposed Changes - 7 additional measures will be held to MPL	
APPROVE QUALITY IMPROVEMENT DOCUMENTS (COM A.0324) • **2023 QUALITY IMPROVEMENT EVALUATION (ALL LINES OF BUSINESS)**	Bettsy Santana, *MPH, Senior Manager, Quality Improvement Initiatives, Quality Improvement,* presented the 2023 Quality Improvement Evaluation (All Lines of Business) and the 2024 Quality Improvement Program to the committee for approval *(a copy of the presentation can be obtainded from Board Services).* Annual QI Evaluation (Fiscal year 22-23) • The Quality Improvement Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to: o Quality and Safety of Clinical Care o Quality of Service o Member Experience o Access to Care • The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities. o Staff throughout L.A. Care contribute to the activities o QI committees oversee the various activities	
• **2024 QUALITY IMPROVEMENT PROGRAM**	The Quality Improvement and Health Equity Program describes the program structure and the formal decision-making arrangement where L.A. Care's goals and objectives are put into an operational framework. Revisions for 2024 General Revisions • Changed from QI program to QI and Health Equity program • Strategic Priorities (2022-2024), Goals, and Objectives were updated • The Staff section only includes directors and above i.e. removed managers from the staffing section New Goals • Implement a Health Equity Mitigation Plan 2023-2025 Scope of the Program • Continued to add language throughout to address providing *equitable* care and services • Removed reference to Kaiser as they now directly contract with the State • Changed Safety Net Initiatives program to Community Supports	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<u>Motion COM A.0324</u> **Approve the following documents:** • **2023 Quality Improvement Annual Evaluation – All lines of business** • **2024 Quality Improvement & Health Equity Program Description and Work Plan – All Lines of Business**	**Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)**
PROVIDER QUALITY ISSUES (PQI) FY22-23 REVIEW (ALL LINES OF BUSINESS)	Rhonda Reyes, *Quality Improvement Program Manager III*, and Christine Chueh, *RN MS HCM, CPHQ Director, Provider Quality, Quality Improvement,* gave a report about Provider Quality Issues (PQI) FY22-23 Review (All Lines of Business) *(a copy of the report can be obtainded from Board Services).* Ms. Reyes gave an annual update on the Provider Quality Review Team, which evaluates potential quality of care issues among providers. She mentioned that this year, they processed 7,334 cases, with 29.5% being unsubstantiated referrals and the remaining 5,169 forwarded for clinical review. The increase in processed cases is due to backlog closure and increased staffing. She discussed severity leveling, with 65% of cases having no quality of clinical care issues, 29% having service issues, and 7% having quality of care issues. The stricter approach by nurses led to identifying more quality of care issues this year (7% compared to 3% last year). Ms. Reyes also talked about provider monitoring based on point thresholds and membership sizes. They hold quarterly engagement meetings with high-volume Participating Physician Groups and address issues with timely closure, achieving a 99% closure rate since March 2023 after resolving a backlog issue. They take action against providers for quality of care issues about 90% of the time, with exceptions such as retired providers or those not obligated to respond to corrective action plans.	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	*There was no public ccomment.*	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Four potential cases THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Todd Gower, Chief Compliance Officer, Serge Herrera, Privacy Director, and Gene Magerr , Chief Information Security Officer CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF	
RECONVENE IN OPEN SESSION	The Committee reconvened in open session at 4:22 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:22 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: _____

Compliance and Quality (C&Q) Committee Meeting

L.A. Care HEALTH PLAN®
For All of L.A.

Compliance Department

April 18, 2024

Compliance Officer Report & Agenda

Topic	Speaker(s)
Delegation Oversight Program Development – *15 mins*	Miguel Varela
Delegation Oversight Monitoring – *5 mins* • Clinical Compliance Monitoring • Top 10 PPG Monitoring Scores and CAPs	Richard Rice
Risk Management and Operations Support – *15 mins* • Top Risks • Issues Inventory	Michael Sobetzko
Utilization Management – *5 mins* • Authorization Request Timeliness Monitoring • Quality Assurance – Letters	Dr. David Kagan
Quality Improvement – *10 mins* • Compliance Risk Summary - Open CAPs • Access & Availability to Care • Key MCAS Measures	Dr. Edward Sheen

Delegation Oversight Program Development

Miguel Varela

Delegation Oversight

L.A. Care Delegation Oversight Manual

L.A. Care Health Plan ("LAC") contracts with certain healthcare providers ("Delegates") to perform certain administrative services and functions as part of their agreements with LAC, and performs regular oversight of the Delegates' performance to ensure adherence to regulatory, contractual, and operational requirements.

- Each year, on a regular and periodic basis, LAC requires Delegates to submit reports to substantiate its performance for each administrative service and function delegated.
- LAC's oversight activities include, but are not limited to, annual audits of the Delegate, as well review of monthly and quarterly reports submitted by the Delegate.
- The oversight is intended to assess the Delegate's performance against benchmarks and thresholds, and validate regulatory and contractual compliance.

Delegation Oversight – Current Status

Decentralized Governance Model

Delegation Oversight at L.A. Care is structurally decentralized and managed by several departments within the organization:

1. Compliance Department
2. Internal Audit
3. Business Units

- Provider Network Management
- Quality Improvement
- Financial Compliance
- Pharmacy Compliance
- Credentialing

So What?

What are the risks of a decentralized model?

Lack of a holistic “delegate scorecard” that details status of the delegate’s performance across the multiple delegated services

Instances of delegate non-compliance, tracking and trending, and overall monitoring efforts are not visible through the organization

There is no escalation path where concerns can be raised at different levels of management (lines of communication)

Documentation is not readily available since it is housed across multiple departments

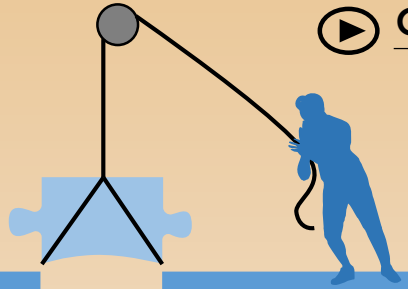
Unclear roles and responsibilities between the business unit and compliance

How do we bridge the GAP?

Develop a comprehensive model

Decentralized Model

Decentralization limits the visibility into the overall network. With network oversight responsibilities dispersed across various teams, coordinating activities and sharing information becomes challenging.



Comprehensive Network Oversight

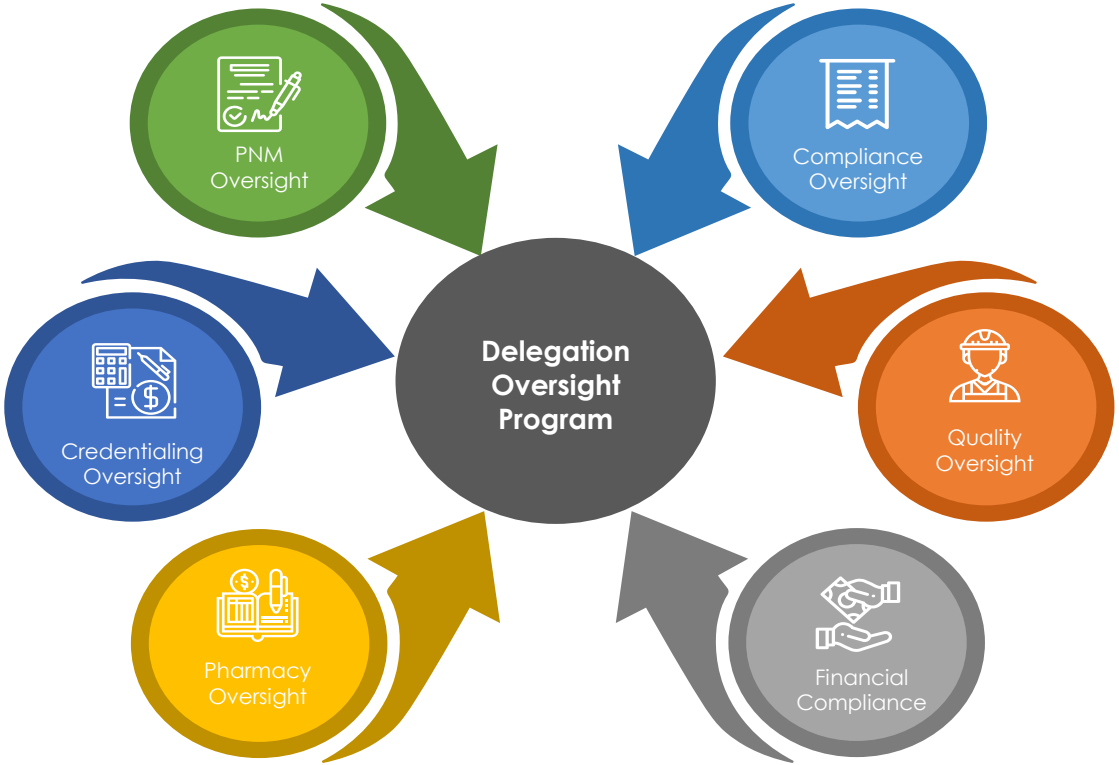
Centralized oversight helps ensure adherence to regulatory requirements and industry standards across the entire network environment. It facilitates consistent enforcement of compliance policies and simplifies audit processes.

L.A. Care | **Delegation** *Oversight*

Checking the Pulse of Delegate Performance

Delegation Oversight Program

Establish a formal delegation oversight program



What does the Delegation Oversight Program include?

