BOARD OF GOVERNORS
Compliance & Quality Committee Meeting
Meeting Minutes – September 17, 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 Orders No. N-25-20 and N-29-20, which among other provisions amend 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 for the L.A. Care Compliance and Quality Committee and the L.A. Care Joint Powers Authority Compliance and Quality Committee 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. 5 AYES (Ballesteros, Booth, Perez, Shapiro, and Vaccaro)**
PUBLIC COMMENT	There was no public comment.	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The August 20, 2020 meeting minutes were approved as written.	**Approved. 5 AYES (Ballesteros, Booth, Perez, Shapiro, and Vaccaro)**
CHAIRPERSON REPORT	Chairperson Booth stated that she appreciates the work by staff to make the Quality and Compliance reports clear and understandable. She noted that there is a lot of information in each report and she encouraged committee members to ask questions. Member Perez notified the committee that she will monitor this meeting and simultaneously participate in a health promoters meeting.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman*, MD, MPH*	Richard Seidman*, MD, MPH, Chief Medical Officer,* gave the Chief Medical Officer report (a *copy of the report can be obtained from Board Services*). When the Chief Medical Officer report was submitted on September 8, there were nearly 27 million reported cases of COVID-19 in the world. In just a few days after September 8 that number increased to over 29 million. The World Health Organization has now gone from giving daily updates to weekly updates about the pandemic. The most recent update was September 14 and reflects data from September 7 to September 13, so the data is 4 to 10 days old. In the week prior there were 2 million new cases and over 40,000 deaths. The total of deaths worldwide is now 936,000. The Americas and Canada make up nearly 50 percent of new cases in the past week. The United States, Mexico, Columbia, and Argentina make up the bulk of those cases. The next highest region of the world is South East Asia, with India contributing a majority of cases. Europe represents the third highest number of cases. The African region is showing a decrease in cases and deaths. He noted that as the number of cases begins to climb the role of contact tracing becomes more important to suppress the pandemic. The United States has over 6.5 million cases with 34,000 new cases daily. The most recent Center for Disease Control data shows 195,000 deaths in the United States. The midwest region has the highest rate per capita, predominantly in Missouri, Oklahoma, and Tennessee. There has been some improvement in case rates in the deep south and southeast regions. In L.A. County, over 250,000 cases and over 6,000 deaths have been reported. There has been progress in the last several weeks with hospitalization down 25% and deaths down 32%. Currently 10,000 tests are being conducted in L.A. County daily. There were 15,000 to 20,000 tests per day during the summer. He noted that the rate of infection has gone down and the number of people being tested has decreased.	

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	Los Angeles is currently in Tier 1 of the new system for public health guidelines that the Governor introduced as part of the California *Blueprint for a Safer Economy*. Every county in California is assigned to a tier based on its test positivity and adjusted case rate. As of August 31, using data from the previous two weeks, Los Angeles County had a rate of 13.1 per 100,000 cases, with an adjusted case rate of 10.2 out of every 100,000 cases, and a testing positivity rate of 5%. Los Angeles County will need to maintain an adjusted case rate below 7 per 100,000 people and a testing positivity rate below 8% for two weeks before it could move up to Tier 2. There are some activities allowed to reopen regardless of their tier status: personal care (indoor haircuts allowed up to 25% capacity) and in-person education for children with special needs. The health department officials have expressed cautious optimism about progress since late June, and continue to stress the importance of compliance with the current preventive measures and restricted activities. Following record-breaking heat over the Labor Day weekend, we will see what the data will be after people crowded beaches and holiday gatherings. Preparations are underway for the upcoming flu season even as vaccine trials, clinical trials and research continue to try to develop more effective ways to prevent and treat COVID-19. Member Vaccaro asked about a major surge or uptick in cases due to the long weekend and people choosing not to remain home or indoors. Dr. Siedman responded that results of the rapid reopening of businesses during Memorial Day weekend and the George Floyd demonstrations, it appears that the impact of exposure may be measured after 2-4 weeks. By mid-June cases were increasing sharply, and officials decided to have a more moderate shut down. Cases have continued to decline since Labor Day. AfterDr. Seidman presented a new L.A. Care video,"Fighting the 'Flu," *(a copy of the video can be obtained from Board Services),* he stated that two versions of the video will be available. One will be solely L.A. Care branded, and the second version can be co-branded with other organizations. Member Shapiro thanked Dr. Seidman for showing the video and asked if it will be available in other languages. Dr. Seidman stated it is available in at least English and Spanish, and he will confirm and report back to the committee. Member Ballesteros asked if providers are able to link this video to their websites to share it with patients. Dr. Seidman noted that L.A. Care worked with the Department of Public Health to align the messaging, and it is available to providers, members and media. <u>Flu/Covid-19 Campaign</u> A safe and effective COVID vaccine is not yet available, and many are concerned about the potential combination of a resurgent number of COVID cases along with the seasonal flu. While L.A. Care is hopeful that the Northern Hemisphere will see lower than average seasonal flu cases as has been evident in the Southern Hemisphere during its recent flu season, L.A. Care is preparing for the coming seasonal	

