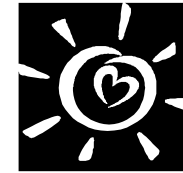


# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – May 16, 2019

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

#### Members

Stephanie Booth, MD, *Chairperson*  
Al Ballesteros, MBA  
Christina R. Ghaly, MD \*  
Hilda Perez  
Courtney Powers, JD  
Ilan Shapiro, MD \*

#### Management

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

\* *Absent* \*\* *Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Stephanie Booth, MD, <i>Committee Chairperson</i> , called the meeting to order at 2:10 pm.  She announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee's consideration of the item, or on any other topic at the Public Comment section.	
<b>APPROVAL OF MEETING AGENDA</b>	After the agenda was published it was determined that the Committee will not need to go into closed session.  The Agenda was approved as amended.	<b>Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Powers)</b>
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>APPROVAL OF MEETING MINUTES</b>	The March 21, 2019 meeting minutes were approved as submitted.  Chairperson Booth stated she would like the Committee to ask questions whenever they do not understand as there is extensive material to cover.	<b>Approved unanimously. 4 AYES</b>
<b>CHIEF MEDICAL OFFICER'S REPORT</b>  Richard Seidman, MD, MPH	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , referred to his written report ( <i>a copy of the report can be requested from Board Services</i> ):  In late April, the Los Angeles County Department of Public Health (DPH) issued an alert notifying the provider community of an outbreak of 5-6 measles cases. The	

