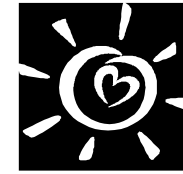


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – March 21, 2024



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
Fatima Vazquez

* Absent ** Via Teleconference

Senior Management

John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Augustavia J. Haydel, *General Counsel*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*
Alex Li, *Chief Health Equity Officer*
Edward Sheen, MD, *Senior Quality, Population Health & Informatics Executive, Quality Improvement*
Michael Devine, *Director, Special Investigations Unit*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*

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	The meeting Agenda was approved as submitted.	<p>Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)</p>
PUBLIC COMMENT	<i>There was no public comment.</i>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The February 15, 2024 meeting minutes were approved as submitted.	Approved unanimously.
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<p>In her Chairperson’s report, Chairperson Booth emphasized the importance of clear communication, especially regarding numerical data. She suggested using percentages and providing context, such as denominators for measurements, to aid in understanding complex information. She also encouraged avoiding excessive use of acronyms and jargon to ensure clarity in reports and documents. She highlighted the need to document discussions and decisions for clarity and future reference. She appreciated the efforts of those who take time to explain concepts and definitions to her, ensuring accurate understanding and documentation of information. Chairperson Booth also addressed the importance of celebrating successes, such as resolving issues without harm, and recommends including dates and historical context in reports to track progress accurately. She emphasized The significance of knowing whose goals or measurements are being discussed to understand their relevance and importance. She suggested a structured approach to reviewing documents, noting new information, and comparing it with previous data for informed decision-making. She acknowledged the complexity of the material and suggested keeping notes to aid in real-time discussions and decision-making processes.</p>	
COMPLIANCE & QUALITY COMMITTEE CHARTER PROCESS	<p>Todd Gower, <i>Chief Compliance Officer</i>, discussed the Compliance & Quality Committee Charter Process.</p> <p>Mr. Gower stated that the goal is to have a draft document ready for review by the CEO cabinet and Board Members over the next couple of weeks. They are trying to make sure that they are remaining in the current charter format and highlighted in yellow the changes that have been suggested. Chairperson Booth noted that the charter was not included in the packet. Mr. Gower stated that the document is not ready to be made public. Chairperson Booth agreed.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Mr. Todd Gower, <i>Chief Compliance Officer</i>, and the 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>Overview</p> <ul style="list-style-type: none"> • Compliance Officer ICC Report Out • Special Investigations Unit (SIU) 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																						
	<ul style="list-style-type: none"> • Issues Inventory • Internal Audit (IA) • Memorandum of Understanding (MOU) • Appeal & Grievance (A&G) • Payment Integrity (PI) <p>Michael Devine, <i>Director, Special Investigations Unit</i>, gave the following update. Fiscal Year 2023/2024 Year-to-date recoveries & savings dashboard</p> <table border="1" data-bbox="445 509 1610 693"> <thead> <tr> <th></th> <th>Jan – Feb 2024</th> <th>FY Year-to-date</th> </tr> </thead> <tbody> <tr> <td>Recoveries</td> <td>\$2.0M</td> <td>\$2.8M</td> </tr> <tr> <td>Savings</td> <td>\$1.4M</td> <td>\$2.7M</td> </tr> <tr> <td>Totals</td> <td>\$3.4M</td> <td>\$5.5M</td> </tr> </tbody> </table> <p>Law Enforcement</p> <table border="1" data-bbox="445 751 1604 1120"> <tbody> <tr> <td>Active Criminal Investigations</td> <td>47</td> </tr> <tr> <td>Undercover Operations</td> <td>0</td> </tr> <tr> <td>Arrests</td> <td>2</td> </tr> <tr> <td>Pending Prosecution</td> <td>11</td> </tr> <tr> <td>Convictions</td> <td>3</td> </tr> </tbody> </table> <p>Special Investigations Unit (SIU) Update</p> <ul style="list-style-type: none"> • Meeting with DHCS • Hospice Fraud Initiative • Health Care Providers Lab Conviction • Billing Flaw • Rafael Malikian (former Physician) • Dr. D.S. <p>Upcoming Quarterly Investigative Roundtables</p>		Jan – Feb 2024	FY Year-to-date	Recoveries	\$2.0M	\$2.8M	Savings	\$1.4M	\$2.7M	Totals	\$3.4M	\$5.5M	Active Criminal Investigations	47	Undercover Operations	0	Arrests	2	Pending Prosecution	11	Convictions	3	
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	<p>March 14, 2024</p> <ul style="list-style-type: none"> • Speaker: Karen Weintraub • EVP, Health Care Fraud Shield <p>June 13, 2024</p> <ul style="list-style-type: none"> • Speaker: Jeanette Calinsky • Deputy Attorney General, CA DOJ <p>SIU Open Cases – Aging as of March 1, 2024</p> <table border="1" data-bbox="443 505 1694 938"> <thead> <tr> <th>Count of Age</th> <th>Monitoring</th> <th>Open</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>0-30</td> <td>5</td> <td>13</td> <td>18</td> </tr> <tr> <td>31-60</td> <td>3</td> <td>26</td> <td>29</td> </tr> <tr> <td>61-180</td> <td>11</td> <td>111</td> <td>122</td> </tr> <tr> <td>Older 180+</td> <td>328</td> <td>211</td> <td>539</td> </tr> <tr> <td>Not Promoted</td> <td>0</td> <td>132</td> <td>132</td> </tr> <tr> <td>GRAND TOTAL</td> <td>347</td> <td>493</td> <td>840</td> </tr> </tbody> </table> <table border="1" data-bbox="443 943 1694 1357"> <thead> <tr> <th>Time Frame</th> <th>Cases Opened</th> <th>Late Notification of Regulatory Reporting</th> </tr> </thead> <tbody> <tr> <td>2023 - Q1</td> <td>80</td> <td>1</td> </tr> <tr> <td>2023 - Q2</td> <td>95</td> <td>1</td> </tr> <tr> <td>2023 - Q3</td> <td>82</td> <td>1</td> </tr> <tr> <td>2023 - Q4</td> <td>95</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td>352</td> <td>3</td> </tr> </tbody> </table> <p>Top 5 Allegation Types of Fraud, Waste and Abuse (Allegation Type vs Participant Q4 2022 – Q1 2024)</p> <ul style="list-style-type: none"> • Questionable Billing Patterns 				Count of Age	Monitoring	Open	Grand Total	0-30	5	13	18	31-60	3	26	29	61-180	11	111	122	Older 180+	328	211	539	Not Promoted	0	132	132	GRAND TOTAL	347	493	840	Time Frame	Cases Opened	Late Notification of Regulatory Reporting	2023 - Q1	80	1	2023 - Q2	95	1	2023 - Q3	82	1	2023 - Q4	95	0	TOTAL	352	3	
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	<ul style="list-style-type: none"> • Services Not Rendered / Documented • Identity Theft • Upcoding • Not Medically Necessary <p>Top 5 Referral Source vs Participant from Q4 2022 – Q1 2024</p> <ul style="list-style-type: none"> • Internal Employee • Plan Partner • PostShield • PPG • Other <p>Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, reviewed the Issues Inventory update (<i>a copy of the full report can be obtained from Board Services</i>).</p> <p>The report provided an overview of past issues that have been remediated, administratively closed, or documented for mediation efforts. He mentioned that most of these past issues were included in the packet for further reading. He focused on discussing two new open issues. He addressed the alternative format selection for members with visual or other impairments that affect the ability to read. These members have the right to request alternative formats such as large print or audio-only representations. There is a requirement to capture and report these selections to ensure the organization understands member preferences. Mr. Sobetzko mentioned that there may be inconsistencies in collecting and submitting this information, and this will be further investigated. The second issue discussed was the noncompliance with timely termination of providers. The Credentialing Committee had administratively terminated three enhanced care management providers, but recent checks showed these providers were still active in the system. He noted the need to understand the termination process better, examine the source of the issue, and prevent other providers from remaining active post-termination.</p> <p>Chairperson Booth asked about the remediated cases. Mr. Sobetzko responded that Compliance never deletes remediated issues from its database; instead they are moved to the monitoring category. They continually review issues that may have been remediated, which occasionally leads to a duplicate record. Mr. Gower thanked Mr. Sobetzko for his efforts in collating and analyzing data related to issues inventory, and mentioned similar efforts being made regarding corrective action plans and mitigation activities. He indicated that the organization is working with IT professionals to implement this consolidated system, which is expected to be completed later in the year. The</p>	

