

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – March 19, 2020



**L.A. Care**  
HEALTH PLAN

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

#### Members

Stephanie Booth, MD, *Chairperson*

Al Ballesteros, MBA \*\*

Hilda Perez \*\*

Ilan Shapiro, MD \*

Nina Vaccaro \*\*

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

#### 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*

Maria Casias, RN, BSN, MPH, *Director, Quality Improvement Accreditation*

Yasamin Hafid, *Senior Director, Compliance Risk Management and Operations Oversight*

Lisa Marie Golden, *Director, CSC Appeals & Grievance*

California Governor Newsom issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order No. 33-20, ordering all residents to stay in their homes, except for specific essential functions.

Members of the public can hear and observe this meeting via teleconference, and can share their comments via voicemail, email, or text.

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 2:06 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.	
<b>APPROVAL OF MEETING AGENDA</b>	The Agenda was approved as submitted.	<b>Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Vaccaro)</b>
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>APPROVAL OF MEETING MINUTES</b>	The January 16, 2020 meeting minutes were approved as submitted.	<b>Approved unanimously. 4 AYES</b>

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CHAIRPERSON REPORT</b>	There was no chairperson report.	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<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>Coronavirus Update (COVID-19)</u></p> <p>The World Health Organization (WHO) declared the coronavirus outbreak as a Public Health Emergency of International Concern on January 30, followed by the United States declaration of a Public Health Emergency on January 31. As of March 7, there are over 100,000 cases, now representing less than 80% of cases worldwide, with more than 20,000 cases in more than 90 countries outside of China. There have been over 3,000 deaths. While cases in China have been declining since early February, cases throughout the rest of the world are increasing, and are expected to increase further as the outbreak spreads and the availability of testing increases. The WHO now believes it is likely that the outbreak will ultimately be declared a pandemic once widespread community transmission is established on all of the world's non-polar continents.</p> <p>In California, Governor Gavin Newsom declared a State of Emergency on March 5, 2020, as did the Cities of Los Angeles, Long Beach and Pasadena. Emergency declarations are intended to help California prepare for and contain the spread of the outbreak by allowing state and local agencies to more easily access funds, equipment and services. In Los Angeles County, as of March 6 there were 13 known cases, notably all individuals with known travel to high-risk countries, in their known contacts, and two cases in airport passenger screeners at the Los Angeles International Airport. He stated that currently there are no known cases of community transmission, although that can change at any time as it has in other parts of the United States and in other parts of the world. This would mark a significant change in the status of the outbreak.</p> <p>L.A. Care has a plan in place and is taking proactive steps to ensure that our employees are protected and business operations continue to operate as efficiently as possible to provide services to the members of L.A. Care as the coronavirus outbreak evolves. At this time in Los Angeles County, the risk to the general public is low and public health authorities have not called for schools or businesses to close. L.A. Care is preparing to enable its employees to work remotely as the need arises.</p>	

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	<p>L.A. Care took an additional proactive intervention to collaborate with the Los Angeles County Department of Public Health, which sends priority notifications via email through the Los Angeles Health Alert Network (LAHAN), on topics such as local disease outbreaks and emerging health risks. Each notification is clearly marked with an alert level directed to the intended audience. He noted that the first cohort of L.A. Care network providers were welcomed to LAHAN on February 13. A total of 3,165 new emails were added to LAHAN. At least 1,139 (36%) of people opened and interacted with the email and only 23 people opted out (0.7%). A nice thank you for being added email was sent directly to LAHAN.</p> <p>The following is taken from the Center for Disease Control's (CDC) website: <i>There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus.</i></p> <p><u>Influenza Season</u>  The CDC estimates of the total number of cases during the 2019-20 flu season are as high as 50 million cases, with the number of deaths as high as 50,000. In Los Angeles County, emergency room (ER) visits for influenza-like illness has been declining for the last several weeks, but the number of deaths increased over prior weeks. Influenza activity in Los Angeles should continue to decline now over the next several months until it begins to pick up again in the late summer and fall.</p> <p><u>National Committee for Quality Accreditation (NCQA) Update</u>  L.A. Care will host its triennial onsite survey for the NCQA Accreditation this year. Our file submission is due to NCQA in early April, and NCQA representatives will be onsite in June for the file review portion of the survey process. Our Quality Performance Management (QPM) team that manages our Healthcare Efficiency Data Information Set (HEDIS) efforts recently passed the annual HEDIS audit. The auditor was extremely complimentary of L.A. Care's team and processes. The QPM team and others across the organization are managing the selection process for the HEDIS application used to determine and report HEDIS scores.</p> <p>Member Perez asked, is a member is feeling symptoms, is that person advised to call the nurse advice line instead of their primary care doctor? Dr. Seidman responded that if people are feeling the need to seek medical services he suggests that members first call the nurse advice line. Dr. Seidman stated that members can also call their doctor's office.</p>	