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	flu season. L.A. Care has partnered with Los Angeles County Department of Public Health and other Medi-Cal managed care health plans in the county. A goal of the collaboration is to increase flu vaccine rates throughout Los Angeles County and prevent significant strain on the health care system. A communication strategy was developed to provide coordinated health education messaging to members and providers, directing members to appropriate provider sites to optimize the use of vaccine supplies for the uninsured, and urging providers to accurately report vaccines so health plans can document that members have been vaccinated. All have agreed to share best practices and available resources, such as health education materials, and to co-brand education information as much as possible. He noted that the *Fight the Flu* campaign runs from September through May, and includes postcard and email reminders, automated phone calls to the extent possible, member and provider newsletters and other publications, and social media marketing. Provider Incentives o All Measurement Year (MY) 2020 Program Descriptions have been released. o The teams are preparing to process data for all MY 2019/Reporting Year 2020 final Pay 4 Performance (P4P) reporting. L.A. Care advanced Physician P4P payments in April, 2020 to help providers during the pandemic. Those advance payments will be reconciled with the incentive earned based on the actual data. If a physician or clinic's actual earnings are higher than the advanced payment, L.A. Care will send the additional amount. L.A. Care will not require repayment by providers if the actual earned incentive amount is lower than the advanced payment. o The team has also designed an incentive program for Direct Network providers to distribute incentive earnings proportionate to individual performance and Direct Network enrollment. Member Shapiro suggested that L.A. Care work with Federally Qualified Health Centers and American Academy of Pediatrics, especially now that L.A. Care is co-branding as it is important to communicate the same message. Dr. Seidman responded that L.A. Care has reached out to the family medicine and internal medicine groups in the American Academy of Pediatrics, regarding preventive care. He suggested that he and Member Shapiro can coordinate the efforts.	
Access to Care Survey Results Maria Casias, *RN, BSN, MPH*	Maria Casias, *RN, BSN, MPH, Director, Quality Improvement Accreditation,* presented information about L.A. Care's Access to Care Survey Results (*a copy of the presentation can be obtained form Board Services*): Overview • Appointment Availability & After-Hours (AH) Access: Regulatory Requirements • Appointment Availability & After-Hours Access: Who is Surveyed • Follow Up: MY 2018 Department of Managed Health Care (DMHC) Survey Findings	

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	• Appointment Availability Compliance Trends: Primary Care Physician (PCP) & Specialty Care Physician (SCP) • After-Hours Access Compliance Trend: PCPs • Interventions • Challenges/Next Steps • Questions *(Details presented are for the Medi-Cal Line of Business. L.A. Care Covered, Cal MediConnect and Personal Assistance Services Council results are presented as PDF handouts.)* Appointment Availability & After-Hours Access: Regulatory Requirements • To monitor and measure provider compliance with Access & Availability and After-Hours standards as established by the following regulatory agencies: o DMHC o Department of Health Care Services (DHCS) o National Committee for Quality Assurance (NCQA) o Centers for Medicaid and Medicare Services (CMS) • To provide a framework for developing interventions to improve timely access to care. MY2018 DMHC Summary of Findings • MY2018 findings issued April 15, 2020 by the DMHC • Response submitted to the Provider Data Management Team May 18, 2020 Findings: • Inclusion of unauthorized specialty types in survey data • Sampling error exceeded 5% in the Commercial Product • Inconsistencies and reporting oversight Findings have been addressed and remediated in MY2019 templates and reporting. Member Booth asked Ms. Casias if L.A. Care's scores would improve if results for gastroenterology, cardiology, and endocrinology were reported. Ms. Casias responded that DMHC requires gastroenterology, cardiology, and endocrinology, and L.A. Care surveys all specialists. Member Booth stated that results may have been better if all results could have been submitted. Appointment Availability Goals Met by Participating Physician Group (PPG) Medi-Cal PPGs Surveyed: 32 SCP Measure by MCLA | Goal (%) | Met Goal(%)	

