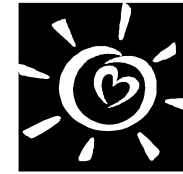


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 16, 2020

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
 Hilda Perez
 Ilan Shapiro, MD
 Nina Vaccaro *

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*
 Katrina miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
 Elysse Palomo, *Director, Regulatory Audits*

* *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 2:06 pm. 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, or on any other topic at the Public Comment section.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The November 21, 2019 meeting minutes were approved as submitted.	Approved unanimously. 4 AYES
CHAIRPERSON REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	There was no report from the CEO.	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <p><u>Influenza Season</u></p> <p>The influenza season usually peaks in January. There was a slight decrease in reported cases in the first week of January in the U.S. Nearly 10 percent of all deaths in Los Angeles County were related to influenza and pneumonia. The influenza is largely preventable and vaccination rates are always lower than they should be. Immunizations are available for all L.A. Care members through primary care doctors and contracted pharmacies.</p> <p><u>Health Information Technology</u></p> <p>L.A. Care’s Transforming Clinical Practice Initiative is a four-year federal grant that expired in September 2019. L.A. Care used remaining funding to execute bridge contracts with a number of practice coaching entities. L.A. Care is seeking opportunities for additional grant funding.</p> <p>L.A. Care has a contract with First 5LA to support implementation and utilization of validated developmental screening tools. The timing is good due to the increased focus in California on Behavioral Health. First 5LA will support L.A. Care in providing practice coaching to help 10 provider groups implement the use of validated screening tools and improve their ability to effectively make referrals for necessary services.</p> <p>On January 29, L.A. Care will host its second annual Provider Recognition Awards dinner, which was very successful last year. This year’s keynote speaker will be Dr. Lance Lang, Chief Medical Officer of Covered California.</p> <p>L.A. Care has launched a health equities task force/committee. Dr. Seidman suggested that Marina Acosta, <i>Health Equities Program Manager</i>, and other staff attend a future Compliance and Quality committee meeting to present information about the health equities work that is being done. His team has identified categories and opportunities to provide high level compliance and competency training. They are also looking for ways to improve care where there are known inequities and disparities.</p> <p>Member Booth agreed it would be great to have them present at a future meeting.</p> <p><u>Provider Incentive Payments</u></p>	

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	<p>L.A. Care paid incentives totaling nearly \$40 million to primary care providers, clinics, medical groups, and plan partners in December 2019. Incentive awards ranged from \$0 to \$3 per member per month. Incentives earned can increase capitation and revenue by 120 percent. He noted that these value based payments must be earned through improvements in care.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p> <p>Elysse Palomo</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Elysse Palomo, <i>Director, Regulatory Audits</i>, referred to the written report included in the meeting material. <i>(A copy of the written report can be obtained from Board Services).</i></p> <p><u>Compliance Overview</u></p> <p>Mr. Mapp presented an overview of the Compliance department’s purpose and focus. The Compliance Department Staff conducts its operations to prevent, detect and correct non-compliance and to support business units in their efforts to conduct high-performing business operations that support L.A. Care’s members and providers.</p> <p>Mr. Mapp provided an example scenario of presenting non-compliance – ensuring member letters are sent timely. Mr. Mapp asked the committee how they would prevent untimeliness of letters. Member Booth responded that she would make sure there is a written process with a timeline for each part of the process (i.e. created, reviewed, and mailed). Mr. Mapp added that we can also monitor issues and implement corrective actions so that it similar issues would not occur again in the future. We can also conduct tests and evaluate performance dashboards to ensure ongoing compliance.</p> <p><u>Special Investigations Unit</u></p> <p>The mission of the Special Investigations Unit is to effectively detect, investigate, and prevent health care fraud, waste and abuse, and to ensure the safety of L.A. Care members. This Unit investigates pharmacy fraud such as fictitious patient billing, billing for medications that were never dispensed to a patient, provider fraud such as billing for services not rendered, up-coding and modifier abuse, and member fraud such as fraudulent enrollment or use of health plan services.</p> <p>Member Shapiro asked if there is a specific computer system that maps the entire process for these types of Compliance issues. Ms. Palomo responded that they are working on acquiring a governance, risk and compliance system. They are gathering</p>	

