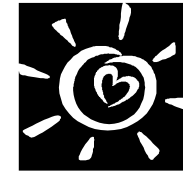


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – October 19, 2023



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*
Al Ballesteros, MBA
G. Michael Roybal, MD**

Senior Management

John Baackes, *Chief Executive Officer*
Augustavia J. Haydel, *General Counsel*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Interim Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:02 p.m.</p> <p>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.</p>	
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	
APPROVAL OF MEETING MINUTES	<p>The September 21, 2023 meeting minutes were approved as submitted.</p>	<p>Approved unanimously by roll call.</p>

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<p>Chairperson Booth gave the following report:</p> <p>She said it has been wonderful to approach Compliance from a different angle for the last few months. She went over documentation and how to present information that is important to the Board. There are many changes being made. Some of them are still in progress. She would like Committee Members to reach out to Board Services if they are finding meeting materials difficult to read or whatever their comments are as long as they are constructive. There have been a couple of times when she has offered to provide some perspective from her point of view, obviously that's going to be from her point of view and offer some perspective about what the committee needs to see and everyone is really open to hearing. Staff might not be able to do what she asks, but they'll always give her a reason or they tell her why they can't when they can't. It has been going on now and she really appreciates that.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Todd Gower, <i>Interim Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Mr. Gower stated that there will be five units responsible for reporting in Chief Compliance Officer report on their respective areas. He also informed the committee about receiving an exit conference recently from the Department of Health Care Services (DHCS), where they received some observations and information, which they are adjusting and planning to follow up on. He noted that once they receive the final report, there will be a 15-day window to respond with necessary information and address findings and observations. Additionally, there will be about four weeks to review the received information, and by January, they expect to have the final report ready.</p> <p>Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, gave an Issues Inventory Update. Mr. Sobetzko provided an issues inventory report, focusing on matters from August. He mentioned that there are currently three open issues, all of which have been reviewed. These issues revolve around call center metrics and the line of business's performance, which has faced some challenges due to a phone line that was kept open after a conversion on January 1. After conversing with the contact center, it was decided that this matter would be closed, as the line of business no longer needed it to meet regulatory requirements.</p> <p>Part D Auto-Forwards Timelines The Part-D Auto-Forwards for Coverage Determination Appeals report has had timeliness reporting issues for five consecutive months. The root cause revolves around high Prior Authorizations volume and limited staff available at Navitus due to their staffing turnovers. Item is still open.</p> <p>Long Term Care Discharge Process Letter Usage</p>	

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	<p>Long Term Care area inquired about regulatory guidance for the usage of the Last covered day (LCD) and Notice of Medicare Non-Coverage (NOMNC) letters to members when they no longer qualify for skilled services. Issue is still open.</p> <p>Direct Network Utilization Management (UM) Decision Notification Timeliness Report The UM decision notification timeliness July scorecard had an internal calculation issue. The issue was fixed prior to publishing the report. The error was, the last provider notification letter for in patient concurrent admissions was reported instead of the initial notification letter to provider. Closed on August 25, No issue to remediate; regulatory guidance only.</p> <p>UM authorizations quality controls Special Investigation Unit's (SIU) feedback of UM referral cases for potential Fraud Waste and Abuse (FWA) review. This issue was closed on August 2. The SIU cases identified were researched by UM Quality Assurance. The staff were trained on the quality deficiencies findings.</p> <p>Member Roybal said that he has a general question involving the street medicine member, access, and the provider network. He said he can see where this could be an area where there could have some FWA by people trying to recruit folks who are homeless and providing things that they shouldn't be in efforts to bill for that. He asked if L.A. Care credentials folks specifically for street medicine? Or is that something that anyone who's in the L.A. Care provider network can do. Dr. Amin responded that he is glad that he brought that up. He would actually tell him that only L.A. Care is leading on this issue. It is actually creating this within its Community Health Department. That's the department led by Charlie Robinson, <i>Senior Director, Community Health, Safety Net Initiatives</i>, and Michael Brodsky, <i>Senior Medical Director, Community Health, Behavioral Health</i>, they are working together on social services, behavioral health housing initiatives, and community supports as part of the CalAIM initiatives that are aligned to community health. One of the things they're working on is street medicine. They have actually created a framework around street medicine called field medicine that he thinks incorporates a lot of the concern they have. It's not just how to do street medicine, by appropriately credential people make sure there's not FWA occurring, but also tie those people back to longitudinal care with their primary care doctor, to whom they were originally assigned or attributed and so there is a system by which they have broken out the county into regions. They've got anchor providers that are the Primary Care Provider group that could take new assignment. They also have the traditional provider that could get the patient back to to ongitudinal care. L.A. Care has a street medicine sort of Main Street medicine person for that region. Along the lines of people providing street medicine as an urgent care, they would just bill on a fee-for-service basis. There's a very intense plan around this. L.A. Care has got Health Net on board and a number of other health plans that they've talked to about it so they are coordinatng and leading on this topic. It's the first real infrastructure built around on street medicine</p>	