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Urgent Appointment	89%	8(25%)
Routine Appointment	92%	19(59%)
Initial Prenatal Appointment	100%	17(53%)
In-Office Wait Time	94%	16(50%)
Call-Back Wait Time	73%	4(13%)
Process for Rescheduling Missed Appointments	100%	16(50%)
Time to Reschedule Missed Appointments	97%	6(19%)

Chairperson Booth asked Ms. Casias about the call back wait time. Ms. Casias responded that the provider is required to call the patient back within 30 minutes, and providers have indicated that they have challenges in returning phone calls within 30 minutes. L.A. Care notified providers that members can be encouraged to use the nurse advice line or to "page" the provider. Chairperson Booth asked how L.A. Care gets the data. Ms. Casias responded that L.A. Care calls providers to obtain the information.

AH measure	2017	2018	2019	Variance±	Performance Goal	Goal Met
Access	73%	85%	83%	-2%	80%	Yes
Timeliness	55%	34%	64%	30%	62%	Yes
Combined Access & Timeliness	49%	32%	62%	30%	55%	Yes

Ms. Casias reported that L.A. Care met the after hours' compliance measures. A member that calls after hours must first be told that if it is an emergency they should dial 911 or go to the nearest emergency room. The second requirement is to inform the members how to "page" the provider or to refer the member to the nurse advice line for immediate assistance. She noted there was a great increase in the timeliness and combined access results.

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<tr><th>AGENDA ITEM/
PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION
TAKEN</th></tr>
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<tr><th>Action(s) Taken</th><th>Effectiveness of Intervention or Outcome</th></tr>
<tr><td>MY2018 L.A. Care issued Root Cause Analysis (RCA) on July 5, 2020 to PPG's non-compliant with after-hours call-back timeliness.</td><td>▪ Increase in After-Hours Timeliness from 34%(MY2018) to 64%(MY2019)
▪ Increase in Combined Access & Timeliness from 32%(MY2018) to 62%(MY2019)</td></tr>
<tr><td>▪ MY2019 L.A. Care issued (RCA) on July 17, 2020 to PPGs for SCP Urgent Appointment non-compliance.
▪ PPGs provided causal barrier analysis and corrective action plans for their providers</td><td><u>PPG Causal Barrier Analysis</u>:
o SCP's unaware of access standards; No oversight & monitoring
o Office turnover
o Lack of escalation by Independent Physician Association leadership
o Regional challenges (Antelope Valley)
<u>Corrective Action Plan (CAP):</u>
o Providers will be re-educated and re-surveyed until brought into compliance; provide L.A. Care educational materials, explain regulatory requirements and contractual obligations. Issue CAPs to providers with continued non-compliance in re-audit.
o Inclusion of materials in provider onboarding</td></tr>
<tr><td>Oversight & Monitoring Program for provider groups that participated in the surveys</td><td>▪ Appointment Availability:
o PCP steady trend rates from 2017– 2019
o SCP decreasing trend rates from 2017 – 2019
▪ After-Hours:
o Access decreased from 2018-2019
o Call-Back Timeliness and Combined Access & Timeliness increased from 2018-2019.</td></tr>
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	Dr. Seidman stated that the Spanish version of the flu campaign video is currently in production. A link to the video will be posted on L.A. Care's flu/COVID-19 resources page, and will also be included on L.A. Care's Instagram and Facebook pages.	
DIRECT NETWORK ADMINISTRATION Noah Paley Acacia Reed	Noah Paley, *Chief of Staff,* and Acacia Reed, *Interim Chief Operating Officer,* presented information on L.A. Care's Direct Network Administration *(a copy of the presentation can be obtained from Board Services).* Mr. Paley stated that the presentation is in response to questions about Direct Network Administration at the Board retreat on September 3. He noted that L.A. Care has around 220 active primary care providers (PCPs) in the direct network and more than 23,000 Medi-Cal members assigned to these PCPs. As part of building and growing the direct network, L.A. Care is accountable for network development and maintenance. This includes recruiting, contracting, credentialing, training and provider relations, clinical services, which includes utilization management and case management, and health services payments. L.A. Care developed a structure for a Direct Network Administration. L.A. Care formed a Steering Committee and workgroup that includes subject matter experts across the organization to optimize performance. Mr. Paley noted that the Steering Committee is at the heart of the process. The committee is pinpointing constraints, breaking down issues and prioritizing items for remediation. The workgroup is taking the delineated and prioritized issues, identifying the root causes and proposing process and system configuration remediation. This will help enhance performance of all functions. The steering committee and workgroup function together to communicate to the CEO Cabinet about the issues and the planned remediations. The steering committee has compiled a list of more than 200 potential issues and contraints and those are being categorized and prioritized based on impact and urgency. Chairperson Booth asked Mr. Paley for a list of tasks that L.A. Care is accountable to perform for its Direct Network compared to the Delegated Network. Mr. Paley responded that he will provide the list after the meeting.	
CHIEF COMPLIANCE OFFICER REPORT Thomas Mapp Sylvona Boler	Thomas Mapp, *Chief Compliance Officer,* and Sylvona Boler, *Senior Manager, Risk Management, Compliance,* presented the Chief Compliance Officer report. Ms. Boler provided an update on 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 2020 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	