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	<p>requirements from business units. She stated that Legal Services reviews the process. This helps increase monitoring throughout the organizations.</p>	
<p>2019 P4P OVERVIEW Katrina Miller Parrish, MD, FAAAP Henock Soloman</p>	<p>Katrina Miller-Parrish, MD, FAAP, <i>Chief Quality and Information Executive</i>, and Henock Soloman, <i>Manager, Incentives, Population Health Management</i>, presented information on Quality Improvement Incentives. <i>(A copy of the presentation can be obtained from Board Services).</i></p> <p><u>Pay-for-Performance (P4P) Updates</u></p> <ul style="list-style-type: none"> • Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. L.A. Care incentives programs are currently all no-risk. • The programs promote provider accountability and offer a business case for quality improvement. • Designed to align the quality improvement goals of Plan Partners, Independant Physicians Associations (IPA), clinics and physicians. The aim is to foster systemic process improvements and better care coordination, reduce variation, and promote consistency. <p>Member Booth asked if L.A. Care is currently reporting physician benchmarking separately for mid-level providers. Dr. Miller-Parrish responded that currently only primary care physician benchmarking is being reported. Member Booth stated it is important to report separately, because they each have their pros and cons. Dr. Miller-Parrish agreed, and it is planned for the future.</p> <p>Measurement Year (MY) 2018 final Pay for Performance (P4P) reports and payments.</p> <p>Medi-Cal total \$39.4 million payout:</p> <ul style="list-style-type: none"> ○ 972 Physician payments, totaling \$10.5 million ○ 66 Clinic payments, totaling \$10.5 million ○ 53 IPA payments, totaling \$14 million (IPAs earned 94% of available incentive) ○ 2 Plan Partner payments totaling \$4.4 million <p>The program is being revamped to closely mirror the new Value Initiative for IPA Performance program.</p> <p>Member Perez stated that from the consumer perspective and when members come to her to get assistance with member issues they always blame L.A. Care. Sometimes it can be difficult to help consumers understand the steps they need to take to get</p>	

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	their issues addressed. She would like to know if they collect data or it is submitted to them by participants of L.A. Care's incentive programs. Mr. Soloman responded that they request and receive data from the providers, clinics, Plan Partners, and IPAs who are participating in incentive programs. They are encouraged to submit encounter data, which is data that represents a member receiving services.	
COMMITTEE ISSUES		
REVIEW COMMITTEE CHARTER	This item is tabled for a future Compliance & Quality meeting.	
ANNUAL COMMITTEE CHAIR ELECTION Augustavia J. Haydel, JD.	Augustavia J. Haydel, Esq., <i>General Counsel</i> , reviewed the process for Committee Chair election and asked for nominations for Committee Chair. Member Ballesteros nominated Member Booth. Member Booth accepted the Nomination. There were no other nominations. Member Booth was unanimously elected Committee Chair.	Approved unanimously. 4 AYES
ADJOURN TO CLOSED SESSION		
PEER REVIEW Welfare & Institutions Code Section 14087.38(o)		
THREAT TO PUBLIC SERVICES OR FACILITIES Consultation with Augustavia J. Haydel, JD, General Counsel		
ADJOURNMENT	The meeting was adjourned at 3:45 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:

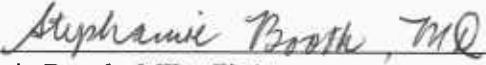
Stephanie Booth, MD, *Chairperson*
Date Signed: _____

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APPROVED BY:



 Stephanie Booth, MD, *Chairperson*
 Date Signed: 3/19/2020

APPROVED