BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – August 20, 2020

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, FAAP ***
Nina Vaccaro ***

Management

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 Affairs, Compliance*,
Sabrina Coleman, *Senior Director, Delegation Oversight*
Marie Mercado Grijalva, *Manager, Regulatory Analysis and Communications, Compliance*
Sylvona Boler, *Senior Manager, Risk Management, Compliance*

** Absent ** Teleconference*

California Governor Newsom issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, MD, *Committee Chairperson*, 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 by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	**Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Vaccaro)**
PUBLIC COMMENT	No public comment was submitted.	
APPROVAL OF MEETING MINUTES	Member Booth stated that on page 12, the word "respirators" should be "ventilators." She noted that a distinction needs to be made bewtween the two. The August 20, 2020 meeting minutes were approved as amended.	**Approved unanimously. 4 AYES**

APPROVED

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CHAIRPERSON REPORT	Chairperson Booth stated that people need to feel comfortable with what they are reading and understand the Compliance and Quality committee meeting information. She encouraged committee members ask questions.	
CHIEF MEDICAL OFFICER REPORT Katrina Miller Parrish, MD, MPH	Katrina Miller Parrish, MD, MPH, *Chief Quality and Information Executive,* gave the Chief Medical Officer report (a *copy of the report can be obtained from Board Services*). Member Shapiro asked if the agenda and all meeting materials can be displayed during the meeting. Dr. Miller Parrish responded that they will be displayed. COVID-19 Update There are now nearly 20 million reported cases of COVID-19 worldwide and over 700,000 deaths, with the highest rates of new infections in the United States, Brazil and India. In the United States, there are nearly 5 million reported cases and over 160,000 deaths, with the highest rates of new infection in Texas and Oklahoma, extending through the southeast all the way to the east coast. Los Angeles County is now reporting over 200,000 cases (38% of cases reported in CA) and nearly 5,000 deaths (50% of deaths reported in CA). The highest rate of new infections in CA is now occurring throughout the Central Valley. Los Angeles is now seeing decreased rates of hospitalizations and deaths. L.A. Care has completed outreach by telephone to more than 250,000 members at increased risk for COVID-19, including target outreach to African Americans, and LatinX, Alaskan/Hawaiian/ Native Americans/Pacific Islanders, and is now developing outreach to members 18-40, the age range for which we are now seeing the highest rate of new infections. Member Shapiro asked if L.A. Care is also using texting technology to reach members on a large scale. Dr. Miller Parrish responded that due to regulations L.A. Care is not able to conduct mass texting to members. L.A. Care is also using social media campaigns to provide information. Members can also ask questions through the member portal. Routine Visits and Prevention • A new Provider Opportunity Report, "Missing Vaccines Report", is available to help providers identify which immunizations children need to keep up to date. A webinar tutorial about the new Missing Vaccines Report will be shared with providers and posted on our website. • There were four social media campaigns conducted in June and July encouraging that children under two years old get vaccinated on time and fax blast campaigns encouraging teens to be screened for chlamydia infection as recommended despite the COVID-19 outbreak.	