1. **Roles & Responsibilities**
   Outline key responsibilities for participating stakeholders to help drive clear accountability

2. **Sanctioning Framework**
   Develop and align with impacted stakeholders a framework to utilize to determine when to sanction a delegate

3. **Risk Stratification**
   Develop and align an approach to risk stratify delegates to help prioritize level of oversight efforts

4. **Escalation Path**
   Establish a escalation and communication path for delegate related information

5. **Key DO monitoring areas**
   Define the key metrics that will be utilized to monitor the delegates' performance during the committees

6. **Delegate Scorecard**
   Develop a score card for each delegate capturing the key DO Monitoring areas and data inputs required

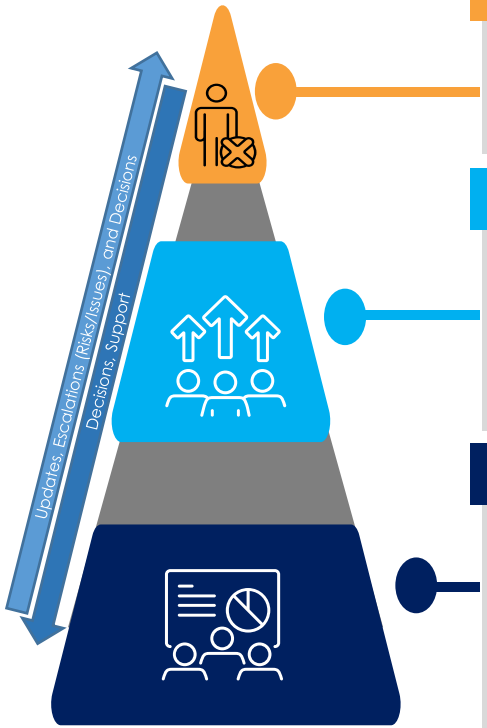
7. **Process Documents**
   Develop/Revamp existing policies, procedures, and desk level procedures to align with new program

8. **Delegation & Contact Matrix**
   Review existing delegation and contact matrix and establish a refresh process

9. **SharePoint**
   Revamp existing SharePoint to include tools and templates required to help facilitate oversight activities

(Non-exhaustive)

Three-tiered Committee Structure



Executive Delegation Oversight Committee

Serves as final level of escalation for any delegates with ongoing performance and/or compliance deficiencies that have not been remediated for extended periods of time. Responsible for reviewing the business case/justification and determining final sanctioning decisions

Delegate Sanction Committee

Serves as the 1st level of escalation for any delegates with ongoing performance and/or compliance deficiencies. At-risk delegates are monitored closely ("on watch"). The committee will review the justification/business case for delegates proposed for sanctioning and research the impact of a sanction. Information is proposed to the Executive Delegation Oversight Committee for final determination

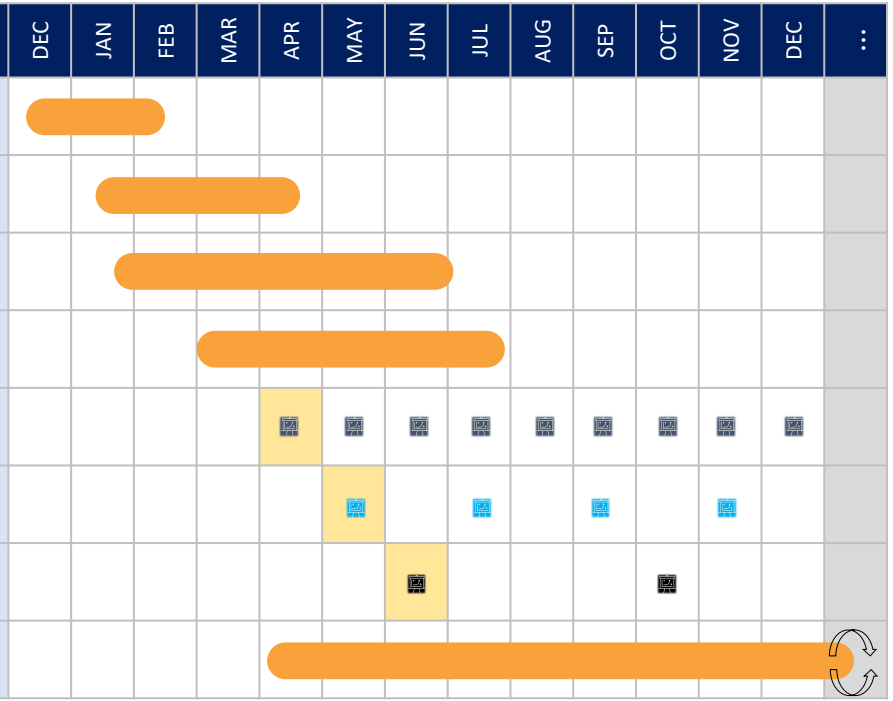
Delegation Oversight Workgroup

The workgroup is comprised of stakeholders impacted or responsible for overseeing the delegates performance. The workgroup is responsible for collectively analyzing data/information pertaining to the delegates' regulatory performance/ compliance, identifying performance deficiencies (risks/issues) and remediating performance concerns. If there is no progression in the delegate's performance, information is escalated to the Delegate Sanction Committee for further review and potential sanctioning, accompanied by a business case justifying the reasons for the proposed sanctioning

Proposed Timeline

The following is a proposed timeline for the Delegation Oversight Program build activities.

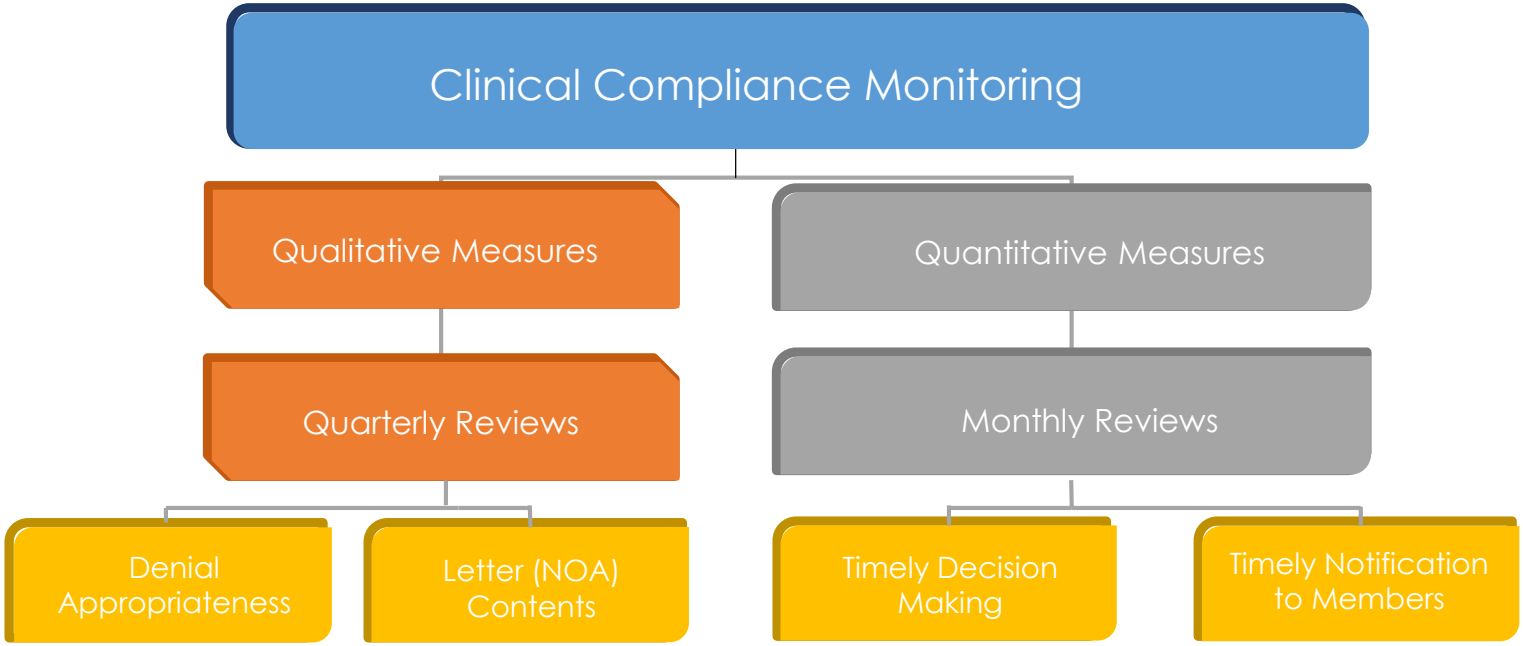
ACTIVITIES	STATUS
1. Align on the strategy and vision for Delegation Oversight Program	Complete
2. Assess existing capabilities across the organization to identify programmatic gaps and opportunities	In Progress
3. Develop, review, and approve Delegation Oversight charter(s)	In Progress
4. Design and build Delegation Oversight Program and related processes	In Progress
5. Facilitate DO Workgroup Meetings (Monthly)	Not Started
6. Facilitate Delegate Sanction Committee Meetings (every other month)	Not Started
7. Facilitate Executive DO Committee Meetings (Quarterly)	Not Started
8. Ongoing education, review, and process improvement	Not Started



Initial Committee Meeting(s) will be utilized to review and approve the charter, align on expectations, structure and cadence for the meetings.

Delegation Oversight Monitoring

Clinical Compliance Monitoring



Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume *(Membership)*	NAME	Q3	Q4	CAP Sent
1	Healthcare LA (HCLA)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		95.00%	92.0%	NA
		Letter Content for Service Authorization Request Denials (95% Goal)		
		60.0%	52.0%	3/20/24
		UM Timeliness (95% Goal)		
		99.5%	99.6%	3/20/24
2	Department of Health Services (DHS)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		100.0%	NA	NA
		Letter Content for Service Authorization Request Denials (95% Goal)		
		0.0%	NA	3/20/24
		UM Timeliness (95% Goal)		
		91.7%	76.9%	3/20/24
3	Preferred IPA Of California (PIPA)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		81.3%	78.9%	03/20/24
		Letter Content for Service Authorization Request Denials (95% Goal)		
		7.7%	0.0%	3/20/24
		UM Timeliness (95% Goal)		
		93.2%	94.1%	3/20/24
4	AltaMed Health Services (AMHS)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		94.4%	100.0%	NA
		Letter Content for Service Authorization Request Denials (95% Goal)		
		83.3%	85.7%	3/20/24
		UM Timeliness (95% Goal)		
		99.1%	99.3%	3/20/24

Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume *(Membership)*	NAME	Q3	Q4	CAP Sent
5	Allied Physicians (APIA)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		92.9%	88.2%	3/20/24
		Letter Content for Service Authorization Request Denials (95% Goal)		
		0.0%	17.6%	3/20/24
		UM Timeliness (95% Goal)		
		98.8%	97.1%	3/20/24
6	Community Family Care (CFC)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		68.8%	87.5%	3/20/24
		Letter Content for Service Authorization Request Denials (95% Goal)		
		15.4%	43.8%	3/20/24
		UM Timeliness (95% Goal)		
		93.6%	93.8%	3/20/24
7	GLOBAL CARE IPA (GCMG – MEDPOINT MGMT)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		93.3%	100.0%	NA
		Letter Content for Service Authorization Request Denials (95% Goal)		
		76.9%	47.4%	3/20/24
		UM Timeliness (95% Goal)		
		99.3%	99.3%	3/20/24
8	Optum/HealthCare Partners (HCPM)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		100.0%	100.0%	NA
		Letter Content for Service Authorization Request Denials (95% Goal)		
		0.0%	0.0%	3/20/24
		UM Timeliness (95% Goal)		
		98.6%	99.9%	3/20/24

Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume *(Membership)*	NAME	Q3	Q4	CAP Sent
9	Citrus Valley Physicians Group (CVPG)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		71.4%	100.0%	3/20/24
		Letter Content for Service Authorization Request Denials (95% Goal)		
		14.3%	0.0%	3/20/24
		UM Timeliness (95% Goal)		
		99.5%	96.2%	3/20/24
10	Prospect (PROH)	**Clinical Decision Making for Service Authorization Request Denials (95% Goal)**		
		85.7%	100%	NA
		Letter Content for Service Authorization Request Denials (95% Goal)		
		0.0%	12.5%	3/20/24
		UM Timeliness (95% Goal)		
		96.8%	99.2%	3/20/24

Risk Management and Operations Support

Michael Sobetzko

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk #	Risk Title	Risk Mitigation Plan Status	Comments
C2	HRA Assessment / Reassessment Timeliness	On Track	Management Action Plan received. MCLA HRA Operational Reports Pending-Go live 04/5/2024.
C13	Compliance Monitoring / Enforcement / Audits	On Track	Management Action Plan received. Programmatic changes to better enhance the compliance audit, monitoring and enforcement programs are currently in progress.
E5	Vendor Management / Contracting Process	Delayed	Management Action Plan not complete. Additional meetings to be held.
E10	Encounters	Delayed	Management Action Plan note complete. Additional meetings to be held.
O15	Delegation Oversight	On Track	Management Action Plan received. Programmatic changes related to Delegation Oversight are in progress.
O20	Staffing: Staffing / Skilled Hires / Time to Hire	Delayed	Management Action Plan not complete. Additional meetings to be held.
O23	DSNP Implementation and Oversight	On Track	Management Action Plan received. Programmatic changes related to DSNP Implementation and Oversight are in progress.

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # / Title	**C2: HRA Assessment / Reassessment Timeliness**
Risk Statement	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
Risk Owner(s)	Sameer Amin, Acacia Reed, Steven Chang
Completed Risk Mitigation Activities	1. **Management Action Plan received March 2024** 2. **CMC-Era Operational Reports and Ad-hoc Reports** • Compliance w/DSNP HRA requirements using manual workarounds are active and ongoing until automated reporting available.
Open Remediation	1. **MCLA HRA Operational Reports: Scheduled to go live April 2024** • SPD 90 day • MCLA Operational Monitoring 2. **D-SNP HRA Monitoring Reports**: Implemented D-SNP HRA monitoring report to capture new D-SNP LOB • Completion Date: 8/11/23; **Scheduled to go live April 2024**
Summary	Management Action Plans received and actively worked.

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # / Title	**C13: Compliance Monitoring/Enforcement/Audits**
Risk Statement	With the Plan winning new contracts and past CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.
Risk Owner(s)	Todd Gower, Miguel Varela, Richard Rice
Completed Risk Mitigation Activities	1. **Management Action Plan received March 2024** 2. **Restructure of Regulatory Compliance (Vertical):** Reorganize "EPO" into two distinct teams to clarify roles, provide focus and right sizing of team. • Completion Date: **March 8, 2024**
Open Remediation	1. **Quantification and Analysis:** Each department leader will need to analyze their respective areas and assess the maturity level of the division. Analysis will need to encompass current state, GAP analysis, and future state proposals. • Estimated Completion Date: **April 2024** 2. **Enhance Corporate Compliance Monitoring:** Update processes to ensure appropriate oversight and monitoring. Develop new workflows. Hire and train staff to effectuate the updated processes. • Estimated Completion Date: **July 1, 2024**
Summary	Management Action Plans received and actively worked.

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # / Title	**E5: Vendor Management/Contracting Process**
Risk Statement	Lack of cross functional third-party vendor management and oversight. How to ensure vendors adhere to contractual requirements. Complexed contracting process, multiple touches across organization, contracting may be delayed in certain parts of process. Centralized owner that works cross functionally with business partners.
Risk Owner(s)	Tom MacDougall, Afzal Shah, Augie Haydel
Completed Risk Mitigation Activities	No completed risk mitigation activities noted for this risk area.
Open Remediation	No open remediation items noted for this risk area.
Summary	Management Action Plan not completed. Additional meetings are necessary.

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # / Title	**E10: Encounters**
Risk Statement	As the Plan deals with impacts from the Pandemic and current economic environment, the ability to staff roles is at risk, to include internal frustration. Not addressing the staffing challenges can lead to the plan not filling roles and could negatively impact the Plan and Members.
Risk Owner(s)	Noah Paley
Completed Risk Mitigation Activities	No completed risk mitigation activities noted for this risk area.
Open Remediation	No open remediation items noted for this risk area.
Summary	Management Action Plan not completed. Additional meetings are necessary.

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # / Title	**015: Delegation Oversight**
Risk Statement	There's are risk of LA Care's Delegation Oversight is not effectively monitoring relationships and their agreements to LA Care. As a result this could lead to a potential increase in appeals and grievances, member harm and regulatory findings.
Risk Owner(s)	Todd Gower
Completed Risk Mitigation Activities	1. **Management Action Plan received March 2024**
Open Remediation	1. **Establish Compliance Delegation Oversight Committee: Proactively escalate delegate performance issues to the respective committees**. • Compliance Delegation Oversight Workgroup commences: **April 2024** • Delegation Sanction Committee commences: **May 2024** • Executive Delegation Oversight Committee commences: **June 2024** 2. **Delegation Scorecards:** Established process to ingest information from functional areas who are completing oversight activities- scorecards allow for assessment of Delegates performance from different attributes. • First wave of scorecards will be utilized by **June 2024**
Summary	Management Action Plan received

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk # / Title	**O20: Staffing / Skilled Hires / Time to Hire**
Risk Statement	As the Plan deals with impacts from the Pandemic and current economic environment, the ability to staff roles is at risk, to include internal frustration. Not addressing the staffing challenges can lead to the plan not filling roles and could negatively impact the Plan and Members.
Risk Owner(s)	Terry Brown
Completed Risk Mitigation Activities	No completed risk mitigation activities noted for this risk area.
Open Remediation	No remediation items noted for this risk area
Summary	Management Action Plan not completed. Additional meetings are necessary.

Risk Management Update

Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

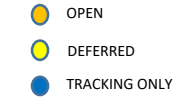
Risk # / Title	**O23: DSNP Implementation and Oversight**
Risk Statement	A monitoring program for DSNP has not been fully implemented for internal operations and delegates.
Risk Owner(s)	Todd Gower, Miguel Varela, Richard Rice, Albert Aguilar
Completed Risk Mitigation Activities	1. **Management Action Plan received March 2024**
Open Remediation	1. **DSNP KPIs**: Requirements for DSNP KPIs to be completed and delivered to IT: **May 2024** • Development of DSNP KPI-are based on audit findings, contractual requirements, regulatory standards, and department policies. 2. **Establish Compliance Delegation Oversight Committee:** Proactively escalate delegate performance issues to the respective committees. • Delegation Oversight Workgroup commences: **April 2024** • Delegation Sanction Committee commences: **May 2024** • Executive Delegation Oversight Committee commences: **June 2024** 3. **Delegation scorecards** will be utilized by **June 2024**
Summary	Management Action Plan received

Issues Inventory Update – Summary

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Reported	5	4	6										
Open	2	2	4										
Closed to inventory	1												
Deferred													
Remediated			1										
Tracking Only	2	2	1										
Monitoring Only													

- **Open** – Issues confirmed by Compliance Risk Operations that require oversight and monitoring with business units.
- **Closed to Inventory** – Issues in which business units' are seeking guidance about a regulation or best practice process.
- **Deferred** – Issues in which regulatory guidance (DHCS, DMHC, or CMS) is pending to resolve or issue resolution is dependent on another business units' implementation of a system or process.
- **Remediated** – Issues that require formal or informal corrective action plans for resolution.
- **Tracking Only** – Issues managed by other Compliance areas (such as Regulatory Affairs, Audits, Analysis, Communication and Internal Audit In which the risk management staff is following up for current status updates to closure.
- **Monitoring Only** – Issues in which corrective action plans are completed and monitoring is to be done by Compliance.

Issues Inventory Years 2019 – 2023



Year	2019	2020	2021	2022	2023	2024
Total	6	134	32	105	212	21
Open	1			3	21	12
Closed to Inventory					124	3
Deferred			3	21	2	
Remediated	5	134	29	81	45	1
Tracking Only					20	5
Monitoring Only						

Issues Inventory Update – Open

Issue Name and Description	Date Reported	Business Unit	Status
Cancellation Letter Covered California Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)	2/29/2024	Customer Solution Center (CSC) – Enrollment Services	Open
Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs) The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)	2/7/2024	Medi-Cal Products; Provider Data	Open
Call the Car State of Emergency February 2, 2024 The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)	2/2/2024	Provider Network – Contract and Relationship Management	Open
Memorandum of Understanding (MOU) Implementation Requirements Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)	2/1/2024	Product Teams	Open

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Closed
D-SNP Operational Requirement Y2024 Readiness Alternate Format L.A. Care's readiness for implementing D-SNP Medical Advantage Final Rule for fulling integrated materials in alternate formats. (1554)	11/16/2023	Medicare Product; Cultural & Linguistic Services	This is a duplicate issue and is being address and linked to issues 1546 & 1529.	3/4/2023
DMHC Compliant 1286227 - PHI Violation Compliant A member filed a compliant with the Department of Managed Health Care (DMHC) due to the former Primary Care Physician (PCP) being a CC on authorization letters. (1553)	10/18/2023	CSC – Appeals & Grievances	The Plan did substantiate the Member's statement with regards to the PCP being cc'd. But the provider did not receive authorization information for the member. Confirmed that authorizations were only sent to requesting physician.	3/26/2023
Enhanced Care Management Readiness L.A. Care's is investigating their readiness for implementing the Enhance Care Management requirements of APL 23-032 which outlines the improvements to quality of life and health outcomes for Medi-Cal managed care members. (1542)	12/26/2023	CSC – Call Center; Enterprise Configurations; IT Portfolio	This issue is closed to inventory due to Finance and ECM teams are compliant with the new requirements. ***No need to report as an issue.**	2/7/2023