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	<p>purpose of this system is to ensure that nothing falls through the cracks by providing alerts and notifications about ongoing activities. This proactive approach aims to keep leadership and relevant individuals informed about mitigation activities, audits, and follow-up actions, thereby enhancing overall compliance and risk management within the organization.</p> <p>Maggie Marchese, <i>Senior Director, Audit Services</i>, gave an Audit Services Update.</p> <p>Open 2023 Audits:</p> <ul style="list-style-type: none"> • Data Management and Governance Phase I: Final Audit Report • Date Management and Governance Phase II: Final Audit Report • Provider Quality: PQI (follow-up assessment) • Staffing/Talent Acquisition Assessment: Management responses pending. <p>Open 2024 Audits:</p> <ul style="list-style-type: none"> • Product Sales and Member Services • Provider Network: Access to Care • Plan Partners Audit: Moved from Q3 to Q1 (replaced Provider Dispute Resolution Audit) • Appropriate Access Controls/ IT System Security: Moved from Q2 to Q1 <p>CAPs Inventory Management/Monitoring:</p> <ul style="list-style-type: none"> • IA developing a SharePoint designed to incorporate a formal workflow process to track all internal audit-related CAPs. <p>Audit Services – Upcoming Q2 Audit Projects</p> <p>Audits:</p> <ul style="list-style-type: none"> • Call Center • Provider Operations <p>Follow-Up Assessments:</p> <ul style="list-style-type: none"> • Claims: Out-of-Area Emergency Services Claims • DSNP Implementation and Oversight <p>Risk Mitigation Plan Implementation Effectiveness Reviews:</p> <ul style="list-style-type: none"> • HRA Reassessment Efforts <p>Lucy Nakamura, <i>Director, Provider Network Management</i>, gave Provider Network Management update.</p> <p>Department of Health Care Services APL23-029</p> <ul style="list-style-type: none"> • The 2024 Medi-Cal Managed Care Contract requires all managed care plans (MCPs) to enter into Memorandums of Understanding (MOUs) with counties and third-party entities to 	

