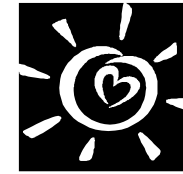


# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – April 18, 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

**Senior Management**







Sameer Amin, MD, *Chief Medical Officer*  
Terry Brown, *Chief of Human Resources*  
Todd Gower, *Chief Compliance Officer*  
Augustavia J. Haydel, *General Counsel*  
Alex Li, *Chief Health Equity Officer*  
Noah Paley, *Chief of Staff*  
Acacia Reed, *Chief Operations Officer*  
Edward Sheen, MD, *Senior Quality, Population Health, and Informatics Executive*

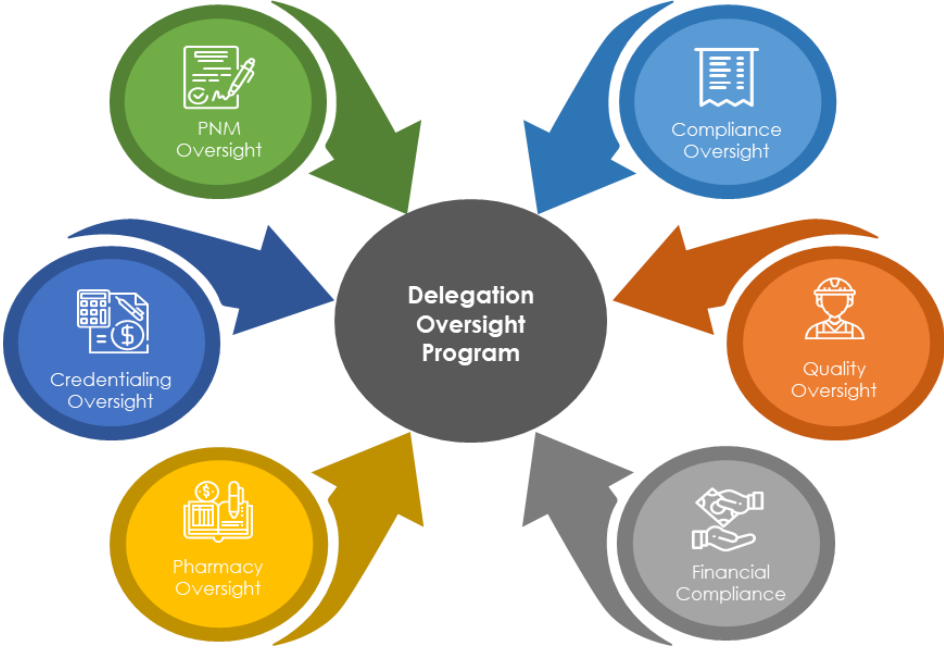
\* Absent \*\* Via Teleconference

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 (Booth, Roybal, and Vazquez)</p>
<b>PUBLIC COMMENT</b>	<p><i>There was no public comment.</i></p>	

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVAL OF MEETING MINUTES</b>	<p>Chairperson Booth had a question regarding Managed Care Accountability Set (MCAS) scores percentages. She asked if the the comparison is the same across the board or between other plans in other states that are for profit. Dr. Amin responded that Department of Health Care Services is not comparing apples to apples and it is one of the biggest arguments that L.A. Care makes when it comes to the MCAS scores. They switched to methodology that is not focused within the state. There are different Medicaid populations in every state and that makes it difficult to compare scores. When some instances L.A. Care compares highly compared to other states.</p> <p><b>The March 21, 2024 meeting minutes were approved as submitted.</b></p>	<b>Approved unanimously.</b>
<b>CHAIRPERSON REPORT</b> <ul style="list-style-type: none"> <li>• Education Topics</li> </ul>	<i>There was no Chairperson's report.</i>	
<b>COMPLIANCE &amp; QUALITY COMMITTEE CHARTER PROCESS</b>	Todd Gower, <i>Chief Compliance Officer</i> , discussed the Compliance & Quality Committee Charter Process. He stated that the changes are still be reviewed and it may be presented to the committee for approval at the May 16 meeting.	
<b>CHIEF COMPLIANCE OFFICER REPORT</b>	<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>Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance</i>, gave a Delegation Oversight update.</p> <p>L.A. Care Delegation Oversight Manual</p> <p>L.A. Care Health Plan (“LAC”) contracts with certain healthcare providers (“Delegates”) to perform certain administrative services and functions as part of their agreements with LAC, and performs regular oversight of the Delegates’ performance to ensure adherence to regulatory, contractual, and operational requirements. Each year, on a regular and periodic basis, LAC requires Delegates to submit reports to substantiate its performance for each administrative service and function delegated. LAC’s oversight activities include, but are not limited to, annual audits of the Delegate, as well review of monthly and quarterly reports submitted by the Delegate.</p> <p>The oversight is intended to assess the Delegate’s performance against benchmarks and thresholds, and validate regulatory and contractual compliance.</p> <p>Decentralized Governance Model</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div style="display: flex; flex-wrap: wrap; justify-content: space-around; align-items: center;"> <div style="text-align: center; margin: 10px;">  <p>PNM Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Compliance Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Credentiaing Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Quality Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Pharmacy Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Financial Compliance</p> </div> </div> <p>Delegation Oversight at L.A. Care is structurally decentralized and managed by several departments within the organization: Compliance Department, Internal Audit, Business Units.</p> <ul style="list-style-type: none"> <li>• Provider Network Management</li> <li>• Quality Improvement</li> <li>• Financial Compliance</li> <li>• Pharmacy Compliance</li> <li>• Credentialing</li> </ul> <p>What are the risks of a decentralized model?</p> <ul style="list-style-type: none"> <li>• Lack of a holistic “delegate scorecard” that details status of the delegate’s performance across the multiple delegated services.</li> <li>• Instances of delegate non-compliance, tracking and trending, and overall monitoring efforts are not visible through the organization</li> <li>• There is no escalation path where concerns can be raised at different levels of management (lines of communication)</li> <li>• Documentation is not readily available since it is housed across multiple departments</li> <li>• Unclear roles and responsibilities between the business unit and compliance</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth asked Ms. Varela to explain to Member Vazquez what he means by “Decentralized.” Mr. Varela responded that right now many different departments have Delegation Oversight functionality, but there is no one nucleus to centralize that information.</p> <p>How do we bridge the gap? Develop a comprehensive model:</p> <ul style="list-style-type: none"> <li>Decentralized Model: Decentralization limits the visibility into the overall network. With network oversight responsibilities dispersed across various teams, coordinating activities and sharing information becomes challenging.</li> <li>Comprehensive Network Oversight: Centralized oversight helps ensure adherence to regulatory requirements and industry standards across the entire network environment. It facilitates consistent enforcement of compliance policies and simplifies audit processes.</li> </ul> <p>Establish a formal delegation oversight program</p>  <p>What does the Delegation Oversight Program include?</p> <ul style="list-style-type: none"> <li>Roles &amp; Responsibilities</li> </ul>	






AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Sanctioning Framework</li> <li>• Risk Stratification</li> <li>• Escalation Path</li> <li>• Key Delegation Oversight monitoring areas</li> <li>• Delegate Scorecard</li> <li>• Process Documents</li> <li>• Delegation &amp; Contact Matrix</li> <li>• SharePoint</li> </ul> <p>Three-tiered Committee Structure</p> <ul style="list-style-type: none"> <li>• Executive Delegation Oversight Committee: Serves as final level of escalation for any delegates with ongoing performance and/or compliance deficiencies that have not been remediated for extended periods of time. Responsible for reviewing the business case/justification and determining final sanctioning decisions</li> <li>• Delegate Sanction Committee: Serves as the 1st level of escalation for any delegates with ongoing performance and/or compliance deficiencies. At-risk delegates are monitored closely (“on watch”). The committee will review the justification/business case for delegates proposed for sanctioning and research the impact of a sanction. Information is proposed to the Executive Delegation Oversight Committee for final determination</li> <li>• Delegation Oversight Workgroup: The workgroup is comprised of stakeholders impacted or responsible for overseeing the delegates performance. The workgroup is responsible for collectively analyzing data/information pertaining to the delegates’ regulatory performance/compliance, identifying performance deficiencies (risks/issues) and remediating performance concerns. If there is no progression in the delegate’s performance, information is escalated to the Delegate Sanction Committee for further review and potential sanctioning, accompanied by a business case justifying the reasons for the proposed sanctioning</li> </ul> <p>Chairperson Booth asked how are they going to get the same level of information that L.A. Care will need to follow up on if they don’t know if there are nine other correction action plans that are being worked on by other departments. Mr. Varela responded that they gather information on a monthly basis by coordinating with various business units to ensure compliance. The Compliance team serves as a central point for collecting and organizing this data to generate a scorecard. The ultimate goal is to collaborate with Mr. Paley's team to disseminate this information down to the</p>	

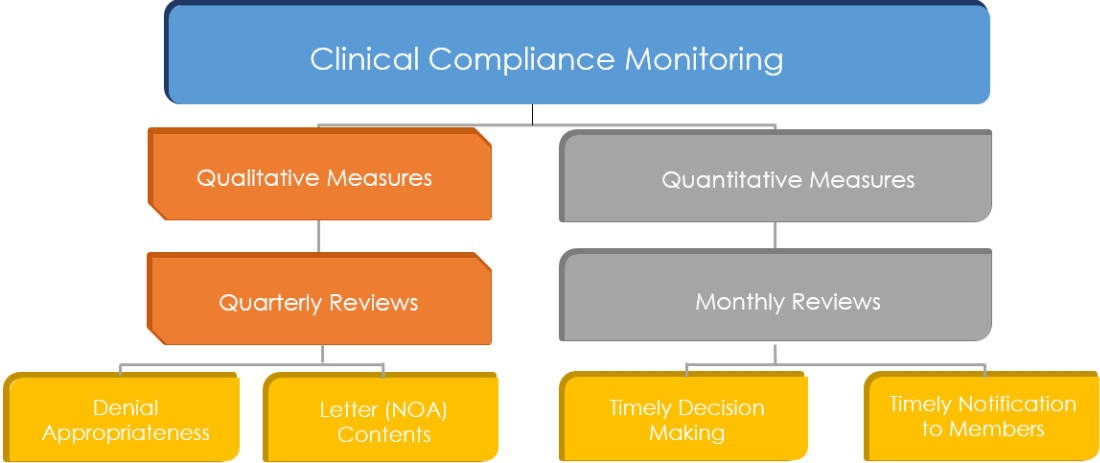
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>delegate level. This approach aims to facilitate discussions during joint action meetings by providing comprehensive insights into compliance matters and overall performance across different areas.</p> <p>Member Roybal stated that he is more worried about entities tjat L.A. Care’s delegates delegate to. He asked what L.A. Care is doing to monitor what its delegates are delegating. He noted that the state will ultimately see L.A. Care as responsible. Mr. Varela mentioned several initiatives supporting regulatory efforts. The new Department of Health Services (DHS) contract in 2020 mandates that contracts are reported to the regulatory body, granting visibility into contractual relationships beyond just care provision. Secondly, the organization is leveraging subject matter experts to delve into delegate activities, attending their committees and operational gatherings for deeper insights. This proactive approach acknowledges the changing regulatory landscape, emphasizing ongoing engagement with delegates rather than relying solely on annual audits.</p> <p>Dr. Sheen gave the following Quality Improvement Update:  Compliance Risk Summary - Open CAPs from 2022/2023 Audits  NCQA Accreditation Survey  UM7B denial letters missing language</p> <ul style="list-style-type: none"> <li>• Issue already corrected</li> <li>• Half of files selected in survey were prior to LAC updates and improvements taking effect</li> <li>• Accreditation conducted Mock Audit File Review of internal UM files and delegates <ul style="list-style-type: none"> <li>○ 18 / 24 UM and Delegate files reviewed met UM 7B requirements</li> </ul> </li> </ul> <p>Opportunities for Improvement:  Non-Compliant Factors</p> <ul style="list-style-type: none"> <li>○ Factor 1: Reason for Denial</li> <li>○ Factor 2: Reference to Criterion</li> </ul> <p>Next Steps: QI will conduct continuous check-ins with UM and Delegates to ensure GAPs are remediated.</p> <p>NCQA Discretionary Survey  DHS: UM13C</p> <ul style="list-style-type: none"> <li>• Not enough denial files to review per 8/30 methodology; due to DHS E-Consult specialty referral process</li> <li>• NCQA confirmed: “reviewing all available files is an acceptable methodology if the number of files falls short.”</li> <li>• Narrative explaining DHS E-Consult system, process improvement efforts, and auditing of all files was submitted as supporting evidence.</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<ul style="list-style-type: none"> <li>• NCQA Consultant (TMG) recommends proceeding with survey and not requesting extension; found that evidence provided to date meets criteria.</li> </ul> <p>2021 DMHC Routine Survey PASC-SEIU</p> <ul style="list-style-type: none"> <li>• Inconsistency in QI policies and procedures being applied to PASC-SEIU product line</li> </ul> <p>MCLA</p> <ul style="list-style-type: none"> <li>• Need for PQR to implement reasonable procedures to investigate PQI in timely manner</li> <li>• Need for PQR to improve process to address confirmed quality of care issues</li> </ul> <p>Issues – PPG, Delegate, and Vendor</p> <table border="1" data-bbox="445 589 1673 1393"> <thead> <tr> <th data-bbox="445 589 741 654">Team</th> <th data-bbox="741 589 1673 654">Issue Summary</th> </tr> </thead> <tbody> <tr> <td data-bbox="445 654 741 773">Accreditation</td> <td data-bbox="741 654 1673 773"><b>NCQA:</b> Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies</td> </tr> <tr> <td data-bbox="445 773 741 1192">Accreditation</td> <td data-bbox="741 773 1673 1192"> <p><b>Access to Care:</b> Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance.</p> <p>QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”</p> </td> </tr> <tr> <td data-bbox="445 1192 741 1393">Initiatives</td> <td data-bbox="741 1192 1673 1393"><b>Blood Lead Screening - Initial Health Assessments:</b> Rates have improved but still under 50<sup>th</sup> percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.</td> </tr> </tbody> </table> <p>MY2022: Access &amp; Availability to Care</p>	Team	Issue Summary	Accreditation	<b>NCQA:</b> Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies	Accreditation	<p><b>Access to Care:</b> Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance.</p> <p>QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”</p>	Initiatives	<b>Blood Lead Screening - Initial Health Assessments:</b> Rates have improved but still under 50 <sup>th</sup> percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.	
Team	Issue Summary									
Accreditation	<b>NCQA:</b> Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies									
Accreditation	<p><b>Access to Care:</b> Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance.</p> <p>QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”</p>									
Initiatives	<b>Blood Lead Screening - Initial Health Assessments:</b> Rates have improved but still under 50 <sup>th</sup> percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.									