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Closed
Hotline Call - Member has Clinical Care Concern – Medication Member called Civil Rights Hotline to report several grievances relating to clinical care and medications. (1505)	10/20/2023	CSC – Appeals & Grievances	Appeals & Grievances has responded to all of the hot line calls for this member	3/15/2023
Even More Inquiry – Potential SIU Case EvenMore sent a potential SIU case inquiry. The issue was a member received a call from their medical group on 12/07/2023 advising to schedule a follow up appointment for a previous hospitalization a few weeks ago, but the members hospitalization was four months prior. The medical group advised the member to contact their health plan. (1540)	12/12/2023	CSC – Call Center; CSC – EvenMore	No indication of fraud. Member was asked to schedule a follow-up for a previous hospital visit that was either “weeks ago” or “a few months ago”.	12/26/2023

Issues Inventory Update – Deferred

Issue Name and Description	Date Reported	Business Unit	Remediation Description	Date Closed
Inappropriate and Untimely Forwarding of Appeals and Grievances Cases to SIU Appeals and Grievances cases involving potential FWA issues were not sent to the SIU for review in a timely manner. (1417)	3/15/2023	CSC – Appeals & Grievances	Per DHCS, no timeline changes for forwarding SIU cases regardless of the time it takes the Health Plan to determine a potential SIU case.	12/26/2023
Public Provider Ground Emergency Medical Transportation-Add On Payment DHCS has implemented the Public Provider Ground Emergency Medical Transport (PP-GEMT) Program to provide increased reimbursements, by application of an add-on increase, for non-contracted emergency medical transports provided by eligible public GEMT providers. The add-on increase applies to the fee-for-services (FFS) fee schedule rate for the affected emergency medical transport procedure codes APL 20-002. (1308)	3/2/2023	Claims Configuration; Finance; Provider Network Management	This issue (phase I project closure) is deferred to phase II of the project. Provider raised a concern that in order to receive their GEMT payments multiple claims have to be submitted. To address providers' issue, a different set system requirements are needed which changed the scope of the project. Phase II GEMT started March 4th addressing the system modification for providers to submit one claim for GEMT reimbursements.	3/20/2024

Issues Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Remediated
Member Portal Incorrect Access to Member Payment Information A member signed into our Member Portal and had access to another member's Payment Information. It does not appear any HIPPA related data was viewed. (1550)	2/15/2024	IT	A review was performed and all indications are that this was an isolated issue. No issue was found that would allow a member to access another members HIPPA data.	3/13/2024
D-SNP Chronic Illness Benefit Fund Medicare Products expressed a concern that approximately 2000 members may no longer qualify for financial assistance and denial templates for (reduction, modify and denial) are being develop to include member's appeal rights. (1502)	10/10/2023	Medicare Product	Dual Eligible Special Needs Plan (D-SNP) members did not meet the 2024 Special Supplemental Benefits for the Chronically Ill (SSBCI) criteria. Members who qualified in 2023 but no longer qualify in 2024 were sent a denial notice (mailed on 12/11/2023 and 12/28/2023).	3/4/2024

Issues Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Remediated
New Member Welcome Kits Mailings Oversight & Monitoring LA Care and Plan Partner Groups (PPGs) send new member materials upon initial enrollment by an establish timeline. PPG are to send quarterly reports to LA Care for reconciliation of new materials. There's a gap for monitoring the reports received from PPGs quarterly to ensure all new members were sent their materials timely. Policy -CMP 005 is pending updates for monitoring. (1419)	3/21/2023	Delegation Compliance Oversight	A request for Plan Partners to start sending their Welcome Kits reports to EPO began in 3Q2023. The EPO-007 "New Member Welcome Packet and Annual Mailings for Existing Medi-Cal Members" policy was uploaded and approved as of Feb 9th 2024.	3/6/2024
Transportation Benefit Audit – Lack of UM Monitoring of PCS Form Quality – UM APL 22-008, under Non-Emergency Medical Transportation Physician Certification Statement Forms, "MCPs must ensure that a copy of the PCS Form is on file for all members receiving NEMT services and that all fields are filled out by the provider." UM does not perform monitoring to ensure there is a PCS Form on file for every member receiving NEMT. (1453)	10/06/2022	UM; Provider Vendor Management	The issue was remediated and action items in the CAP were completed.	3/8/2024

Issues Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Remediated
Transportation Benefit Audit – Missing Member-Initiated NEMT Trip Workflow – UM APL 22-008 states "Members must be able to request a PCS form from their provider by telephone, electronically, in person, or by another method established by the MCP." A corrective action plan submitted to the DHCS in response to a finding from the 2019 Medical Audit stated UM would "develop a workflow for managing member-initiated prior authorizations for transportation, with staff education/training." However, the supporting documentation supplied to the DHCS was the Transportation Services Job Aid, which does not include a workflow or describe how the UM staff will obtain the PCS Form for member-initiated NEMT service prior authorizations. (1458)	10/06/2022	UM; Provider Vendor Management	The issue was remediated and action items in the CAP were completed.	3/8/2024

Issues Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Remediated
Transportation Benefit Audit – PCS Forms: Incomplete – UM and CRM Per APL 22-008, under Non-Emergency Medical Transportation Physician Certification Statement Forms, "MCPs must ensure that a copy of the PCS form is on file for all members receiving NEMT services and that all fields are filled out by the provider." Sample testing showed four (4) of 16 PCS forms (20%) were incomplete in that they did not have all required fields completed, as required by regulations. (1456)	10/06/2022	UM; Provider Vendor Management	The issue was remediated and action items in the CAP were completed.	3/8/2024
Transportation Benefit Audit - PCS Forms: Missing Forms – UM and CRM APL 22-008, under Prior Authorizations, states "The member must have an approved Physician Certification Statement (PCS) form authorizing NEMT by the provider." Sample testing showed four (4) of 20 PCS forms (20%) were missing and one of the four missing forms was for a dialysis-related courtesy trip. Regulations require PCS Forms be completed prior to the transportation services. (1455)	10/06/2022	UM; Provider Vendor Management	The issue was remediated and action items in the CAP were completed.	3/8/2024

Issues Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Business Unit	Closed Description	Date Remediated
Transportation Benefit Audit – Lack of UM Monitoring of PCS Form Quality – UM APL 22-008, under Non-Emergency Medical Transportation Physician Certification Statement Forms, "MCPs must ensure that a copy of the PCS Form is on file for all members receiving NEMT services and that all fields are filled out by the provider." UM does not perform monitoring to ensure there is a PCS Form on file for every member receiving NEMT. (1453)	10/06/2022	UM; Provider Vendor Management	The issue was remediated and action items in the CAP were completed.	3/8/2024
NCQA CR5 and CRED Policy CR 10 Credentialing unable to provide member complaints report to Credentialing Committee due to not being able to get an accurate/complete report from A&G providing complaints with PPG level identification. (1209)	12/26/2023	CSC – Appeals & Grievances; Credentialing; IT; Corporate Compliance Oversight	The report, Credentialing A&G Member Complaints, was migrated to PROD and runs on a quarterly basis and adhoc as needed.	3/18/2024

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
Misalignment: HRA Process and DSNP Model of Care Case Management is seeking regulatory guidance for the change to no longer offer Face-to-Face (F2F) Health Risk Assessment HRA as a first option for members to complete their HRA because it is no longer a regulatory requirement. In the 2024 D-SNP Model of Care (MOC) submitted to DHCS and CMS in Spring 2023, F2F was noted as being offered as a first option. (1557)	2/27/2024	Case Management	Tracking Only

Utilization Management

Dr. David Kagan and Tara Nelson

Authorization Request Timeliness Monitoring

Timeliness of Authorization Decisions & Notifications	Q3 2023	Q4 2023	Jan 2024	Feb 2024
All LOB (95%)	99%	99%	99%	99%
Direct Network (MCLA subset: 95%)	98%	99%	99%	99%
DSNP (95%)	98%	96%	97%	98%

Description of Data: Overall timeliness for each LOB per quarter, all above goal of 95%

Relevance: Tight monitoring due to past enforcement action and CAPs in place for timeliness

- New metrics established by Compliance Department for Medicare D-SNP beginning August 2023.

Maintenance Activities:

- Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends.
- Ongoing assessment of opportunities for process and system improvements, including those directly impacting reports and data.
- Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests.
- Implementation of Direct Network Prior Authorization (DNPA) electronic form on 3/1/24. Webinar hosted by PNM on 3/5/24 to introduce the DNPA form.

Quality Assurance – Letters

Identified Issues

January-February letter fallouts due to missing member address (letters resent on 2/21/24)

- Requested a system feature that enables reporting of reasons for failed letters – SyntraNet deployment scheduled for 3/28/24

Letter fallouts resulting from voided member enrollment (members whose enrollment was not completed due to changes in eligibility)

- Inquiry sent to Compliance Department to determine requirements surrounding notifications for members with voided enrollment

Quality Improvement

Dr. Edward Sheen

Compliance Risk Summary - Open CAPs from Audits

NCQA Accreditation Survey

UM7B denial letters missing language
- Issue already corrected
- Half of files selected in survey were prior to LAC updates and improvements taking effect
- Accreditation conducted Mock Audit File Review of internal UM files and delegates
  - 18 / 24 UM and Delegate files reviewed met UM 7B requirements

Opportunities for Improvement:
- Non-Compliant Factors
  - Factor 1: Reason for Denial
  - Factor 2: Reference to Criterion
- Next Steps: QI will conduct continuous check-ins with UM and Delegates to ensure GAPs are remediated.

NCQA Discretionary Survey

DHS: UM13C
- Not enough denial files to review per 8/30 methodology; due to DHS E-Consult specialty referral process
- QI confirmed with NCQA: "reviewing all available files is an acceptable methodology if the number of files falls short."
- Narrative explaining DHS E-Consult system, process improvement efforts, and auditing of all files was submitted as supporting evidence.
- NCQA Consultant (TMG) recommends proceeding with survey and not requesting extension; found that evidence provided to date meets criteria.