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	Initial Health Assessments (IHA) • She noted that work is underway to revise the reports, enhance training and create a coordinated monitoring program with Clinical Assurance (CA), Facility Site Review (FSR), Delegation Oversight (DO), and L.A. Care's internal audit team to address the Corrective Action Plans (CAPs) identified in the Summer 2019 Department of Health Care Services (DHCS) audit. The IHA requirement has temporarily been suspended the during the Covid-19 emergency and the DHCS audit scheduled for this summer has been postponed until summer 2021. Despite the current suspension of the requirement, IHAs meet an important clinical need and will eventually need to be completed. DHCS has asked health plans to encourage members and providers to continue to offer routine care, including IHAs. • L.A. Care's IHA monitoring process is in place and we are encouraging providers to complete IHA encounters through virtual methods as much as possible and we will re-start monitoring of delegates in late August/earl September 2020. Facility Site Review (FSR) Update All FSR audits scheduled for March through June were cancelled. The team began conducting virtual site audits for Initial FSRs for the Direct Network, Relocations and CAP Follow Up visits on July 1. In partnership with all of the other Medi-Cal Managed Care Plans in Los Angeles County, L.A. Care's FSR Leadership developed a process to ensure a smooth virtual audit experience and went live on a new FSR documentation system on July 1. Healthy Pregnancy and Healthy Heart Pilot In order to support L.A. Care's Direct Network and the Los Angeles County Department of Health Services providers offering telehealth services during the pandemic, L.A. Care launched the Healthy Pregnancy and Healthy Heart Program. The program is designed to reduce the frequency with which members need to see their doctors in a face to face setting. The program eliminates the need for prior authorization to obtain low-cost monitoring devices, blood pressure cuffs and weight scales to members who are pregnant or who have been diagnosed with congestive heart failure. Health Information Technology • L.A. Care and First 5 LA are forming a partnership to help medical practices improve childhood development by implementing developmental screening tools and increasing access to community resources. • eManagement is implemented with 94 providers serving 75,000 MCLA members.	

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	• Transform L.A. works remotely with eight practices representing 61 providers, 2,200 Direct Network members, and 22,000 L.A. Care members. Health Equity L.A. Care has been accepted into the Disparities Leadership Program, which is part of Disparities Leadership Center by Massachusetts General Hospital and Harvard Medical School. L.A. Care staff will participate in this year-long program to learn about new opportunities to continue to address inequity and disparities. Clinical Pharmacy Pilot Program (Ambulatory Care): L.A. Care's Pharmacy Department created a program for pharmacists to collaborate with medical groups and contracted providers by directly assisting in the management of chronic conditions (diabetes, hypertension, hyperlipidemia, etc.). The goal of this program is to improve outcomes and reduce the cost of care by assigning a L.A. Care clinical pharmacist to certain practice sites. Member Booth would like to know more about this program. She asked if other doctors and patients in the general area can participate. Dr. Miller Parrish responded that the pilot is limited to patients receiving care through the Wilmington Clinic, and is not just for L.A. Care members. It's a small pilot, and if there is enough funding more pilots will be launched.	
QUALITY PERFORMANCE MANAGEMENT Thomas Mendez	Thomas Mendez, *Director, Quality Performance Informatics, Quality Performance Management* presented information on Quality Performance Management (*a copy of the presentation can be obtained form Board Services*). Healthcare Effectiveness Data and Information Set (HEDIS) Submission • Due to COVID-19 and resulting issues with collection of data, the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) allowed Medicaid plans to use the HEDIS 2019 hybrid rates if higher than HEDIS 2020. • L.A. Care chose to report HEDIS 2020 rates for Medi-cal, Cal-MediConnect (CMC) and L.A. Care Covered (LACC) to demonstrate: o L.A. Care achieved comparable results despite the pandemic o Using the 2020 rates maintains accurate year to year results, for recommending real opportunities for improvement o Unsure of how HEDIS 2020 rates will be used by NCQA going forward, so our rates will be accurately reflected o For multi-year measures, allows compliant members to be used as standard data for 2020 Measurement Year (MY)	

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	Medical Record Collection and Abstraction
	• Final rates were affected by COVID-19 as nearly all were trending higher through the end of March, then rate increases hit a plateau because of public health restrictions.
	  o Many offices were closed or short staffed due to the pandemic and did not respond to medical record requests. There were 13% of the 8943 hybrid samples for which no chart was collected, and an additional 14% LA Care was pursuing another chart but was not successful in retrieving.
	  o As of April 1, across all lines of business only five numerators out of 53 were trending lower by more than 1% compared to the same date last year. For the final rates, 15 numerators ended up more than 1% lower.
	