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS						ACTION TAKEN																																																																						
	<p>Low Performing PPGs not meeting Urgent Appointment Measure for Gastroenterology (Medi-Cal) Low Performing PPGs.</p> <p>Quality MCAS Measures</p> <table border="1" data-bbox="443 358 1640 1230"> <thead> <tr> <th data-bbox="443 358 842 467">Measure Description</th> <th data-bbox="842 358 947 467">Measure Type</th> <th data-bbox="947 358 1098 467">MY2023 Admin Rate</th> <th data-bbox="1098 358 1249 467">MY2023 Hybrid Rate</th> <th data-bbox="1249 358 1375 467">50th Percentile</th> <th data-bbox="1375 358 1501 467">% below MPL</th> <th data-bbox="1501 358 1640 467">Denominator</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 467 842 513">Asthma Medication Ratio</td> <td data-bbox="842 467 947 513">Admin</td> <td data-bbox="947 467 1098 513">64.91%</td> <td data-bbox="1098 467 1249 513">-</td> <td data-bbox="1249 467 1375 513">65.61</td> <td data-bbox="1375 467 1501 513">-0.70%</td> <td data-bbox="1501 467 1640 513">17,639</td> </tr> <tr> <td data-bbox="443 513 842 634">Follow-Up After Emergency Department Visit for Substance Use (FUA)</td> <td data-bbox="842 513 947 634">Admin</td> <td data-bbox="947 513 1098 634">26.60%</td> <td data-bbox="1098 513 1249 634">-</td> <td data-bbox="1249 513 1375 634">36.64</td> <td data-bbox="1375 513 1501 634">-10.04%</td> <td data-bbox="1501 513 1640 634">13,348</td> </tr> <tr> <td data-bbox="443 634 842 756">Follow-Up After Emergency Department Visit for Mental Illness (FUM)</td> <td data-bbox="842 634 947 756">Admin</td> <td data-bbox="947 634 1098 756">29.79%</td> <td data-bbox="1098 634 1249 756">-</td> <td data-bbox="1249 634 1375 756">54.87</td> <td data-bbox="1375 634 1501 756">-25.08%</td> <td data-bbox="1501 634 1640 756">11,297</td> </tr> <tr> <td data-bbox="443 756 842 837">Well-Child Visits in the First 30 Months of Life (W30A)</td> <td data-bbox="842 756 947 837">Admin</td> <td data-bbox="947 756 1098 837">44.73%</td> <td data-bbox="1098 756 1249 837">-</td> <td data-bbox="1249 756 1375 837">58.38</td> <td data-bbox="1375 756 1501 837">-13.65%</td> <td data-bbox="1501 756 1640 837">14,660</td> </tr> <tr> <td data-bbox="443 837 842 919">Well-Child Visits in the First 30 Months of Life (W30B)</td> <td data-bbox="842 837 947 919">Admin</td> <td data-bbox="947 837 1098 919">63.46%</td> <td data-bbox="1098 837 1249 919">-</td> <td data-bbox="1249 837 1375 919">66.76</td> <td data-bbox="1375 837 1501 919">-3.30%</td> <td data-bbox="1501 837 1640 919">33,034</td> </tr> <tr> <td data-bbox="443 919 842 1000">Child and Adolescent Well-Care Visits (WCV)</td> <td data-bbox="842 919 947 1000">Admin</td> <td data-bbox="947 919 1098 1000">45.30%</td> <td data-bbox="1098 919 1249 1000">-</td> <td data-bbox="1249 919 1375 1000">48.07</td> <td data-bbox="1375 919 1501 1000">-2.77%</td> <td data-bbox="1501 919 1640 1000">804,006</td> </tr> <tr> <td data-bbox="443 1000 842 1081">Cervical Cancer Screening (CCS)</td> <td data-bbox="842 1000 947 1081">Hybrid</td> <td data-bbox="947 1000 1098 1081">-</td> <td data-bbox="1098 1000 1249 1081">53.55%</td> <td data-bbox="1249 1000 1375 1081">57.11</td> <td data-bbox="1375 1000 1501 1081">-3.56%</td> <td data-bbox="1501 1000 1640 1081">546,418</td> </tr> <tr> <td data-bbox="443 1081 842 1162">Childhood Immunization Status (CIS)</td> <td data-bbox="842 1081 947 1162">Hybrid</td> <td data-bbox="947 1081 1098 1162"></td> <td data-bbox="1098 1081 1249 1162">27.74%</td> <td data-bbox="1249 1081 1375 1162">30.9</td> <td data-bbox="1375 1081 1501 1162">-3.16%</td> <td data-bbox="1501 1081 1640 1162">32,916</td> </tr> <tr> <td data-bbox="443 1162 842 1230">Lead Screening in Children (LSC)</td> <td data-bbox="842 1162 947 1230">Hybrid</td> <td data-bbox="947 1162 1098 1230"></td> <td data-bbox="1098 1162 1249 1230">61.80%</td> <td data-bbox="1249 1162 1375 1230">62.79</td> <td data-bbox="1375 1162 1501 1230">-0.99%</td> <td data-bbox="1501 1162 1640 1230">33,062</td> </tr> </tbody> </table>						Measure Description	Measure Type	MY2023 Admin Rate	MY2023 Hybrid Rate	50th Percentile	% below MPL	Denominator	Asthma Medication Ratio	Admin	64.91%	-	65.61	-0.70%	17,639	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Admin	26.60%	-	36.64	-10.04%	13,348	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Admin	29.79%	-	54.87	-25.08%	11,297	Well-Child Visits in the First 30 Months of Life (W30A)	Admin	44.73%	-	58.38	-13.65%	14,660	Well-Child Visits in the First 30 Months of Life (W30B)	Admin	63.46%	-	66.76	-3.30%	33,034	Child and Adolescent Well-Care Visits (WCV)	Admin	45.30%	-	48.07	-2.77%	804,006	Cervical Cancer Screening (CCS)	Hybrid	-	53.55%	57.11	-3.56%	546,418	Childhood Immunization Status (CIS)	Hybrid		27.74%	30.9	-3.16%	32,916	Lead Screening in Children (LSC)	Hybrid		61.80%	62.79	-0.99%	33,062	
Measure Description	Measure Type	MY2023 Admin Rate	MY2023 Hybrid Rate	50th Percentile	% below MPL	Denominator																																																																							
Asthma Medication Ratio	Admin	64.91%	-	65.61	-0.70%	17,639																																																																							
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Admin	26.60%	-	36.64	-10.04%	13,348																																																																							
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Admin	29.79%	-	54.87	-25.08%	11,297																																																																							
Well-Child Visits in the First 30 Months of Life (W30A)	Admin	44.73%	-	58.38	-13.65%	14,660																																																																							
Well-Child Visits in the First 30 Months of Life (W30B)	Admin	63.46%	-	66.76	-3.30%	33,034																																																																							
Child and Adolescent Well-Care Visits (WCV)	Admin	45.30%	-	48.07	-2.77%	804,006																																																																							
Cervical Cancer Screening (CCS)	Hybrid	-	53.55%	57.11	-3.56%	546,418																																																																							
Childhood Immunization Status (CIS)	Hybrid		27.74%	30.9	-3.16%	32,916																																																																							
Lead Screening in Children (LSC)	Hybrid		61.80%	62.79	-0.99%	33,062																																																																							



