DRAFT

AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS
Thursday, March 18, 2021, 2:00 P.M.
L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20 and N-29-20, which, among other provisions, amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=ma25f5abcf7853e08b1b0786b0f5d0f9c
Meeting number: 187 677 2050

To listen to the meeting via teleconference please dial:
+1-213-306-3065
Meeting number: 187 677 2050

Members of the Compliance and Quality Committee or staff may also participate in this meeting via teleconference and videoconference. ***The public may listen to the Compliance and Quality Committee's meeting by teleconference and videoconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628-6420.***

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the Agenda item to which your comment relates.
Comments received by voicemail, email or text by 2:00 pm on March 18, 2021 will be provided in writing to the members of the Board of Governors that serve on the Compliance and Quality Committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an Agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.
If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act ("ADA") please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME		Stephanie Booth, *MD, Chair*
1.	Approve today's meeting Agenda	*Chair*
2.	Public Comment (*please see instructions above*)	*Chair*
3.	Approve January 21, 2021 Meeting Minutes P.3	*Chair*
4.	Chairperson Report	*Chair*
5.	Chief Medical Officer Report P.11	Richard Seidman, *MD, MPH, Chief Medical Officer*
6.	Quality Improvement Report • 2020 Quality Improvement Annual Report and Evaluation P.15 • 2021 Quality Improvement Program and Work Plan P.32	Bettsy Santana, *Manager, Quality Improvement Initiatives* Maria Casias, *RN, BSN, MPH, Director, Quality Improvement Accreditation, Quality Improvement*

- Quality Improvement Documents (**COM A**) P.39

7. Chief Compliance Officer Report P.40

Thomas Mapp, *Chief Compliance Officer*
Elysse Tarabola, *Director, Regulatory Affairs*
Sabrina Coleman, *Senior Director, Delegation Oversight*
Serge Herrera, *Senior Manager, Privacy*,
Marie Mercado Grijalva, *Manager, Regulatory Analysis and Communications*
Carla Quevedo, *Compliance Advisor III, Compliance*

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

8. THREAT TO PUBLIC SERVICES OR FACILITIES
   Consultation with Augustavia J. Haydel, *JD*, General Counsel

9. REPORT INVOLVING TRADE SECRET
   Pursuant to Welfare and Institutions Code Section 14087.38 (n)
   Discussion Concerning Program, Business Plan
   Estimated date of public disclosure: *March 2023*

10. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
    Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act
    Three Potential Cases

11. PEER REVIEW
    Welfare & Institutions Code Section 14087.38(o)

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on May 20, 2021 at 2:00 p.m.

Public comments will be read for up to three minutes.
The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS Bi-Monthly ON THE THIRD THURSDAY AT 2:00 P.M.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at http://www.lacare.org/about-us/public-meetings/committee-meetings and can be requested by email to BoardServices@lacare.org.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 21, 2021

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*
Sabrina Coleman, *Senior Director, Delegation Oversight*

** Absent ** Virtual attendance*

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*, opened the meeting without a quorum, and a quorum was subsequently reached. Member Booth 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 2:32 p.m. 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 by roll call. 3 AYES (Ballesteros, Booth, Perez)**
PUBLIC COMMENT	Via text, January 21, 2020, at 1:14pm, sender not-self-identified	

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	Public comment Jan 21, 2021 Compliance meeting . I have witnesses an LA Care member who lives 25 miles away from UCLA told to go to a UCLA specialist. In a suburban/urban area the the DMHC requires that the specialist 15 miles away . Why is LA Care comporting their service as if areas that are urban or suburban East of Downtown are somehow rural? You put all this energy into advertising, co branding with Blue Shield , which makes you look hard up and pathetic but misrepresent to the public your available doctors and services! Via text, January 21, 2020, at 1:17 p.m., sender not self-identified *Add to compliance, even if UCLA doctor has satellite office , where will this patient go if hospitalization is needed , why have you alienated Keck USC, a respected and probably costly hospital that YOU don't want to pay for, hence you are narrowing patients access to doctors just like Synermed!?*	
APPROVAL OF MEETING MINUTES	*(Member Ilan Shapiro, MD, FAAP joined the meeting.)* The November 19, 2020 meeting minutes were approved as written.	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Shapiro)**
CHAIRPERSON REPORT	Committee Chair Booth stated that there are many people doing good work for this organization. There are several people who participated in a kick off in a learning group on Homelessness. She congratulated and thanked Allison Klurfield, Jessica Jew, Delium Mjahari, and Becky Lee for helping people. She stated that she hopes everyone is staying safe and healthy and are following public health safety recommendations. She hopes that the beginning of vaccinations leads to people being able to reassume some semblance of previous activity soon.	
CHIEF MEDICAL OFFICER REPORT	*(Member Hilda Perez joined the meeting.)* Richard Seidman, *MD, MPH, Chief Medical Officer,* reported (*a copy of his written report can be obtained from Board Services*): **COVID-19 Update** In January, the World Health Organization (WHO) reported over 83 million cases of COVID-19 worldwide and more than 1.8 million deaths. The number of new infections are reported at the highest levels worldwide and in the United States since the beginning of the pandemic, with more than 4 million	

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	new cases per week worldwide for the fourth week in a row. California and Arizona have the highest rates of new infections in the country and the healthcare delivery system in Los Angeles, with over 932,000 cases, is being pushed beyond its capacity to provide safe and effective care to everyone who needs it. The Los Angeles County Department of Public Health has asked people to avoid coming to Emergency Rooms for other than truly life threatening emergencies. Ambulances have been asked not to transport patients to emergency rooms with a low likelihood of survival (trauma and cardiac patients they are not able to resuscitate in the field). The three-day average number of COVID-19 patients hospitalized in Los Angeles is now 10 times higher at 7,873 than it was on November 1, 2020. Some hospitals are preparing to declare crisis standards of care, in which patients will be triaged to determine which patients are priorities for limited resources such as intensive care unit (ICU) beds and ventilators. L.A. Care has documented over 75,000 known cases among L.A. Care members, with nearly 13,000 hospital admissions and over 2,000 deaths. **COVID-19 Vaccine** Over 130,000 first doses have been administered for the two COVID-19 vaccines approved by the Federal Drug Administration for emergency use authorization. Frontline healthcare workers are getting a second dose of vaccine. At this time in Los Angeles County, those eligible for the various tiers of Phase 1a healthcare workers and the residents and staff of Long Term Care and Skilled Nursing Facilities are being vaccinated. It is anticipated those with first tier Phase 1b eligibility will be vaccinated by early February, which includes people 75 and older and frontline essential workers. People 65 and older and a broader list of essential workers are prioritized in the second tier of Phase 1b. Phase 1c, anticipated in late March or early April, will make eligible people 16 to 64 with chronic health conditions and co-morbidities which place them at increased risk for serious disease and death. Influenza activity in Los Angeles County remains relatively low, likely due to all of the precautions in place to reduce the spread of COVID-19 and enhanced flu vaccine efforts during the fall of 2020. L.A. Care collaborated with the Los Angeles County Department of Public Health (DPH), the USC School of Pharmacy, and several local pharmacies to conduct nine mobile flu vaccine clinics, which provided 2,500 members of the community with flu vaccines. Pharmacy staff are currently pursuing the opportunity to leverage these partnerships to assist in the COVID-19 vaccination effort. Member Perez stated that the Health Promoters have advocated to connect the community to resources available through the community link online platform. They are being trained to identify resources and to do resource sharing through Zoom. She thanked L.A. Care for listening and responding to member concerns. She knows firsthand what L.A. Care is doing to serve communities in need. She lives in Compton, and South L.A. communities are mainly Black and Hispanic. These communities have been impacted severely by the pandemic. Many people have close friends or family members who have gotten	