	For HEDIS Reporting Year (RY) 2020, Medi-Cal Line of Business, there are 19 measures from the Managed Care Accountability Set held to the Minimum Perforamance Level (MPL) 50th percentile. For Medi-Cal**:** 17 MPL measures met; Asthma Medication Ratio and Wellchild 15 did not meet MPL.
	
	LACC Breast Cancer Screening:
	• LACC eligible population has significantly increased causing a drop in the rates
	• Newly assigned members will be included on intervention activities.
	
	Medi-Cal follow-up care for children prescribed attention deficit hyperactivity disorder (ADD) medication:
	• Deep dive analysis identified a root cause for poor historical performance.
	  o Services were being provided for the ADD measure by the Department of Mental Health clinic therapists who are not licensed prescribing providers.
	  o Received NCQA auditor approval to flag community clinics as prescribing providers.
	  ➢ As a result L.A. Care improved to the 90th and 75th percentiles, respectively for both Initiation and Continuation that historically were below the 25th percentile
	
	Medicare CMC follow-up after hospitalization for mental illness (FUH):
	• L.A. Care was able to meet the quality withhold benchmark of 56% for FUH 30 day indicator, as a result of Quality Performance staff working closely with the Behavioral Health department and Beacon to improve data collection activities.
	
	HEDIS 2020 and 2021 MY Changes
	• Technical specifications were released on July 1, 2020 and valid for 2 measurement years – 2020 and 2021 - to give plans additional time to prepare and to know ahead of time what will be expected.	

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	• There are 40 measures, NCQA has updated telehealth visit guidelines to support increased use of telehealth caused by the pandemic. • Member reported services now accepted for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Controlling Blood Pressure (CBP) and Comprehensive Diabetes Care (CDC); Blood Pressure (BP) readings using a digital device. • Well-Care measures revised to cover for ages that had previously been missed (16-30 months, 7 - 11 years old) and will be reported by administrative methodology only. L.A. Care may see declines in performance due to the changes. Member Booth asked Mr. Mendez what he means by "Compliant Member". Mr. Mendez responded that based on the NCQA HEDIS technical specifications, it means that those members that are utilizing the services on time. Member Shapiro noted that it seems that most cohorts were improving, but the number of patients seen went down. He asked Mr. Mendez what he thinks is contributing to this. Mr. Mendez responded that members are being seen, but they not being seen on time. Members might also be getting services elsewhere and its difficult to obtain that data. Dr. Miller Parrish added that the number of members is going up, and hybrid samples are usualy set at 400. Mr. Mendez stated that new members can take up to two years to get the necessary services to meet all criteria. Member Perez suggested Mr. Mendez would do well in representing L.A. Care in outreach. She thanked him for his explanation. Dr. Miller Parrish noted that Mr. Mendez has been at L.A. Care less than one year and has accomplished much.	
CHIEF COMPLIANCE OFFICER REPORT Thomas Map	Thomas Mapp, *Chief Compliance Officer,* Elysse Palomo, *Director, Regulatory Affairs, Compliance*, Sabrina Coleman, *Senior Director, Delegation Oversight,* Marie Mercado Grijalva, *Manager, Regulatory Analysis and Communications,* Sylvona Boler, *Senior Manager, Risk Management, Compliance* presented COVID-19 management • Annual disaster recovery test in COVID-19 environment; September/October 2020 • Data trends to regulatory agencies Mr. Mapp stated that there will be a remote disaster recovery test. Governor Newsom has recently declared a state of emergency for wildfires and DHCS required reporting on the effect wildfires will have on member access to care. L.A. Care will put a notice on the website telling members how to report challenges in access to care.	