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p style="text-align: center;"><b>Improvement Pillars</b> (with selected new initiatives)</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p><b>Increase Care Options</b></p> <ul style="list-style-type: none"> <li>• FIT and A1C Kits (launched 12/1/2023)</li> <li>• Adding fluoride kits</li> <li>• Adding Mobile Mammography</li> <li>• Exploring care via CRCs, home visits, and new settings</li> </ul> </div> <div style="text-align: center;">  <p><b>Expand Member Engagement</b></p> <ul style="list-style-type: none"> <li>• New Incentives</li> <li>• New text messages for CCS, LSC, WCV and flu (for kids)</li> <li>• Fluoride Social Media</li> <li>• VSP partnership for member outreach</li> <li>• Expanding direct mail campaigns</li> </ul> </div> <div style="text-align: center;">  <p><b>Deepen PPG and Provider Engagement</b></p> <ul style="list-style-type: none"> <li>• New Incentives</li> <li>• Expanding PPG collaboration</li> <li>• New required core JOMs and QI-focused JOMs</li> <li>• Education: CME &amp; Webinars</li> </ul> </div> <div style="text-align: center;">  <p><b>Data Management &amp; Integrity</b></p> <ul style="list-style-type: none"> <li>• Supporting provider data submission</li> <li>• Understanding and addressing rejected encounters</li> <li>• Data reconciliation</li> <li>• Provider education and training</li> <li>• Building encounter data management capabilities and processes</li> </ul> </div> <div style="text-align: center;">  <p><b>Deepen Promise and Anthem Plan Partner Collaboration</b></p> <ul style="list-style-type: none"> <li>• Aligning strategy, and initiatives</li> <li>• Data reconciliation</li> <li>• Joint provider and member engagement</li> <li>• Sharing best practices</li> </ul> </div> </div> <div style="background-color: #003366; color: white; padding: 10px; text-align: center; margin-top: 10px;"> <p>Strengthen collaboration and coordination across L.A. Care Departments: Pharmacy, Care Management, Utilization Management, Appeals/Grievances, Customer Solution Center, Encounter Reporting and Risk Adjustment, Analytics/IT, and Product: every member and provider interaction is opportunity</p> </div> <p>Member Roybal asked if L.A. Care is able to do automatic substitutions now that the state has taken over processing prescriptions. Dr. Sheen responded that there are no single solutions from the state, but L.A. Care is looking at PBMs to make sure that the right workflows are in place to provide the right medication to patients. A number of the measures are not great measures, like medication adherence, there can be unintended incentives. Many members are left with many refills and it may not be the right medication for them and may not improve their outcomes. Dr. Amin stated that this is delegated to the state’s pharmacy vendor. L.A. Care tries to address this issue early by communicating with the provider.</p> <p>Member Vazquez stated that she is grateful for the presentation given to the committee. She noted the need of these presentations to show the quality of work that L.A. Care does for its members. This is not just helpful to the member, but the general public. She stressed the need and importance of follow up during the authorizations process.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Richard Rice Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization</i>, gave a Delegation Oversight Monitoring Clinical Monitoring update</p> <p><b>Delegation Oversight Monitoring</b> Clinical Compliance Monitoring</p>  <pre> graph TD     A[Clinical Compliance Monitoring] --&gt; B[Qualitative Measures]     A --&gt; C[Quantitative Measures]     B --&gt; D[Quarterly Reviews]     C --&gt; E[Monthly Reviews]     D --&gt; F[Denial Appropriateness]     D --&gt; G[Letter (NOA) Contents]     E --&gt; H[Timely Decision Making]     E --&gt; I[Timely Notification to Members] </pre>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
---------------------------	-----------------------------	--------------

## Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume (Memb ership)	NAME	Q3	Q4	CAP Sent
1	Healthcare LA (HCLA)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		95.00%	92.0%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		60.0%	52.0%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		99.5%	99.6%	3/20/24
2	Department of Health Services (DHS)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		100.0%	NA	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	NA	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		91.7%	76.9%	3/20/24
3	Preferred IPA Of California (PIPA)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		81.3%	78.9%	03/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		7.7%	0.0%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		93.2%	94.1%	3/20/24
4	AltaMed Health Services (AMHS)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		94.4%	100.0%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		83.3%	85.7%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		99.1%	99.3%	3/20/24

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
---------------------------	-----------------------------	--------------

## Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume <i>(Membership)</i>	NAME	Q3	Q4	CAP Sent
5	Allied Physicians (APIA)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		92.9%	88.2%	3/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	17.6%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		98.8%	97.1%	3/20/24
6	Community Family Care (CFC)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		68.8%	87.5%	3/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		15.4%	43.8%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		93.6%	93.8%	3/20/24
7	GLOBAL CARE IPA (GCMG – MEDPOINT MGMT)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		93.3%	100.0%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		76.9%	47.4%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		99.3%	99.3%	3/20/24
8	Optum/HealthCare Partners (HCPM)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		100.0%	100.0%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	0.0%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		98.6%	99.9%	3/20/24

## Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume <i>(Membership)</i>	NAME	Q3	Q4	CAP Sent
9	Citrus Valley Physicians Group (CVPG)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		71.4%	100.0%	3/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		14.3%	0.0%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		99.5%	96.2%	3/20/24
10	Prospect (PROH)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		85.7%	100%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	12.5%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
		96.8%	99.2%	3/20/24

Michael Sobetzko, *Senior Director, Risk Management and Operations Support*, gave a Risk Management and Operations Support update.

## Risk Management Update

### Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk #	Risk Title	Risk Mitigation Plan Status	Comments
C2	HRA Assessment / Reassessment Timeliness	On Track	Management Action Plan received. MCLA HRA Operational Reports Pending-Go live 04/5/2024.
C13	Compliance Monitoring / Enforcement / Audits	On Track	Management Action Plan received. Programmatic changes to better enhance the compliance audit, monitoring and enforcement programs are currently in progress.
E5	Vendor Management / Contracting Process	Delayed	Management Action Plan not complete. Additional meetings to be held.
E10	Encounters	Delayed	Management Action Plan note complete. Additional meetings to be held.
O15	Delegation Oversight	On Track	Management Action Plan received. Programmatic changes related to Delegation Oversight are in progress.
O20	Staffing: Staffing / Skilled Hires / Time to Hire	Delayed	Management Action Plan not complete. Additional meetings to be held.
O23	DSNP Implementation and Oversight	On Track	Management Action Plan received. Programmatic changes related to DSNP Implementation and Oversight are in progress.