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	<p>Member Perez asked Thomas Mapp, <i>Chief Compliance Officer</i>, if employees working from home have the necessary resources to do their jobs? She would like to know if it is challenging for employees to work from home and how they are coping. Mr. Mapp responded that L.A. Care employees are coping well.</p> <p>Dr. Seidman pointed out that L.A. Care has posted information on its website reminding members to call their doctor or the nurse advice line before going in person for services. There are links on the website to COVID-19 related messages and to Teledoc. Members can register to become Teledoc users and to schedule virtual visits. Prescription mail order is also an underutilized service that is available to members. He pointed out that members are becoming used to getting prescriptions by mail, which enhances adherence and compliance, and assures availability of medications which may not be in stock at the pharmacy.</p> <p>Member Vaccaro asked if the Teledoc program has a panel of physicians to serve patients? Dr Seidman responded that it is a virtual doctor visit, and the scope of service is for urgent care services. About 80% of the calls have been by audio only. If a face-to-face visit to a doctor is warranted the Teledoc physician will make that recommendation.</p> <p>Dr. Seidman stated that he has been asked about continuity of care and getting documentation to the member’s doctor’s office. When people have gone to get services at a hospital the member’s doctor may not receive a report via fax. Hospitals only provide members with discharge papers. They do not send it to the patient’s doctor. The expectation is that Telehealth quality and speed will improve member experience by providing follow up information to the primary care provider.</p> <p>Member Perez stated that she has been watching the L.A. Care’s social media accounts and she wasn’t able to find information about the nurse advice line. She suggested to have someone respond “live” to people on the social media accounts. Dr. Seidman responded that he will forward her suggestion to Communications staff. He noted that the nurse advice line phone number is printed on the back of Member ID cards.</p>	
<p><b>APPROVE QUALITY IMPROVEMENT DOCUMENTS</b></p>	<p>Maria Casias, RN, BSN, MPH, <i>Director, Quality Improvement Accreditation</i>, summarized the 2019 Quality Improvement (QI) Program Evaluation and 2020 QI Program Description and Work Plan (<i>a copy of the presentations can be requested from Board Services</i>):</p> <p><u><a href="#">2019 QI Program Evaluation</a></u></p>	