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	Marie Mercado Grijalva, *Manager, Regulatory Analysis and Communications, Compliance*, presented information on the regulatory flexibility strike team. analyze internal and external. Risk Management and Operations Support • COVID-19 Flexibilities are being monitored through the Regulatory Flexibilities Strike Team. To date, the Regulatory Flexibilities Strike Team has received 55 inquiries: 21 internal and 34 delegate inquiries. o Most of the requests for internal inquiries were extensions, cancellations or modifications of audits/reporting requirements or changes to business practices in light of COVID-19; all flexibilities were approved and decisions communicated directly to the requesting business unit. o Most delegate inquiries are related to claims or prior authorization; guidance was provided either through network-wide communications or directly to the delegate, if the questions were specific to their organization/provider. L.A. Care also received one delegate self-disclosure which resulted in a corrective action plan. Mr Mapp noted that Compliance started a discussion regarding Lyft and Uber. They have been reconsidering providing transportation in California due to legislation and a court order making them treat their drivers as employees rather than independent contractors. This may impact services to members. Earlier today an appeals court has stayed the lower court decision so it doesn't appear that Lyft and Uber will be leaving California at this time. L.A. Care will continue to monitor the situation. Member Booth asked about the volumn of Lyft and Uber rides for L.A. Care members. Mr. Mapp responded that Call the Car is using Lyft for about 55% of non-medical transportation. Sylvona Boler, *Senior Manager, Risk Management, Compliance,* presented information on top member issues and risk remediation. Issues Log, Risk Remediation and Escalation Risk Management and Business Continuity is in the process of meeting with business unit leaders across the organization in preparation for the 2021 Annual Risk Assessment. The draft risk assessment will be presented to leadership in November or December 2020, and will be brought to the Compliance & Quality Committee in January 2021.	

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	Below is a list of the issues under review: • Remittance Advice (RA) Billing Issue - A system flaw was discovered that would cause a dollar amount to populate into the Member Responsibility field on RA statements for non-contracted providers, even though Medi-Cal members should not be billed for services. An action plan was developed and approved by regulators, and an impact analysis was conducted. A manual system fix was implemented so that erroneous RAs will no longer be produced. A sample of RAs are reviewed quarterly to ensure the issue remains fixed. Additionally, through provider outreach and grievance reviews, L.A. Care continues to identify affected members and ensure reimbursements are made to any members who were erroneously billed due to this error. • Provider Terminations - On May 11, 2020, L.A. Care received a notice of non-compliance from the Department of Health Care Services (DHCS), regarding untimely notification to DHCS of provider terminations. The notice documented four alleged incidents between January and March 2020. L.A. Care is disputing two of the four alleged incidents. A corrective action plan was submitted to DHCS on June 11. DHCS responded to L.A. Care's corrective action plan, requesting revisions based on a differing interpretation of the requirement. L.A. Care has responded to DHCS regarding our interpretation, and are awaiting a response. • Annual Notice of Change (ANOC) - On March 5, 2020, L.A. Care submitted a self-disclosure to the Centers for Medicare and Medicaid Services (CMS), informing about inaccuracies in L.A. Care's ANOC. In error, L.A. Care filed a "yes" for prior authorization and referral requirement, for Medicare Opioid Treatment Program (OTP) services. However, L.A. Care provides OTP services without a requirement for prior authorization and referral, to reduce any delay or barrier to accessing care. The Member Handbook was also mailed to all of the members, with the correct information, OTP does not require prior authorization. CMS allowed L.A. Care to re-file the PBP and issue an ANOC errata. The updated ANOC was posted on L.A. Care's website on May 22. A new desktop procedure was created that includes a standard process for completing these materials and quality-checking them prior to submission. Monitoring through CSC, A&G and Beacon has not identified any issues; monitoring will continue through the end of the year. Member Booth asked about AltaMed. Ms. Boler responded that the matter was resolved and closed in May of this year. Elysse Palomo, *Director, Regulatory Affairs, Compliance*, presented information about L.A. Care's Audit and Monitoring program. Regulatory Audits & Monitoring and Regulatory Agency Management 1. L.A. Care Monitoring Program Implementation Highlights	