## Risk Management Update

### Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

<b>Risk # / Title</b>	<b>C2: HRA Assessment / Reassessment Timeliness</b>
<b>Risk Statement</b>	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
<b>Risk Owner(s)</b>	Sameer Amin, Acacia Reed, Steven Chang
<b>Completed Risk Mitigation Activities</b>	<ol style="list-style-type: none"> <li><b>Management Action Plan received March 2024</b></li> <li><b>CMC-Era Operational Reports and Ad-hoc Reports</b> <ul style="list-style-type: none"> <li>Compliance w/DSNP HRA requirements using manual workarounds are active and ongoing until automated reporting available.</li> </ul> </li> </ol>
<b>Open Remediation</b>	<ol style="list-style-type: none"> <li><b>MCLA HRA Operational Reports: Scheduled to go live April 2024</b> <ul style="list-style-type: none"> <li>SPD 90 day</li> <li>MCLA Operational Monitoring</li> </ul> </li> <li><b>D-SNP HRA Monitoring Reports:</b> Implemented D-SNP HRA monitoring report to capture new D-SNP LOB                             <ul style="list-style-type: none"> <li>Completion Date: 8/11/23; <b>Scheduled to go live April 2024</b></li> </ul> </li> </ol>
<b>Summary</b>	Management Action Plans received and actively worked.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																				
	<p>Mr. Gower stated that as Compliance gets into the reviews of correction action plans they know that in the initial state it can have multiple owners. They are making sure they are starting the dialogue with department leaders. Chairperson Booth stated that as far as she can tell, it's at least two years for some of them, and when it says the management hasn't come up with a plan yet, it probably needs to be explained why that is. Mr. Gower agreed with Chairperson Booth and said that it's not that they haven't come up with a plan it's more that they are trying to find the best approach. They are usually working through it. The risks may stay on there, but the risk may no longer be high. Sometimes they are waiting for technology or other things that needs to be addressed, but mitigation work is being done.</p> <div data-bbox="470 597 1673 1286"> <h3 style="color: #0070C0;">Risk Management Update</h3> <p style="color: #0070C0;">Top Risks</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #4F81BD; color: white;">Risk Mitigation Plan Status Key</th> </tr> </thead> <tbody> <tr> <td style="background-color: #FF0000; color: white; text-align: center;">Off Track</td> <td style="background-color: #FFFF00; text-align: center;">Delayed</td> </tr> <tr> <td style="background-color: #008000; color: white; text-align: center;">On Track</td> <td style="background-color: #A9A9A9; text-align: center;">Validating</td> </tr> <tr> <td style="background-color: #0000FF; color: white; text-align: center;">Mitigation In Place</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;"><b>Risk # / Title</b></td> <td><b>C13: Compliance Monitoring/Enforcement/Audits</b></td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;"><b>Risk Statement</b></td> <td>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.</td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;"><b>Risk Owner(s)</b></td> <td>Todd Gower, Miguel Varela, Richard Rice</td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;"><b>Completed Risk Mitigation Activities</b></td> <td> <ol style="list-style-type: none"> <li><b>1. Management Action Plan received March 2024</b></li> <li><b>2. Restructure of Regulatory Compliance (Vertical):</b> Reorganize "EPO" into two distinct teams to clarify roles, provide focus and right sizing of team. <ul style="list-style-type: none"> <li>Completion Date: <b>March 8, 2024</b></li> </ul> </li> </ol> </td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;"><b>Open Remediation</b></td> <td> <ol style="list-style-type: none"> <li><b>1. Quantification and Analysis:</b> Each department leader will need to analyze their respective areas and assess the maturity level of the division. Analysis will need to encompass current state, GAP analysis, and future state proposals. <ul style="list-style-type: none"> <li>Estimated Completion Date: <b>April 2024</b></li> </ul> </li> <li><b>2. Enhance Corporate Compliance Monitoring:</b> Update processes to ensure appropriate oversight and monitoring. Develop new workflows. Hire and train staff to effectuate the updated processes. <ul style="list-style-type: none"> <li>Estimated Completion Date: <b>July 1, 2024</b></li> </ul> </li> </ol> </td> </tr> <tr> <td style="background-color: #4F81BD; color: white; text-align: center;"><b>Summary</b></td> <td style="background-color: #008000; color: white;">Management Action Plans received and actively worked.</td> </tr> </table> </div>	Risk Mitigation Plan Status Key		Off Track	Delayed	On Track	Validating	Mitigation In Place		<b>Risk # / Title</b>	<b>C13: Compliance Monitoring/Enforcement/Audits</b>	<b>Risk Statement</b>	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.	<b>Risk Owner(s)</b>	Todd Gower, Miguel Varela, Richard Rice	<b>Completed Risk Mitigation Activities</b>	<ol style="list-style-type: none"> <li><b>1. Management Action Plan received March 2024</b></li> <li><b>2. Restructure of Regulatory Compliance (Vertical):</b> Reorganize "EPO" into two distinct teams to clarify roles, provide focus and right sizing of team. <ul style="list-style-type: none"> <li>Completion Date: <b>March 8, 2024</b></li> </ul> </li> </ol>	<b>Open Remediation</b>	<ol style="list-style-type: none"> <li><b>1. Quantification and Analysis:</b> Each department leader will need to analyze their respective areas and assess the maturity level of the division. Analysis will need to encompass current state, GAP analysis, and future state proposals. <ul style="list-style-type: none"> <li>Estimated Completion Date: <b>April 2024</b></li> </ul> </li> <li><b>2. Enhance Corporate Compliance Monitoring:</b> Update processes to ensure appropriate oversight and monitoring. Develop new workflows. Hire and train staff to effectuate the updated processes. <ul style="list-style-type: none"> <li>Estimated Completion Date: <b>July 1, 2024</b></li> </ul> </li> </ol>	<b>Summary</b>	Management Action Plans received and actively worked.	
Risk Mitigation Plan Status Key																						
Off Track	Delayed																					
On Track	Validating																					
Mitigation In Place																						
<b>Risk # / Title</b>	<b>C13: Compliance Monitoring/Enforcement/Audits</b>																					
<b>Risk Statement</b>	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.																					
<b>Risk Owner(s)</b>	Todd Gower, Miguel Varela, Richard Rice																					
<b>Completed Risk Mitigation Activities</b>	<ol style="list-style-type: none"> <li><b>1. Management Action Plan received March 2024</b></li> <li><b>2. Restructure of Regulatory Compliance (Vertical):</b> Reorganize "EPO" into two distinct teams to clarify roles, provide focus and right sizing of team. <ul style="list-style-type: none"> <li>Completion Date: <b>March 8, 2024</b></li> </ul> </li> </ol>																					
<b>Open Remediation</b>	<ol style="list-style-type: none"> <li><b>1. Quantification and Analysis:</b> Each department leader will need to analyze their respective areas and assess the maturity level of the division. Analysis will need to encompass current state, GAP analysis, and future state proposals. <ul style="list-style-type: none"> <li>Estimated Completion Date: <b>April 2024</b></li> </ul> </li> <li><b>2. Enhance Corporate Compliance Monitoring:</b> Update processes to ensure appropriate oversight and monitoring. Develop new workflows. Hire and train staff to effectuate the updated processes. <ul style="list-style-type: none"> <li>Estimated Completion Date: <b>July 1, 2024</b></li> </ul> </li> </ol>																					
<b>Summary</b>	Management Action Plans received and actively worked.																					

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
---------------------------	-----------------------------	--------------

## Risk Management Update

### Top Risks

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

<b>Risk # / Title</b>	<b>E5: Vendor Management/Contracting Process</b>
<b>Risk Statement</b>	Lack of cross functional third-party vendor management and oversight. How to ensure vendors adhere to contractual requirements. Complexed contracting process, multiple touches across organization, contracting may be delayed in certain parts of process. Centralized owner that works cross functionally with business partners.
<b>Risk Owner(s)</b>	Tom MacDougall, Afzal Shah, Augie Haydel
<b>Completed Risk Mitigation Activities</b>	No completed risk mitigation activities noted for this risk area.
<b>Open Remediation</b>	No open remediation items noted for this risk area.
<b>Summary</b>	Management Action Plan not completed. Additional meetings are necessary.

Mr. Sobetzko gave an Issues Inventory update.

## Issues Inventory Update – Summary

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
<b>Reported</b>	5	4	6										
Open	2	2	4										
Closed to inventory	1												
Deferred													
Remediated			1										
Tracking Only	2	2	1										
Monitoring Only													