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	<p>in the county, and he is extraordinarily proud of what they've been doing and he believes, at some point either during the Board of Governors meeting or an Executive Committee meeting, they're going to have a whole presentation on this. Mr. Gower stated that they will be monitoring this closely.</p> <p>Mr. Sobetzko gave a Risk Assessment update (<i>a copy of the written report can be obtained from Board Services.</i>). C13 - Compliance Program Effectiveness With the Plan winning new contracts and past CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.</p> <p>Mitigation Activities</p> <ul style="list-style-type: none"> • Engage third-party to conduct Annual Compliance Program Effectiveness (CPE) assessment • Reorganize Compliance department (Implemented June 2023) • Complete Corrective Action Plan (CAP) Validation after CPE assessment <p>Status Update</p> <ul style="list-style-type: none"> • 2023 CPE Audit Kickoff September 2023; Material Collection and Field work scheduled through November 2023. • Regarding the findings from the 2021 CPE Audit: <ul style="list-style-type: none"> – Additional CAPs accepted for a portion of Condition three (concerning the delegation oversight (DO) program)-the remaining portion is under review with Compliance, Observation two (concerning SIU reporting structure/specialized training), and Observation four (concerning the formal FWA risk assessment and risk rating). – Compliance is coordinating with other units in the reorganized Compliance Department to finalize additional responses and CAPs for Conditions third – four and Observations three and five, ahead of the 2023 CPE Audit. <p>Maggie Marches, <i>Senior Director, Audit Services, Executive Services</i>, gave an Internal Audit (IA) Plan Update. She began by announcing that the Internal Audit team now reports to Mr. Baackes to ensure some independence from some of the work that is being done. They will still continue to work with Compliance.</p> <ul style="list-style-type: none"> • Ten Active projects with 1 completed and three in final report QA, with 6 in progress. One project was split into two phases to support IT Data Management Audit • 10 other Projects are either being considered, on hold or being assessed by a 3rd party. • Four Projects that relate to support Risk Management in Compliance, Annual Risk Assessment, Compliance Operations support and IA Annual Planning • Two Prior Year Follow-up Reviews. Moved 1 to the 2024 IA Plan due to other priority audits and support for Risk and Compliance. 	