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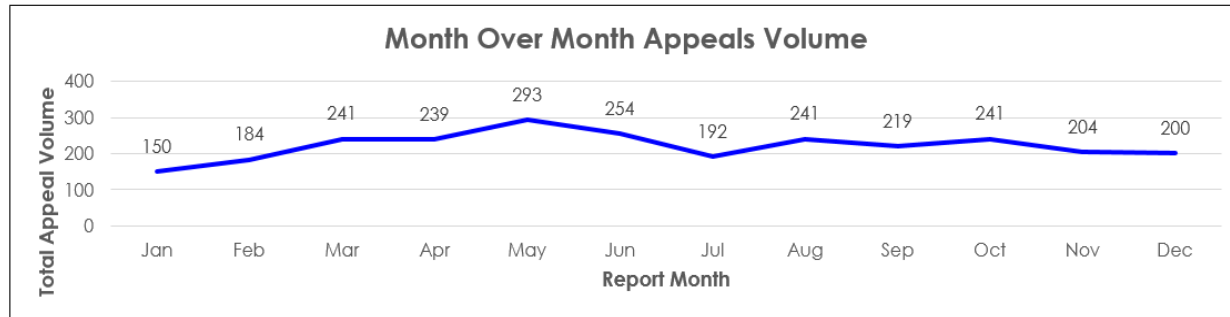
contractually ensure the provision and coordination of whole-system, person-centered for Members.

- On October 11, 2023, DHCS also issued All Plan Letter (APL) 23-029 to explain in details the intent and scope of MCPs responsibilities under the MOUs, including timing of MOUs execution and submission to DHCS and MOUs oversight and monitoring.
- Shortages in staff resources delay and impact the timely initiation and completion of MOUs.
- Until adequate staffing resources are allocated, fulfilling these obligations within the stipulated timeframes will remain challenging.
- Non-compliance with DHCS mandates exposes the L.A. Care and its partners to legal and regulatory consequences, including fines, penalties or other enforcement measures, and places a risk on overall compliance.
- *Note: Estimated total number of MOUs to complete: 100-120 for 2024-2025.*

Demetra Crandall, *Director, Appeals & Grievances*, gave an Appeals & Grievances update.

Appeal Volume 2023

Monthly Appeals Report: Detailed Appeals Data	
Reporting Period: 2023	
Note: Cells highlighted green indicate highest volume Appeals categories/subcategories for the report month.	

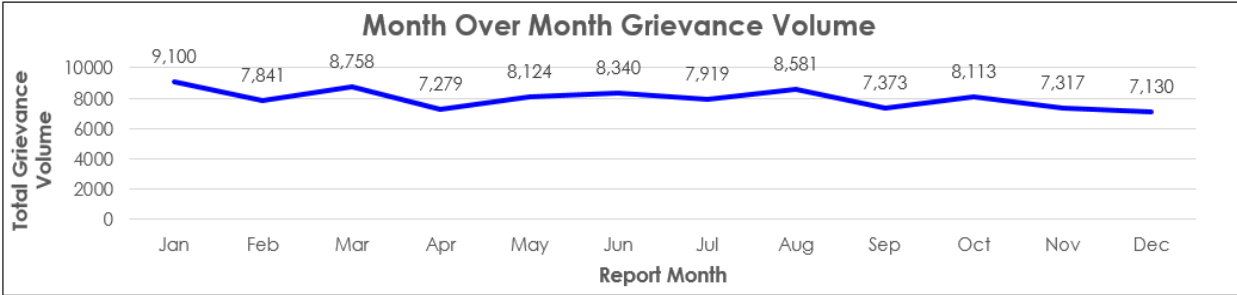


Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	139	176	232	235	283	230	186	222	210	229	196	164
Billing and Financial Issues	8	8	8	4	8	21	5	16	8	7	7	33
Quality of Care	3	0	1	0	2	3	1	3	1	5	1	3
Total	150	184	241	239	293	254	192	241	219	241	204	200

Grievance Volume 2023

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Monthly Grievances Report: Detailed Grievances Data	
Reporting Period: 2023	
Note: Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month.	



Grievance Category	Month Over Month Grievance Volume Detail											
	Report Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	2,868	2,588	2,752	2,273	2,467	2,686	2,565	2,693	2,324	2,592	2,297	2,285
Attitude and Service	2,326	2,136	2,481	2,061	2,334	2,301	2,413	2,399	2,154	2,340	2,260	2,165
Billing and Financial Issues	3,509	2,786	3,130	2,598	2,695	2,679	2,495	2,933	2,391	2,716	2,417	2,369
Quality of Care	379	320	389	335	418	463	431	540	494	447	335	306
Quality of Practitioner Office Site	18	9	6	12	10	11	15	16	10	18	8	5
Total	9,100	7,841	8,758	7,279	8,124	8,340	7,919	8,581	7,373	8,113	7,317	7,130