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	sick, and it is crucial to connect people to resources they may need. Those communities are composed in large part of essential workers such as people that work at grocery stores, deliver packages, and work in agriculture. She thanked L.A. Care for its efforts in organizing the flu vaccine clinics and for paying attention to the different dynamics in the community. She noted that these events are a great way for L.A. Care to connect and reach out to the community and let them know that L.A. Care is working for them. She has been advocating with Communications and Community Relations on how to conduct outreach about COVID-19. She stated that Health Promoters are working with Francisco Oaxaca, *Chief of Communications and Community relations*, to conduct surveys that address myths and misinformation about the COVID-19 vaccine. There are many people who are being misinformed. L.A. Care is using all its communication platforms to address these issues. She thanked L.A. Care for all its efforts. Dr. Seidman responded that he understands Member Perez's concerns and L.A. Care's message is very much aligned. L.A. Care is in discussion with DPH to participate in the COVID-19 vaccine distribution strategy. He was able to ask detailed questions on two separate calls about the strategy on distribution in the hardest hit areas of the county. He is happy to announce that L.A. Care has a seat at the table. He thanked Member Perez for her comments about L.A. Care's flu vaccine clinics. L.A. Care is trying to leverage its experience and partnerships to do the same with the COVID-19 vaccination effort. He agreed that L.A. Care is working on a very significant and robust messaging plan for its members. He noted that the vaccine is the best tool to fight the virus and reduce transmission. **Year End Activities** The end of the calendar year includes efforts to close clinical care gaps in order to optimize Healthcare Effectiveness Data and Information Set (HEDIS) performance, tabulate and report incentive earnings for the prior measurement year, and to survey members to meet regulatory and accreditation requirements to identify opportunities to improve by gaining a better understanding of their experience during the past year. A more detailed reports of these activities will be presented to the Board throughout the year. The HEDIS team completed outreach efforts with nearly 1,500 providers, over half of L.A. Care's contracted network of primary care providers. The team is also leveraging the more than 2,000 annual wellness exam records that were collected by L.A. Care's Risk Adjustment team, looking to close gaps for Cal-MediConnect members. It is expected that approximately 1,800 gaps will be closed by this review. In addition to surveying members, L.A. Care offered a patient experience training series for providers that offered eight sessions between October 2020 and December 2020. Over 500 unique attendees participated, including 138 individuals who attended more than one session. Feedback from attendees had been very positive, resulting in exceptionally high Net Promoter Scores. L.A. Care is developing a 2021 series with the vendor, SullivanLuallin Group. Additional training offerings include the final QI webinar for 2020 focused on risk adjustment for Cal-Medi Connect. The November session on	

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	Proposition 56 payments was the highest attended session to date. Webinars continue to be well received and attendance is increasing. The 2021 schedule is being developed.	
PROVIDER QUALITY REVIEW	Christine Chueh, *Manager, Provider Quality, Quality Improvement,* presented information about L.A. Care's Provider Quality Review Annual Report (*a copy of the presentation can be obtained from Board Services*): Business Requirement & Background • The Quality Improvement Provider Quality Review (PQR) team manages the Potential Quality of Care Issue (PQI) process and Critical Incident reporting process, which are regulatory requirements for patient safety and to identify clinical issues/concerns and ensure high quality patient care is delivered to L.A. Care members. • The QI PQR process evaluates an occurrence or occurrences in which there are potential or suspected deviations from accepted standards of clinical care. The QI PQR team conducts the PQI review for L.A. Care's direct lines of business. Plan Partners are delegated to conduct the Quality of Care (QOC) review for members assigned to them and their network providers. • All PQI reviews must be completed within 6 calendar months. • The QI PQR team monitors quarterly submission of Critical Incident Reports required by Cal MediConnect delegates (Participating Physician Groups and Vendors) to appropriately capture critical incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) for the health, safety and welfare of L.A. Care's members. Analysis • 3,278 provider quality reviews were completed during Q4 2019 to Q3 2020. • Top 3 potential issues: - Treatment/Inappropriate Care 34.8% - Delay in Service 17.5% - Access to Care 14.0% • PQI referral per department: - 97.8% referred from Call Solution Center and Appeals & Grievance (A&G) Quality of Care (QOC) & Quality of Service (QOS) • Majority of reviews found no quality of care/service or care was appropriate (70.5%), or with a quality of service issue (17.4%). • Issues identified with borderline quality of care cases leveled C2 (8.6%) were addressed at the case level.	

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	• 10 cases (0.3%) leveled C3 (moderate quality of care) were reviewed by Peer Review Committee with action taken. Trending Analysis Guiding Improvements • All closed cases were tracked and trended using a 4-point system for all severity levels listed below. Upon reaching the threshold of 5 points or more, further analysis was done to identify trends or patterns of issues. - level C0/S0 = 0 point - level C1 = 0 point - Level S1 = 1 point - level C2/S2 = 2 points - level C3 = 3 points - level C4 = 4 points • The following providers met the threshold: - 2 providers: 1 plastic surgeon and 1 internal medicine - 3 Department of Health Services sites: LAC+USC Medical Center, Harbor UCLA Family Health Center, and Mid-Valley Comprehensive Health Center - 1 provider group: AltaMed Medical Group - 3 vendors: Western Drug Medical Supply, CVS Pharmacy, and Westley Health Center Clinic - L.A. Care Health Plan Current State and Solutions in Progress • PQR continues to receive an average 400+ referrals per month. • Ongoing collaborative review with the A&G Team in the following areas: - Efforts to align PQI determination: ➢ A&G refer concerns for PQI based on member allegation solely ➢ PQR makes PQI decision based on member allegation and provider information - Incomplete Provider Information Request (PIR) Process – a large percentage of responses (11%-30% on different months) were either not received by A&G or had been received by A&G, but were not uploaded to A&G's database in PCT. - It creates duplicative work in PQR searching for PIRs that should be in PCT. - The productivity of PQR record collection process is greatly impacted by the amount of incomplete PIR from A&G. - Ongoing review PQI referrals that do not have any care concern. Member Perez thanked her for her presentation and putting this work together. She thanked Ms. Chueh for being very detailed.	