2021 DMHC Routine Survey

PASC-SEIU
- Inconsistency in QI policies and procedures being applied to PASC-SEIU product line

MCLA
- Need for PQR to implement reasonable procedures to investigate PQI in timely manner
- Need for PQR to improve process to address confirmed quality of care issues

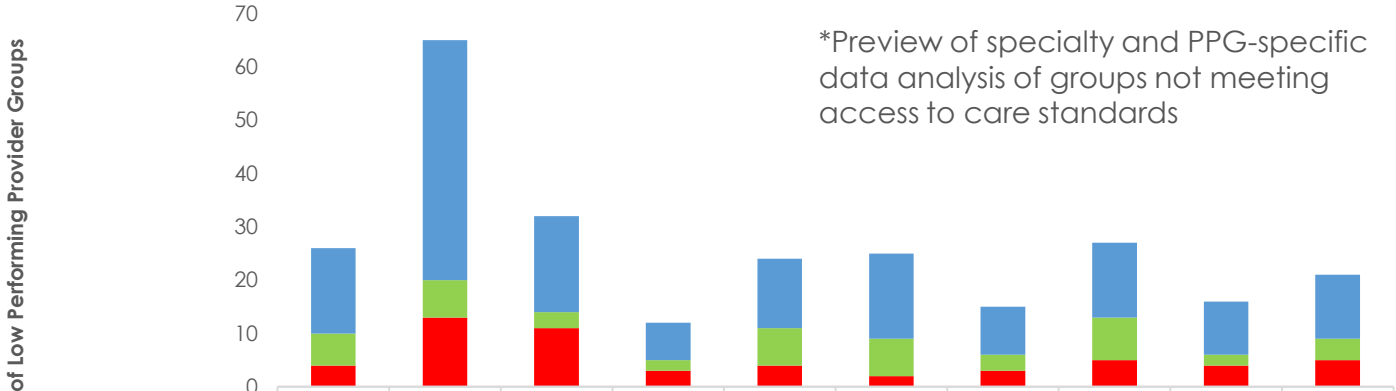
Issues – PPG, Delegate, and Vendor

Team	Issue Summary
Accreditation	**NCQA**: Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies
Accreditation	**Access to Care:** Plan Partners disagree with L.A. Care's minimum compliance rate set at 10% or higher than DMHC's goal of 70%. This benchmark has been set as a protective measure that directly correlates with member experience and network performance. QI-030 Policy: Performance Goals "QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%."
Initiatives	**Blood Lead Screening - Initial Health Assessments**: Rates have improved but still under 50th percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.

MY2022: Access & Availability to Care

Low Performing PPGs not meeting Urgent Appointment Measure for **Gastroenterology** (Medi-Cal) Low Performing PPGs

# of Survey Responses	# Non-Compliant Surveys	# Compliant Surveys	#Refusals	L.A. Care Minimum Rate of Compliance Goal	Variance (Compliant vs LAC Goal)
416	82 (20%)	93 (22%)	241 (58%)	80%	-58%



*Preview of specialty and PPG-specific data analysis of groups not meeting access to care standards

	Allied Pacific IPA	Anthem Direct	Blue Shield Promise	Exceptional Care Medical Group	Global Care IPA	Health Care LA IPA	Imperial Health Holdings Medical Group	LA Care Direct Network	Prospect Medical Group	Regal Medical Group
Refused - No Response/Declined to Respond	16	45	18	7	13	16	9	14	10	12
Urgent Appt (Compliance)	6	7	3	2	7	7	3	8	2	4
Urgent Appt (Non-Compliance)	4	13	11	3	4	2	3	5	4	5

Quality MCAS Measures

YTD as of 3/25/2024

Measure Description	Measure Type	MY2023 Admin Rate	MY2023 Hybrid Rate	50th Percentile	% below MPL	Denominator
Asthma Medication Ratio	Admin	64.91%	-	65.61	-0.70%	17,639
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Admin	26.60%	-	36.64	-10.04%	13,348
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Admin	29.79%	-	54.87	-25.08%	11,297
Well-Child Visits in the First 30 Months of Life (W30A)	Admin	44.73%	-	58.38	-13.65%	14,660
Well-Child Visits in the First 30 Months of Life (W30B)	Admin	63.46%	-	66.76	-3.30%	33,034
Child and Adolescent Well-Care Visits (WCV)	Admin	45.30%	-	48.07	-2.77%	804,006
Cervical Cancer Screening (CCS)	Hybrid	-	53.55%	57.11	-3.56%	546,418
Childhood Immunization Status (CIS)	Hybrid		27.74%	30.9	-3.16%	32,916
Lead Screening in Children (LSC)	Hybrid		61.80%	62.79	-0.99%	33,062

Questions

Acronyms, Terms & Other Information

- **BAA** – Business Associate Agreement
- **BCP** – Business Continuity Plan
- **BCDR** – Business Continuity Disaster Recovery
- **BIA** – Business Impact Assessment
- **DO** – Delegation Oversight
- **CAP** – Corrective Action Plan
- **CIA** – Confidentiality, Integrity and Availability
- **CRA** – Cybersecurity Risk Assessment
- **DR** – Disaster Recovery
- **EPMO** – Enterprise Project Management
- **ERCM** – Enhanced Regulatory Change Management
- **HHS** – Health and Human Services
- **HRA** – Health Risk Assessment
- **IIH** – Individual Identified Health
- **LACHP** – L.A. Care Health Plan
- **MCAS** – Managed Care Accountability Set
- **OCR** – Office of Civil Rights
- **PHI** – Personal Health Information
- **PII** – Personal Identifying Information
- **PM** – Project Management
- **RIO Committee** – Regulatory Implementation Oversight
- **RPO** – Recovery Point Objective
- **RTO** – Recovery Time Objective

CMO Report
April 2024

Medical Management Division

Medical Directors (MDs)

With a fully staffed Medical Director team of ten physicians, we efficiently allocate personnel to cover UM, CM, MLTSS, claims, appeals, and grievances. Leveraging their clinical and managed care expertise, MDs lead high-priority initiatives. They rotate through various tasks such as UM and appeals queues, quality of care grievances, Interdisciplinary Care Team meetings, inpatient rounds, and office hours. Additionally, specific areas like contracts/configuration, UM/Claims rules, policy/claims integrity, discharge planning, TCS expansion, and utilization are handled by designated physicians.

Transitional Care Services (TCS)

- **Expansion:** Starting January 2024, low-risk members became eligible for TCS. In January, the TCS Central Call line received 132 member calls and 54 provider/facility calls, increasing to 170 member calls and 67 provider calls in February. March saw a surge in calls due to more low-risk members receiving TCS invitation letters.
- **Outreach and Engagement**: Including the Long Term Care (LTC) population within our eligibility criteria led to record-high TCS touches, with 1,595 and 1,979 high-risk members in January and February respectively. These figures only reflect TCS activities by LAC staff, excluding Plan Partners and PPGs.
- **Teams:** As of March 2024, the CM TCS team is comprised of 44 FTEs with 13 open TCS CHW positions. The MLTSS team initiated TCS work with existing staff. Unexpectedly high hospitalization rates among LTC members (over 700 in January and over 1000 in February) prompted a staffing assessment and consideration of delegation to SNFs. Additional MLTSS staff requests are anticipated in April.
- **DHCS Meetings:** L.A. Care convened two key meetings with DHCS Leadership regarding Transitional Care Services (TCS). First, on March 5th, DHCS conducted an onsite review of our 14-month progress implementing TCS, where we showcased our models, utilization of HIE, risk stratification data, and our high engagement rates. DHCS flagged concerns about delegate performance consistency, urging close compliance monitoring. Secondly, on March 6th, L.A. Care hosted the DHCS Population Health Management TCS Summit, facilitating dialogue among health plans and providers. Our Senior Medical Director and MLTSS Senior Director participated, discussing transition strategies involving nursing facilities and community resources. DHCS announced forthcoming changes to TCS requirements, signaling operational adjustments ahead.

Enhanced Care Management (ECM)

- **Data Integrity:** The team is enhancing ECM enrollment tracking methods to improve regulatory reporting and provider payments. Many concerns from last year are resolved, with more solutions expected by Q2 2024. The Clinical Data Analyst is developing dashboards to track referral trends and performance indicators. We plan to use this data to identify enrollment growth opportunities.

- **Payment Model:** The ECM team is adjusting payment rates to comply with DHCS guidance. We're also considering feedback from providers and exploring alternate payment models used by other health plans.
- **Clinical Oversight:** A provider audit pilot started in Q1 2024. Initial audits showed an average score of 59%. ECM providers showed commendable efforts in outreach, engagement, care coordination, and assessments with members. However, audits revealed gaps in Transitional Care Services, updating care plans, closed-loop referrals, case conferences, and clinical oversight of non-clinical staff. Monthly reports will communicate audit results to our providers, highlighting strengths and gaps identified and enabling them to assess their performance relative to other network providers. A fuller oversight program will launch in Q2 2024.
- **Enrollment:** Our goal by the end of 2024 is 30,000 ECM members. Q4 2023 enrollment was 10,765, excluding Plan Partners. Efforts to improve enrollment include modifying eligibility criteria and improving technical reporting logic. This will enable us to effectively generate lists of ECM-eligible member for ECM providers. We began tracking leads/direct referrals in February as part of our growth strategy.
- **Network:** The ECM Network currently has 75 contracted providers. The majority (52) are considered small with 0-100 members, 17 are medium with 101-500 members and six are large with more than 501 enrolled members. In 2024, we expect the network to continue to expand as the new ECM populations of focus mature and new providers complete their onboarding.
- **Staffing:** We're shifting resources toward program management and operational oversight. Recruitment is open for seven positions with further assessment for additional resources underway to manage program growth.

Care Management for DSNP Members

- **Case Volumes:** The DSNP Care Management team saw a significant rise in case volume in Q1 2024, driven mainly by new high-risk members identified through Health Risk Assessments (HRAs).
- **New Requirements:** CM continues implementation of new DSNP requirements.
  - Case volumes are expected to increase due to targeted outreach to specific populations, aligning with new regulatory requirements for ECM-like services for DSNP members. This includes higher care coordination standards for DSNP members in palliative care.
  - A new HRA, essential for care coordination, went live on 4/1/2024, with updates to operational reports and processes to accommodate it.
  - Note templates and modules in the system are being updated to track face-to-face activities per new DSNP program expectations.
- **Data Validation Period:** In Q2 2024, the accuracy of HRA data in CMS reports will be reviewed through case audits.