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>control efforts included message reminders to the public and provider community that the best way to prevent the spread of measles is to get vaccinated, and to inform people to call their doctor if they think they have the measles, rather than walking in to the office or going to an Emergency Room. Hundreds of individuals who were potentially exposed to an individual with the measles were quarantined until they were able to provide proof of immunization or the results of a blood test documenting immunity. Most of these individuals have since been released from quarantine. L.A. Care has provided information to its call center agents, providers, and employees to help cascade the information coming to us from DPH.</p> <p><b><u>Quality Improvement (QI)</u></b></p> <p><b>New Managed Care Accountability Set (MCAS)</b>  The Department of Health Care Services (DHCS) announced that it would be introducing significant changes in their quality management and oversight process and the set of measures Plans is required to report. This new required measures called the Managed Care Accountability Set (MCAS), formerly known as the External Accountability Set (EAS), increases the number of measures from 12 to 21. It will increase the minimum performance level (MPL) from the 25<sup>th</sup> to the 50<sup>th</sup> percentile of the National Medicaid performance levels. These changes are effective retroactively to January, 2019. The State has also announced the imposition of a more aggressive compliance posture including corrective action plans, required performance improvement projects, and financial penalties for failure to meet the MPL.</p> <p>The nine new measures include measures for Well Child visits in the first 15 months of life and Adolescent well care visits which had been previously retired and have not been reported to the State or to National Committee for Quality Assurance (NCQA) in the past four years. Both measures are hybrid measures which require chart retrieval for medical record review which adds time and cost to the Plan and is disruptive to practices having to provide access to their medical records.</p> <p>L.A. Care’s analysis of its recent performance on the new proposed measures indicates that L.A. Care’s performance fell below the 50<sup>th</sup> percentile in seven of the measures.</p> <p>L.A. Care supports all efforts to improve the quality of care provided to its members, and has actively participated in providing feedback directly to DHCS and through our trade associations. L.A. Care has also introduced suggestions that could improve the implementation and timeline for these changes.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b><u>Behavioral Health and Social Services</u></b></p> <p>Emmi Monsour, <i>Behavioral Health Specialist</i>, presented Development of the Transgender Health Program (THP) at a Public Sector California Health Plan at the University of California San Francisco National Transgender Health Summit on April 12-14, 2019. The poster shared lessons learned in the formation and maintenance of the THP, and the program’s future goals and takeaways for providers and consumers. L.A. Care was the only managed care plan represented at the conference.</p> <p>Rose Kosyan, <i>Manager, Behavioral Health Clinic Services</i>, was an invited Panelist at the Cal MediConnect Convening on Behavioral Health Best Practices in Sacramento on March 13, 2019. L.A. Care presented its data sharing model and countywide screening tool for mental health and substance use assessment. Based on the panel presentations, Harbage Consulting prepared a Summary Report of Best Practices for consideration and dissemination by CMS and DHCS.</p> <p><b><u>Pharmacy</u></b></p> <p><b>Ambulatory Care Clinical Pharmacy Proposal</b></p> <p>L.A. Care’s Pharmacy Department is developing a proposal to engage a small number of practices in a pilot program to develop collaborative agreements between L.A. Care pharmacists and its network providers to assist in managing L.A. Care members with chronic conditions such as diabetes and high blood pressure. The plan is to evaluate the outcomes of the pilot to determine its impact on quality performance and utilization, including any impact on emergency room visits and inpatient admissions.</p> <p>Member Courtney Powers stated that the clinics remain concerned about the DHCS’ proposal to carve out pharmacy from managed care. The fiscal impacts of the 340B savings have been reported to be \$150 million statewide and \$25 million for clinics in Los Angeles. She is also concerned about the administrative impact and the impact on patient safety. She asked Dr. Seidman to provide more information about the alternative proposal to Jennifer Kent, Director, California Department of Health Care Services.</p> <p>Dr. Seidman responded that L.A. Care has been vocal about the negative impact of DHCS’ proposal to carve out pharmacy will have on the providers in the network. He noted that there seems to be less concern about proposal for a standard formulary.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Even if the State would like to negotiate and purchase, L.A. Care would still like to administer pharmacy benefits for its members.</p> <p>The Committee discussed potential effects of the pilot program and ways it could improve member services and the Pharmacy carve out.