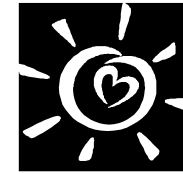


# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – November 16, 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, *Chief Compliance Officer*  
Linda Greenfield, *Chief Product Officer*  
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*

\* Absent \*\* Via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance &amp; Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance &amp; Quality Committee meetings to order at 2:00 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>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously 3 AYES (Ballesteros, Booth, and Roybal)</p>
<b>PUBLIC COMMENT</b>	<p>There was no public comment.</p>	

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The October 19, 2023 meeting minutes were approved as submitted.	Approved unanimously.
CHAIRPERSON REPORT	<p>Chairperson Booth gave the following report:</p> <p>She stated that she would like to ask the group what they would recommend to try to improve the system. Chairperson Booth said that if L.A. Care members are having difficulty getting their blood pressure they should be given blood pressure machines. They are cheaper than scales. She also thinks that better alignment with the medical profession complex can improve efficiency. If L.A. Care aligns better with doctors offices they can share best practices and it would save money. L.A. Care is constantly having to adjust to regulatory requirements. It is possible that this will allow everyone to address having to compete for employees.</p>	
COMMITTEE CHARTER REVIEW	Chairperson Booth stated that that the committee charter is still being reviewed. If necessary they can hold a special meeting on the matter.	
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>He began by stating that the open session covers items related to annual training and provider training. Compliance has recently made changes regarding information gathering and presentation, with a focus on Internal Compliance Committee (ICC) procedures. Mr. Sobetzko will present the risk assessment process in January, and the internal audit program is being defined. The complete compliance program plan will be reviewed and approved in January. The report emphasizes a risk-based approach to compliance program review and auditing activities, particularly in delegation oversight. Mr. Gower highlights the stabilization of internal audit and the hiring of a new Director, aiming to bring in new personnel for internal audits.</p> <p>Mr. Sobetzko gave the following update:</p> <p>He discussed the provider training results during onboarding. There is a 10-day requirement for providers, applicable to both direct network and other providers. He reports a 100% compliance rate for direct network providers in September and October, attributing this success to a substantive change made in July, which made training compulsory before assigning providers to care members.</p>	

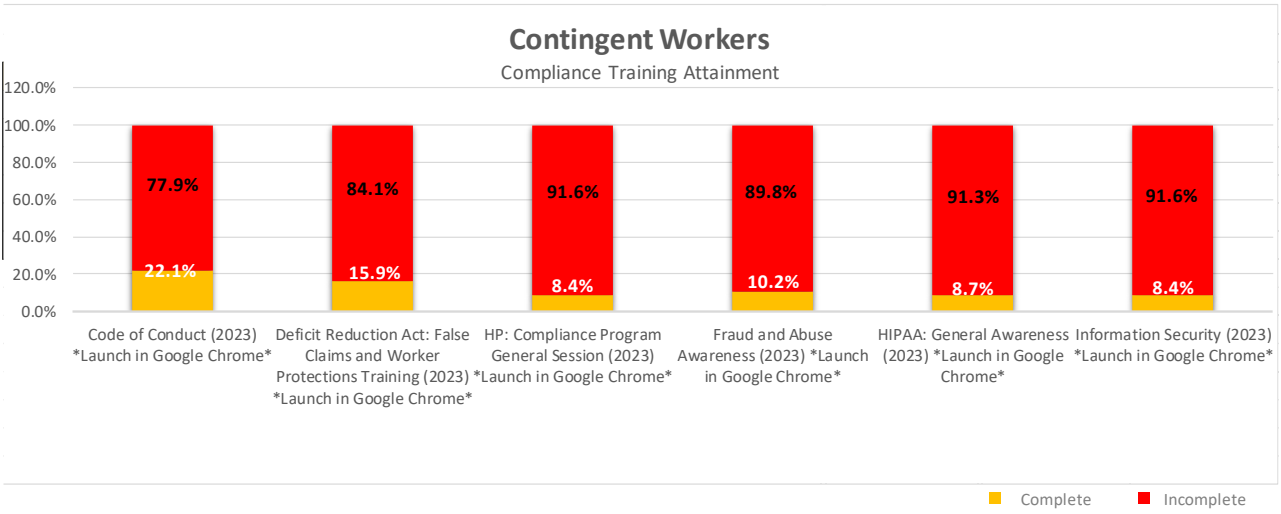
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	<p>Mr. Sobetzko noted the absence of a built-in requirement for participating physician group (PPG) training. Despite the diligent administration of training by the team, Theresa Moore, <i>Senior Manager, Engagement and Strategy, Compliance</i>, who was supposed to present, could not attend due to ongoing provider training. However, the report shows completion rates for primary care physicians (PCPs), specialists, and new industry providers, all at 100% in September, totaling 121 PCPs and specialists, along with 87 new industry providers. Mr. Sobetzko also mentions the need for corrective actions, illustrated by a non-compliance case with mental health in July and August. This triggered the initiation of a corrective action plan in September. While the mental health providers achieved a 100% completion rate for new providers, they will undergo a 90-day monitoring period to ensure the successful implementation of their corrective action plan.</p> <p>Chairperson Booth asked Mr. Sobetzko what exactly does L.A. Care train them to do. Mr Sobetzko responded that L.A. Care trains them to operate under our requirements and structure.</p> <p>Mr. Sobetzko gave a Compliance Training update.</p>	