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	a. Expansion of the UM Monitoring Program this month which includes the creation of a new Authorization Template covering all lines of business. With this new template, we will be able to review & score 26 requirements across all lines of business (Medi-Cal/ LACC(D)/CMC/Personal Assistance Services Council). b. The pilot scorecard that was implemented beginning in Q1 2020 and includes two UM timeliness requirements for CMC only, has shown positive outcomes. There has been an increase in compliance. The quarterly scorecard is produced by the Monitoring Program and sent to internal business units and delegated entities. 2. Regulatory Audits a. CMS Performance Measure Validation Audit is scheduled to occur on September 17, 2020. The purpose of this audit is to validate regulatory reports containing health risk assessment (HRA) and care plan data. Compliance is conducting mock audits/live reviews of internal and delegate systems to ensure data reported matches the data in the systems. Mock audits revealed inaccuracies that were corrected prior to the resubmission of data on August 11, 2020. We expect successful outcomes for the upcoming audit, and will work with the business units to improve our reporting processes to avoid last minute corrections moving forward. b. CMS Revalidation Audit is scheduled to occur January through February 2021. The clean period (audit review period) is October 1, 2020 – December 31, 2020. Seven of 23 findings from the 2018 CMS Validation Audit remain uncorrected, which will be tested at the Revalidation Audit. The following readiness activities are taking place to address the uncorrected findings: i. Timeliness testing for expedited service authorization requests (UM department, delegates), standard grievances, and expedited appeals (A&G department) ii. Reviewing all call text to ensure member grievances are appropriately classified and initiated iii. Facilitating the transfer of care coordination documentation between PPGs/internal CM to ensure coordination of care management when members transfer enrollment from one PPG to another PPG iv. Ongoing care management case file reviews (Case Management department and delegates) c. DHCS Audit has been suspended and will resume tentatively in September 2021 with a two-year lookback period of July 1, 2019 to June 30, 2021	

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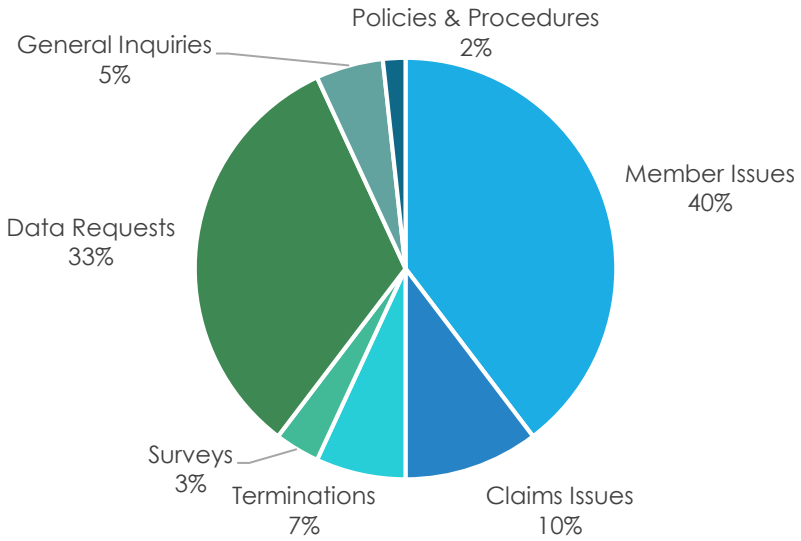
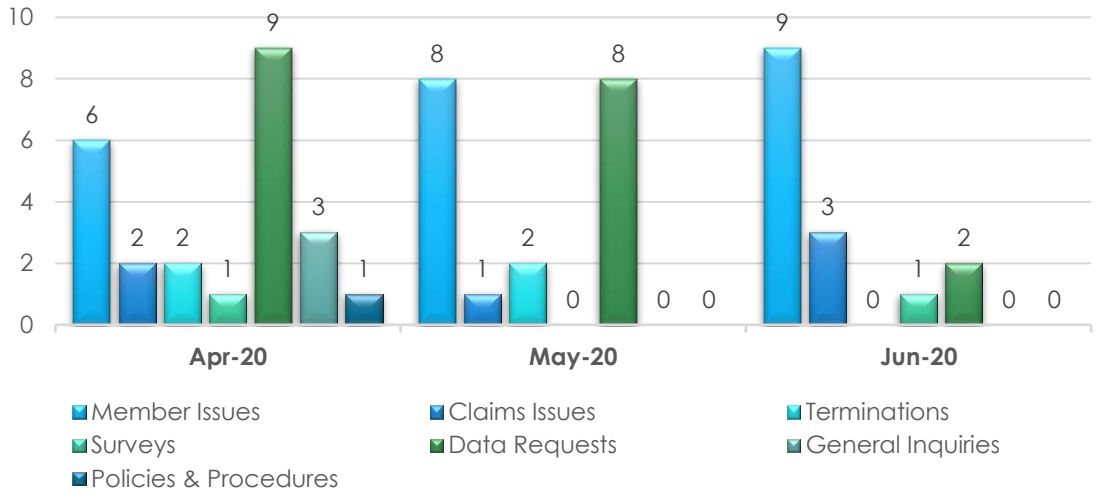
	3. Agency management trends **Regulatory Requests Received in Q2 2020 by Category (Total Volume = 96 Requests)**  **Month over Month Trend of Regulatory Requests Received in Q2 2020 (Total Volume = 96 Requests)**  	