</p> <p>Member Ballesteros stated that there are quite a few organizations that are trying to work on the Pharmacy carve out. The state association, California Primary Care Association, is taking a lead on it statewide. The net revenue that comes from the program goes to support those operations in addition to care coordination. There are many onsite pharmacists in the health centers that might not bring the same level of clinical pharmacy that Dr. Seidman is referring to. There will be a big loss in the safety net. Staff and care coordination will be severely affected. The Health Resources and Services Administration (HRSA) was trying to figure out how to get the Federally Qualified Health Centers (FQHC) to pay for clinical pharmacy services. It will hurt L.A. Care's contracted FQHCs.</p> <p>Dr. Seidman stated that L.A. Care will continue to participate in a positive and a supportive roles trying to offer alternatives and voice those types of concerns. The 340B is not just a loss for the plan it is a loss for the network. Coming from a clinic background, he is aware of the affects.</p>	
<p><b>CHIEF COMPLIANCE OFFICER REPORT</b></p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, referred to his written report included in the meeting materials. <i>(A copy of his written report can be requested from Board Services).</i></p> <p>Mr. Mapp stated that there was significant discussion about a particular delegate at the last Board meeting's closed session.</p> <p>He introduced Sabrina Coleman, <i>Senior Director, Audit Services</i>, to provide an update on Delegation Oversight at L.A. Care.</p> <p><b><u>Delegation Oversight</u></b></p> <p>Compliance, Delegation Oversight Audit is closely monitoring the performance of delegates and escalating recurring deficiencies identified during annual audits. Delegates with recurring deficiencies and non-compliance will be escalated to the Sanctions Committee. L.A. Care is responsible for reviewing delegates performance. This is to ensure that L.A. Care's delegates are held accountable. The state has increased its interest in delegation oversight over the release of SB 503 which is being discussed by legislators.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Mapp noted that it was proposed by Senator Richard Pan.</p> <p>Ms. Coleman noted the proposal is to conduct medical audits of L.A. Care’s delegated entities. L.A. Care is currently auditing in every delegated area. When the State asks L.A. Care to conduct medical audits, L.A. Care needed more guidance on how to do it. Compliance asked for more standardized tools that the State would want L.A. Care to use to conduct medical audits. Compliance is working with Government Affairs and other health plans to help steer the conversation. Compliance is also looking at process improvements, recurring issues, and delegates concerns. She pointed out that they are having monthly Sanctions Committee meetings where leaders are deliberating performance goals of our delegates.</p> <p><b><u>Sanctions Committee</u></b></p> <p>L.A. Care’s Sanctions Committee was established to address non-compliant performance of Plan Partners, Participating Provider Groups, and any other entity providing services on behalf of L.A. Care by recommending enforcement actions, monetary penalties, or other sanctions or performance penalties. The Sanctions Committee meets monthly to review and recommend sanctions to noncompliant providers.</p> <p>Mr. Mapp asked Ms. Coleman to provide details about L.A. Care’s coordination with plan partners.</p> <p>Ms. Coleman stated there have been discussions on having joint audits with L.A. Care’s Plan Partners. The goal is to streamline L.A. Care’s audit process and be more efficient. Some parts of the audits will be kept separate due to HIPAA regulations. This is a pilot program.</p> <p>Mr. Mapp stated that L.A. Care is looking to become more economically efficient with the resources it has.</p> <p>Chairperson Booth asked Mr. Mapp if the state conducts medical audits.</p> <p>Mr. Mapp responded that the State has a similar approach to how they audit L.A. Care. State audits are meant to put pressure on the plan and its delegates.</p> <p>Elysse Palomo, <i>Director, Regulatory Affairs, Compliance</i>, provided an update on the 2019 audits.</p> <p><b><u>2019 Centers for Medicaid &amp; Medicare Services (CMS) Validation Audit</u></b></p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The purpose of the validation audit is to measure whether the Corrective Action Plans (CAPs) achieved the intended result by remediating the non-compliance found in last year’s program audit. To pass the validation audit, the following areas must meet the clean periods listed:</p> <ul style="list-style-type: none"> <li>• Service Authorization Requests, Appeals and Grievances (SARAG) and CDAG (Part C Org Determinations &amp; Part D Coverage Determinations, Appeals &amp; Grievances): May 1, 2019 – July 31, 2019</li> <li>• SARAG and CDAG Call Logs: May 5, 2019 – May 14, 2019</li> <li>• Compliance Program Effectiveness: April 16, 2019 – June 15, 2019</li> <li>• Care Coordination &amp; Quality Improvement Program Effectiveness – August 1, 2019 – October 29, 2019</li> </ul> <p>Member Ballesteros asked if L.A. Care publishes to its Participating Physicians Groups what it will be looking for so that they can monitor themselves all year long.</p> <p>Ms. Palomo responded that for this particular audit they provide education and tools so they can audit themselves.</p> <p><b><u>CMS Monitoring Program</u></b></p> <p>L.A. Care launched the CMS Monitoring program on April 8, 2019, to better monitor and remediate findings. Live reviews of care coordination cases with Delegates and Appeals &amp; Grievance are taking place, as well as service authorization request (SAR) data validations. Compliance reviews will continue to ensure 100% remediation is achieved.