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	<p>Member Booth asked if the second item related to the Health Risk Assessment was on hold, because of D-SNP and now it's status is "further notice." Mr. Gower responded the focus is on the corrective mitigation activities related to the audit process. He mentioned that they were working on assessing risk mitigation and ensuring that controls are in place and effective. Their goal is to have a good understanding of their processes and have an aligned plan for risk assessment. They are also looking at a 2023 year outlook for their internal audit plan to gain a comprehensive understanding of their operations. Member Booth asked if it would be good to see an explanation as to why it was on hold and it isn't any longer. Mr. Gower highlighted their efforts to improve the audit and assessment process. They are working on transitioning from manual methods to a more streamlined digital system that can store decisions and audit plans effectively. Their goal is to retain this valuable information for reference, ensuring that it remains accessible and serves a purpose for their operations.</p> <p>Marita Nazarian, <i>Director, Delegation Oversight, Executive Services</i>, gave Delegation Oversight Audit Update.</p> <ul style="list-style-type: none"> • Total of 42 Delegates Audited <ul style="list-style-type: none"> - All 42 audits completed = CAPs Accepted • 2022 Audit Areas included: <ul style="list-style-type: none"> - Credentialing - Compliance Program Effectiveness - Cultural & Linguistic - Health Education - Provider Network - Critical Incidents - Utilization Management - Special Investigation Unit - Quality Improvements <p>2022 Delegation Oversight CAP Validation</p> <ul style="list-style-type: none"> • CAP Validation occurs 60 days after CAPs are accepted. • CAP Validation from 42 Annual Audits: <ul style="list-style-type: none"> - Completed/closed: 33 - To occur/or in progress: 9 <p>2023 Delegation Oversight Annual Audits</p> <ul style="list-style-type: none"> • What entities will be audited? <ul style="list-style-type: none"> - Plan Partners 	

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	<ul style="list-style-type: none"> - Participating Physician Groups (PPGs) - Specialty Health Plans (SHPs)/Vendors <p>33 Audits are scheduled from April 2023 - January 2024.</p> <ul style="list-style-type: none"> - Audit areas will be the same as 2022 audits with exception of Credentialing (CR). Credentialing Department will conduct CR audits of delegates. <p>2023 Delegation Oversight Pre-Delegation Assessments Completed Pre-Delegation Assessments:</p> <ul style="list-style-type: none"> • Serra Community Medical Clinic (MCLA, LACC) • Western Dental (DSNP) • Liberty Dental (DSNP) <p>In-Progress:</p> <ul style="list-style-type: none"> • Serra Community Medical Clinic (DSNP) • Exceptional Care Medical Group (DSNP) • Family Care Specialist (DSNP) • Superior Choice Medical Group (DSNP) <p>Pending Contracting:</p> <ul style="list-style-type: none"> • Welcome Health- (New PPG) • Full Circle (Enhanced Care Management Provider) <p>Member Booth asked what the items listed are Medicare. Ms. Nazarian responded that four items are contracted with L.A. Care through Medi-Cal lines of business, but are trying to contract through D-SNP. Mr. Baackes stated that they may have not been contracted with the Cal-MediConnect line of business.</p> <p>Richard Rice, Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization</i>, gave a Notice of Non- Compliance/CAP Tracker Oversight Monitoring-update.</p> <ul style="list-style-type: none"> • Enterprise Performance Optimization (EPO) Department has added the tracking of any CAPs issued to delegates by LA Care Business Units to our current process of tracking Notices of Non-Compliance issued by LA Care. • EPO is still working with all Business Units to pull in any CAPs that have been sent out to the delegates. • The tracker is being updated and will be sent out at the next C&Q. • Summary: 	