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	<p style="text-align: center;"><b>L.A. Care Staff (LAC)</b></p> <table border="1"> <thead> <tr> <th>2023 Annual Compliance Training:</th> <th>Completed</th> <th>Incomplete</th> <th>Attainment</th> </tr> </thead> <tbody> <tr> <td>Code of Conduct (2023) *Launch in Google Chrome*</td> <td>678</td> <td>1,205</td> <td>36.0%</td> </tr> <tr> <td>Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google Chrome*</td> <td>406</td> <td>1,480</td> <td>21.5%</td> </tr> <tr> <td>HP: Compliance Program General Session (2023) *Launch in Google Chrome*</td> <td>244</td> <td>1,642</td> <td>12.9%</td> </tr> <tr> <td>Fraud and Abuse Awareness (2023) *Launch in Google Chrome*</td> <td>328</td> <td>1,554</td> <td>17.4%</td> </tr> <tr> <td>HIPAA: General Awareness (2023) *Launch in Google Chrome*</td> <td>275</td> <td>1,608</td> <td>14.6%</td> </tr> <tr> <td>Information Security (2023) *Launch in Google Chrome*</td> <td>258</td> <td>1,623</td> <td>13.7%</td> </tr> <tr> <td></td> <td></td> <td></td> <td>19.4%</td> </tr> </tbody> </table>	2023 Annual Compliance Training:	Completed	Incomplete	Attainment	Code of Conduct (2023) *Launch in Google Chrome*	678	1,205	36.0%	Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google Chrome*	406	1,480	21.5%	HP: Compliance Program General Session (2023) *Launch in Google Chrome*	244	1,642	12.9%	Fraud and Abuse Awareness (2023) *Launch in Google Chrome*	328	1,554	17.4%	HIPAA: General Awareness (2023) *Launch in Google Chrome*	275	1,608	14.6%	Information Security (2023) *Launch in Google Chrome*	258	1,623	13.7%				19.4%	
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Contingent Workers (CW)			
2023 Annual Compliance Training:	Completed	Incomplete	Attainment
Code of Conduct (2023) *Launch in Google Chrome*	89	314	22.1%
Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google C	64	339	15.9%
HP: Compliance Program General Session (2023) *Launch in Google Chrome*	34	369	8.4%
Fraud and Abuse Awareness (2023) *Launch in Google Chrome*	41	362	10.2%
HIPAA: General Awareness (2023) *Launch in Google Chrome*	35	368	8.7%
Information Security (2023) *Launch in Google Chrome*	34	369	8.4%
			12.3%

**Training Attainment 12.3%**



2023 Annual Compliance Training for the Board of Governors  
 2023 – 2024 Annual Training for Board of Governors was rolled out on September 25, 2023. Due to an issue within DocuSign, the roll out was delayed until October 20, 2023. The integrated compliance training materials consist of;

- 1) General Compliance Information
- 2) Fraud, Waste and Abuse
- 3) L.A. Care’s Code of Conduct.

They currently have four out of 13 signed attestations from the Board. They will continue to educate employees, governing body members, delegates and vendors to satisfy the annual general compliance training requirements.