</p> <p><b><u>2019 Department of Health Care Services (DHCS) Medical Audit</u></b></p> <p>The onsite DHCS Medical Audit has been scheduled for July 15 –26, 2019. Compliance is currently completing CAP validation activities and policy &amp; procedure review for audit readiness.</p> <p>Yasamin Hafid, <i>Senior Director, Compliance (Risk Management and Operations Oversight)</i>, provided an update on Risk Management and Operations Support.</p> <p><b><u>Risk Management</u></b></p> <p>Risk Evaluation process training was conducted on March 22, 2019, for a select group of Managers and Directors. This training reviewed the fully automated risk assessment in C360. Process and system improvements have been made based on received</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	feedback. Additional training sessions took place the week of April 22, 2019 and the first week of May 2019.	
<p><b>POPULATION HEALTH MANAGEMENT PROGRAM</b></p> <p>Matthew Pirritano</p>	<p>Matthew Pirritano, <i>Director, Population Health Informatics, Quality Improvement</i>, presented L.A. Care’s Population Health Management Program (<i>a copy of the presentation can be requested from Board Services</i>).</p> <p>L.A. Care developed a Population Health Management (PHM) strategy to address NCQA’s new PHM standards for 2020 survey. This will provide services to members through patient-centered model of care, regardless of where the member lives on the continuum of health to improve members’ quality of life and meet members’ diverse care needs by improving quality of care and sustainably lowering cost.</p> <p>The PHM Program is L.A. Care’s strategy to conduct coordinated, collaborative Population Health programs through:</p> <ul style="list-style-type: none"> <li>• Health Education</li> <li>• Complex Case Management</li> <li>• Disease Management</li> <li>• Behavioral Health and Social Work</li> <li>• Utilization Management</li> <li>• Quality Improvement</li> <li>• Community programs and external partners</li> </ul> <p>The main components addressed in the PHM Program Description include:</p> <ul style="list-style-type: none"> <li>• Population Identification</li> <li>• Stratifying and risk-based segmentation</li> <li>• Member enrollment health appraisal and engagement</li> <li>• Intervention and monitoring</li> <li>• Evaluating program outcomes.</li> </ul> <p>Mr. Pirritano presented the HEDIS Results by Race and Ethnicity.</p> <p>Chairperson Booth asked if it is broken down differently for members who are new to L.A. Care, and if there are separate categories for children and pregnant women.</p> <p>Mr. Pirritano stated that the results were broken down by Region and members who are ages 0-19 have been separated. The length of membership was not considered, but may be considered at a later time.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Seidman stated that the rules for the measures all have a minimum enrollment period. The results do not include new member data.</p> <p><b><u>PHM Population Assessment Areas of Focus</u></b></p> <ul style="list-style-type: none"> <li>• Findings within the top diagnosis data being investigated further with the PHM Cross-Functional Team include: <ul style="list-style-type: none"> <li>• Schizophrenia in 779 CMC members (5% of membership) <ul style="list-style-type: none"> <li>• 54% engaged with Primary Care Physician at office visits</li> <li>• Plan to look at comorbidities: diabetes and hyperlipidemia</li> </ul> </li> <li>• Fractures in 3,190 members 85+ years of age across all Line of Business (0.1% of membership) <ul style="list-style-type: none"> <li>• 56% of members with fractures in L.A. Care <ul style="list-style-type: none"> <li>• 22% of utilization from office visits</li> <li>• 47% of utilization from inpatient stays</li> </ul> </li> <li>• This will be shared with Leadership and a plan of action will be developed</li> </ul> </li> </ul> </li> </ul> <p><b><u>Mock Audit Update</u></b></p> <ul style="list-style-type: none"> <li>• All PHM Materials were submitted to QFHC Consultants for review and feedback.</li> <li>• Full Report will be presented 5/30/2019, but have mainly addressed mostly minor gaps identified by QFHC consultants.</li> </ul>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(n)</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>May 2021</i></p> <p>CONFERENCE WITH LEGAL COUNSEL –ANTICIPATED LITIGATION</p>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Pursuant to Section 54956.9 (d) (2) of the Ralph M. Brown Act One potential case <i>(This agenda item was not discussed.)</i>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 3:10 p.m.	

Respectfully submitted by:  
 Victor Rodriguez, *Board Specialist, Board Services*  
 Malou Balones, *Senior Board Specialist, Board Services*  
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:  
 \_\_\_\_\_  
 Stephanie Booth, MD, *Chairperson*  
 Date Signed: \_\_\_\_\_

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Pursuant to Section 54956.9 (d) (2) of the Ralph M. Brown Act One potential case <i>(This agenda item was not discussed.)</i>	
ADJOURNMENT	The meeting was adjourned at 3:10 p.m.	

Respectfully submitted by:

Victor Rodriguez, *Board Specialist, Board Services*

Malou Balones, *Senior Board Specialist, Board Services*

Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

  
 \_\_\_\_\_  
 Stephanie Booth, MD, *Chairperson*  
 Date Signed: 3/15/2019

**APPROVED**