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	<p>Results of Major Audits:</p> <ul style="list-style-type: none"> <li>• Regulatory Audits managed/supported 16 audits</li> <li>• Centers for Medicare and Medicaid Services (CMS) Services Validation Audit cleared 9 of 16 findings</li> <li>• Department of Health Care Services Medical Audit findings increased from 3 to 14 <ul style="list-style-type: none"> <li>- Findings are attributed to a new focus on pharmacy, initial health assessments, and California Children’s Services</li> <li>- Corrective Action Plans have been developed and will be monitored prior to the 2020 audit</li> </ul> </li> <li>• For the first time, L.A. Care received 100% in two data validation audits confirming the accuracy of care management, health risk assessment, grievance, appeal, pharmacy, and utilization management data</li> <li>• Monitoring framework was developed to monitor internal business units and delegates for the Cal MediConnect (CMC) line of business</li> </ul> <p>NCQA Accreditation Status</p> <ul style="list-style-type: none"> <li>• Medi-Cal-maintained “Commendable” status</li> <li>• CMC and L.A. Care Covered (LACC) maintained “Accredited” status</li> </ul> <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Performance:</p> <p>Medi-Cal</p> <ul style="list-style-type: none"> <li>• Adult scores remained low in 2019, and NCQA Accreditation points: 4.08</li> <li>• Pediatric scores were statistically unchanged from 2019, and NCQA Accreditation points: 7.65</li> </ul> <p>LACC</p> <ul style="list-style-type: none"> <li>• Enrollee Experience: 1 star, unchanged from 2018</li> </ul> <p>CMC</p> <ul style="list-style-type: none"> <li>• NCQA Accreditation points: 6.24, improved by 3 points</li> </ul> <p>New Interventions:</p> <ul style="list-style-type: none"> <li>• Customer Service training for network providers</li> </ul> <p>Clinical</p> <p>HEDIS Performance RY 2019</p> <ul style="list-style-type: none"> <li>• DHCS Auto- Assignment: L.A. Care scored higher than Health Net in 3 out of the six auto-assignment measures (Childhood Immunizations, Well Child Visits 3-6 years of age, Prenatal)</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Prenatal care resulted in a three-point increase (one point for improvement and two points for the statistically significant difference over Health Net).</li> <li>- Increase from 54% to 67% + 9% rate adjustment due to DHCS calculation error in 2017. Total allocation 76%.</li> <li>• Medicaid: NCQA total Accreditation points: 82.1 (HEDIS: 24.98 &amp; CAHPS: 7.65)</li> <li>• Medicare: NCQA total Accreditation points: 75.4 (HEDIS: 25.94 &amp; CAHPS: 6.24)</li> <li>• NCQA Health Insurance Plan Ratings <ul style="list-style-type: none"> <li>- Medi-Cal: L.A. Care is the highest rated Medi-Cal managed care plan in Los Angeles with a rating of 4.0 stars</li> <li>- CMC: maintained a score of 3.0 stars</li> <li>- LACC Marketplace Quality Rating System: maintained a score of 3.0 stars</li> </ul> </li> </ul> <p><u>2020 QI Program Description &amp; Work Plan</u></p> <p>General Revisions</p> <ul style="list-style-type: none"> <li>• Updated Strategic Priorities (Vision 2021), Goals, and Objectives.</li> </ul> <p>Program Structure Revisions:</p> <ul style="list-style-type: none"> <li>• The Medi-Cal, LACC , and CMC lines of business language now reflects the current membership and changes that were effective January 2020: <ul style="list-style-type: none"> <li>- Medi-Cal expansion for undocumented immigrants</li> <li>- CMC extended until 2022</li> <li>- LACC qualifying criteria for California Premium Subsidy</li> </ul> </li> <li>• Included language to describe how the Quality improvement and Population Health Management (PHM) programs are related in terms of operation and oversight. The PHM program uses both the QI workplan to monitor PHM activities and the QI annual evaluation as part of the PHM impact report.</li> <li>• QI Program Goals and Objectives were updated.</li> </ul> <p>Program Changes</p> <p>Quality of Care</p> <ul style="list-style-type: none"> <li>• HEDIS measures updated; they will be prioritized for interventions and/or monitored in 2020.</li> <li>• The Health Equity program was revised to clarify health equity vs. health disparities and to update the program goals.</li> </ul>	