**APPROVED**

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Serge Herrera, *Director, Privacy, Compliance*, gave a Privacy Update.  
Incidents and Breaches

2023 PRIVACY VIOLATIONS											
L.A. CARE											
L.A. CARE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTALS
Events	2	0	0	0	0	1	1	3	1	1	9
Incidents	0	0	0	0	4	0	0	1	3	0	8
Breaches	1	0	0	0	0	0	0	0	0	0	1
BUSINESS ASSOCIATES											
Business Associates	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTALS
Events	0	0	1	0	0	0	0	4	0	0	5
Incidents	3	1	1	2	4	1	5	5	1	6	29
Breaches	1	0	1	1	0	0	1	2	1	3	10

- L.A. Care: Violations decreased during October with 1 event reported. The event involved 2 unencrypted emails to the correct recipient. Regulatory reporting was not required and the case has been closed.
- Business Associates: Violations increased during October with 6 incidents and 3 breaches reported. The incidents involved unauthorized disclosures (2) and misdirected information (4). The 3 breaches all involved security attacks, 2 of which were part of Progress Software’s MOVEit breach. The attacks were reported by Blue Shield (2) and Independ Living Systems (ILS)(1). All 3 cases are still open and under investigation as they were reported during the end of October.

Mr. Sobetzko gave an Issues Inventory update.  
He addressed noncompliance issues related to interpreter availability and interpretive services. As of the end of October, work has commenced on a root cause analysis for issues such as dropped calls and incomplete connections during the transfer of interpretive services. The connectivity problems have been affecting calls, leading to a loss of interpretive services for members in need. While the root cause analysis is underway, the issue has not been resolved, and a finalized corrective action plan is pending. Mr. Sobetzko plans to provide an update on this matter in the next reporting period. Another issue he highlights is related to independent medical review forms for appeals and grievance cases. An internal review confirmed that some templates for these forms, provided by the Department of Managed Health Care, did not align or carry over to the independent medical review form. The compliance material review team is currently collaborating with Appeals & Grievance and the enterprise configuration team to address this issue. The focus is on coding and configuring the impacted templates to ensure proper connectivity with the independent medical review form. The specific templates affected have been identified, and the teams are actively working on resolving the discrepancies. Mr. Sobetsko stated that he discusses the ongoing process of revising templates, currently under review. The revised letters will be subjected to approval through the Podio platform, which serves as the internal workflow for communication material. Once approved internally, the

**APPROVED**

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	<p>revised templates must be submitted to regulatory agencies for their approval, given the changes to preapproved templates. Mr. Sobetzko expresses hope that this process will be concluded by the next meeting. Addressing a query about the impact on different languages, Mr. Sobetzko acknowledges that he cannot confirm if all languages will be affected. However, he speculates that, from a process perspective, faulty templates in the initial English language are likely to be translated similarly. He emphasizes the importance of having templates come from a central source rather than being created by individual groups, expressing agreement with the sentiment that such a centralized approach would be more efficient.</p> <p>Mr. Sobetsko spoke about a past issue concerning a flu notice postcard that had an inappropriate prefix on the area code of the telephone number. While the mailing of those specific postcards has been resolved and corrected, internal discussions are ongoing to prevent a recurrence of such issues. The collaborative efforts involve marketing, compliance, regulatory affairs, and the material review team. They aim to implement a process ensuring that phone numbers are tested before inclusion in materials, preventing the distribution of any postcards or materials with untested phone numbers. Compliance has been working closely with the marketing team, and the process is currently in its second iteration of a corrective action plan. The final internal corrective action plan is scheduled for submission tomorrow.</p>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Dr. Amin gave a Chief Medical Officer Report (<i>a copy of the meeting materials can be obtained from Board Services</i>).</p> <p>In Dr. Amin's Chief Medical Officer Report, he emphasizes the focus on quality measures. He discusses the achievement of regaining National Committee for Quality Assurance (NCQA) accreditation, highlighting the organization's transition to an accredited status across Medicaid, Medicare health maintenance organization (HMO), and the exchange line of business. The Medicaid line of business has earned a 3.5-star rating, while the Medicare HMO plan is now accredited as a 3-star plan. Dr. Amin also addresses the exchange line of business, which is also fully accredited with a pending CAP in April. He assures that the identified issue with a letter and notations has been or is in the process of being fixed. The report further covers the upcoming discretionary review of the oversight of Department of Health Services (DHS) in the April-May time frame, expressing confidence in retaining accreditation status during the conversation with regulatory agencies. In terms of quality measures, Dr. Amin discusses the growth of measures to 18 and the subsequent realignment into domains. He notes the organization's shift to a green tier, indicating improved performance and a positive outcome in terms of potential financial sanctions. Additionally, a quality project has been submitted to DHCS to address any underperformance within each domain, aligning with the Medicaid program's quality metrics. The overall message is one of accomplishment and progress in enhancing</p>	

