

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – September 19, 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
Ilan Shapiro, MD

Management

Richard Seidman, MD, MPH *Chief Medical Officer*
Augustavia J. Haydel, *General Counsel*
Thomas Mapp, *Chief Compliance Officer*
James Kyle, MD, *Medical Director, Quality, Quality Improvement*
Elysse Palomo, *Director, Regulatory Affairs, Compliance*
Sylvona Boler, *Senior Manager, Risk Management, Compliance*
* *Absent* ** *Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	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.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	Approved unanimously. 3 AYES (Booth, Perez, and Shapiro)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The August 15, 2019 meeting minutes were approved as submitted. <i>At the November 7, 2019 Board of Governors’ meeting, Chairperson Booth made a correction to page 3 of the August 15, 2019 minutes:</i> Chairperson Booth noted that L.A. Care pays for the vaccine but does not update the California Immunization Registry. Dr. Seidman stated that as an entity that administers the registry, L.A. Care does not populate the registry, rather, the individuals that actually administer the immunization are responsible. There is a lot of detailed information that is necessary to populate the registry, which is why providers may elect not to adopt it.	Approved unanimously. 3 AYES

DRAFT

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CHAIRPERSON REPORT	Chairperson Booth attended a meeting on health care policy. She stated a discussion on Social Determinants of Health was very interesting. Health plans are looking at ways to increase cooperation with providers. L.A. Care is doing well in this area.	
CHIEF MEDICAL OFFICER REPORT	<p>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>):</p> <p><u>Care Management/Health Homes</u> The program was launched on July 1 and by September 9, L.A. Care had over 500 enrollees. That number has now reached 700 and does not include plan partners. The program targets the top 3-5% of members with the costliest complex needs, and should ultimately demonstrate cost savings as we proactively manage their care.</p> <p><u>Quality Improvement</u> L.A. Care retained “Commendable” status from the National Committee for Quality Assurance (NCQA) for the Medi-Cal line of business. L.A. Care and Molina are the only two health plans participating in Los Angeles County to achieve “Commendable” status. It is very difficult to achieve an “Excellent” rating. Other health plans are evaluated on their statewide services, while L.A. Care serves only one county. Various interventions are being worked on to improve colorectal, cervical and breast cancer screenings. Some contracted Independent Physician Associations (IPAs) and medical groups are requiring a prior authorization for routine mammogram screenings. This creates a barrier for members who need this service.</p> <p>L.A. Care’s Quality Performance Management staff are conducting Practitioner Outreach visits with the goal of reaching providers that serve a large portion of members across all lines of business to provide education on priority Health Effectiveness Data and Information Set (HEDIS) measures and to increase awareness of L.A. Care incentive programs and other resources to support their practices. L.A. Care hopes to improve quality scores and gain percentage points for auto-assignment of Medi-Cal members.</p> <p><u>Pharmacy Update</u> The pharmacy team is reaching out to members with diabetes for the diabetes disease management program to help educate members with diabetes, optimize medication and answer any questions they may have. So far, we have successfully lowered average hemoglobin A1C levels from 11.3% to 9.1% for L.A. Care Covered members.</p>	

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	<i>(The Committee discussed the immunization registry)</i>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, presented his written report included in the meeting materials. <i>(A copy of his written report can be requested from Board Services).</i></p> <p>Elysse Palomo, <i>Director, Regulatory Affairs, Compliance</i> reported on the following:</p> <p><u>Centers for Medicaid and Medicare Services (CMS) Validation Audit</u> From September 16-18 auditors conducted live case file reviews for: clinical decision making; Part C Utilization Management (UM) denial letter language; timeliness of expedited UM service authorization requests; classification and initiation of member calls as appeals, grievances, service authorization requests, coverage determinations and redeterminations; timeliness of standard Part C appeals, standard Part C & D grievances and expedited Part C grievances; accurate and complete grievance resolution letters, indication of full investigation of grievances and provision of redetermination denial and approval letters to providers. Compliance is now preparing for a care coordination audit. Compliance is also increasing the frequency of internal monitoring by conducting weekly monitoring with delegates, reviewing care plans and care teams. The Care Coordination and Quality Improvement Program Effectiveness audit will take place in December 2019 and L.A. Care will receive the audit report in January 2020. L.A. Care was also audited and received 100% on data validation of health risk assessments and care plan data. L.A. Care has seen great improvement in the accuracy of our data.</p> <p>Sylvona Boler, <i>Senior Manager, Risk Management, Compliance</i>, informed the Committee that L.A. Care is currently working on an annual review of organizational risk. Compliance will present a report at a future Compliance and Quality meeting.</p> <p><u>Business Continuity and Disaster Recovery Planning</u> 2018 Program Accomplishments – KPMG, LLP was engaged in 2018, to conduct a Business Impact Analysis for nine critical areas. The report includes 2019 Business Continuity Initiatives. Information Technology department policies focus on Disaster Recovery and processes. L.A. Care will be conducting an annual business impact analysis. Compliance has implemented a new Business Unit Resumption Plan template and is now reviewing performance for 14 critical business units. A training video was released to L.A. Care staff this week. The 2019 Disaster Recovery test is scheduled for October 19. Future initiatives include oversight of vendors business continuity and</p>	