Utilization Management Corrective Action Plans

- **Timeliness of UM decisions and notifications/Compliance Scorecard measures**
  - January and February 2024 reports are now available. The measures that were below 95% were due to a member address issue resulting in untimely notifications. We identified and remediated the root cause in mid-February.
  - **Overall performance**
    - Measures above 95%: January (44); February (45)
    - Measures 90-94%: January (2); February (1)
  - **Direct Network only (Medi-Cal subset):** 20/20 measures > 95%.
    - Measures above 95%: January 19; February 20
    - Measures 90-94%: January 1; February 0

- **Regulatory Audit Findings and CAPs**: All UM findings have been remediated. Aside from the two exceptions noted below, all UM corrective action steps are complete as of April.
  - A fully functional provider portal that allows electronic prior authorization submission, status tracking, and access to decision notifications is in the planning and building phase with anticipated launch in October 2024.

- Completion and validation of an enhanced, dynamic dashboard/business intelligence tool to monitor scorecard measures in near-real time is expected in Q2 2024.

IT Systems

- **Syntranet**
  - *E-Forms:* SMART forms for DME, non-emergency medical transportation, and Direct Network are now available for provider authorization requests via the legacy Provider Portal. Contracting team conducted webinars to promote their use. The ECM referral form has been on the portal since December 2023.
  - *Productivity Reports Enhancement:* IT team updated Syntranet to include additional analytical data for productivity monitoring. Recent updates feature a staff average, clear time gap graphics, and the ability to pull team data.
  - *Other Enhancements:* Reporting feature added to easily identify reasons for failed transmission of member letters. Additional information has now been included in easily downloadable reports.

- ***QXNT UM***: Plans are in full swing for a conversion from Syntranet to QNXT with an anticipated go-live date of 9/16/24
  - *Conversion plans* from Syntranet to QNXT in progress, with anticipated go-live date of 9/16/24.
  - *Configuration and testing:* UM leads preparation, coordinating with ECM, MLTSS, BH, and Community Health experts.
  - *Supplemental staffing:* Contract with Toney Healthcare approved in February and executed in March for non-clinical and nurse staff. Toney staff will support training and post-go-live activities to maintain timely authorization processing. Coordination of hiring and training with permanent staff activities ensured.

Community Based Adult Services (CBAS)

As of January's end, the MLTSS CBAS team reviews new and modified requests for services exceeding four days per week. They assess the member's condition to determine appropriate visit frequency, aiming to prevent avoidable over-utilization. Preliminary February data reveals a 40% decrease in inappropriate prior authorization requests and a 40% increase in modified requests. MLTSS will continue tracking and analyzing outcomes of the new process.

CalAIM & Community Supports (CS)

CS services are increasingly promoted in Joint Operating Meetings (JOMs) and provider forums, resulting in a surge in member utilization. Since October 2023, Personal Care and Homemaking Services have risen from an average of 40 per month to 101 per month. Respite Care increased from an average of seven to 17 per month, while Environmental Accessibility Adaptations have climbed from seven per month last fiscal year to 56 per month this fiscal year.

New Populations/Benefits Standardization

- **Intermediate Care Facility for Developmentally Disabled (ICF-DD) Long-Term Care Coverage**: Since January 1, 2024, ICF-DD long-term care became a covered service under Medi-Cal Managed Care. Contracting with nearly 200 facilities, mostly new to managed care, poses a significant challenge. By the end of March, L.A. Care successfully contracted with enough facilities to meet DHCS's minimum requirements. The ICF-DD census increased from 150 in January to 230 members in February.

- **Pediatric Sub-Acute Carve-In:** Effective January 1, 2024, the Pediatric Sub-Acute Carve-In took effect. Two out of three facilities in L.A. County were contracted, with the third in the contracting process. Approximately 175 members are in these facilities. In January, introductory calls were made with each facility. Updates to the prior authorization form will be distributed to facilities and posted on the public website.

Palliative Care

Our palliative care enrollment has substantially increased. From January 2023 to January 2024, the census rose by 257%. In the last three months of 2023, there was a 10% increase in referrals, likely due to the program's promotion during numerous PPG JOMs. Effective 1/1/24, the benefit expanded to full duals in DSNP (under Medi-Cal), resulting in 20 referrals in January and 9 in February.

Nursing Facilities Re-contracting

The team is finalizing contracts for Skilled Nursing Facilities (SNFs), featuring updated rate tiers and carve outs. The aim is to streamline the process for facilities to accommodate members with complex medical and social needs.

- **Rockport Health Care Services**, which had previously been admitting members under a Letter of Agreement (LOA), entered into a 12-month pilot program leveraging their 201-bed Four Seasons facility starting April 1, 2024. A mid-year evaluation will take place to assess viability of the program. The pilot is open to new admissions at the LTC Complex Level. Eligible members also have access to four other Rockport facilities through LOAs. The LAC team is collaborating with HMA consultants to establish operational processes for full implementation in May.

Quality Management Division

Chief Updates

- **NCQA Health Equity Accreditation Survey** results received, accrediting L.A. Care for Medicaid, Medicare, and Marketplace Exchange, with an impressive 98% score.
- **Provider Engagement & Outreach Workgroup's** Physician Advisory Collaborative meeting held in person on 1/10/2024.
- **Equity Practice Transformation (EPT) Program:** DHCS' EPT program assigned 46 practices to L.A. Care, including 24 small/medium practices and 22 FQHC practices, out of 211 selected out of 700+ practices.
- **New Health Equity Measures:** DMHC established HEQMS (Health Equity and Quality Measure Set) as benchmark standards for health plans, consisting of 12 HEDIS measures and 1 CAHPS measure to address health inequities and ensure equitable service delivery across all market segments.

Health Education, Cultural, and Linguistic Services (HECLS)

- **The Meals As Medicine Program** expanded eligibility criteria starting 1/1/2024, with 345 requests approved as of March 1 and contracting underway for two new meal providers offering meal kits and produce boxes.
- **The 2024 Flu Campaign** will be rebranded as Fight the Flu and Covid Campaign to emphasize vaccination for both.
- **Doula Services:** 113 L.A. Care Medi-Cal pregnant members have been recommended for doula services, with 90 members serviced so far, and data pending for others.
- **Pilot programs for Adult Weight Management and Pediatric Healthy Lifestyle** are underway at three Community Resource Centers.
- **L.A. Care registered dietitians** organized various learning events and blogs focusing on nutrition and healthier food choices, under the theme "Beyond the Table".

Initiatives

- L.A. Care submitted a **Comprehensive Quality Strategy** addressing measures below minimum performance level on 3/13, with DHCS accepting our response without further questions.
- We are initiating an amendment with mPulse to include additional texting campaigns in 2024 for pediatric flu and lead screening.
- We launched the **0-15 months (W30 6+) Clinical Performance Improvement Project (PIP)** for Well-Child Visits in the First 30 Months of Life. Community Health Workers are currently contacting 89 Black/African-American members in Service Planning Area 6, to provide well care visit reminders and coordinate appointments.
- L.A. Care to participate in the **IHI Collaborative Project** from 4/4/2024 to address health disparities in Well Care visits for Children (ages 3-21).
- Quality Improvement Department leading implementation of new **Quality Improvement/Population Health-focused Joint Operation Meetings (JOMs)** for the 10 largest participating physician groups (PPGs).
- **QI Nurse Specialist** engaging with Direct Network provider offices to ensure proper follow-up for members with high blood lead levels.

Practice Transformation Programs

- **First 5LA/HMG LA:** Cohort 1 practices (Asian Pacific Health Care Venture [APHCV] + Kids & Teens MCG) are screening 50.1% of members aged 0-5 years old, realizing a 36% increase in screenings over baseline (14%) through January 2024. Cohort 2 practices (To Health Everyone Health and Wellness Centers [T.H.E.], Bartz-Altadonna, Palmdale Pediatrics, and White Memorial Community Health Center) have generated a 16.3% increase over baseline (0%) for completed screenings through December. Completed 53 out of 60 early childhood development classes for members and the community through February.
- **Transform L.A.-Direct Network (DN):** The program has enrolled 20 practices with 112 providers, serving 12,461 DN members, accounting for 30% of total DN members. The program is preparing practices to report W30 data. For January 2024, data shows A1C Poor Control/Glycemic Status for Patients with Diabetes (>9%) at 44%, which is 86% of the MPL (38%); Controlling Blood Pressure at 58%, which is at 95% of the MPL (61%); and CIS-10 at 6%, which is at 20% of the MPL (30%).
- **EQuIP LA – Direct Network A:** Practices completed AIMs (goal statements) and initiated Plan, Do, Study, Act cycles for A1C Poor Control (>9%) and Colorectal Cancer Screening.
- **Equity & Practice Transformation Payments Program:** Accepted 46 practices (24 private + 22 FQHCs) into Cohort 1 with L.A. Care as their assigned Managed Care Plan (MCP). DHCS will release Initial Planning Incentive Payment (IPIP) guidance in March, with payments distributed to MCPs by April 30th. DHCS conducted kick-off meetings for Cohort 1 practices on 2/15 and 2/21, with the MCP kick-off meeting held on 2/23/24. The first deliverable for practices to receive a Directed Payment is submission of the Population Health Management Capabilities Assessment Tool (PhmCAT) and is due April 30th.

Provider Quality Review (PQR)

- **Timely Closure Rate:** PQR team maintains a closure rate above 99% for FY2023-2024.
- **Aging PQI Cases:** Total open aging as of February 2024 was 2,549, a 29% decrease from October 2023 open aging of 3,598. Referral intake has decreased by 35% since in-service training with Grievances in October 2023.
- **Audits & Delegation Oversight:** PQR resumed oversight of A&G and CSC (member call-in line) in January 2024, reviewing cases through February. Quarterly Delegation Oversight reviews completed. Recommendations made to refine peer review policies for Blue Shield Promise. Minor reporting discrepancies with Carelon resolved.

- **Provider Engagement:** Quarterly engagement with DHS continues. DHS communicated that they plan to start sharing and discussing PQI reports with their clinics. In addition, the PQR team joined the DHS Complaints Workgroup in February to discuss improvement efforts. The workgroup invited the PQR team back to review the PQI process with participating clinics on 3/27/2024.

Accreditation

- **National Committee for Quality Assurance (NCQA): Health Plan Accreditation**
  - ***2023 NCQA Survey:*** L.A. Care accredited for Medicaid, Medicare, and Exchange (Under Corrective Action) from 10/24/2023 – 10/24/2026. Onsite CAP Survey scheduled for 5/20/2024.
  - ***Discretionary Review of DHS:***
    - UM 13 Elements C: Factors 1-6: Evidence did not meet requirements because of insufficient audit methodology. Extension granted, evidence to be included in upcoming CAP survey.
      - Update 4/3/24: Newly gathered evidence for re-submission to NCQA was reviewed by our NCQA consultants and was deemed MET for all 6 Factors. QI Accred team will now submit this evidence to NCQA by the 4/23/24 submission due date.
- **Access to Care:** Future state for MY2023 PAAS results discussed with vendor. We will now have all non-compliant providers on a live dashboard.
- **Direct Network**: Provider Engagement Events held monthly by Dr. Felix Aguilar-Henriquez, providing Direct Network Appointment Availability & After-Hours Report cards.