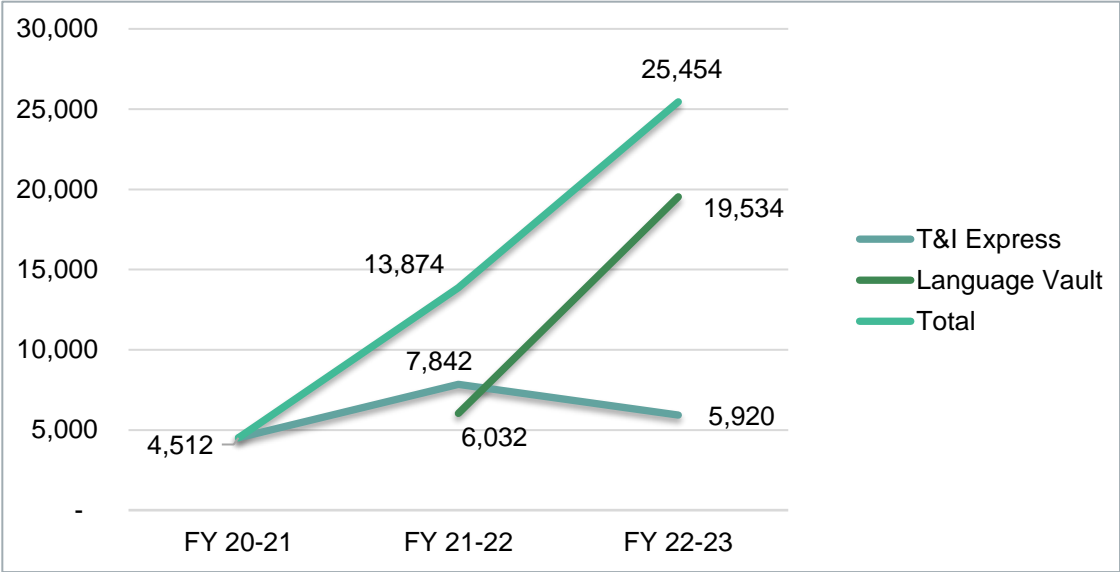
Erik Chase, *Senior Director, Claims Integrity*, gave a Payment Integrity Update. He mentioned the provider disputes disposition and their goal of resolving these disputes within 45 working days. Mr. Chase noted that they are averaging about a 96% completion rate within this timeframe, which is in compliance with their standards. He also mentioned the volume of provider disputes they handle monthly, which is between 32,000 to 36,000. Mr. Chase discussed the claims denial rate, which currently stands at about 21%. He explained that this primarily includes denials that offer an opportunity for providers to make changes or decisions to remediate the issues. He also mentioned the process of claims forwarding and denials related to max paid by primary insurers, which are stripped out as they require no action from providers. Mr. Chase talked about their first pass claims adjudication rate, which aims for a 95% completion rate within 30 calendar days and a 99% rate within 45 working days. He stated that they have been averaging 95% and 99.7% respectively, demonstrating efficient claims processing. Mr. Chase also spoke about their annual goal for payment integrity, which is set at \$170 million. He noted that they are currently \$16.5 million favorable to this goal due to incremental savings and recoveries achieved by the team. He explained that their efforts focus on recovering overpaid amounts, as recovering these funds after payment typically yields lower returns. Mr. Chase also spoke about upcoming discussions during the Board of Governors meeting where he plans to provide more detailed insights into

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	specific issues and improvements related to payment integrity, coordination of benefits agreements, and challenges faced with certain healthcare changes affecting their metrics.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <p>A cyber attack on data held by Change Healthcare occurred on February 21. Change Healthcare operates the largest clearinghouse for insurance billing and payments in the country, and has been unable to process claims electronically since the attack. This is a serious service disruption they experienced due to this cyber attack. L.A. Care is working with Change Healthcare's corporate parent, Optum, to test and implement an interim electronic claims submission solution using the Optum Intelligent Electronic Data Interchange. This solution serves as an alternative pathway for claims submission while Change Healthcare works on restoring services. Despite initial challenges faced by providers L.A. Care has started receiving claims directly through Optum. The current volume of claims is higher than usual due to the volume of delayed submissions over the past few weeks. Ongoing efforts are underway to explore additional solutions and additional vendors for claims submission. L.A. Care has communicated with the provider community through multiple town halls, to inform them about options to submit paper claims. There has been a significant increase in paper claims volume as providers and facilities seek payment for their services amidst the challenges faced with electronic claims processing. L.A. Care is working to expedite payments to providers, especially service providers such as skilled nursing facilities (SNFs), who are facing financial difficulties. Dr. Amin mentioned that they L.A. Care has successfully forwarded \$30 million in payments to providers over the past few weeks, providing them with much-needed financial support until electronic claim submissions can be processed and paid. Having a highly delegated network and a system that pays a significant portion through capitation has been beneficial in ensuring that many providers continue to receive regular payments. This helps maintain stability within the network despite the disruption caused by the cyber attack on Change Healthcare.</p> <p>Member Roybal asked if there are groups that have been more affected by this or is it pretty uniform. Dr. Amin responded that the severity of the impact depends on the financial situation of the entities more than a direct reliance on Change Healthcare services. Entities that struggle with day-to-day finances and have difficulty paying bills without immediate funding are experiencing the most significant challenges, such as smaller healthcare providers and SNFs. Dr. Amin also noted that certain entities adapt better to the alternate claims pipeline through Optum, particularly those with more sophisticated claims processing systems or easier access to the new pipeline. L.A. Care is actively working to ensure access to the pathway for all providers. L.A. Care has opened up the option for paper claims submissions for those who cannot use the electronic pathway effectively, showing sensitivity to the diverse needs of the provider network.</p>	