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	<p>Quality of Service:</p> <ul style="list-style-type: none"> <li>• Hospital safety and use of California Hospital Compare data in assessing performance of L.A. Care network hospitals was added.</li> <li>• MinuteClinic information was included. This became effective June 1, 2019 for our direct line of business members.</li> <li>• Included new telehealth service effective January 1, 2020, for L.A. Care’s direct line of business members to improve access to care when their primary care doctor is not available.</li> </ul> <p><b><u>Motion COM A.0420</u></b>  <b>To approve the following documents:</b></p> <ul style="list-style-type: none"> <li>• <b>2019 Quality Improvement Annual Report and Program Evaluation – All Lines of Business</b></li> <li>• <b>2020 Quality Improvement Program Description and Work Plan – All Lines of Business</b></li> </ul>	<p><b>Approved unanimously. 4 AYES</b></p>
<p><b>CHIEF COMPLIANCE OFFICER REPORT</b></p>	<p>Mr. Mapp referred to the written report included in the meeting packet (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p><b><u>COVID-19 Preparedness Plan</u></b>  In response to the Local Public Health Emergency declared on March 4, 2020, the Compliance - Business Continuity team convened a workgroup to activate L.A. Care’s emergency response protocols and develop a focused COVID-19 preparedness plan. The workgroup is meeting regularly to track business decisions, regulatory requests/requirements, and staff, member and operational impacts.</p> <p>Governing Regulatory Guidance:</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care (DMHC) APL 20-006</li> <li>• Department of Health Care Service (DHCS) COVID-19 Memo to Managed Care Plans</li> <li>• CMS Health Plan Management System Memo: Reminder of Pharmacy and Provider Access during a Federal Disaster or Other Public Health Emergency Declaration</li> </ul> <p>Access to Facilities  In alignment with guidelines set forth by the CDC, sick employees have been urged to stay home. Managers were instructed to send employees home who come to work ill. Family and Community Resource Centers have been advised to ask visibly ill</p>	

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	<p>visitors to go home. Additional cleaning procedures have been put in place for Headquarters and Garland facilities. L.A. Care has not cancelled any meetings or events onsite and is asking employees who are representing the organization at upcoming internal or community meetings/events to use their best judgement.</p> <p>Communication Strategy Regular updates are provided to management, staff, members and providers through L.A. Care’s internal and external facing websites, in alignment with the CDC and the WHO recommendations. A Frequently Asked Question (FAQ) document was provided to staff and providers to provide guidance in responding to member’s questions. The Facilities and Communications Departments have also provided guidance and resource materials to the Family Resource Centers FRCs on how to operate during this time.</p> <p>Serving Members Call Center is tracking COVID-19 related calls and issues; volume remains under ten per day. Per standard CMS protocol, prior authorization requirements for prescriptions, medically necessary services and transportation have been waived for members impacted by COVID-19. Special Investigations Unit is on alert to monitor potential fraud, waste and abuse. Members are encouraged to pursue telehealth service options. FAQ guides were distributed to Call Center representatives, nurses on the Nurse Advice Line and Pharmacy Department staff, for consistent communication to members.</p> <p>Providers L.A. Care requested and received business continuity plans from our Plan Partners and vendors focused on COVID-19 preparedness.</p> <p>Additional communications for medical groups, Direct Network providers and facilities are completing internal review, and will be distributed on March 10. Sales and Marketing Department suspended all large scale CMC and LACC sales events until further notice.</p> <p>Next Steps</p> <ul style="list-style-type: none"> <li>• Request sent to Appeals and Grievances Department to develop a process to track appeals and grievances related to COVID-19.</li> <li>• Deploy L.A. Care’s requirement for staff returning from any Level 3 travel advisory country, to remain outside of any L.A. Care facility for 14 days.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• A memo will be released to all staff on March 10 regarding potential school closures.</li> <li>• Human Resources, IT and Legal staff are discussing a larger scale remote work strategy that can be deployed quickly, if needed.</li> <li>• Health Services is discussing a strategy/ communication for community health workers and home visits.</li> <li>• Critical business units are finalizing business continuity plans that address potential COVID-19 impact to operations.</li> </ul> <p>Yasamin Hafid, <i>Senior Director, Compliance Risk Management and Operations Oversight</i>, stated tht L.A. Care is tracking and logging member calls related to COVID-19. Ms. Hafid presented information in the Compliance Issues Log. <i>(A copy of the meeting materials can be obtained from Board Services).</i></p> <p>Chairperson Booth asked about delegated entities. Mr. Mapp responded that Compliance staff is responsible for delegation oversight and will report on activities to the committee.</p> <p>Member Vaccaro asked about the anticipated duration L.A. Care staff will be working remotely? Terry Brown, <i>Chief Human Resources Officer</i>, responded that L.A. Care is following the advice of public health officals. Los Angeles Unified School District is out for two weeks, and it is anticipated that will extend beyond Spring vacation. He thinks it might be that long for L.A. Care employees.</p> <p>Dr. Seidman agreed with Mr. Brown’s comments and Governor Newsom’s comments earlier this week. Things are changing dramatically, and it is useful take things in small increments. He noted that the CDC has noted that it is not expected that schools will be back this school year.</p> <p>Mr. Mapp added that L.A. Care is very capable and well set up to serve its members for a long period of time.</p>	
<b>APPEALS &amp; GRIEVANCE UPDATE</b>	<p>Mr. Mapp introduced Lisa Marie Golden, <i>Director, Customer Solution Center Appeals and Grievances, CSC Appeals &amp; Grievance</i>. Ms. Golden presented information in regards L.A. Care Appeals &amp; Grievance <i>(A copy of the presentation can be obtained from Board Services).</i></p> <p>Medi-Cal Grievances Quantitative Analysis</p>	