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CHIEF COMPLIANCE OFFICER REPORT	Thomas Mapp, *Chief Compliance Officer*, presented the Chief Compliance Officer report *(a copy of the written report can be obtained from Board Services):* Mr. Mapp presented the 2021 Compliance Work Plan motion for approval. L.A. Care's Compliance Plans establish a foundation for responding to multiple state and federal regulatory initiatives. Not only does the implementation of the Compliance Plans help identify and prevent deficiencies, but it may also reduce the potential for liability should violations occur. Compliance Plans establish the organization's commitment to ethical behavior and the proper way of doing business. **<u>Motion COM 100.0221</u>** **To approve the 2021 Compliance Work Plan, as submitted.** Sabrina Coleman, *Senior Director, Delegation Oversight*, presented 2021 Delegation Oversight Monitoring Plan and the Delegation Oversight Audit Moratorium for approval. In 2021, the Delegation Oversight team will focus its efforts on expanding the Delegation Oversight Monitoring Program by scaling to include all Utilization Management, Care Management, and administrative metrics. Further, the Delegation Oversight program has issued an audit moratorium to respond to the increasing COVID-19 rates due to the pandemic. The moratorium was effective December 23, 2020, and will continue for 90 days with the option to extend for an additional 90 days depending on the state of the pandemic. The plan outlines the oversight projects to be conducted during the year by the Delegation Oversight Department, including the evolution of both the auditing and monitoring program. The Delegation Oversight Department is comprised of the annual Audit, the Administrative and Clinical monitoring, and the Account and Communications Management teams. Information considered in the development of the audit plan include previously identified or known risks, regulatory findings, deficiencies identified in prior audits, and referrals from business units. The audit plan may be updated as new risks materialize or additional areas for review are identified. She stated that although the audit plan contemplates a wide-ranging scope of review, it does not provide coverage for all components or systems. Delegation Oversight Audit will provide reasonable reviews of the business activities and areas that require the most attention. **<u>Motion COM 101.0221</u>** **To approve the 2021 Delegation Oversight Monitoring Plan and Delegation Oversight Audit Moratorium, as submitted.** Mr. Mapp presented the 2021 Risk Assessment for approval. L.A. Care Health Plan leadership recognizes the importance of a structured, consistent process to facilitate risk-informed decision making throughout the organization. The Enterprise Risk Management program utilizes processes and tools to	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)** **Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Shapiro, Vaccaro)**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	effectively align strategy, people, technology and knowledge to evaluate and manage risk across the organization so that goals and objectives can be achieved. The 2021 Risk Assessment Report aims to outline the current process and intends to capture and prioritize the strategic, operational, financial, and regulatory risks that L.A. Care will focus on addressing in calendar year 2021. The risk assessment process is an ongoing effort involving leadership across all functional areas and lines of business, and will continue to evolve to identify, assess, prioritize and manage the internal and external risks impacting the organization. **Motion COM 102.0221** **To approve the 2021 Risk Assessment, as submitted.** Mr. Mapp asked the committee for questions or concerns. Member Booth responded that she has received a response from his team in regard to her concerns. Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance,* presented information about Key Performance Indicators (KPI). She noted that an updated version of the meeting materials will be provided to the committee after the meeting. The KPI exhibit indicates non-compliance in the claims area in October 2020, specifically timeliness of Medi-Cal claims forwarding and Cal MediConnect (CMC) claims payment timeliness. A delay in onboarding our newly contracted vendor, ImageNet (processes claims) caused a backlog and limitation of resources. Non-compliance has been remediated now that ImageNet is fully transitioned and additional examiners have been trained on CMC to alleviate resource constraints. KPIs will begin to transition to the enterprise-wide Monitoring Program.	**Approved unanimously by roll call. 5 AYES**
ADJOURN TO CLOSED SESSION	*The agenda item was not discussed.*	
ADJOURNMENT	The meeting was adjourned at 4:06 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: _____

L.A. Care
HEALTH PLAN

CMO Report – March/April 2021

COVID-19

By early March 2021, there were more than 113 million cases and 2.5 million deaths from COVID-19 worldwide. The surge peaked in January, and after a 6-week decline in the number of cases, there was a 7% increase believed to be driven by a combination of increased transmission due to re-openings, to circulating variants of concern, and reduced compliance and fatigue with basic public health measures. Vaccination efforts ramp up unevenly throughout the world and the emergence of variants of concern are being studied closely.

The United States has seen a similar drop in cases and deaths, which is beginning to level off causing concern about the potential for another surge as has occurred in other places throughout the world. California and Los Angeles are seeing a sustained reduction in cases and deaths and, despite the many challenges with the vaccine effort, are keeping pace with the national pace which has succeeded in vaccinating nearly 60 million people (18% of the eligible population have received at least one dose of vaccine).

Cases in Los Angeles have dropped from more than 15,000 per day down to 1,000 -2,000 and hospitalizations, which pushed our delivery system to the edge, have now dropped from more than 8,000 per day to less than 1,500. L.A. Care has identified nearly 120,000 cases, 20,000 hospitalizations, and 3,600 deaths (16% of LA County total) among our members. The approval of the Johnson and Johnson single dose vaccine on February 27th marks another significant milestone in the course of the pandemic, expected to significantly increase vaccine supplies locally and throughout the United States and worldwide.

March 16th will mark the one-year anniversary when the majority of L.A. Care staff began working remotely, and we continue to do so today. Even while working remotely, L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine.

L.A. Care has developed a robust COVID-19 communication plan which was shared at L.A. Care's Technical Advisory Committee in January. The plan includes the creation and maintenance of a COVID-19 resource page on L.A. Care's website and the development of frequently asked questions (FAQs) documents made available to our Call Center staff and shared with our Nurse Advice Line vendor. In addition to these activities including updated information available to members to help them find and schedule appointments for COVID-19 vaccinations, L.A. Care is conducting outreach efforts to members,

and is collaborating with vaccine providers by doing targeted outreach to L.A. Care members to increase the rate of vaccine administration among our members.

In additional to these efforts, L.A. Care is working with Blue Shield Promise Health Plan, our Plan and Community Resource Center partner to offer COVID-19 clinic events at each of our eight Community Resource Centers (CRCs). Vaccine supply allowing, the events will begin in late March, but may be delayed as needed if our Pharmacy partner is not able to secure sufficient vaccine. The schedule will also be adjusted if our Pharmacy partner is able to secure the Johnson and Johnson vaccine for these events, necessitating only one dose, rather than the two doses required for both the Pfizer and Moderna vaccines. Our goal is to administer 1,000 vaccines per day at each of these events to our members and to eligible members of the communities surrounding our CRCs. We will offer both drive- through and walk-up options, and will require appointments to manage the demand and increase access and transportation options to and from the clinics. L.A. Care does provide transportation as a Plan benefit to assist members with walk-up appointments for COVID-19 vaccine.

California Advancing and Innovating Medi-Cal (CalAIM)
Work is ramping up across the organization with the launch of a cross functional team to manage preparation for the implementation of CalAIM deliverables by January 1, 2022. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the LA County administered Whole Person Care Program into a combined set of benefits call Enhanced Care Management (ECM) and In Lieu of Services (ILOS).

L.A. Care has provided comments to the Local Health Plans of California and the California Association of Health Plans and to the Department of Health Care Services (DHCS) regarding the State's proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program.