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<p>CHIEF HEALTH EQUITY OFFICER REPORT</p>	<p>Alex Li, MD, Chief Health Equity Officer, reported (a copy of the written report can be obtained from Board Services):</p> <p><u>National Commission on Quality Assurance (NCQA) Health Equity Accreditation</u> On March 11, 2024, L.A. Care was notified by NCQA that L.A. Care achieved the NCQA Health Equity Accreditation status. L.A. Care received a score of 98%, or 86.5 out of 88 possible points. L.A. Care is extremely proud of its work in health equity and achieving this status. There were 170+ health plans out of 1,100+ health plans nationally that have received the NCQA Health Equity Accreditation status.</p> <p><u>Equity Practice Transformation Program Update</u> The California Department of Health Care Services (DHCS) Equity and Practice Transformation (EPT) program announced that 46 practices selected to L.A. Care as their managed care plan sponsor; 211 out of 700+ practices across California were selected to participate in the program. On March 7, 2024, L.A. Care hosted a welcome session and below is a quick overview of the practice type and their impact on Medi-Cal patients.</p> <table border="1" data-bbox="457 820 1644 1122"> <thead> <tr> <th>Type of Practice</th> <th>Total Number of Practices</th> <th>Total in Direct Network</th> <th>Medi-Cal Members (LA Care and HealthNet) Impacted</th> </tr> </thead> <tbody> <tr> <td>Private</td> <td>24</td> <td>8</td> <td>100,938</td> </tr> <tr> <td>FQHCs</td> <td>22</td> <td>5</td> <td>488,981</td> </tr> <tr> <td>Totals</td> <td>46</td> <td>13</td> <td>589,919</td> </tr> </tbody> </table> <p>DHCS 2024 Quality Withhold and Incentive Program (QWIP) On March 11, 2024, DHCS shared with the managed care plans their preliminary proposal for their new Quality Withhold and Incentive Program. The QWIP is intended to be a program where a small percentage of the managed care plan’s revenue is withheld and then earned back based on the 8 managed care accountability set (MCAS) and consumer and provider survey responses. The new modification of the program is to have a health equity framework and seeks to require health plans to address sub-populations that perform poorly in the MCAS measures.</p>	Type of Practice	Total Number of Practices	Total in Direct Network	Medi-Cal Members (LA Care and HealthNet) Impacted	Private	24	8	100,938	FQHCs	22	5	488,981	Totals	46	13	589,919	
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<p>QUALITY OVERSIGHT COMMITTEE (QOC) UPDATE</p>	<p>Edward Sheen, MD, <i>Senior Quality, Population Health & Informatics Executive, Quality Improvement</i>, gave a Quality Oversight Committee (QOC) Update (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Health Education Evaluation FY 2022-2023</p> <p>Mission To improve member health through the provision of wellness and disease prevention programs, services and resources.</p> <p>Goals</p> <ul style="list-style-type: none"> • Provide or coordinate educational programs and services that assist members to: <ul style="list-style-type: none"> • Modify personal health behaviors • Learn and follow self-care regimens and treatment therapies • Learn to effectively use primary and preventive health care services • Support internal L.A. Care business units such as Care Management, and the Community Resource Centers • Implement of health education programs to improve HEDIS, CAHPS and CMS Five-Star Quality Ratings • Oversee delegated health education functions of Plan Partners <p>Highlights/Goal Accomplishments</p> <p>Doula Benefit</p> <ul style="list-style-type: none"> • Successfully implemented the Medi-Cal Doula benefit in collaboration with the Medi-Cal Product. • To date 100 MCLA members have received doula services. <p>New Wellness Platform</p> <ul style="list-style-type: none"> • Contracted with a new vendor for the <i>My Health In Motion</i>TM wellness platform through an RFP. • New feature-full wellness platform launched on January 1, 2024. <p>Medically Tailored Meals Program</p> <ul style="list-style-type: none"> • <i>Meals As Medicine</i> saw an increase in authorization requests of 122% and a 154% increase in enrollment from the previous fiscal year, greatly surpassing the goal of 25% increase. <p>Disease Self-Management & Prevention Programs</p> <ul style="list-style-type: none"> • The FY 22-23 goal was to increase by 15% the referrals and enrollments into the diabetes, prediabetes, asthma, pediatric healthy weight and adult weight management. • While an increase in overall referrals was noted, only a 7% increase in referrals for education on the targeted chronic conditions took place thus falling short of the 15% goal. 	