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	<ul style="list-style-type: none"> <li>• Grievances related to attitude and service delivered by network providers and health plan staff are the top categories during this measurement period. The percentage rate for this category increased by 6% based on the previous measurement period.               <ul style="list-style-type: none"> <li>- 29% of grievances in these categories are related to transportation services</li> </ul> </li> <li>• Grievances related to access issues increased by 3% based on the percentage rate reported for the previous measurement period</li> <li>• Grievances related to billing and financial issues decreased by 7% based on the percentage rate reported for the previous measurement period</li> </ul> <p>Qualitative Analysis The data supports the top two reasons for dissatisfaction in these categories are related to the following:</p> <ul style="list-style-type: none"> <li>• Dissatisfaction with their transportation services</li> <li>• Dissatisfaction with their primary care physician and/or office staff</li> </ul> <p>Medi-Cal Appeals Quantitative Analysis</p> <ul style="list-style-type: none"> <li>• Rate of appeals per 1,000 members decreased for appeals related to billing and financial issues when compared to the previous measurement period</li> <li>• Access issues represent the highest percentage rate for appeals. The rate per thousand did not experience a significant increase.</li> <li>• 34% of all appeals are related to pharmacy.</li> </ul> <p>Qualitative Analysis - The top category for appeals filed are related to access issues. Upon review, 48% of the overturns are related to pharmacy services. This can be attributed to prescribers which failed to respond to a request for additional information within the allotted timeframe. As a result the request is denied due to lack of sufficient evidence to support approval of the initial request. Upon receipt of the denial notice the prescriber submits supporting documentation and an appeal will often result in an overturn.</p> <p>Mr. Mapp asked if there are any grievances related to COVID-19? Ms. Golden responded that none have been submitted that are directly related to COVID-19.</p>	

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	<p>Chairperson Booth asked about the chart on page 180 of the meeting packet. She would like to see the number value changed to over 1,000. She noted that following through on grivances is important and it is a way to improve services.</p> <p>Member Perez asked about the many grivances related to billing. Ms. Golden responded that members mistakenly use the state-issued card or an expired membership card, which causes the provider to directly bill the member for services. Member Perez suggested that L.A. Care find a way to make it less confusing for members. Chairperson Booth suggested that L.A. Care ask consumer advisory committee members for suggestions. Member Perez asked Ms. Golden if she can attend advisory committee meetings. Ms. Golden stated that she attended ECAC twice last year to inform members and take suggestions, and she will continue to attend as needed.</p>	
<b>COMMITTEE ISSUES</b>		
<b>REVIEW COMMITTEE CHARTER</b>	This agenda item has been postponed for a future meeting.	
<b>ADJOURNMENT</b>	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:

  
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 Stephanie Booth, MD, *Chairperson*  
 Date Signed: 8/17/2020

**APPROVED**