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	<p>the quality of health services provided. He reported that New Benchmarks were released and several are higher. Department of Health Care Services (DHCS) updated their Auto Assignment (AA) Methodology which will likely lead to losses in membership. AA went from using 4 measure to 14 measures including and this includes Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p> <p>Member Roybal asked Dr. Amin if he is also referencing L.A. Care Plan Partners when speaking about loss of membership. Dr. Amin confirmed. Member Roybal noted that in the past, Health Net has not done very well compared to L.A. Care and he expects them to also have these issues. Dr. Amin responds that the organization received the methodology for auto assignment about a month ago, and both the finance and quality teams are currently reviewing it to assess its implications. He expresses concerns about the numerous aspects that need attention and concentration in the upcoming changes. Dr. Amin highlights specific worries about the challenges faced by health plans, particularly in Medicaid, and the potential negative impact on CAHPS, not only in terms of patient response but also in making significant improvements. He emphasizes the difficulty in effecting changes, especially in areas focused on the provider group. He expresses a desire to avoid any negative consequences for the plan, given the inherent challenges that are primarily tied to how providers treat their members, making it crucial for the organization's overall performance. stated that L.A. Care just recently received the methodology.</p> <p>He notes significant improvements in clinical quality, enrollment experience, and plan efficiency and affordability management. Although the ratings are not final, there is optimism about achieving a 3-star rating in clinical quality, a 4-star in enrollment experience, and a 3-star in plan efficiency and affordability management. Dr. Amin attributes these positive trends to the hard work and performance of the team. Moving on to the Medicare line of business, Dr. Amin acknowledges challenges related to quality measures such as colonoscopies, mammograms, and cervical cancer screenings. Provider groups have shown a decrease in performance in 2023. The clinical quality team is actively working to address this issue, implementing pursuit lists and collaborating with vendors to improve member engagement and care.</p> <p>Despite the ongoing efforts, Dr. Amin emphasizes that there is still work to be done in the next two months over the holidays. He points out both highlights, particularly in pharmacy-related measures, and areas of underperformance among provider groups in certain quality measures, indicating a commitment to addressing these challenges for improvement.</p>	
<b>QUALITY OVERSIGHT</b>	Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i> , gave a Quality Oversight Committee (QOC) meeting update.	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>COMMITTEE (QOC) UPDATE</b></p>	<ol style="list-style-type: none"> <li>1. Delegation Oversight Report: <ul style="list-style-type: none"> <li>• Betsy Santana, Senior Manager of Clinical Initiatives, presented the partner and vendor oversight report, emphasizing continuous delegation oversight and quality improvement activities.</li> <li>• Anthem, one of the health plan partners, had 8 measures falling below the minimum performance level, including cervical cancer screening and adolescent immunizations.</li> <li>• Anthem identified root causes such as the residual impact of the COVID-19 pandemic, staff turnover, vaccine hesitancy, incomplete services during telehealth visits, and poor documentation.</li> <li>• Improvement plans are in progress, and Anthem aims to improve these measures by 5% in the next measurement year.</li> </ul> </li> <li>2. Audit Updates: <ul style="list-style-type: none"> <li>• Blue Shield Promise had 7 measures that fell below the expected performance levels, resulting in the issuance of caps for 5 measures.</li> <li>• Kaiser performed better but did not meet expectations for 2 measures, leading to the issuance of caps for both.</li> <li>• Kaiser identified root causes, including a lack of parental understanding and systematic workflows for providers, and initiated projects for automated parental outreach and lab test ordering.</li> </ul> </li> <li>3. Follow-up Actions: <ul style="list-style-type: none"> <li>• Anthem and Kaiser are working on quality improvement activities, with Anthem addressing residual impacts from the pandemic and staff turnover, while Kaiser is focusing on systematic workflows and parental engagement including building understanding.</li> <li>• Kaiser has launched a formal performance improvement project to increase follow-up after visits for mental health.</li> </ul> </li> </ol> <p>Dr. Sheen provided comprehensive updates on performance and improvement initiatives of health plan partners, showcasing a commitment to addressing identified challenges and implementing measures to enhance overall quality.</p> <p>Chairperson Booth requested clarification about incomplete visits. Dr. Sheen responded that there was a large volume of telehealth visits due to the pandemic and in most cases the visits were completed, but there are common challenges with telehealth visits and closing gaps in care. Many of them are not as comprehensive as in personal visits. Often there needs to be better documentation or patient self reporting to be able to close those gaps in care. And in many cases, because of that information is not being thoroughly documented or not being completely recorded as supplemental data. Those visits can be very positive for patients in other ways such as by expanding access to care and being more</p>	