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	<p>Additional Key Accomplishments</p> <ul style="list-style-type: none"> • Nurse Advice Line redirected 3,276 symptom check calls to appropriate lower level of care; 8% of those were for members that intended to go to the Emergency Department. • An increase of 72% in orders and distribution of health education materials for a total of 55,814 pieces. • Resource Guide on perinatal resources to address maternal health disparities among Black individuals mailed to 1386 members. <p>L.A. Cares About™ programs send monthly mailings with information about resources for newly identified members with diabetes, diabetes and CKD, asthma, COPD and high risk pregnancies. The goal is to drive traffic to the MyHIM™ wellness portal and connect members to education resources such as NAL, health education workshops, coaching and materials.</p> <table border="1" data-bbox="443 678 1598 1469"> <thead> <tr> <th data-bbox="443 678 1073 732">L.A.Cares About™</th> <th data-bbox="1073 678 1213 732"></th> <th data-bbox="1213 678 1598 732">Probable Causes</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 732 1073 824">Letters mailed</td> <td data-bbox="1073 732 1213 824">73,793</td> <td data-bbox="1213 732 1598 1469" rowspan="6"> Members do not <ul style="list-style-type: none"> ▪ open letter ▪ understand letter content ▪ seek resources promoted on letter </td> </tr> <tr> <td data-bbox="443 824 1073 911">MyHIM™ target conditions workshops completed</td> <td data-bbox="1073 824 1213 911">40</td> </tr> <tr> <td data-bbox="443 911 1073 1031">MyHIM™ surveys competed (How did you hear about wellness portal?)</td> <td data-bbox="1073 911 1213 1031">174</td> </tr> <tr> <td data-bbox="443 1031 1073 1151">MyHIM™ survey answer (Heard about wellness portal through a letter)</td> <td data-bbox="1073 1031 1213 1151">8</td> </tr> <tr> <td data-bbox="443 1151 1073 1312">NAL calls for education on targeted conditions (Unable to directly link receiving letter to NAL utilization)</td> <td data-bbox="1073 1151 1213 1312">179</td> </tr> <tr> <td data-bbox="443 1312 1073 1469">Self-referrals to Health Education for targeted conditions (Unable to directly link receiving letter to self referrals)</td> <td data-bbox="1073 1312 1213 1469">295</td> </tr> </tbody> </table>	L.A.Cares About™		Probable Causes	Letters mailed	73,793	Members do not <ul style="list-style-type: none"> ▪ open letter ▪ understand letter content ▪ seek resources promoted on letter 	MyHIM™ target conditions workshops completed	40	MyHIM™ surveys competed (How did you hear about wellness portal?)	174	MyHIM™ survey answer (Heard about wellness portal through a letter)	8	NAL calls for education on targeted conditions (Unable to directly link receiving letter to NAL utilization)	179	Self-referrals to Health Education for targeted conditions (Unable to directly link receiving letter to self referrals)	295	
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	<p>FY22-23 C&L Program Evaluation</p> <p>C&L Services Unit ensures access to culturally and linguistically appropriate services through provision of language services and provider and member education.</p> <p>This annual evaluation report is for all product lines, which includes:</p> <ul style="list-style-type: none"> ending of language services utilization quantitative and qualitative analysis valuation of the overall effectiveness of the C&L Program community representatives' feedback on the C&L Program <p>Translation & Alternative. Format</p> <p>25,454 documents translated in 32 languages</p> <ul style="list-style-type: none"> • Standard service Translation & Interpretation (T&I): 23%, Rapid service (Language Vault (LV) –Notice of Action letters (NOA)/Notice of Action Resolution (NAR): 77% • 84% increase when compared to FY21-22 • Top three languages: Spanish (70%), Armenian (7%), Chinese (5%) • 89% of standard service (T&I), 98% rapid service (LV) delivered on-time. • 820 alternative formats produced: Large print (75%), Audio (22%), Braille (3%)  <table border="1" data-bbox="443 883 1556 1451"> <caption>Document Translation Counts by Fiscal Year</caption> <thead> <tr> <th>Fiscal Year</th> <th>T&I Express</th> <th>Language Vault</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>FY 20-21</td> <td>4,512</td> <td>4,512</td> <td>4,512</td> </tr> <tr> <td>FY 21-22</td> <td>7,842</td> <td>6,032</td> <td>13,874</td> </tr> <tr> <td>FY 22-23</td> <td>5,920</td> <td>19,534</td> <td>25,454</td> </tr> </tbody> </table>	Fiscal Year	T&I Express	Language Vault	Total	FY 20-21	4,512	4,512	4,512	FY 21-22	7,842	6,032	13,874	FY 22-23	5,920	19,534	25,454	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																
	<p>Face to Face Interpretation 9,069 face-to-face interpreting requests in 31 languages</p> <ul style="list-style-type: none"> • Medical: 95%, Administrative: 5% • PCPs: 30%, Specialists: 70% • 69% of medical appointments at DHS Rancho (44%) and APHCV (25%) <ul style="list-style-type: none"> - Top three languages for medical appts: Spanish (52%), Thai (8%), ASL (8%) - 96% of medical requests fulfilled successfully - 97% of members satisfied with services <div data-bbox="443 521 1577 1092" data-label="Figure"> <table border="1"> <caption>Face to Face Interpreting Requests</caption> <thead> <tr> <th>Fiscal Year</th> <th>Medical</th> <th>Administrative</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>FY 20-21</td> <td>4,366</td> <td>157</td> <td>4,523</td> </tr> <tr> <td>FY 21-22</td> <td>7,544</td> <td>406</td> <td>7,950</td> </tr> <tr> <td>FY 22-23</td> <td>8,611</td> <td>458</td> <td>9,069</td> </tr> </tbody> </table> </div> <p>Telephonic Interpreting 235,875 calls with over 4.2 million minutes in 86 languages</p> <ul style="list-style-type: none"> • Call Center including Faneuil (72%), CM (5%), EvenMORE (4%) • 27% increase in call volume, 35% increase in call duration <p>Top three languages: Spanish (79%), Mandarin (5%), Armenian (3%) 89% of calls connected in less than 30 seconds 96% of members satisfied with services</p>	Fiscal Year	Medical	Administrative	Total	FY 20-21	4,366	157	4,523	FY 21-22	7,544	406	7,950	FY 22-23	8,611	458	9,069	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	Telephonic interpreting calls connect in 30 seconds or less.	90.0%	88.8%	<i>Not met</i>	
	Fulfill face-to-face interpreting requests for member medical appointments.	90.0%	96.0%	Met	
	<p>Goals: Not Met – Root Cause & Action Taken</p> <p>Longer connection time to a telephonic interpreter</p> <ul style="list-style-type: none"> <i>Root cause:</i> Two major natural disasters; earthquake in Mexico and hurricane in Puerto Rico depleted availability of interpreters especially Spanish, resulting in longer connection time in FY22-23 Q1. <i>Action taken:</i> Vendor adjusted interpreter hours and allowed overtime to remedy the situation while recruitment and onboarding process continued. The connection time returned to above KPI 96.6% in Q3, 95.2% in Q4. <p>On-time translation delivery (Standard service, T&I Express)</p> <ul style="list-style-type: none"> <i>Root cause:</i> Staff turnover and inconsistency in the way delivery data was captured. <i>Action taken:</i> On boarded and trained two new Translation Specialists. The on-time delivery improved to 88.2% in Q3 and 89.4% in Q4. <p>Follow-up/Next Steps</p> <p>FY22-23 C&L Program was able to meet the applicable regulatory requirements and the current needs of L.A. Care members. The program will continue for the following year with no substantive changes.</p> <p>The C&L Services Unit will continuously pursue initiatives to improve C&L services in the upcoming fiscal year.</p> <ul style="list-style-type: none"> Enhancement of alternative format fulfillment process Improvement of Khmer translation quality (Glossary) Streamlining face-to-face interpreting workflow Enhance provider education opportunities on language services Support Health Equity with DEI training implementation IT projects (R/E data remediation, Alternate Format data/workflow, NOA translation QNXI) 				