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Michael Devine	<p>disaster recovery processes, as well as business continuity plans for the Family Resource Centers.</p> <p>Chairperson Booth asked about a legal requirement for ensuring that all delegates are complying. Ms. Boler responded that risk management analysis has started with vendors, and they have not yet gotten to Participating Physicians Groups (PPG) and other contracted entities.</p> <p>Mr. Mapp noted that as a health plan, L.A. Care has to ensure the continuity of all business operations in case of a disaster.</p> <p>Michael Devine, <i>Director, Special Investigations Unit, Payment Integrity</i>, reported on:</p> <p><u>Fraud, waste and abuse</u></p> <ol style="list-style-type: none"> 1. Savings and Recoveries <table border="0" style="margin-left: 20px;"> <tr> <td>August recoveries</td> <td>\$971,991</td> <td>FY Recoveries</td> <td>\$3,870,225</td> </tr> <tr> <td>August savings</td> <td>\$733,819</td> <td>FY Savings</td> <td>\$4,579,527</td> </tr> <tr> <td>August total</td> <td>\$1,705,730</td> <td>FY Total</td> <td>\$8,449,752</td> </tr> </table> 2. Law Enforcement <ul style="list-style-type: none"> ▪ 9 Undercover operations ▪ 8 Arrests and 10 additional arrests are pending 3. Activities <ul style="list-style-type: none"> ▪ Sale of prescriptions by providers ▪ Prescribing Opioid/Benzo/muscle relaxer – Oxycodone/Xanax/Soma ▪ High priced drugs requiring prior authorizations ▪ Promethazine with Codeine ▪ Hospice Care ▪ Unwarranted genetic testing <p>Member Shapiro asked how L.A. Care made such a significant improvement and what are the lessons for the future. Mr. Devine responded that the biggest impact has been hiring new staff as investigators. The biggest success his unit had so far are the findings pertaining to pharmacy and medication.</p>	August recoveries	\$971,991	FY Recoveries	\$3,870,225	August savings	\$733,819	FY Savings	\$4,579,527	August total	\$1,705,730	FY Total	\$8,449,752	
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<p>HEDIS 2019</p> <p>James Kyle, MD</p>	<p>James Kyle, MD, <i>Medical Director, Quality Improvement</i> presented on L.A. Care’s 2019 HEDIS scores (<i>A copy of his written report can be requested from Board Services</i>).</p>													

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	<p>HEDIS results can affect revenue, membership growth, and market competition. Compliance with regulatory requirements for annual HEDIS and standardized performance metrics reporting is vital. He noted that L.A. Care is among the highest rated health plans in the country with 4.0 star rating from NCQA. Plan partners, PPGs, and practitioners can take part in L.A. Care's incentive programs that reward improvement in HEDIS scores. This year's HEDIS involved more than 200 measures spanning domains of care, in areas such as effectiveness of care, access and availability, and utilization of services.</p> <p><i>(Member Christina R. Ghaly, M.D. joined the meeting.)</i></p> <p>Member Shapiro asked if the American Academy of Pediatrics and their partners are involved to improve the metrics for children's care. Dr. Kyle responded that he is not sure if an invitation has been extended, and it is a great idea. L.A. Care works with many different types of medical practices to get feedback.</p> <p>Member Ghaly noted that L.A. Care's rating on two of the three metrics that pertain to children's behavioral health disorders lie below the 25th percentile. She would like to know what L.A. Care is doing to improve those ratings. Dr. Kyle responded that L.A. Care met with representatives from L.A. County Department of Mental Health to collaborate more closely in this area and more meetings are planned.</p>	
ADJOURN TO CLOSED SESSION	<p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act, Two potential cases</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p>	
ADJOURNMENT	The meeting was adjourned at 3:55 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:

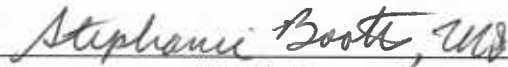
Stephanie Booth, MD, *Chairperson*
Date Signed: _____

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Stephanie Booth, MD, *Chairperson*
Date Signed: 11/21/2019

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