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	<p>convenient. but they may not provide all the documentation and data needed to close those gaps in care to perform on these quality measures. To address this, the approach involves ongoing education and training for providers and patients to optimize telehealth interactions. Dr. Sheen anticipates improvement in reporting capabilities and stresses the need for increased productivity in telehealth visits. He notes the existence of data from various sources, such as patient records and provider charting, but highlights the importance of integrating this information into systems for comprehensive quality reporting. Even even in the realm of impersonal visits, there's a lot of supplemental data that needs to be more consistently and comprehensively recorded. And so it is a substantial area of opportunity.</p> <p>Chairperson Booth raises the issue of ownership and accessibility of the data layer, emphasizing the importance of having a comprehensive repository filled with relevant information. The suggestion is to enable individuals to address missing data or unanswered questions promptly, highlighting the significance of a robust and accessible data infrastructure.</p> <p>Dr. Sheen acknowledges the need for improvement in data collection and reporting and expresses a commitment to explore technology tools and platforms. He then introduced Thomas Mendez, <i>Director of Quality Performance</i>, who summarized the significant improvements in key metrics for measurement year 2022. Dr. Sheen highlighted positive trends but emphasized challenges, especially in telehealth-related gaps and specific measures like childhood visits, cancer screenings, and immunizations. Dr. Sheen outlined the identified root causes for metrics not meeting targets, including data challenges and underutilization of provider opportunity reports. He discussed ongoing interventions, such as social media campaigns, community events, and educational initiatives, to address gaps in care. Despite the challenges, he highlighted notable successes in meeting quality goals, emphasizing improvements in blood pressure control, childhood immunizations, and other key measures.</p> <p>Chairperson Booth inquired about the 20-point deficit in mental health follow-up visits and expressed curiosity about individuals or groups performing better. She hoped L.A. Care could learn from high-scoring entities about strategies and practices that contribute to their success, and potentially implement similar approaches. Dr. Sheen responded to Chairperson Booth, acknowledging the struggles many healthcare systems face in mental health follow-up visits. He highlighted common challenges in data feeds after hospitalizations, emphasizing issues with patients' access to primary care providers and navigating the healthcare system. Dr. Sheen highlighted efforts to address these challenges, such as working on data flows, automating notifications, and incentivizing hospital partners to share data. Additionally, he mentioned ongoing initiatives in patient and provider education, expressing optimism about making progress despite the complexity of the issue.</p>	