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																				
<p>MANAGED CARE ACCOUNTABILITY SETS (MCAS) MEASURE SET MY2023 AND MY2024 (MEDI-CAL)</p>	<p>Betsy Santana, MPH, Senior Manager, Quality Improvement Initiatives, Quality Improvement, gave a report about Managed Care Accountability Sets (MCAS) Measure Set MY2023 and MY2024 (Medi-Cal) (a copy of the report can be obtained from Board Services).</p> <ul style="list-style-type: none"> The Managed Care Accountability Set (MCAS) is a set of Medi-Cal performance measures that L.A. Care is required to report For MY 2022, L.A. Care received an intent to sanction in the amount of \$890K <ul style="list-style-type: none"> L.A. Care has filed an appeal The MCAS list for MY 2023 has a total of 42 measures with 18 held to the National 50th% as set by the National Committee for Quality Assurance (NCQA), known as the Minimum Performance Level (MPL) <ul style="list-style-type: none"> 3 new measures were held to MPL in Measurement Year (MY) 2023 Currently, we are still collecting data and calculating MY 2023 final rates <p>2023 Key Findings</p> <p>For MY2023, L.A. Care is at risk of falling below MPL on 9 measures</p> <p>“Topical Fluoride Varnish”* and “Well Care Visits for Children (ages 3-21)” are very close to meeting MPL. We are working hard to ensure we receive all data needed.</p> <p>“Cervical Cancer Screening” rates and “Well Care Visits for Children under 30 Months” have improved but still not at MPL</p> <p>“Follow-up after ED visit for Mental Health Condition (FUM)” and “Follow up after ED visit for Substance Use (FUA)”* have data gap issues that we are working on</p> <p>Measures at risk</p> <p>Rates for MY 2023 as of February 14, 2024</p> <table border="1" data-bbox="443 1097 1627 1479"> <thead> <tr> <th>Measure Description</th> <th>Measure Type</th> <th>Rate</th> <th>50th/ MPL</th> </tr> </thead> <tbody> <tr> <td>Cervical Cancer Screening (CCS)</td> <td>H</td> <td>50.12%</td> <td>57.11</td> </tr> <tr> <td>Childhood Immunization Status (CIS)</td> <td>H</td> <td>25.06%</td> <td>30.90</td> </tr> <tr> <td>Follow-Up After Emergency Department Visit for Substance Use (FUA)</td> <td>A</td> <td>26.60%</td> <td>36.34</td> </tr> <tr> <td>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</td> <td>A</td> <td>29.79%</td> <td>54.87</td> </tr> </tbody> </table>	Measure Description	Measure Type	Rate	50th/ MPL	Cervical Cancer Screening (CCS)	H	50.12%	57.11	Childhood Immunization Status (CIS)	H	25.06%	30.90	Follow-Up After Emergency Department Visit for Substance Use (FUA)	A	26.60%	36.34	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	29.79%	54.87	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	Lead Screening in Children (LSC)	H	60.34%	62.79	
	Prevention - Topical Fluoride For Children	A	16.54%	19.30	
	Well-Child Visits in the First 30 Months of Life (W30)	A	44.73%	58.38	
	Well-Child Visits in the First 30 Months of Life (W30)	A	63.46%	66.76	
	Child and Adolescent Well-Care Visits (WCV)	A	45.30%	48.07	
	Rates have improved which may lessen the monetary impact for MY 2023.				
	Highlights				
	Multiple childhood measures are trending up				
	<ul style="list-style-type: none"> • Topical Fluoride Varnish • Lead Screenings (LSC) • Well Care Visits for Children 15-30 months (W30 B) • Child and Adolescent Well-Care Visits (WCV) • Developmental Screening - Already met MPL • Immunizations for Adolescent is currently at 75th percentile 				
	We have high performance on two adult measures				
	<ul style="list-style-type: none"> • Breast Cancer Screenings is currently at 75th percentile • Chlamydia Screening is at 90th percentile 				
	MCAS MY 2024/RY 2025				
	<ul style="list-style-type: none"> • No substantive changes • Still 18 Measures held to MPL <ul style="list-style-type: none"> - The diabetes measure transitions from Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (HBD) to Glycemic Status Assessment for Patients With Diabetes (GSD) • 23 Measures are reportable <ul style="list-style-type: none"> - Only one measures was dropped from the list from prior year <ul style="list-style-type: none"> ➤ Ambulatory Care – Emergency Department (ED) Visits 				