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	of the requirement. L.A. Care has responded to DHCS regarding our interpretation, and is awaiting next steps per the state. DHCS responded to L.A. Care, informing us that our interpretation of the guidance is incorrect. Process changes will be required moving forward. Compliance will work with Provider Network Managment, to determine the best course of action, and DHCS will respond to L.A. Care on how they intend to manage the results of the requested process changes. Mr. Mapp stated that L.A. Care is conducting an impact analysis. L.A. Care would like to identify the number of potential L.A. Care terminations will have to report to the State. There is no limit on how many can be affected. DHCS stated that if one member is affected it has to be reported to the State. Ms. Boler provided an update on Remittance Advice (RA) Billing Issues: 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, for instances when 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 is 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 paid providers due to this error. The response rate from a second mail-out in July 2020 remains low. DMHC recommended that L.A. Care send another member letter to increase the response rate. Claims has drafted the member letter and it is currently undergoing internal reviews. The letter will be sent to DMHC and DHCS for approval prior to mailing. An Appeals & Grievances crosswalk has not identified any grievances related to the RA billing issue. Claims staff will continue to have this crosswalk conducted on a monthly basis. Chairperson Booth asked Ms. Boler if the providers know that members will receive a letter. Ms. Boler responded that she will have to follow up with an answer at a later time. Member Booth asked about members who do not respond. Ms. Boler responded that she is unsure why members are not responding, but it may require more effort by the members to look through their mail. Chairperson Booth stated that this may be a problem in the future. Ms. Boler stated that COVID-19 may also be a factor. Ms. Boler stated that she would like to address a few concerns Chairperson Booth communicated about the risk report. She noted that there is a typo in the Table of Risks. On the first row for the Provider Data risk and under the description of mitigation/remediation, "Third Party Management (TPM)" should read "Total Provider Management". It will be corrected for future reference.	

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Ms. Boler noted Care Management risks related to Individualized Care Plan (ICP) completion and unable to contact (UTC) rates. L.A. Care is currently on a Performance Improvement Plan (PIP) issued by Center of Medicare-Medicaid Services (CMS) to increase ICP completion rates and decrease the rate of members who L.A. Care was unable to contact. The progress is being monitored by the Regulatory Affairs team. The L.A. Care internal Care Management department has improved on this measure from January and March, therefore the risk rate was lowered from high to medium.