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	<p>Dr. Amin added to the discussion by highlighting challenges related to quality metrics for follow-up after patients with mental health issues are discharged from the hospital. He explained that the difficulty often arises from including anyone with a mental health diagnosis in the denominator, even if it's not the primary reason for their hospitalization. This makes it challenging to ensure timely follow-up for mental health care. Dr. Amin mentioned a significant improvement initiative where contractual language with the behavioral health provider now includes quality markers, requiring them to proactively reach out to patients after discharge, particularly those falling within the denominator. This approach aims to enhance follow-up care for mental health issues and improve related quality metrics.</p> <p>Dr. Sheen continued his report, emphasizing a third highlight related to timely access to care. He highlighted Priscilla Lopez's, <i>Manager, Quality Improvement Accreditation, Quality Improvement</i>, efforts in creating a new report to monitor providers' refusals to participate in the Provider Appointment Availability Survey (PAAS). The report indicated a concerning trend, with a 2.1% increase in refusals overall, including a 3.4% increase among specialists and a 3% increase among behavioral health providers in 2022. Recognizing the potential impact on oversight and monitoring capabilities for access to care, Dr. Sheen identified a lack of provider education and training on the PAAS process as a potential root cause. Actions were already underway to address this challenge, including enhanced processes, additional education, and training. Refusals were now incorporated as an access to care measure in the corrective action plan system. Dr. Sheen concluded by providing updates on various committees, including credentials and peer review committee, pharmacy oversight committee, behavioral health quality committee, joint performance improvement collaborative committee, physician quality committee, steering committee, population health management team, quality performance management steering committee, and the star committee.</p>	
<b>MEMBER EXPERIENCE SURVEY RESULTS</b>	<p>Linda Carberry, <i>Manager, Quality Performance Management</i>, gave a report on L.A. Care's Member Experience Survey Results (<i>a copy of the full presentation can be obtained from Board Services.</i>).</p> <p>Medi-Cal CAHPS (Consumer Assessment of Healthcare Providers &amp; Systems)</p> <ul style="list-style-type: none"> <li>▪ Adult &amp; Child (Health Plan CAHPS) HPR (Health Plan Rating)</li> <li>▪ Administered between February 18, 2023 and May 10, 2023</li> <li>▪ Final sample included 4,056 members (Adult) and 6,796 members (Child)</li> </ul> <p>Adults completing survey: 652  Children completing survey: 740  NCQA response rates: 16.42% (Adult) &amp; 15.14% (Child)  Results Better than last year</p> <p>QHP EES (Quality Health Plan Enrollee Experience Survey) QRS (Quality Rating System)</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Administered between February 17, 2023 and May 5, 2023</li> <li>▪ Final sample included 1,690 members <ul style="list-style-type: none"> <li>- 213 completed survey</li> <li>- Response Rate: 18.23%</li> </ul> </li> </ul> <p>Similar rate as last year</p> <p>Preliminary Results: 4 Stars for Member Experience Covered CA line of business</p> <p>MAPD CAHPS (Medicare Advantage &amp; Prescription Drug )</p> <ul style="list-style-type: none"> <li>▪ Not fielded in 2023</li> <li>▪ Contract changed from CMC (Cal Medi-Connect) to D-SNP (Dual Special Needs Plan) effective January 1, 2023</li> <li>▪ Members in the contract join on July 1, 2022 <ul style="list-style-type: none"> <li>- Zero D-SNP members in the contract (still CMC members)</li> </ul> </li> <li>▪ We were therefore not permitted to field survey for DSNP in 2023</li> <li>▪ Next fielding of survey: 2024</li> </ul> <p>Medicare Advantage – D-SNP line of business</p> <p>Highlights Met: Adult &amp; Child HP-CAHPS HPR (Health Plan Rating)</p> <ul style="list-style-type: none"> <li>▪ Satisfaction with Plan Physicians <ul style="list-style-type: none"> <li>- Rating of Personal Doctor (Adult &amp; Child)</li> </ul> </li> <li>▪ Effectiveness of Care <ul style="list-style-type: none"> <li>- Flu Vaccinations for Adults</li> </ul> </li> <li>▪ How Well Doctors Communicate Composite for Adult <ul style="list-style-type: none"> <li>- Doctor Explained Things</li> <li>- Doctor Listened Carefully</li> <li>- Doctor Showed Respect</li> <li>- Doctor Spent Enough Time</li> </ul> </li> <li>▪ Customer Service Composite for Adult <ul style="list-style-type: none"> <li>- Customer Service Provided Information/Help</li> <li>- Customer Service Was Courteous/Respectful</li> </ul> </li> </ul> <p>Highlights Met: QHP QRS (Quality Rating System)</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Rating of Personal Doctor  Rating of Specialist  Rating of Health Plan  Care Coordination</p> <ul style="list-style-type: none"> <li>- Doctor Had Information</li> <li>- Doctor Discussed Medications</li> </ul> <p>Brigitte Bailey, <i>Supervisor, Quality Improvement</i>, gave a report about L.A. Care’s Member Experience Improvement Efforts (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p>Overview:  Elevating Customer Experience Cross-Functional Team  SullivanLuallin Group Patient Experience Trainings  Meetings with PPGs and Clinics</p> <p>Elevating Customer Experience Cross-Functional Team (ECE CFT)  Launched February 2022</p> <ul style="list-style-type: none"> <li>- Convened by Dr. Katrina Miller Parrish.