Persons Experiencing Homelessness (PEH)
L.A. Care is continuing its work to support PEH on several different fronts. In February, L.A. Care's Board approved a motion to support the Housing for a Healthy CA program in collaboration with the Los Angeles County Department of Health Services (DHS) to house 250 individuals. L.A. Care staff are working closely with County Housing for Health staff reviewing referrals for the first placements covered by this new source of funding.

Housing for Health and Brilliant Corners grant program – As of January 2021, a total of 288 households are actively enrolled in the grant and 263 of those have secured housing, and 208 of those housed (79%) are L.A. Care members. The total number of households ever housed via this grant is 325. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the DHS.

Health Homes Program (HHP) Capacity Building – L.A. Care's Safety Net Initiatives (SNI) department continues to work with Deborah Maddis, our HHP Homeless/Housing Navigation Services Consultant, on coaching. She has met with 10 Community Based Care Management Entities and presented an HHP webinar on homeless engagement strategies on January 8th. L.A. Care was recently recognized by DHCS for the improvement in the number of members receiving housing services.

Center for Health Care Strategies Homeless Learning Community– SNI presented with the Los Angeles Homeless Services Agency on our Project Room Key (PRK) partnership during the Covid-19 pandemic. With specific focus on our PRK member data-match to facilitate care coordination and referrals into Health Homes

when appropriate and the development of a non-medical transportation quick reference guide with our provider network management team.

Health System Funders for Housing Justice Kickoff– SNI and Community Benefits participated in the first meeting of this learning community with funders and health system leaders, including: United Healthcare, Common Spirit, Sutter Health, Kaiser, Optum, and Cedars-Sinai among others. This national group will develop strategies to support the most promising best practices in homelessness and health partnerships, with strong California representation.

Quality and Equity

The annual Quality Improvement Program Evaluation and Work Plan will be presented to the Board Compliance and Quality Committee in March. These two documents, summarizing our quality improvement efforts and accomplishments over the past year and laying out our work plan for the current year are required by our regulators and by the National Committee for Quality Assurance (NCQA). In preparation for the annual data submission to NCQA, we are wrapping up our annual member experience surveys for all lines of business and are busy with our annual audit of our Healthcare Effectiveness Data and Information Set (HEDIS) processes and with collecting as much clinical data as possible to optimize our scores.

Equity

- Drs. Seidman and Kyle held COVID-19 vaccination webinar with L.A. Care RCAC and ECAC members led by Community Outreach and Engagement.
- In coordination with the Member Equity Council, on 12/30/2020 the Customer Solutions Center (CSC) launched food resource assistance as a recorded option for members to be connected to a live agent for more information/assistance with food resources.
- In support of L.A. Care's Diversity, Inclusivity and Equity efforts, the Cultural & Linguistic Services team in partnership with the Human Resources Department will host a series of cultural responsive trainings for employees in April. The four-part series will focus on health disparities related to asthma, diabetes, infant mortality among African Americans and others. This lunchtime session will include viewing of Unnatural Causes, a documentary video produced by California Newsreel and broadcasted by PBS, followed by a presentation of a panel comprised of representatives from Health Education Services, Pharmacy Department and Quality Improvement Team. The goal of the training session is to bring awareness of systemic racism and inequities and to share existing L.A. Care interventions that are designed to address them. The training will also encourage employees to assess their role and impact to close care and service gaps as a result of these discussions. All employees will be invited to attend but only 1,000 are able to participate through WebEx.
- In order to address health disparities at the practitioner's level, L.A. Care is collaborating with Health Net to co-sponsor an implicit bias training with CME credits. A two-session educational series will be facilitated by Bryant T. Marks, Ph.D., the founder and Chief Equity Officer at the National Training Institute on Race and Equity. Dr. Marks has provided diversity, equity, and inclusion and implicit bias trainings for over 18 years to police chiefs and thousands of patrol officers, K-12 educators, local and federal government personnel and health plan employees. The WebEx sessions are scheduled for March 9th and 17th, and also on March 16th and 24th. Provider education on implicit bias training is part of this year's L.A. Care strategic effort.

Quality

- Well Child Quality Improvement Project – The L.A. Care Quality team is working with Bartz-Altadonna Health Center to schedule Well-Child visits for members who are missing their well-baby visits. Bartz-Altadonna is able to book, schedule and conduct reminder calls. The second quarterly submission was submitted to the Department of Health Services (DHCS) in late February.
- L.A. Care has now fully executed a grant with First 5 LA to improve screening for developmental delay and behavioral health issues in children. Grant deliverables include hosting classes and events reaching 1,000 or more parents and members of the community, hosting continuing medical education programs to train at least 300 providers, providing practice transformation support to 10 high volume pediatric practices, and exploring opportunities at the health plan level to increase the number of children with access to primary care where they receive appropriate screening using validated screening tools to identify and appropriately manage and refer to services and support for children with identified developmental delay and behavioral health issues.
- Additional practice transformation and support efforts include eManagement, now implemented with 95 providers serving 75,000 MCLA members. eManagement provides a HIPAA secure platform to facilitate screening for anxiety, depression and substance use disorders with access to physician to physician asynchronous online consultation between the PCP and a psychiatrist. Even during the pandemic, L.A. Care's Transform LA team is virtually coaching 13 engaged practices in L.A. Care's Direct Network with 71 providers, serving 31,600 L.A. Care members.
- In an effort to encourage preventive self-management for those who have asthma or diabetes or are diagnosed with a high risk pregnancy, the Health Education Department launched new educational programs for all direct line of business members in February 2021. The new program directs members to My Health in Motion (MyHIM), the health and wellness platform, which contains hundreds of educational materials and videos and other tools such as a daily meal tracker, exercise log, online self-pace workshops and a calendar of health education classes. This one stop location also has links to the Community Link, and Los Angeles County's Home Visitation Program. In additional to MyHIM, members are encouraged to chat in the secure member portal or call the Nurse Advice Line for medical advice. The intent of these opt-in Health Education Programs is to promote health management and reduce any member abrasion because of numerous outreach calls.

Pharmacy Update

L.A. Care's Pharmacy Department continues its participation in the California Right Meds Collaborative (CRMC). We have partnered with nine community pharmacies to date and are evaluating additional pharmacies to expand the program. More than 150 members have been engaged in the program leading to the identification of more than 350 opportunities to improve medication regimens. The average hemoglobin A1c (HgbA1c) reduction of engaged diabetic members was 1.5%. L.A. Care also offers Clinical Pharmacy services to three federally qualified health centers. L.A. Care's Ambulatory Care Pharmacist has helped more than 100 members and identified many opportunities to improve their medication regimen leading to an average HbgA1c reduction between 2% to nearly 4%. Reductions in A1c have been shown to reduce the risk of heart disease and stroke in diabetic patients.