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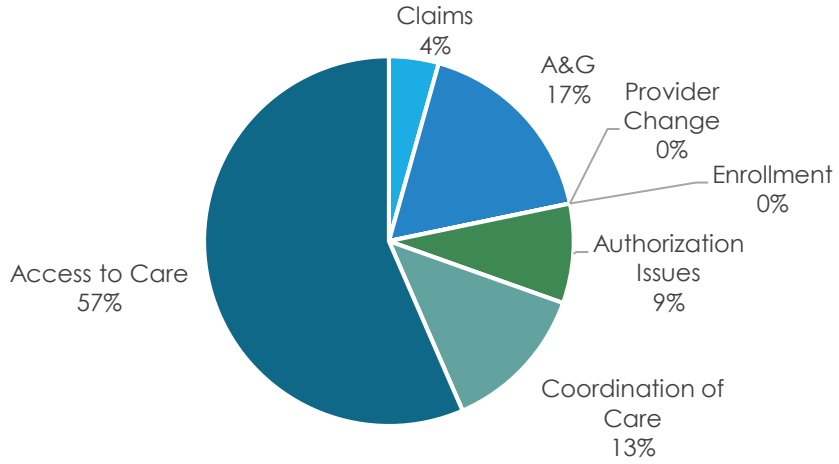
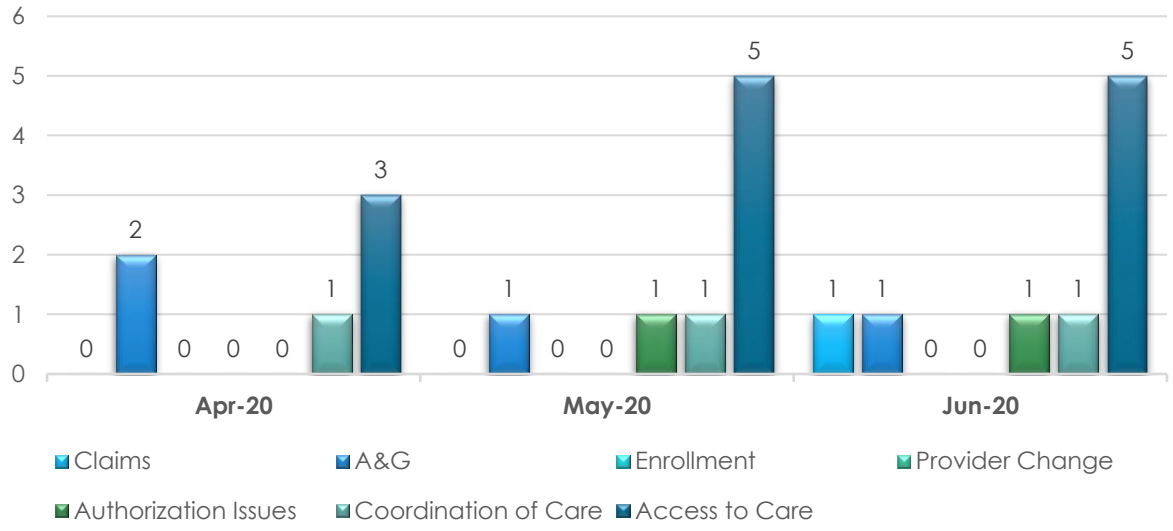
	Member Issues Received in Q2 2020 by Category (Total Volume = 23)  **Month over Month Trend of Member Issues Received in Q2 2020 (Total Volume = 23)** 	