</li> <li>- Chaired by Linda Carberry, <i>Manager, Quality Performance Management</i>.</li> </ul> <p>Goal: Bring together stakeholders across the organization to discuss all possible enterprise interventions, activities, and efforts focused on customer experience.  Customers = <i>Members, Providers, Community</i>.</p> <p>Efforts:</p> <ul style="list-style-type: none"> <li>- Fiscal Year 2022-2023 work plan. Drafting FY2023-2024 work plan in September.</li> <li>- Various presentations from departments on their customer experience efforts.</li> <li>- Vendor presentations on available products to support improvement of member experience.</li> <li>- Patient experience trainings</li> </ul> <p>Teams attending include but are not limited to: Quality Improvement, Customer Solution Center, Communications, Marketing, Commercial Group Product Management, Medi-Cal Product, Medicare Product, Population Health Management, Care Management, Compliance, Health Equity and Provider Contracts.</p> <p>ECE CFT 2022-2023 Work Plan  Five Main Priorities</p> <ol style="list-style-type: none"> <li>1. Improve the office visit experience</li> <li>2. Expand access to care</li> </ol>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>3. Ensure accountability for all network entities inclusive of Plan Partners, IPAs/PPGs, clinics, and provider network to prioritize customer experience</p> <p>4. Improve the member, provider, and community experience when engaging with L.A. Care</p> <p>5. Develop product-line specific strategies</p> <p>20 Strategies taking place across the organization identified to accomplish the 5 priorities.</p> <p>6. 16 departments with ongoing efforts</p> <p>Examples of strategies</p> <p>7. Patient experience trainings</p> <p>8. Improve measures around L.A. Care customer service</p> <p>9. Survey assessing public perception of L.A. Care</p> <p>10. Launch a Direct Network advisory board</p> <p>L.A. Care Quality Improvement team contracted with SullivanLuallin Group (SLG) in 2019 to deliver patient experience trainings:</p> <ul style="list-style-type: none"> <li>• Trainings developed for</li> <li>• Managers/staff</li> <li>• Delivered by Thomas Jeffrey – President of SLG</li> <li>• Providers/clinicians</li> <li>• Delivered by Dr. Andrew Golden – Consultant with SLG</li> </ul> <p><i>(a copy of the full report can be obtained from Board Services)</i></p>	
<p><b>POPULATION HEALTH MANAGEMENT (PHM)</b></p>	<p>Matthew Pirritano, <i>Director, Population Health Informatics</i>, and Steven Chang, <i>Senior Director, Care Management</i>, gave a report about Population Health Management (PHM) <i>(a copy of the full presentation can be obtained from Board Services)</i>.</p> <p>Mr. Pirritano discussed the key aspects of population health, emphasizing its comprehensive nature and evidence-based approach. He outlined the organization's goals for the past year and shared the performance results. The report included an overview of new surveys and requirements, such as the annual cognitive health assessment and all the Kelly and requirements. Mr. Pirritano highlighted the main areas covered under population health, including the creation of a member profile and a provider needs assessment, in compliance with DHCS requirements. He mentioned the monthly cross-functional team meetings to discuss related efforts across the organization. The report also touched on ongoing efforts, such as program evaluation as part of NCQA requirements. Looking ahead, Mr. Pirritano discussed the development of a new population health management index, a set of metrics tracked throughout the year. Closing the fiscal year, he shared that the organization achieved 13 out of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>16 goals, reaching the mid-tier target. This success contributes to staff bonus calculations, reflecting the team's dedication and hard work. Mr. Pirritano expressed excitement about the positive outcomes and acknowledged the collaborative efforts of the staff in achieving their targets.