Lisa Marie Golden, *Director, Customer Solution Center Appeals and Grievances,* presented information about L.A. Care's Appeals & Grievance Department *(a copy of the full report can be obtained from Board Services).*

Medi-Cal Line of Business
Grievances:Quantitative Analysis

- 4% increase in grievance volume from Quarter (Q) 1 to Q2
- 30% of Medi-Cal Access to Care issues
- 27% - Access to Providers
- 9% - Delay in Authorization
- 6% - Delay in Pick up time

Approximately 42% of all Access to Care issues are resolved at the time of the call

Grievances: Qualitative Analysis
The two primary reasons for Delay in Authorization were:

- Primary Care Physician
- L.A. Care Health Plan

Grievances related to Delay in Authorization decreased by 56% from Q1 to Q2.

Appeals: Quantitative Analysis

MCLA Appeals	FY 18-19		FY 19-20 Q3			
	Total	FY18-19 Q3 Avg	Apr	May	June	Average
Membership Average	1,034,834	1,032,028	1,040,073	1,054,489	1,071,348	1,055,303
Total Appeals received	**157**	**144**	291	256	259	269
Rate per 1000 members	0.15	0.14	0.28	0.24	0.24	0.25
% denials overturned on appeal	**53.00%**	**43.80%**	**56.4%**	**49.22%**	**49.81%**	**51.67%**

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	• 78.57% increase in appeal rate per 1000 compared to Q3 of Fiscal Year 2018-2019 • 51.67% average overturn rate (7.87% increase compared to same period last year) • 86% - Pharmacy • 3% - AltaMed • 1.5% - Regal Medical Group • 1.5% - Health Care LA, IPA Appeals: Qualitative Analysis Pharmacy related appeals continue to be a top reason for appeal submissions. The primary reason for overturns is that the prescriber responds to a request for additional supporting documentation after the initial decision has been issued. An audit finding related to reconsideration of denials at the Pharmacy Benefit Manager (PBM) level resulted in an operational change, which contributed to the increase in volume of appeals compared to prior periods.	
ADJOURN TO CLOSED SESSION	Ms. Haydel announced the following items to be discussed in closed session. The Committee adjourned to closed session at 3:20 pm.	
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	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: DocuSigned by: EB5CD19208044C4...

DocuSigned by: Stephanie Booth 084B48A20E5F499...

Stephanie Booth, MD, *Chairperson*

Date Signed: 11/30/2020 | 6:26 PM PST 12/1/2020 | 2:52 PM PST

DRAFT

Certificate Of Completion

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Document Pages: 11
Signatures: 2
Certificate Pages: 5
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AutoNav: Enabled
EnvelopeId Stamping: Disabled
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Victor Rodriguez
1055 West 7th Street
Los Angeles, CA 90017
virodriguez@lacare.org
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Signer Events	Signature	Timestamp
Stephanie Booth sbooth.md@gmail.com Security Level: Email, Account Authentication (None)	DocuSigned by:  084B48A20E5F499... Signature Adoption: Drawn on Device Using IP Address: 47.152.161.133	Sent: 11/23/2020 11:16:48 AM Viewed: 11/30/2020 6:05:45 PM Signed: 11/30/2020 6:26:39 PM Freeform Signing
Electronic Record and Signature Disclosure: Accepted: 11/30/2020 6:05:45 PM ID: ee857fda-732c-41fc-a7d0-213bf615187e		
Stephanie Booth, MD sbooth@lacareboard.org Security Level: Email, Account Authentication (None)	DocuSigned by:  EB5CD19208044C4... Signature Adoption: Uploaded Signature Image Using IP Address: 47.152.161.133 Signed using mobile	Sent: 11/23/2020 11:16:47 AM Viewed: 12/1/2020 2:41:48 PM Signed: 12/1/2020 2:52:54 PM
Electronic Record and Signature Disclosure: Accepted: 12/1/2020 2:41:48 PM ID: 8d55e707-6a06-4440-97a8-4e5e58104199		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/23/2020 11:16:48 AM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	12/1/2020 2:41:48 PM
Signing Complete	Security Checked	12/1/2020 2:52:54 PM
Completed	Security Checked	12/1/2020 2:52:54 PM

Payment Events	Status	Timestamps

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to agallegos@lacare.org and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	•Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

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