2020 Quality Improvement (QI) Program Evaluation

Compliance & Quality Committee

Maria Casias, RN, BSN, MPH

Director, Quality Improvement/Accreditation

March 18, 2021

2020 QI Program Evaluation

Background:

- The Quality Improvement (QI) Program Evaluation provides an overview of QI activities and significant accomplishments during the past year, including but not limited to:
  - Quality and Safety of Clinical Care
  - Quality of Service
  - Member Experience
  - Access to Care
- The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future QI activities
  - Staff throughout L.A. Care contribute to the activities
  - QI committees regularly meet to oversee the various functions of the QI Program

Regulatory/Compliance/Accreditation

Major Audits:

- Regulatory Audits:
  - Managed 6 audits and 2 follow-up audits
  - Department of Health Care Services (DHCS) annual audit was suspended due to COVID-19
- Regulatory Affairs:
  - Implemented a quarterly report to monitor regulatory inquiries and non-compliance notices from DHCS and the Centers for Medicare and Medicaid Services (CMS)
  - Further developed the enterprise-wide monitoring program to monitor performance across all lines of business, delegates and functional areas

National Committee for Quality Assurance (NCQA) Accreditation:

- L.A. Care achieved "Accredited" status for its Medi-Cal, CMC and LACC lines of business
  - Accredited status is the highest status achievable for Health Plan Accreditation
  - Remain Accredited until June 2023

Member Experience

Consumer Assessment of Healthcare Providers & Systems (CAHPS) Performance

Medi-Cal:

- Adult scores remained low in 2020
- Child scores were statistically unchanged from 2019 and are higher than the adult scores
  - Customer service is a strength for the child survey: 90th percentile & 6.7 pt. increase from 2019
  - All other measures are poor performing
  - No goals were met

CMC & LACC:

- Surveys halted by CMS due to COVID-19

Opportunities:

- Improve access measures for all lines of business

Interventions:

- Customer service training for network providers
  - 26 Provider Patient Experience Trainings - in person and online
- Provider level CG-CAHPS-The Clinician and Group Consumer Assessment of Healthcare Providers and Systems

Clinical Care

DHCS- HEDIS Auto Assignment Performance

Reporting Year 2020 (Measure Year 2019)

- L.A. Care's allocation of auto-assigned Medi-Cal members was 67%, and Health Net was 33%
- Due to COVID-19, DHCS is using the same percentages for 2021

DHCS AA Year	L.A. Care	Final Rate	Health Net	Final Rate
HEDIS RY2015 Year 11 (CY 2016)	69%		31%	
HEDIS RY2016 Year 12 (CY 2017)	56%		44%	
*HEDIS RY2017 Year 13 (CY 2018)	64%		36%	
HEDIS RY2018 Year 14 (CY 2019)	54%		46%	
**HEDIS RY2019 Year 15 (CY 2020)	67%	76% (+9%)	33%	24% (-9%)
***HEDIS RY2019 Year 16 (CY 2021)	67%		33%	

*9% Error Occurred Year 13
**9% Error was applied to Year 15
***Due to COVID, HEDIS 2019 rates used

Clinical Care (cont.)

Population Health Management (PHM)

- 11 of the 15 PHM Index goals were met
- Focus:
  - Linking population assessment findings to existing programs
  - Identifying gaps to enhance programs
  - Transitions of Care

Population Needs Assessment (PNA)

- Increase % of members receiving their postpartum visit – rate 73%
  - Goal exceeded
- Increase % of flu vaccinations - rate 46%
  - Goal exceeded

Care Management (CM)/Disease Management (DM)

- Transitioned the Asthma and Diabetes Programs to Health Education dept.
- Revamped the Cardiovascular Program
- Developed a compliance and operational report to facilitate better monitoring of staff performance and regulatory adherence

Clinical Care (cont.)

Clinical Initiatives

- 26 interventions completed: social media, mailings, automated/live agent calls
- 25 Intervention and program evaluations completed
  - Nine demonstrated a statistically significant increase in gap closure (e.g. automated calls, provider mailings on depression screening)
- Developed and/or closed out seven Quality Improvement Projects (QIPs, PIPs, & PDSAs)

Addressing Disparities

- Annual QI Evaluation contains analysis for each HEDIS measure by race and ethnicity
  - Black/African American and Native Hawaiian populations have the lowest performing rates for selected HEDIS measures

Clinical Care (cont.)

Provider Continuing Education (PCE) Program

- Offered 15 CME/CE activities (in person and online)

Provider/IPA Webinars

- Hosted 12 webinars
- Goals met:
  - Average attendance of 80 or more
    - Average attendance 108
  - Net Promoter (NPS) Score average 40 or higher
    - NPS: 62 (0-low, 0-30 med/good, 30-100 high/great)

Cultural and Linguistic Services

- Goals met:
  - Deliver 90% of translation requests within the requested turnaround time
  - 90% of telephonic interpreting connection time will be < 30 seconds
  - Decrease the rate of complaints/grievances by 10%
- Goals not met:
  - 90% of individuals who requested interpreting and translation services will be "satisfied" with the services
  - Decrease cancellations and member no-shows for face-to-face interpreting services by 10%

Patient Safety

Patient Hospital Safety: L.A. Care uses:

- California Maternity Quality Care Collaborative (CMQCC) data to evaluate C-Section rates:
  - Target goal ≤23.9% for low risk, first birth cesarean delivery
  - 15 of 45 (33%) L.A. Care hospitals made the Maternity Honor Roll list
- Center for Medicare and Medicaid Services (CMS) Catheter associated Urinary Tract Infections rates:
  - Target goal < 1.0%
  - 34 of 53 (64%) L.A. Care hospitals met the goal
- California Department of Public Health (CDPH) reports on Central line-associated bloodstream infections (CLABSI), Methicillin-resistant Staphylococcus aureus (MRSA), Surgical Site Infections-Colon (SSI-Colon), and Clostridium difficile (C-Diff)
  - Target goal < 1.0
- L.A. Care hospitals that met goals:
  - CLABSI: 41 of 72 (57%)
  - MRSA: 36 of 64 (56%)
  - SSI-Colon: 37 of 57 (65%)
  - C-Diff 56 of 67 (84%)

Patient Safety (cont.)

Potential Quality of Care Issues (PQI)

- PQI cases processed within 6-months: Goal Met: 83.1% (4,840/5,822)
- Oversight of Customer Solution Center (CSC) and Appeal and Grievance (A&G) to screen for potential missed PQI referrals (1% or 30 cases)
  - Missed PQI referrals follow the PQI review process and are shared with A&G/CSC for educational opportunities/staff coaching

Critical Incident Reporting (CMC only)

- 100% of PPG/Vendors (26) reported their critical incidents: Goal Met

Facility Site Review (FSR)

- Needle stick safety rate decreased from 78% to 76%: Goal not met
- Autoclave spore testing rate decreased from 80% to 73%: Goal not met
- Due to COVID-19, FSR site visits were suspended: 29 virtual audits completed

Pharmaceutical Safety Program:

- Goals met:
  - Concurrent Drug Utilization Review(CDUR)/Retrospective Drug Use Evaluation (RDUR)
  - Medication Adherence for Diabetes, Hypertension & Hypercholesterolemia
  - Medication Reconciliation Post-Discharge