</p> <p>Mr. Chang discussed the significance of transitional care services within the vision for population health management. He highlighted recent revisions to include new populations, such as individuals receiving special mental health services, those undergoing substance use disorder treatment, members transitioning to and from nursing facilities, and extending pregnancy-related care to 12 months postpartum. For 2024, there is a shift in approach, aiming to provide transitional care services to all members. The proposed workflow involves offering these services to each member, with a simplified model to ensure effective coverage considering the vast membership. Notably, the assignment and availability of a care manager become the primary distinction between high-risk and low-risk members. For high-risk individuals, the plan is to assign a dedicated care manager for outreach. In contrast, the low-risk model for 2024 involves sending information sheets to members, potentially also to the facility. Mr. Chang mentioned that there is pending clarification on whether outreach to the facility where the member is admitted is required.</p> <p>Mr. Pirritano discussed the key performance indicators (KPIs) required by the state, providing an overview of how various health plans in the state are performing on these indicators. The KPIs include measures like the percentage of members with more visits than primary care and care management for high-risk members after discharge. The state provides thresholds, serving as either floors or ceilings for performance. Mr. Pirritano highlighted that their team is above the floor or below the ceiling for the specified metrics, indicating favorable performance.</p>	
<p><b>TRANSFORM LA AND PROVIDER ENGAGEMENT EFFORTS</b></p>	<p>Cathy Mechsner, <i>Manager, Practice Transformation Programs, Quality Improvement</i>, gave a report about Transform LA and Provider Engagement Efforts (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Transform L.A. is a value added technical assistance program focusing on:</p> <ul style="list-style-type: none"> <li>▪ Practice-Centered Transformation</li> <li>▪ Data-Driven Quality Improvement</li> <li>▪ Workflow Redesign</li> <li>▪ Practice coach/facilitator model</li> <li>▪ Modeled after the successful Transforming Clinical Practice Initiative (TCPI):</li> <li>▪ CMS grant funded innovative quality improvement program, concluded in 2019</li> </ul> <p>Direct Network (DN) Practice Enrollment:</p> <ul style="list-style-type: none"> <li>▪ 19 primary care practices</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ 102 physicians</li> <li>▪ 12,095 DN members (29% of total DN members)</li> </ul> <p>Need to strengthen practice engagement</p> <ul style="list-style-type: none"> <li>▪ Created Recognition Program to increase practice engagement. <ul style="list-style-type: none"> <li>- Up to \$30,000 incentive</li> </ul> </li> <li>▪ Restructured practice groupings <ul style="list-style-type: none"> <li>- Transitioned from cohorts per enrollment year to levels of program progress: Low, Intermediate and Advanced</li> </ul> </li> <li>▪ Established time limit to complete program: 2-3 years</li> </ul> <p>Practices continue to have challenges understanding QI</p> <ul style="list-style-type: none"> <li>▪ Reporting quality of care data from practice EMR</li> <li>▪ Use of QI tools: <ul style="list-style-type: none"> <li>- Plan, Do, Study, Act (PDSAs) cycles</li> <li>- Monthly QI review team meetings</li> </ul> </li> </ul> <p>High staff turnover contributes to poor performance</p> <ul style="list-style-type: none"> <li>▪ Care team members, office managers, physicians, etc.</li> <li>▪ Sustaining practice QI knowledge and ongoing improvement is dependent on staff capacity</li> </ul> <p>CQM/HEDIS Measure</p> <ul style="list-style-type: none"> <li>▪ HbA1C &gt;9% (Poor Control)</li> <li>▪ Working with Office Ally to correct erroneous data mapping.</li> <li>▪ Impacts 8 practices</li> </ul> <p>Next Steps:</p> <p>Education of new TLA Recognition Program</p> <ul style="list-style-type: none"> <li>▪ Ensure practices are fully apprised of Incentive program and are focused on achievement of program goals.</li> </ul> <p>Leadership of Provider Engagement &amp; Outreach workgroup</p> <ul style="list-style-type: none"> <li>▪ Continue cross QI team engagement to improve support of DN practices</li> <li>▪ Solicit and incorporate Provider Advisory Collaborative feedback across QI programs</li> </ul> <p>Continue to work closely with the Direct Network Administration team</p> <ul style="list-style-type: none"> <li>▪ Weekly meetings with the DNA 2.0 workgroup and CRM leadership to identify areas of partnership and resolve any challenges outside of the TLA program.</li> <li>▪ Complete VIIP + DN Action Plan for improvements in: <ul style="list-style-type: none"> <li>▪ Domain 1: Adult Member satisfaction</li> </ul> </li> </ul>	

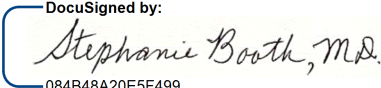


AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Domain 2: Childhood Immunization Series 10 (CIS-10) Continue DN practice recruitment to grow the program</li> </ul>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</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 session at 3:35 P.M.</p> <p>PEER REVIEW Welfare &amp; 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"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• 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</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:20 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	<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*  
Date Signed: \_\_\_\_\_

1/26/2024 | 1:40 PM PS

**APPROVED**