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • MY 2025 proposed Changes <ul style="list-style-type: none"> - 7 additional measures will be held to MPL 	
<p>APPROVE QUALITY IMPROVEMENT DOCUMENTS (COM A.0324)</p> <ul style="list-style-type: none"> • 2023 QUALITY IMPROVEMENT EVALUATION (ALL LINES OF BUSINESS) • 2024 QUALITY IMPROVEMENT PROGRAM 	<p>Betsy Santana, MPH, Senior Manager, Quality Improvement Initiatives, Quality Improvement, presented the 2023 Quality Improvement Evaluation (All Lines of Business) and the 2024 Quality Improvement Program to the committee for approval (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Annual QI Evaluation (Fiscal year 22-23)</p> <ul style="list-style-type: none"> • The Quality Improvement Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to: <ul style="list-style-type: none"> ○ Quality and Safety of Clinical Care ○ Quality of Service ○ Member Experience ○ Access to Care • The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities. <ul style="list-style-type: none"> ○ Staff throughout L.A. Care contribute to the activities ○ QI committees oversee the various activities <p>The Quality Improvement and Health Equity Program describes the program structure and the formal decision-making arrangement where L.A. Care’s goals and objectives are put into an operational framework.</p> <p>Revisions for 2024 General Revisions</p> <ul style="list-style-type: none"> • Changed from QI program to QI and Health Equity program • Strategic Priorities (2022-2024), Goals, and Objectives were updated • The Staff section only includes directors and above i.e. removed managers from the staffing section <p>New Goals</p> <ul style="list-style-type: none"> • Implement a Health Equity Mitigation Plan 2023-2025 <p>Scope of the Program</p> <ul style="list-style-type: none"> • Continued to add language throughout to address providing <i>equitable</i> care and services • Removed reference to Kaiser as they now directly contract with the State • Changed Safety Net Initiatives program to Community Supports 	

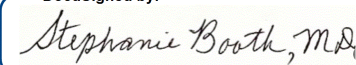
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion COM A.0324</u> Approve the following documents:</p> <ul style="list-style-type: none"> • 2023 Quality Improvement Annual Evaluation – All lines of business • 2024 Quality Improvement & Health Equity Program Description and Work Plan – All Lines of Business 	<p>Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)</p>
<p>PROVIDER QUALITY ISSUES (PQI) FY22-23 REVIEW (ALL LINES OF BUSINESS)</p>	<p>Rhonda Reyes, <i>Quality Improvement Program Manager III</i>, and Christine Chueh, <i>RN MS HCM, CPHQ Director, Provider Quality, Quality Improvement</i>, gave a report about Provider Quality Issues (PQI) FY22-23 Review (All Lines of Business) (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Ms. Reyes gave an annual update on the Provider Quality Review Team, which evaluates potential quality of care issues among providers. She mentioned that this year, they processed 7,334 cases, with 29.5% being unsubstantiated referrals and the remaining 5,169 forwarded for clinical review. The increase in processed cases is due to backlog closure and increased staffing. She discussed severity leveling, with 65% of cases having no quality of clinical care issues, 29% having service issues, and 7% having quality of care issues. The stricter approach by nurses led to identifying more quality of care issues this year (7% compared to 3% last year). Ms. Reyes also talked about provider monitoring based on point thresholds and membership sizes. They hold quarterly engagement meetings with high-volume Participating Physician Groups and address issues with timely closure, achieving a 99% closure rate since March 2023 after resolving a backlog issue. They take action against providers for quality of care issues about 90% of the time, with exceptions such as retired providers or those not obligated to respond to corrective action plans.</p>	
<p>PUBLIC COMMENT ON CLOSED SESSION ITEMS</p>	<p><i>There was no public comment.</i></p>	
<p>ADJOURN TO CLOSED SESSION</p>	<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 & 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:</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Todd Gower, 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 	
<p>RECONVENE IN OPEN SESSION</p>	<p>The Committee reconvened in open session at 4:22 p.m.</p> <p>There was no report from closed session.</p>	
<p>ADJOURNMENT</p>	<p>The meeting adjourned at 4:22 p.m.</p>	

Respectfully submitted by:

APPROVED BY:

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

DocuSigned by:

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Stephanie Booth, MD, *Chairperson*

4/27/2024 | 10:18 PM PDT

Date Signed: _____

APPROVED