Appointment Availability Compliance

Measurement Year (MY) 2019

Appointment Type	Standard		Medi-Cal		CMC		PASC^		LACC	
			PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
Urgent Appointment*	48 Hours (PCP)	96 Hours (SCP)	85%	78%	86%	76%	99%	88%	87%	76%
Non-Urgent Appointment*	10 Bus. Days (PCP)	15 Bus. Days (SCP)	96%	91%	96%	88%	99%	96%	97%	89%
Preventive Services (Adult)	30 Cal. Days		99%	N/A	98%	N/A	99%	N/A	98%	N/A
Preventive Services (Pediatric)	10 Bus. Days		97%	N/A	99%	N/A	100%	N/A	97%	N/A
Initial Prenatal Visit	10 Bus. Days		99%	94%	99%	91%	100%	100%	99%	94%
In Office Waiting Room Time	Within 30 Minutes		96%	93%	96%	94%	99%	99%	96%	92%
Call-Back During Normal Business Hours	Within 30 Minutes		66%	59%	64%	57%	67%	93%	65%	60%
Call-Back for Rescheduling	Within 48 Hours		94%	88%	94%	89%	96%	99%	94%	90%
Process for Rescheduling	Yes		99%	99%	99%	99%	100%	98%	99%	98%

*DMHC Required
^PASC is comprised of DHS and Citrus Valley providers

Red: Goal not met Green: Goal Met

Overall, SCPs decreased in average compliance: 85% in MY2018 to 77% in MY2019

Action Taken: Root-Cause Analysis (RCA): SCP Urgent Appointments

- Analyze the downward trend
- Majority of responses: Providers and office staff are unaware of timely access to care standards
- PPGs submitted corrective action plans which will be monitored

Call-Back During Normal Business Hours was also considered

- After-Hours (AH) Timeliness RCA was conducted for MY2018
- Call-back during normal business hours ties in with this measure; QI ruled this out.
- AH responses: Several providers were concerned that stating calls will be returned in 30 minutes is a legal issue and would prefer that the language be changed to "ASAP"
- Measure is a DMHC requirement: "If someone needs to call you back, they must call you within 30 minutes," so "ASAP" is not an option. This contributes to low compliance rates for call-back related measures

MY2019 After-Hours Compliance

Appointment Type	Standard	Medi-Cal PCP	CMC PCP	PASC PCP	LACC PCP
Access	After-Hours recording or answering service must state emergency instructions to address medical emergencies and state a way of contacting the provider	83%	84%	82%	83%
Timeliness	After-Hours recording or answering service must state a member can either be directly connected or receive a call-back from a PCP within thirty (30) minutes	64%	64%	67%	64%
Combined Access & Timeliness	Compliance for both Access and Timeliness measures combined	62%	61%	67%	62%

After-Hours Goal Calculation Methodology:

Goals are low for timeliness and combined access & timeliness measures

- New methodology established to align with DMHC's compliance expectation
- The DMHC deems non-compliance as having fewer than 70% of network compliance for a specific network for a non-urgent or urgent appointment available within the established timeframe

Community Outreach

Member Participation, Community Outreach and Engagement

The Advisory committee identified food security and transportation as a key social determinant of focus

- 15 community partnerships were funded
  - 37 food distribution events from May to October 2020
  - Three Community Resource Centers (CRC) incorporated food distribution as part of their back to school events
  - The Food Pantry Initiative served:
    - 15,061 families
    - 46,376 individuals

Safety Net Programs and Partnerships

- Health Homes Program:
  - Between April and September 2020, L.A. Care and Plan Partners served 11,647 enrolled members, of which 7,429 were from MCLA
- Whole Person Care Program:
  - As of May 2020, over 26,400 unique MCLA members have enrolled in 1 or more programs
- Homelessness strategies:
  - $20M grant partnership with the LA County Housing for Health and Brilliant Corners, which provided permanent housing for 322 households
  - Recuperative care pilot contract
  - Housing navigation and tenancy support

Barriers

- The COVID-19 pandemic was a barrier this year
- Changes to the Telephone Consumer Protection Act (TCPA) halted robo call campaigns
- Incomplete capture and management of member and provider data
- Lack of understanding of the HEDIS specifications and coding among providers
- Lab result data capture issues led to lower administrative rates for lab result dependent measures

Overall Effectiveness and Opportunities

Overall, the 2020 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes.

- Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan
- Leadership and network physicians played an active role:
  - participating in quality committee meetings
  - providing input on quality related opportunities
  - identify barriers
  - developing and implementing effective approaches to achieve improvements
- The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization.

Overall Effectiveness and Opportunities (cont.)

The QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report

- Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve member experience
- Timely access to care studies continue to show the need for improvement including the need to improve provider data
- There are multiple clinical (and/or clinical data) areas that still need improvement, such as:
  - breast and cervical cancer screenings
  - appropriate medications for people with asthma
  - immunizations among pediatric and adolescent patients.

These and other QI activities are detailed in the 2021 QI Work Plan and will be tracked through the QI committees and the governance structure

Committee Feedback

Recommendations for 2021?

Questions?

2021 Quality Improvement (QI) Program Description & Work Plan

Compliance & Quality Committee

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

March 18, 2021

2021 QI Program Description Revisions

General Revisions:

- Strategic Priorities (Vision 2021), Goals, and Objectives

Program Structure:

- QI Program Goals and Objectives
- L.A. Care's Direct Network was expanded from Antelope Valley to cover Medi-Cal members across Los Angeles County

Organizational Structure and QI Program Resources:

- Positions were added, removed or modified

Committee Structure:

- No substantive changes; minor language change to call out quorum and voting

Scope of Program:

- Group identification, medical condition, and genetic information included in compliance with Penal Code 422.56

Significant QI Program Changes

Quality of Care:

- HEDIS: 55 measures will be prioritized, by line of business, for interventions and/or monitored in 2021
- In 2021 L.A. Care and the Housing for Health Program will launch Housing for Healthy CA to house 250 homeless members
- Health Equity program goals updated
- Equity Council Steering Committee will prioritize equity and social justice as an enterprise-wide principle. Three new sub-committees:
  - Member, Provider, and Vendor
- Provisional Postpartum Care Extension (PPCE): the Department of Health Care Services (DHCS) implemented the PPCE, where pregnant Medi-Cal members may remain eligible for up to 12 months after the end of the pregnancy, if diagnosed with a mental health condition during pregnancy, postpartum, or within 90 days of the end of the postpartum period
- Care Management and Disease Management Program language updated to reflect the current state
- Pharmacy Programs: include internal Medication Management Therapy and Medication Reconciliation Post-discharge programs, as well a Pharmacy Ambulatory Care program

Significant QI Program Changes (cont.)