- **Open** – Issues confirmed by Compliance Risk Operations that require oversight and monitoring with business units.
- **Closed to Inventory** – Issues in which business units' are seeking guidance about a regulation or best practice process.
- **Deferred** – Issues in which regulatory guidance (DHCS, DMHC, or CMS) is pending to resolve or issue resolution is dependent on another business units' implementation of a system or process.
- **Remediated** – Issues that require formal or informal corrective action plans for resolution.
- **Tracking Only** – Issues managed by other Compliance areas ( such as Regulatory Affairs, Audits, Analysis, Communication and Internal Audit In which the risk management staff is following up for current status updates to closure.
- **Monitoring Only** – Issues in which corrective action plans are completed and monitoring is to be done by Compliance.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																				
	<p>Mr. Sobetzko stated that he is happy to announce that there are only four issues that are open from prior to 2023. They are working through the clean up and have made good progress.</p> <p><b>Issues Inventory Update – Open</b></p> <table border="1" data-bbox="457 386 1667 984"> <thead> <tr> <th data-bbox="457 386 1203 435">Issue Name and Description</th> <th data-bbox="1203 386 1346 435">Date Reported</th> <th data-bbox="1346 386 1556 435">Business Unit</th> <th data-bbox="1556 386 1667 435">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="457 435 1203 540"> <b>Cancellation Letter Covered California</b>            Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)         </td> <td data-bbox="1203 435 1346 540">2/29/2024</td> <td data-bbox="1346 435 1556 540">Customer Solution Center (CSC) – Enrollment Services</td> <td data-bbox="1556 435 1667 540">Open</td> </tr> <tr> <td data-bbox="457 540 1203 675"> <b>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</b>            The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)         </td> <td data-bbox="1203 540 1346 675">2/7/2024</td> <td data-bbox="1346 540 1556 675">Medi-Cal Products; Provider Data</td> <td data-bbox="1556 540 1667 675">Open</td> </tr> <tr> <td data-bbox="457 675 1203 850"> <b>Call the Car State of Emergency February 2, 2024</b>            The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)         </td> <td data-bbox="1203 675 1346 850">2/2/2024</td> <td data-bbox="1346 675 1556 850">Provider Network – Contract and Relationship Management</td> <td data-bbox="1556 675 1667 850">Open</td> </tr> <tr> <td data-bbox="457 850 1203 984"> <b>Memorandum of Understanding (MOU) Implementation Requirements</b>            Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)         </td> <td data-bbox="1203 850 1346 984">2/1/2024</td> <td data-bbox="1346 850 1556 984">Product Teams</td> <td data-bbox="1556 850 1667 984">Open</td> </tr> </tbody> </table>	Issue Name and Description	Date Reported	Business Unit	Status	<b>Cancellation Letter Covered California</b> Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)	2/29/2024	Customer Solution Center (CSC) – Enrollment Services	Open	<b>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</b> The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)	2/7/2024	Medi-Cal Products; Provider Data	Open	<b>Call the Car State of Emergency February 2, 2024</b> The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)	2/2/2024	Provider Network – Contract and Relationship Management	Open	<b>Memorandum of Understanding (MOU) Implementation Requirements</b> Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)	2/1/2024	Product Teams	Open	
Issue Name and Description	Date Reported	Business Unit	Status																			
<b>Cancellation Letter Covered California</b> Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)	2/29/2024	Customer Solution Center (CSC) – Enrollment Services	Open																			
<b>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</b> The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)	2/7/2024	Medi-Cal Products; Provider Data	Open																			
<b>Call the Car State of Emergency February 2, 2024</b> The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)	2/2/2024	Provider Network – Contract and Relationship Management	Open																			
<b>Memorandum of Understanding (MOU) Implementation Requirements</b> Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)	2/1/2024	Product Teams	Open																			



David Kagan, MD, Senior Medical Director, Direct Network, Utilization Management, gave a Utilization Management Update.

## Authorization Request Timeliness Monitoring

Timeliness of Authorization Decisions & Notifications	Q3 2023	Q4 2023	Jan 2024	Feb 2024
All LOB (95%)	99%	99%	99%	99%
Direct Network (MCLA subset: 95%)	98%	99%	99%	99%
DSNP (95%)	98%	96%	97%	98%

**Description of Data:** Overall timeliness for each LOB per quarter, all above goal of 95%

**Relevance:** Tight monitoring due to past enforcement action and CAPs in place for timeliness

- New metrics established by Compliance Department for Medicare D-SNP beginning August 2023.