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	<ul style="list-style-type: none"> - Corrective Action Plans (CAPs) Total – 16 - Notices of Non-Compliance (NONCs) Total – 28 - Total: 44 	
<p>CHIEF MEDICAL OFFICER REPORT</p> <ul style="list-style-type: none"> • Quality Oversight Committee 	<p>Dr. Amin gave a Chief Medical Officer Report.</p> <p>Dr. Amin expressed his gratitude for the opportunity to address topics close to his heart in his Chief Medical Officer report. The report was divided into two parts: the first part focused on preliminary audit results and ongoing work, while the second part addressed over and underutilization. He discussed the need for improvements in the appeals and grievances process. He acknowledged the effectiveness of the current system but emphasized the importance of making it even better. This includes detailed categorization of grievances for better analytics, expedited review by medical directors, and closing agreements within 30 days, particularly for quality of care issues. The process of thorough investigation and notification to members to prevent systemic issues was also a key focus. Collaborative efforts with Acacia Reed, <i>Chief Operating Officer</i>, were underway to enhance this process. He highlighted efforts to tackle over and underutilization. Dr. Amin mentioned the collaboration between various departments, including operations, finance, and fraud waste and abuse. Advanced analytics and a dedicated medical director were being incorporated into the team. He shared a successful case in the hospice space where claims and authorization data analysis revealed concerns of fraud. Investigations, recovery letters, site visits, and member outreach were some of the measures taken. Dr. Amin mentioned that findings aligned with the 2022 California auditor report, and efforts were made to engage with law enforcement to address issues. He highlighted that more work would be carried out with the integration of a medical director and advanced analytics in 2024 to identify both overutilization and underutilization issues and ensure that members receive appropriate care.</p> <p>Dr. Amin introduced Edward Sheen, <i>MD</i>, to the committee. Dr. Sheen provided a comprehensive update on the Quality Oversight Committee meeting held on July 25, 2023. While he was not present at the meeting, he focused on four major highlights from the meeting.</p> <ul style="list-style-type: none"> • There was presentation on potential quality issue updates for 2022-2023. The presentation highlighted significant backlogs in grievance cases, with a backlog of 1560 cases from August 2021 to March 2022, which was closed in March. Another backlog of 500 cases from grievance referred in February was closed in September. The monthly volume of cases remained high, averaging about 700 cases per month, which raised concerns about timely review. Dr. Sheen emphasized the need to address the root causes of this issue, such as evaluating high volume causes, hiring additional staff, improving coordination between different departments, and enhancing training to reduce inappropriate referrals. 	

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	<ul style="list-style-type: none"> • There was a report on the utilization of language services. The report showed an increasing trend in the utilization of all language services, with a nearly 15% increase in translation requests compared to the previous year. Face-to-face interpreting requests exceeded pre-pandemic levels by approximately 25% for medical appointments and increased by 68% for non-medical appointments. Telephonic interpreting utilization was 43% higher than the previous year. Member grievances related to language services were discussed, including concerns about providers not having staff who speak the members' language, members not being offered interpreting services, and member dissatisfaction with material received. Dr. Sheen highlighted the overall small number of staff complaints and the high member satisfaction levels with language services. • There was information presented about the 2023-2025 Health Equity and Disparities Mitigation Plan. The plan aims to address health disparities and promote health equity. It is organized into four health equity zones, each with specific objectives and performance metrics. These zones focus on addressing key health disparities, leading change in the community, moving towards equitable care, and embracing diversity, equity, and inclusion. The plan seeks input from members, providers, and the community, align resources with community initiatives, and evaluate efforts to advance equitable health for all. • Dr. Sheen concluded the meeting by accepting the minutes and reports from various committees, including the Credentialing, Utilization Management, Pharmacy, Population Health Management, Quality Performance Management, and additional committees.. He encouraged the committee members to access the detailed minutes from each committee meeting for reference. 	
QUALITY IMPROVEMENT PROJECTS UPDATE	<p>Rachel Martinez, <i>Supervisor, Quality Improvement</i>, gave a Quality Improvement Projects Update (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>There are four types of quality improvement projects that can be required of us by our regulators:</p> <ul style="list-style-type: none"> • Quality Improvement Projects (QIPs): These have unique, product line specific, requirements and last from 9 months to 3 years. All product lines may issue a QIP but typically Medi-Cal does not. • Performance Improvement Projects (PIPs): PIPs are typically 18-month long projects with the first half spent on identifying areas of need, causal analysis, and planning interventions then followed by testing of interventions. • Plan-Do-Study Act (PDSA). PDSA projects are done in much shorter timeframes with interventions being tested in 30-90 day cycles. Typically these have two cycles of interventions and are required by our regulators due to low performance on a measure. • Strengths Weakness Opportunities and Threats (SWOTS) An analysis project of strengths, weakness, opportunities and threats among existing resources for a particular area of focus. 	