Quality of Service:

- Appeals and Grievances reflects the current process and reporting structure
- Teladoc telehealth services expanded to include to PASC-SEIU members
- Added Member Incentive Programs
- Member Confidentiality updated
- QI Delegation updated to reflect the current state

2021 QI Work Plan Updates

NEW Measures:

Medi-Cal:

- Risk of Continued Opioid Use (COU) - 15 day rate
- Well-Child Visits in the First 30 months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)

Cal MediConnect:

- Risk of Continued Opioid Use (COU) - 15 day rate

L.A .Care Covered:

- Annual Monitoring for Persons on Long-term Opioid Therapy (AMO)
- International Normalized Ratio Monitoring for Individuals on Warfarin (INR)
- Proportion of Days Covered (PDC)
- Well-Child Visits in the First 30 months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)

2021 QI Work Plan Updates (cont.)

2021 Goals:

- Where goals are not met, the QI Department:
  - Reviews the findings
  - Completes a barrier analysis
  - Develops a plan to address the barriers
  - Prioritizes interventions
  - Implements the interventions
  - Evaluates the effectiveness of interventions
- The QI Work Plan is a fluid document and revised on an ongoing basis throughout the year.
- Total Measures for 2021:
  - HEDIS: 55
  - CAHPS: 29
  - Service: 72
  - Monitoring measures: 17 (MCAS & QRS)

Committee Feedback

Recommendations for 2021?

Questions?

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Board of Governors
MOTION SUMMARY

Date: March 18, 2021 **Motion No. COM A.0321**

Committee: Compliance & Quality **Chairperson: Stephanie Booth, MD**

Issue: Approval of Quality Improvement Documents

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

The Quality Improvement documents (2020 Annual Evaluation and 2021 Program Description and Work Plan) must be reviewed and approved annually by the plan's governing board in accordance with regulatory, contractual and accreditation standards.

The evaluation document covers 2020 accomplishments in our Medi-Cal, PASC-SEIU, L.A. Care Covered, and Cal MediConnect lines of business. The program description describes 2021 activities for our Medi-Cal, PASC-SEIU, L.A. Care Covered, and Cal MediConnect lines of business.

Member Impact: None

Budget Impact: None

Motion: To approve the following documents:

2020 Evaluation

- **2020 Quality Improvement Annual Report and Evaluation – All lines of business**

2021 Program Description

- **2021 Quality Improvement Program and Work Plan – All Lines of Business**

L.A. Care HEALTH PLAN®

To: Compliance & Quality Committee of the Board of Governors

From: Thomas Mapp, Chief Compliance Officer

Subject: Chief Compliance Officer Report

Date: March 18, 2021

COMPLIANCE OFFICER OVERVIEW

1. Compliance Work Plans

Compliance and Delegation Oversight Work Plans for 2021 have been approved pending a few minor changes at the request of Dr. Booth.

2. Compliance Department staffing.

We have begun recruiting for seven compliance advisors and are nearing completion of recruiting for a Senior Director of Risk Management and Operations Oversight. The second half of 2020 was particularly challenging as the market for health plan compliance staff has remained vigorous.

3. CMS Revalidation Audit

The revalidation audit tested the correction of the 7 remaining findings from the 2019 CMS Validation Audit and the 2018 CMS Program Audit within the utilization management, appeals, grievances, call center, and care management areas. The audit review period (clean period) was October 1, 2020 – December 31, 2020. The fieldwork began on January 4, 2021 and concluded on February 8, 2021.

The final audit report was received from the independent validation auditor (IVA) on March 8, 2021, see table below for the final results. L.A. Care submitted a root cause analysis and corrective action plan for the SARAG 7.01 condition. CMS will contact L.A. Care once they've completed their review of the IVA's final report.

Finding	Score
SARAG 7.01: Timeliness of Expedited Service Authorization Requests*	**97%**
SARAG 7.46: Standard Grievances	**100%**
SARAG 7.05: Timeliness of Expedited Appeals	*No cases*
SARAG 7.14: Classification and Initiation of a Grievances	**100%**

Finding	Score
CCQIPE 8.08: Care Plan Development*	**100%**
CCQIPE 8.10: Addressing all Issues in the HRA*	**100%**
CCQIPE 8.18: Care Team Documentation*	**100%**

**Involves delegated entities*

3. Los Angeles County Department of Health Services ("DHS") Timely Access Regulatory Requests

The Department of Managed Health Care ("DMHC") and the Department of Health Care Services ("DHCS") have requested information from L.A. Care in regards to the timely access to healthcare issues published in the L.A. Times in September and October 2020. Both regulators requested information on L.A. Care's oversight processes for DHS and Timely Access, as well as on L.A. Care and DHS standard processes. Additionally, DHCS conducted a focused audit on DHS timely access, which began on January 25, 2020.

Draft report is pending. Compliance will review with impacted business units to determine remediation plan (i.e. cross-functional work groups, Monitoring Program measures) as needed.

4. Key Performance Indicators – Summary of Deficiencies *(December 2020 – January 2021)*

KPI Measure	12/2020 KPI Score	1/2021 KPI Score	Root Cause	Remediation
Claims forwarded ≤ 10 days	Medi-Cal: 91.8%	Medi-Cal: 91.8%	• Delay in onboarding our newly contracted vendor ImageNet (processes claims) which caused a backlog and limitation of resources.	• ImageNet is fully transitioned • Additional examiners have been trained on CMC to alleviate resource constraints.
Claims timeliness ≤ 30 calendar days	CMC: 93.6%	CMC: 87.1%		

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KPI Measure	12/2020 KPI Score	1/2021 KPI Score	Root Cause	Remediation
Calls answered within 30 seconds (Call Center)	Medi-Cal: 81.1% CMC: 81.8% LACC: 81.6%	Medi-Cal: 74.5% CMC: 74.4% LACC: 70.9%	• Increase overall volumes for LACC and CMC with LACC realizing almost 20 percent more calls offered in January than December. • Increased Average Handle Time for all lines of business which has a linear relationship to staffing demand. • Delay in releasing staff from training as remediation sessions were required at the vendor to ensure that agents were properly prepared to handle member calls.	• Adjustments are made real time to align staff availability with inbound demand. • Schedules were adjusted to smooth the over/under staffing numbers and limit the periods of missed KPIs. • Additional agents are being up trained at the vendor to extend the support offered to LACC and CMC callers.
Abandonment Rate (Call Center)	Medi-Cal: 3.2% CMC: 5.0% LACC: 7.8%	Medi-Cal: 7.5% CMC: 7.8% LACC: 9.1%		
Calls answered within 30 seconds (Nurse Advice Line)	All LOBs: 67.0%	All LOBs: 77.0%	• Health Dialog moved over to a new phone system Five 9's. • Coaches took PTO for the holidays.	• The new 8 coaches started on the 3rd week of January (01/18/21) and additional staff started yesterday (03/01/21). • Health Dialog made adjustments to coaches schedules to better align with our
Abandonment Rate (Nurse Advice Line)	All LOBs: 5.9%	All LOBs: 5.1%		

KPI Measure	12/2020 KPI Score	1/2021 KPI Score	Root Cause	Remediation
				call volume and the time of day for these call spikes as we work to make permanent changes to coaches' schedules minimizing 10-12 hour shifts.
Calls appropriately categorized and triaged to initiate a service authorization request, coverage determination, appeal, and/or grievance (CMC)	CMC: 95.9%	CMC: 96.1%	• C3 vendor was removed from taking calls shortly after the 2018 CMS Program Audit. • CSC re-trained the C3 staff shortly after our Re-Validation Clean Period, and it will take some time to ramp up to proficiency.	• CSC will continue to monitor C3 call logs and SARs to ensure we identify and address any misclassification. • C3 Leadership will continue coaching to the errors to ensure overall improvement in call classification.