Stars/HEDIS

- **LACC** projected year-end performance (using February 2024 data refresh) for measurement year (MY2023) has decreased relative to the prior month's year-end projection, with the overall score of 78.06, which is 2.04 lower. Clinical Quality overall score is projected to decline to 75.826 (-3.24) while Plan Efficiency/Affordability improved to 77.269 (+.668). LACC is projected to achieve an overall rating of 3 in MY2023, which is 2.04 away from achieving an overall Star rating of 4.
- **D-SNP** MY2023 performance continues to be projected at overall Star Rating of 3.0 (rounding down). Most HEDIS measure performance is still projected to perform lower year to date this year versus last year; overall domain performance has stabilized and is holding at a 2.89. Pharmacy and Operation measure performance projections are holding with an overall domain rating of 3.08 and 2.84 respectively.
- **HEDIS Q4 recovery effort** has concluded which included 1) reconciliation between PPG performance tracking vs. LAC received encounter information; 2) review of and support for PPG Q4 improvement plans and 3) review of supplemental data submission (and potential under-submissions). Impact from reconciliation efforts will be evaluated once the March 2024 data refresh occurs.
- **For the High Touch HEDIS / Pharmacy Call Center Outreach RFP**, AdhereHealth was selected as the vendor of choice. The contract completed redline reviews and is now approved. The contract has been executed. Goal is to implement by 6/2024.

Healthcare Effectiveness Data and Information Set (HEDIS)

- **HEDIS Audits**
  - ***Advent Advisory Group LLC, Virtual Audit*** successfully completed on 03/01/2024. L.A. Care submits all documentation, including Roadmap supplemental data sections and all applicable attachments.
  - ***Health Services Advisory Group (HSAG) Virtual Audit*** successfully completed on 03/06/2024. Auditor finalized approval of all supplemental data.

Population Health Management (PHM)

- The focused **2023-2024 Population Health Management Index (PHMI)** comprises nine enterprise goals, while the full PHMI encompasses 18 goals.
- The PHM team is currently developing the **2024 PHM Program Description**, incorporating CalAIM requirements and intervention updates.
- The PHM Team continues to lead **collaborative efforts with local health departments** and all health plans serving L.A. County to achieve a SMART goal: reducing maternal and infant mortality disparities for Black and Native American individuals by 50% in LA County by December 2025. Additionally, L.A. Care collaborates with SCAN for a SMART goal focused on older populations. Next steps involve coordinating health plans' efforts to maximize impact, avoiding duplication, and collecting deliverables for 2024 Medi-Cal Contract Phase III Readiness.

Initial Health Appointment (IHA)

- The **IHA Workgroup** has submitted a corrective action plan (CAP) to address the final DHCS Audit finding on IHA:
  - All components of the CAP are complete or on track including updating the monitoring tool, creating a compliance report, sending attestations to PPGs and providers, and adding payment for IHAs within the P4P program.
  - All Network Providers (PPG and Direct Network) have access to monthly **IHA due reports** on the provider portal to support IHA completion for members within 120 days of enrollment. Soon they will also receive monthly reporting on members not in compliance.
  - The IHA workgroup is expanding opportunities for member education including developing a text campaign and exploring a member incentive.

Facility Site Review (FSR)

- DHCS provided updated FSR and MRR tools/standards on 01/23/2024, which included minor grammatical edits implemented on 1/1/2024. Updates include:
  - Enhanced oversight of MCP provider proficiency requirements.
  - Documentation of education/training for non-licensed medical personnel.
  - Requirement for qualified/trained personnel to operate medical equipment.
  - Alignment of Pediatric and Adult Preventive Criteria with APL 22-030 and the Population Health Management Guide, outlining IHA requirements.
- **External Collaboration:** FSR leadership collaborated with the Healthy Data System (HDS) vendor to update online tools and provide additional staff and provider training. The FSR team collaborated with the LA County Collaborative to develop a combined mobile unit tool and condensed street medicine tool, currently being piloted by all MCPs, with feedback pending.

Population Health Informatics

- **Health Information Management (HIM) Analytics:** Achieved Phase 1 completion of the D-SNP Performance Report Dashboard, now serving the STARS Team until the end of MY 2023, at which point the STARS Team will take over dashboard responsibilities.
  - Medi-Cal JOM Performance Reports are consistently generated for new QI JOM meetings, with plans underway to transition these reports to Tableau for easier access.

  - Development of CalAIM KPIs is ongoing, with quarterly/monthly rates calculated by line of business and PPG, and shared with Advanced Analytics Library (AAL) for inclusion in their Utilization Management Over-Under Report.
  - Data analysis has begun for two new Incentive Programs—SNF and Hospital—with code development and report distribution to providers slated for early April.
  - Collaboration with the Initiatives Team is underway to finalize reports distributed through the provider portal, aiming to improve the Follow-Up with a PCP after an ED visit metric and incorporate FQHC reports for Direct Network providers.
  - SDOH rates are generated to aid the Health Equity Team in monitoring SDOH rates across PPGs and PCPs.
  - Ongoing collaboration with DHS and affiliated hospitals include providing encounter volume/timeliness data.

- **Health Information Ecosystem (HIEc):** Updates to the Hospital Services Agreement (HSA) now require hospital participation in Health Information Exchanges (HIEs), aligning with CMS 9115-F standards for Admission, Discharge, and Transfer (ADT) notifications and California Health and Human Services (CalHHS) Data Exchange Framework (DXF). Skilled Nursing Facility contracts are also being amended to mandate participation in CalHHS DXF and HIEs for improved information exchange efficiency.
  - Participation in HIEs is integral to the newly launched Hospital Pay-for-Performance (P4P) and SNF P4P Programs, offering incentives for meeting HIE participation milestones.
  - Implementation of the Data Exchange Framework (DXF) is progressing towards a go-live date of 3/28/2024.
  - A one-time HIE Adoption Incentive, launched on 3/15/2024 with a $2.1M budget, targeting hospitals and SNFs.
  - The HIE Adoption Incentive for FQHCs, Small Practices, and Solo Practitioners is ongoing, with three provider applications approved and additional applications under review.

Incentives

- Final 2022 P4P payments and reports have been completed for all programs. The team has been fielding inquiries and meeting with providers about the results.
- Provider Opportunity Report (POR)/Gap in Care (GIC) reports are being produced monthly for all provider types. Plans for report enhancements are under way alongside efforts towards more effective use of the Cozeva platform. A final retro 2023 POR is being produced and distributed in March/April. 2024 prospective PORs will go out in a similar timeframe.
- The next Q4 2023 encounter reports for Plan Partners, PPGs, and Direct Network providers will go out in April. We are adding a new encounter metric, “percent of accepted encounters,” to the VIIP in 2024.
- The 2023 CG-CAHPS survey is fielding, expecting to complete in April. The first data/reports should be available by June.
- Member incentives for 2024 are currently being assessed among stakeholders, with potential new programs for COL, WCV, and other targets.

Community Health Division

Community Supports (CS) Operations & Reporting

- **CS Provider Network:** For the July 2024 cycle, contracting is in progress for 15 providers. This includes providers for new CS programs such as Day Habilitation and Short Term Post Hospitalization Housing.

- **CS Implementation:** Implementation in progress for new CS for July 2024 launch: Day Habilitation and Short Term Post Hospitalization Housing.
- **CS Stakeholder Training:** CS monthly webinar series for current and prospective CS providers and other stakeholders is ongoing. The 3/22/24 webinar focused on: Continuum of Support for Housing Needs.
- **CS Program Alignment:** Standardization of program operations across all CS in progress
- **CS Systems:** Work is ongoing to resolve CS data issues in SyntraNet related to member enrollment status and Homeless and Housing Support Services (HHSS), RTF updates to reflect discontinuation of services, etc. QNXT testing and training is in progress.

Behavioral Health

Quarter-over-quarter, there has been a steady rise in Sobering Center cases, reflecting increased utilization of services by members.

Housing Initiatives (Housing CS, Day Habilitation CS, Field Medicine, HHIP)

- **Housing (Housing Navigation [HN] CS, Tenancy Sustaining Services [TSS] CS, Housing Deposits [HD] CS):**
  - Financial Restructure: HHSS (HN & TSS) will transition from a pre-emptive monthly capitation structure to a 2 claims per month (paid at half the cap rate each) structure. Implementation planning in progress.
  - HD admin payment to be separated from HHSS monthly cap. Implementation planning in progress.
  - Interim Housing (IH) Support: Launching IH partnerships with County and cities to connect L.A. Care Members to HN/ECM. Planning and implementation in progress.
  - Members Enrolled (as of 3/11/2024): 10,954 (456 increase from 2/5/2024)
  - Provider Network: Currently 28 contracted for HHSS, with 19 also contracted for HD

- **Day Habilitation CS (to launch 7/1/2024):**
  - Operations planning and launch in progress, including program and payment development; system build out, and configuration process.
  - Provider Network: Application review has been completed. 5 providers in process.

Field Medicine (FM) / Street Medicine (SM): Launch and Operations

- FM launch and operations planning in progress, including: final proposal for county-wide SM program; provider identification and engagement; development of SM network contract and rates; initial draft of FM application; and preparation for county-wide geo-mapping.
  - Model of Care and operational alignment with HealthNet in progress
  - Development of capacity building and performance incentives in progress

Pharmacy Division

Star Rating Metrics

- **Medication Adherence Programs:** Preliminary CY2023 rates have been released, showing a 4-5% increase in our adherence STAR measures from CY2022. We achieved 4 stars in the diabetes medication adherence measure and 2 stars in both the hypertension and cholesterol measures.
  - ***Comprehensive Adherence Solutions Program (CASP):*** As the development of a customer relationship management (CRM) system tailored to Pharmacy's needs is not expected to commence until 2025 at the earliest, Pharmacy is exploring the option of utilizing Navitus' CRM system, RISE, as an interim solution.