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	<p>* PDSAs or SWOTs are issued by Medi-Cal only when L.A. Care does not meet the minimum performance level (MPL) for Managed Care Accountability Sets (MCAS) measures.</p> <p>SWOT & PIPs from DHCS for 2023-2026</p> <ul style="list-style-type: none"> • DHCS issued all health plans in California two PIPs to begin in September of 2023 through 2026. • The first PIP is based on disparity, specifically Black/ African American Children who will be turning 15 months in 2023. The measure's focus is the Well-Child Visits in the First Thirty Months of Life: 0-15 months (W30 6+). • The second non-clinical PIP will be focusing on behavioral health needs around Emergency Department Use for Substance Use Disorder and Sever Mental Illness. DHCS is requesting plans choose an area of focus to improve the coordination of care with their provider for follow-up visit. • One active SWOT issued in the prior year in the Children's Health Domain. • Two PIPs closed this year. <p>Member Roybal acknowledged that healthcare organizations, including his own, have encountered significant challenges in recruiting and retaining medical assistants and nurses. He noted the difficulties faced in hiring these essential staff members. He explained that many medical professionals have chosen to work as travelers due to the lucrative opportunities they offer. This trend has made it tough for healthcare facilities to attract and retain their workforce, as these traveling professionals often receive higher pay. Member Roybal pointed out that the rates offered to traveling professionals have risen dramatically. Hospitals are willing to pay higher rates to secure the services of these professionals, making it challenging for healthcare organizations to compete. He mentioned that this recruitment and retention challenge has been ongoing for an extended period, persisting for at least a year, and possibly up to 18 months. Member Roybal emphasized the importance of making healthcare operations as efficient as possible. He suggested that healthcare facilities should minimize their reliance on nurses and medical professionals for tasks that can be delegated to other staff or automated processes.</p> <p>Mr. Baackes emphasized that the staffing challenges discussed by Member Roybal have significant implications for the organization's interactions with state authorities. He pointed out that these challenges have led to specific feedback provided to the state. He mentioned that the state has been introducing additional requirements for healthcare organizations, which include mandates for increased staffing. Mr. Baackes explained that the requirement for additional staffing puts healthcare organizations, including his own, in direct competition with others, referring to "you guys," likely indicating other healthcare providers or facilities. He noted that the organization has been requesting the state to provide clearer justifications for these additional staffing requirements. The intention behind this request is to gain a better understanding of the necessity and rationale behind the imposed</p>	

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	<p>rules. Mr. Baackes emphasized that these requirements not only result in increased expenses but also hinder the organization's ability to effectively staff its operations due to the competition for qualified personnel. Dr. Booth stated that they already knew that staffing was going to be an issue. She said that she can't think of anything that L.A. Care can choose in terms of PIPs that already has an answer. She said Ms. Martinez and her team do a great job of putting them together. It's very frustrating to see efforts that she feels are a waste. Ms. Martinez mentioned that they had previously built a custom report for PIP several years ago, which they are currently using in the enhanced version. She highlighted that the team's work may not always result in immediate, tangible changes, but it's essential to note that they have been consistently working on improving various aspects. Ms. Martinez discussed recent projects such as the development of Flu Vaccine brochure and the vaccine uptake project for young kids. These initiatives demonstrate the team's commitment to addressing important healthcare issues. She agreed with Member Booth's perspective on the significant workload but emphasized that they are actively trying to enhance their efforts. The team is expecting to take on six more projects on top of the two existing Pip projects, further demonstrating their commitment to improvement. Ms. Martinez pointed out that the projects involve various components that come together over time. She shared that they are hoping to gain some flexibility with the two upcoming projects. She expressed her desire to share what they have learned and how it can be applied in the future, indicating a commitment to continuous learning and improvement.</p> <p>Dr. Amin mentioned that there are two components to their work, one being the interventions they implement, and the other being the lessons they learn. He acknowledged that some of the lessons learned were already known, but this doesn't diminish the value of the interventions being carried out. He emphasized that even though the patient populations affected by these interventions might be small, the outcomes of these efforts often lead to the development of more efficient processes that can benefit a much larger member base in the future. These broader improvements may not be immediately reflected in the specific performance improvement project (PIP) under discussion. Dr. Amin mentioned the challenges they face in terms of the administrative burden imposed on their provider network and the competition for nurses and other healthcare staff. This competition has been significant. He shared a positive development in their advocacy efforts with the Department of Health Services (DHS). A new Public Health Management (PHM) guide was published to address concerns raised by their organization. This guide eases some requirements, particularly for lower and medium-risk populations, allowing for a more member-centric approach. Dr. Amin highlighted that the changes in the PHM guide mean less pulling away from medical practices, with more services housed at L.A. Care. This shift aims to reduce duplicative work and promote better coordination, which aligns with their objectives. Dr. Amin suggested that their organization played a role in helping craft some of the</p>	