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	• Compliance reports this data to leadership and key business units quarterly and will request corrective action plans to reduce avoidable member issues in the future. Mr. Mapp asked Sabrina Coleman, *Senior Director, Delegation Oversight* to provide information on L.A. Care's process for addressing non-compliance. Ms. Coleman stated that Complaince conducted a data validation review to issue real time feedback to underperforming delegates and provide support for improvement. Notices were signed and will be distributed by the Delegation Oversight team. Repeat non-compliance issues will receive additional attention and support for improvement. Special Investigations Unit – Fraud, Waste, and Abuse • Savings and Recoveries – FY 2020 JUNE FY2020 o Recoveries $256K $3.5M o Savings $714K $8.4M o Total $970K $11.9M • Law Enforcement o 44 active criminal investigations (FBI, CA DOJ, LASD HALT) o 3 Undercover Ops o 8 Arrests o 4 Arrests Pending o 8 Pending Prosecution o 8 Convictions Amanda Ghattas, *Manager, Regulatory Affairs, Compliance,* stated that member issues are received and routed to the appropriate department for corrective action, analysis and development of processes for prevention. A report is created on a quarterly basis and sent to leadership about plans for remediation. Corrective action plans are put in place when possible, as not all issues are avoidable. These reports will help identify root cause and remediation. Mr. Mapp stated that they plan to also collect information from DMHC and DHCS to get a full picture of member complaints direcrtly to regulators. Delegation Oversight The Delegation Oversight Program is deploying a L.A. Care Monitoring Program in collaboration with Compliance, Regulatory Affairs. Delegation Oversight will review Plan Partners, Participating Provider Groups, and Specialty Health Plans against the same metrics and measures that	

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	Compliance, Regulatory Affairs will use in reviewing internal business units. Currently in a pilot stage, the Monitoring Program is reviewing delegates on priority UM measures. As a result of COVID-19, L.A. Care issued an audit moratorium which allowed the Delegation Oversight Audit Team the opportunity to build a virtual audit program. The virtual audit program is complete and a new audit schedule has been developed. The Delegation Oversight Audits will resume in September 2020.	
CLOSED SESSION		
REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning Program, Business Plan Estimated date of public disclosure: August 2022		
CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Two Potential Cases		
PEER REVIEW Welfare & Institutions Code Section 14087.38(o)		
ADJOURNMENT	Member Shapiro stated that he is honored to hear changes that are being made. It reflects the power of teams. He thanked staff for the effort. The reports and everything is a reflection of a very conflicting world and we are trying to give peace of mind to the people we serve. Member Perez congratulated Member Shapiro for being the most influential minority in Los Angeles. As of right now her demographic is the most impacted group by COVID-19, low income and Spanish speaking. She believes he makes a difference as people identify with him. Member Booth thanked everyone for the time in reports. The meeting was adjourned at 3:49 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*

Sign by: Victor Rodriguez

Date Signed: November 11, 2020

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