- ***Pharmacoadherence Mailers:*** L.A. Care Pharmacy team will manage pharmacoadherence mailer distribution internally for DSNP and LACC/D members and providers. Since this program was previously managed by a vendor, we anticipate a cost savings of approximately $154,000 from transitioning this program in-house. This transition began in April 2024.
- ***Vendor Collaboration – CVS Adherence Program:*** The first cohort of members was enrolled in February 2024.
- ***Quality Drug Clinical Care (QDCC):*** As of 1/1/24, L.A. Care Health Plan has transitioned its mail order pharmacy services from Ralphs Pharmacy to QDCC for DSNP, LACC/D, and PASC members. QDCC offers enhancements such as the ability to ship refrigerated medications and diabetic testing supplies. DSNP members also have the option to enroll in auto-refill and auto-ship services. As of 3/1/24, 66 DSNP members have been successfully enrolled in the new pharmacy, along with 57 LACC/D and 3 PASC members.
- ***GLP-1 Receptor Agonists:*** Effective 1/1/24, prior authorizations (PA) are required for all formulary GLP-1 receptor agonist (RA) products to ensure appropriate use for Medicare Part D covered indications. GLP-1 RA medications are included in the diabetes medication adherence measure. To support the continuity of care and improve adherence Star ratings, L.A. Care Pharmacy team conducts outreach for rejected GLP-1 claims to pharmacies and providers to assist with processing. As of 3/25/24, GLP-1 rejected claims for 757 unique members have been reviewed and outreached.

- **Medication Therapy Management (MTM) Program:** CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). The 2024 MTM program year has started and changes to the program are reflected on our website. L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and Custom Health pilot program, achieved 49% completion rate of eligible members as of 3/18/24, a significant improvement from 2023 Q1 at 29%.
- **Care for Older Adults (COA) – Medication Review:** Pharmacy is continuing to submit MTM CMRs to count for this measure. Participating physician groups (PPGs) are expected to work on this measure independently for the first half of the year. We have submitted a request for pharmacy interns again in the summer to assist with completing medication reviews internally.
- **Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC):** Pharmacy launched several new initiatives in 2023 to facilitate appropriate initiation of statin therapy. We sent statin gap lists directly to the pharmacy teams at AltaMed and Optum/AppleCare, resulting in additional 16 SUPD and 34 SPC gaps closed. Preliminary CY2023 rates have been released, showing a 1% and 2% increase in our SUPD and SPC Star measures from CY2022, respectively. We achieved 4 stars for SUPD and 3 stars for the SPC measure. For 2024, Pharmacy plans to work with AdhereHealth for additional support in these measures.

QI Incentives: Pay-for-Performance (P4P) Updates

Presenter: Fahreen Wahid

QI & Health Equity Committee
April 18, 2024

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Pay-for-Performance (P4P) Programs: Review and Updates

1. Background
2. Accomplishments & Updates
3. P4P Performance & Measure Trends
4. Future Direction

Background

- **Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions.**

- **The programs promote provider accountability and offer a business case for quality improvement.**
  - Performance measurement and reporting
  - Peer-group benchmarking
  - Value-based revenue (significant and meaningful above capitation)

- **Designed to align the quality improvement goals of Plan Partners, IPAs, clinics and physicians.**
  - Aim to foster systematic process improvements and better care coordination
  - Reduce variation and promote consistency

Accomplishments & Updates

- **MY 2022 Medi-Cal P4P reports and payments**
  - Around 900 Physician & Clinics were paid out $22 million.
  - 51 IPAs were paid out $17.4 million for Medi-Cal VIIP.

- **MY 2022 LACC and CMC VIIP**
  - LACC & CMC VIIP reports will be shared with IPAs by the first week of February.
    - 24 IPAs will be paid approx. $2.4 million.
  - 18 IPAs were paid out $405,600 for CMC VIIP.

- **MY 2022 Direct Network**
  - 76 primary care providers and clinics paid out approx. $447,000.

P4P Performance Score Trends

- **Physician Pay-for-Performance (P4P) Program**

Solos		MY 2020	MY 2021	MY 2022
Performance Scores	Mean	28.05%	30.14%	27.01%
	Median	23.68%	27.14%	23.33%
	Max	94%	98.33%	100%

Clinics		MY 2020	MY 2021	MY 2022
Performance Scores	Mean	14.00%	26.74%	24.76%
	Median	22.73%	23.33%	23.58%
	Max	57.73%	68.89%	67.00%

P4P Performance Score Trends

- **Value Initiative for IPA Performance + Pay-for-Performance (VIIP+P4P) Program**

Medi-Cal		MY 2020	MY 2021	MY 2022
Performance Scores	Mean	32.41%	29.40%	25.47%
	Median	30.27%	26.34%	22.95%
	Max	81.61%	67.74%	62.45%

LACC		MY 2020	MY 2021	MY 2022
Performance Scores	Mean	28.95%	28.96%	32.39%
	Median	29.81%	27.23%	31.42%
	Max	48.16%	42.86%	45.00%

CMC		MY 2020	MY 2021	MY 2022
Performance Scores	Mean	37.80%	32.89%	29.17%
	Median	35.86%	28.75%	27.77%
	Max	62.64%	81.03%	56.80%

Measure Specific Trends: Physician P4P

Threshold: 50th percentile among network

Threshold: 50th Percentile Among Network				
HEDIS Measure	**MY2020**	**MY 2021**	**MY 2022**	**Rate Change (MY20 - MY22)**
Asthma Medication Ratio- 5-64 years of age	57.14%	62.68%	66.67%	9.53%
Breast Cancer Screening	54.72%	51.43%	52.84%	-1.88%
Cervical Cancer Screening	53.85%	52.57%	51.81%	-2.04%
Childhood Immunization Status- Combo 10	15.50%	17.65%	18.92%	3.42%
Chlamydia Screening in Women	62.70%	64.71%	65.81%	3.11%
Controlling Blood Pressure	20.61%	24.04%	23.90%	3.29%
Immunizations for Adolescents- Combo 2	32.79%	31.58%	33.33%	0.54%
Prenatal & Postpartum Care- Postpartum Care	61.54%	63.16%	63.26%	1.72%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	77.97%	76.47%	73.33%	-4.64%
Weight Assessment and Counseling for Child/Adol - Physical Activity	45.63%	56.20%	58.02%	12.39%

Measure Specific Trends: Physician P4P

Benchmark: 95th percentile among network

Benchmarks: 95th Percentile Among Network				
HEDIS Measure	**MY 2020**	**MY 2021**	**MY 2022**	**Rate Change (MY20 - MY22)**
Asthma Medication Ratio- 5-64 years of age	90.50%	91.33%	93.79%	3.29%
Breast Cancer Screening	79.17%	75.81%	75.00%	-4.17%
Cervical Cancer Screening	72.98%	71.43%	70.21%	-2.77%
Childhood Immunization Status- Combo 10	53.69%	56.84%	58.52%	4.83%
Chlamydia Screening in Women	85.71%	86.69%	88.31%	2.60%
Controlling Blood Pressure	68.09%	74.71%	71.95%	3.86%
Immunizations for Adolescents- Combo 2	67.47%	64.48%	68.30%	0.83%
Prenatal & Postpartum Care- Postpartum Care	84.15%	88.10%	83.33%	-0.82%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	92.45%	92.31%	88.89%	-3.56%
Weight Assessment and Counseling for Child/Adol - Physical Activity	88.34%	91.81%	90.96%	2.62%

Measure Specific Trends: VIIP+P4P

Threshold: 50th percentile among network

Threshold: 50th Percentile Among Network				
HEDIS Measures	**Threshold MY2020**	**Threshold MY2021**	**Threshold MY2022**	**Rate Change (MY20 - MY22)**
Asthma Medication Ratio - Ages 5-64	58.17%	63.76%	64.84%	6.67%
Breast Cancer Screening	55.38%	51.75%	53.70%	-1.68%
Cervical Cancer Screening	54.63%	52.97%	53.11%	-1.52%
Childhood Immunization Status - Combo 10	20.07%	22.49%	22.11%	2.04%
Chlamydia Screening in Women	63.09%	65.78%	66.56%	3.47%
Controlling High Blood Pressure	23.05%	29.00%	34.49%	11.44%
Immunizations for Adolescents - Combo 2	36.00%	34.92%	34.69%	-1.31%
Prenatal & Postpartum Care: Postpartum Care	58.50%	62.71%	61.70%	3.20%
Prenatal & Postpartum Care: Timeliness of Prenatal Care	77.25%	75.62%	74.90%	-2.35%
Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	51.74%	65.17%	66.70%	14.96%

Measure Specific Trends: VIIP+P4P

Benchmark: 95th percentile among network

Benchmark: 95th Percentile Among Network				
HEDIS Measures	**Benchmark MY 2020**	**Benchmark MY 2021**	**Benchmark MY 2022**	**Rate Change (MY20 - MY22)**
Asthma Medication Ratio - Ages 5-64	71.26%	83.33%	85.60%	14.34%
Breast Cancer Screening	72.61%	69.23%	72.11%	-0.50%
Cervical Cancer Screening	68.73%	66.67%	67.76%	-0.97%
Childhood Immunization Status - Combo 10	43.81%	55.22%	47.95%	4.14%
Chlamydia Screening in Women	71.69%	72.66%	80.00%	8.31%
Controlling High Blood Pressure	52.30%	62.76%	62.86%	10.56%
Immunizations for Adolescents - Combo 2	59.00%	58.06%	59.76%	0.76%
Prenatal & Postpartum Care: Postpartum Care	81.58%	83.17%	81.29%	-0.29%
Prenatal & Postpartum Care: Timeliness of Prenatal Care	85.57%	86.10%	83.81%	-1.76%
Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	74.79%	86.84%	85.25%	10.46%

Future Direction

- **External Benchmarking**
  - We will be transitioning from peer group/IHA benchmarking to external benchmarks for our MY 2024, RY 2025 P4P Programs.

- **New Program Launch**
  - Launching the SNF and Hospital P4P Programs.

- **Medicare Advantage Payout**
  - First year of payouts for our D-SNP level VIIP Program.

Provider Recognition Awards:

Thank you for all you do!

- **6th Annual Provider Recognition Awards Event**
  - April 23, 2024
    - Ceremony with plaques handed out
    - Professionally shot photos and interviews
    - Billboard for winners
    - Articles in L.A. Care publications and social media

WE ♥ L.A. CARE PROVIDERS

Questions?

- Incentive_Ops@lacare.org – Physician P4P, POR/GIC Reports, Encounter Reports & CG-CAHPS
- VIIP@lacare.org – VIIP reports and program related questions