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	<p>language and content in the new PHM guide, indicating their active participation in shaping the guidelines.</p> <p>Mr. Baackes emphasized that the dialogue with DHS was led by clinicians, with Dr. Amin representing all the medical plans for Los Angeles County. This approach involved medical directors and clinicians, rather than non-clinical personnel engaging in clinical discussions. The interaction between clinicians, both from the medical plans and the DHS medical director, was instrumental. This clinician-to-clinician communication made a substantial difference in the outcome and contributed to the success of their advocacy efforts. Mr. Baackes noted that, in many instances with other agencies, discussions on clinical issues often involve non-clinicians. In this case, having clinicians at the forefront of the dialogue was a key factor contributing to their success.</p>	
FACILITY SITE REVIEW	Elaine Sadocchi-Smith, <i>Director, Facility Site Review, Director, Population Health Management</i> , gave a presentation on Facility Site Review (<i>a copy of the full presentation can be obtained from Board Services.</i>).	
INITIAL HEALTH APPOINTMENT (IHA), ANNUAL COGNITIVE HEALTH ASSESSMENT (ACHA) OVERVIEW AND UPDATES	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review, Director, Population Health Management</i>, gave a presentation about Initial Health Appointment (IHA), Annual Cognitive Health Assessment (ACHA) Overview and Updates (<i>a copy of the full presentation can be obtained from Board Services.</i>).</p> <p>Member Roybal stated that for the IHA he knows that there are certain laboratory tests that they want done. He asked if that was correct. Ms. Sadocchi-Smith responded that she does believe so. Member Roybal stated that L.A. Care sends out children to see their doctor to get credit for the HEDIS (Healthcare Effectiveness Data and Information Set) survey, he asked if the same thing was being done for IHA. Ms. Sadocchi-Smith responded that Quality Performance Management (QPM) team does gaps in care report. She is not sure how often that report goes to the provider, but can provide update at the next meeting. Dr. Amin clarified that the health plan's primary focus has been on facilitating and ensuring that people attend their healthcare visits. The plan tracks various elements related to quality metrics, with a particular emphasis on measures like HEDIS and STAR ratings, which are critical in Medicare. Specifically, they monitor getting members into these visits. Dr. Amin also mentioned that the information provided to the provider portal centers more on whether the appointment was scheduled or not. He implied that the system's tracking might focus on the completion of the appointment. He asked that Ms. Sadocchi-Smith provide a more accurate update at the next meeting. Ms. Sadocchi-Smith said she will confirm and provide an update at a future meeting.</p>	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., <i>General Counsel</i> , announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed	

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	<p>session at 3:35 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:20 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 4:20 p.m.</p>	

Respectfully submitted by:

Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

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Stephanie Booth, MD, *Chairperson*

11/22/2023 | 8:47 AM PS

Date Signed: _____