NON-COMPLIANCE ISSUES AND RISKS

1. Enrollee Overpayment of Out-Of-Pocket Maximums

Background: L.A. Care received multiple enforcement matters from the Department of Managed Health Care (DMHC), regarding enrollee overpayment of out-of-pocket maximums, causing non-compliance of the Health and Safety Code and L.A. Care's Evidence of Coverage.

Actions Taken: 2019 Mitigation for Members over their Maximum out of Pocket is tracking to plan, 81% of 811 members have been reimbursed amounts the 211 remaining cases are pending validation by the PPG.

Next Steps: 2020 Mitigation is scheduled to begin next week with approximately 700 members.

2. CSC Mail Sorting and Triage

Background: Current process is that CSC mail is checked and sorted 1x a week.

- Issue 1: Mail was not checked/sorted from mid-December to mid-January. Mail not checked during this time may not have been addressed timely.
- Issue 2: CSC stated that mail is sorted once a week and triaged to other CSC units. Given the nature of correspondence received by CSC, this may cause non-compliance for some member services requirements.

Actions Taken: Compliance met with CSC and Facilities to discuss the potential non-compliance and requested information on the mail that was received during the time period when mail was not sorted. Compliance recommended that CSC develop a more frequent mail schedule to ensure that mail is reviewed and processed in a timely manner. Compliance also requested an impact analysis from the mid-December-mid-January delay.

Next Steps: 1) CSC to provide an Impact Analysis on mail that was received during mid-December to mid-January; and 2) develop a mail sorting schedule that will ensure CSC mail is sorted or processed in compliance with member services requirements.

3. CMC Grievance Volume

CMC grievance volume has increased consistently and significantly since the beginning of 2020: L.A. Care has reviewed trends to further understand pharmacy and transportation vendor grievances.

Top 3 Trends and Remediation Activities:
As grievance rates remain high, CMS is requiring L.A. Care to conduct further analysis and develop a mitigation plan.

Trend	Remediation
1) Pharmacy	Pharmacy team conducted an analysis of the grievances data and identified issues with classification of grievances and billing related grievances due to members not bringing ID cards to the pharmacy. Pharmacy team will be partnering with A&G and Medicare Product to address misclassification and provide member education.
2) Transportation	CTC added 65 additional vehicles to their fleet to mitigate delays in pick-up and no-shows.
3) Member abrasion	Marketing is mapping a calendar of member touchpoints and will make recommendations to each line of business to encourage efficiency and reduce redundancy in member communications.

NOTICES OF NON-COMPLIANCE & CORRECTIVE ACTION PLAN (CAP) UPDATES

DELEGATES: NOTICES OF NON-COMPLIANCE

Title	Deficiency Description	Status
Optum Health – Member Requests	Optum cancelled certain member requests without denial	CAP received. DO is working with Health Services to validate actions and remediate deficiencies.
OptumHealth – Care Plans	Optum's care plans failed to set SMART goals	CAP received and under review.
OptumHealth – Letter Templates	Optum changed CM letter templates without LAC or regulatory approval	CAP received and under review.

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Title	Deficiency Description	Status
OptumHealth – Maternity Program Letters	700+ members received pregnancy letters erroneously	CAP received and under review.
OptumHealth – NPIs	Optum submitted daily authorizations without NPIs which caused LAC to be unable to pay claims.	CAP received and accepted.
Failure to Submit Authorizations through ELDA file (multiple PPGs)	Per Sanctions Committee on 4/7, DO sent 2nd Notice to all 19 delegates requesting CAP and root-cause. CAPs were due 4/22. Sanctions will be issued for interest payments + costs starting 5/15.	All CAPs collected. No claims that accrued interest due to delay in authorization was identified for the month of May through September. DO is working on program to monitor extended delegation.
Central City	Central City, an FQHC and subcontractor of our Plan Partners and PPGs, was discovered to be impersonating members in order to effectuate member transfers. These delegates failed to ensure their subcontractor had sufficient training and oversight regarding FWA.	NoNC and request for CAP sent to PPGs

Title	Deficiency Description	Status
Optum Health - ELDA backlog	Optum missed several days' worth of ELDA submissions between 11/18 to 11/24. Missing submission was recovered on 11/25.	CAP under Review

L.A. Care HEALTH PLAN®

Title	Deficiency Description	Status
Allied Physicians IPA Citrus Valley Physicians Group Altamed Health Network Preferred IPA of CA Anthem Blue Cross Blue Shield of CA Promise	This issue was brought to Sanctions Committee on 11/24/20. SIU identified Central City Community Health employees engaged in member impersonation in order to transfer member care to FQHC. L.A. Care has no direct contracts with this facility. Multiple PPGs and Plan Partners have contracts.	Pending Delegate Response
Regal Medical Group	Performance Monitoring – Q3 2020, Delegate has failed to meet the minimum performance requirement for Measure 2.1.07- Notify Members of Expedited/Urgent Preservice Service Authorization Request Decisions with 72 hours from Receipt of the Request for two consecutive quarters.	NONC sent 12/3. Delegate performance is being monitored for Q4
Anthem – VPN Outage	L.A. Care received late notice of a provider termination on 8/14/20. Anthem cited a VPN outage as the root-cause which effected additional functions	Revised CAP Accepted
Optum Health – SAR Backlog	Optum had over 1900 requests backlogged. Requested 3 additional CAPs.	CAP received. DO is working with Health Services to validate actions and remediate deficiencies
Optum Health – SAR Letter Content	An issue was identified with the use of threshold languages in member letters that were sent out.	CAP received. As a follow up, DO completed a Case File

Title	Deficiency Description	Status
		review and identified continued issues. DO will be sending another NoNC and CAP.

CORRECTIVE ACTION PLAN (CAP) UPDATES

Issue	Overview	Status
Remittance Advice Billing Issue	Remittance Advice sent to providers with an incorrect member responsibility amount. This should be $0. This means providers may have billed members.	This item is closed. All members and providers impacted by the Remittance Advice error have been mailed letters advising them on the issue and to contact us if needed.
Provider Terminations	Regulators were not notified timely (per APL 16-001) of significant network changes (typically terminations).	Internal CAP actions complete. -LAC developed a new report and report review process that allows us to proactively identify that require regulator notification but were not triggered by the system (due to manual/delegate error). -LAC delegates were re-educated on the requirements to notify us of network changes timely per APL 16-001. Delegate CAP actions: MedPoint CAP under validation/monitoring by DO. MedPoint

Issue	Overview	Status
		reported terminations late to L.A. Care, which triggered a finding from DHCS.
Annual Network Certification	DHCS required L.A. Care to submit a CAP addressing network adequacy deficiencies identified during the Annual Network Certification process.	One CAP action remains ongoing. PNM is working to contract with Out-of-Network providers which have been identified as being closer than in-network providers for particular provider types and specialties.