**Maintenance Activities:**

- Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends.
- Ongoing assessment of opportunities for process and system improvements, including those directly impacting reports and data.
- Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests.
- Implementation of Direct Network Prior Authorization (DNPA) electronic form on 3/1/24. Webinar hosted by PNM on 3/5/24 to introduce the DNPA form.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>Quality Assurance – Letters</b> Identified Issues</p> <p>January-February letter fallouts due to missing member address (letters resent on 2/21/24)</p> <ul style="list-style-type: none"> <li>Requested a system feature that enables reporting of reasons for failed letters – <u>SyntraNet</u> deployment scheduled for 3/28/24</li> </ul> <p>Letter fallouts resulting from voided member enrollment (members whose enrollment was not completed due to changes in eligibility)</p> <ul style="list-style-type: none"> <li>Inquiry sent to Compliance Department to determine requirements surrounding notifications for members with voided enrollment</li> </ul> <p>Chairperson Booth noted that L.A. Care has had challenges in translating letters, she asked if that is something that it reviews closely with its plan partners. Dr. Kagan stated that he is not able to comment on plan partners, because his team only looks at it internally. Dr. Amin stated that the translation was an issue very specific to a Syntranet problem occurring because of their internal issues. we have mitigated the issuehas been less of an issue.</p>	
<p><b>CHIEF MEDICAL OFFICER REPORT</b></p>	<p>Sameer Amin, MD, MPH, <i>Chief Medical Officer</i>, presented the April 2024 Chief Medical Officer report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Dr. Amin's report primarily focuses on the partnership between Health Services and Compliance to ensure better oversight of delegate performance. He praised Dr. Sheen and Dr. Kagan's efforts in utilization management, case management, and quality improvement, and noted the significant progress made for members. Dr. Amin stated that the Chief Medical Officer report will focus on compliance-related matters. He spoke about the new partnership with Compliance to address delegate performance, echoing concerns raised by Mr. Sobetzko and Mr. Varela regarding delegation oversight. The focus is on obtaining comprehensive information from provider groups and health plan partners to ensure better compliance and quality of care. The approach involves Health Services acting as subject matter experts for Compliance, assisting in reviewing incoming information and identifying performance issues. Dr. Amin stressed the importance of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>understanding not just Compliance but also the quality of performance, which requires a collaborative effort between Health Services and Compliance. He outlined a three-step plan: obtaining the right information, reviewing it with subject matter expertise, and taking action to improve performance. This includes meetings with provider groups and health plan partners to address concerns and improve performance. Dr. Amin also emphasized the need for requirements to flow through contracts and network teams to ensure consistent communication and action. He acknowledges that this process will take time to implement but is essential for enhancing oversight and improving member care.</p>	
<p><b>Provider Performance Improvement (P4P/VIIP)</b></p>	<p>Henock Solomon, <i>Senior Manager, Incentives, Population Health</i>, gave a report about <i>(a copy of the report can be obtained from Board Services)</i>.</p> <ul style="list-style-type: none"> <li>• Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions.</li> <li>• The programs promote provider accountability and offer a business case for quality improvement. <ul style="list-style-type: none"> <li>- Performance measurement and reporting</li> <li>- Peer-group benchmarking</li> <li>- Value-based revenue (significant and meaningful <u>above capitation</u>)</li> <li>- Designed to align the quality improvement goals of Plan Partners, Independent Physicians Associations (IPA), clinics and physicians.</li> <li>- Aim to foster systematic process improvements and better care coordination</li> <li>- Reduce variation and promote consistency</li> </ul> </li> </ul> <p>Accomplishments &amp; Updates</p> <ul style="list-style-type: none"> <li>• Measurement Year (MY) 2022 Medi-Cal P4P reports and payments <ul style="list-style-type: none"> <li>- Around 900 Physician &amp; Clinics were paid out \$22 million.</li> <li>- 51 IPAs were paid out \$17.4 million for Medi-Cal VIIP.</li> </ul> </li> <li>• MY 2022 L.A. Care Covered VIIP <ul style="list-style-type: none"> <li>- 24 IPAs were paid out \$2.4 million.</li> </ul> </li> <li>• MY 2033 Cal MediConnect (CMC) VIIP <ul style="list-style-type: none"> <li>- 18 IPAs were paid out \$405,600.</li> </ul> </li> <li>• MY 2022 Direct Network <ul style="list-style-type: none"> <li>- 76 primary care providers and clinics were paid out \$447,000.</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																				
	<h2 style="color: #0070C0; margin: 0;">P4P Performance Score Trends</h2> <ul style="list-style-type: none"> <li>• <b>Physician Pay-for-Performance (P4P) Program</b></li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #E67E22; color: white;"> <th colspan="2">Solos</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="background-color: #F0C8B8; text-align: center; vertical-align: middle;"><b>Performance Scores</b></td> <td style="text-align: center;"><b>Mean</b></td> <td style="text-align: center;">28.05%</td> <td style="text-align: center;">30.14%</td> <td style="text-align: center;">27.01%</td> </tr> <tr> <td style="text-align: center;"><b>Median</b></td> <td style="text-align: center;">23.68%</td> <td style="text-align: center;">27.14%</td> <td style="text-align: center;">23.33%</td> </tr> <tr> <td style="text-align: center;"><b>Max</b></td> <td style="text-align: center;">94%</td> <td style="text-align: center;">98.33%</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #2ECC71; color: white;"> <th colspan="2">Clinics</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="background-color: #D9EAD3; text-align: center; vertical-align: middle;"><b>Performance Scores</b></td> <td style="text-align: center;"><b>Mean</b></td> <td style="text-align: center;">14.00%</td> <td style="text-align: center;">26.74%</td> <td style="text-align: center;">24.76%</td> </tr> <tr> <td style="text-align: center;"><b>Median</b></td> <td style="text-align: center;">22.73%</td> <td style="text-align: center;">23.33%</td> <td style="text-align: center;">23.58%</td> </tr> <tr> <td style="text-align: center;"><b>Max</b></td> <td style="text-align: center;">57.73%</td> <td style="text-align: center;">68.89%</td> <td style="text-align: center;">67.00%</td> </tr> </tbody> </table>	Solos		MY 2020	MY 2021	MY 2022	<b>Performance Scores</b>	<b>Mean</b>	28.05%	30.14%	27.01%	<b>Median</b>	23.68%	27.14%	23.33%	<b>Max</b>	94%	98.33%	100%	Clinics		MY 2020	MY 2021	MY 2022	<b>Performance Scores</b>	<b>Mean</b>	14.00%	26.74%	24.76%	<b>Median</b>	22.73%	23.33%	23.58%	<b>Max</b>	57.73%	68.89%	67.00%	
Solos		MY 2020	MY 2021	MY 2022																																		
<b>Performance Scores</b>	<b>Mean</b>	28.05%	30.14%	27.01%																																		
	<b>Median</b>	23.68%	27.14%	23.33%																																		
	<b>Max</b>	94%	98.33%	100%																																		
Clinics		MY 2020	MY 2021	MY 2022																																		
<b>Performance Scores</b>	<b>Mean</b>	14.00%	26.74%	24.76%																																		
	<b>Median</b>	22.73%	23.33%	23.58%																																		
	<b>Max</b>	57.73%	68.89%	67.00%																																		

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																																						
	<h2 style="color: #0070C0; margin: 0;">P4P Performance Score Trends</h2> <ul style="list-style-type: none"> <li>• Value Initiative for IPA Performance + Pay-for-Performance (VIIP+P4P) Program</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #F4A460;"> <th colspan="2">Medi-Cal</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr style="background-color: #F4C4B0;"> <td rowspan="3" style="text-align: center; vertical-align: middle;"><b>Performance Scores</b></td> <td style="text-align: center;"><b>Mean</b></td> <td style="text-align: center;">32.41%</td> <td style="text-align: center;">29.40%</td> <td style="text-align: center;">25.47%</td> </tr> <tr style="background-color: #F4C4B0;"> <td style="text-align: center;"><b>Median</b></td> <td style="text-align: center;">30.27%</td> <td style="text-align: center;">26.34%</td> <td style="text-align: center;">22.95%</td> </tr> <tr style="background-color: #F4C4B0;"> <td style="text-align: center;"><b>Max</b></td> <td style="text-align: center;">81.61%</td> <td style="text-align: center;">67.74%</td> <td style="text-align: center;">62.45%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th colspan="2">LACC</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr style="background-color: #B0C4DE;"> <td rowspan="3" style="text-align: center; vertical-align: middle;"><b>Performance Scores</b></td> <td style="text-align: center;"><b>Mean</b></td> <td style="text-align: center;">28.95%</td> <td style="text-align: center;">28.96%</td> <td style="text-align: center;">32.39%</td> </tr> <tr style="background-color: #B0C4DE;"> <td style="text-align: center;"><b>Median</b></td> <td style="text-align: center;">29.81%</td> <td style="text-align: center;">27.23%</td> <td style="text-align: center;">31.42%</td> </tr> <tr style="background-color: #B0C4DE;"> <td style="text-align: center;"><b>Max</b></td> <td style="text-align: center;">48.16%</td> <td style="text-align: center;">42.86%</td> <td style="text-align: center;">45.00%</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #70AD47; color: white;"> <th colspan="2">CMC</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr style="background-color: #D9EAD3;"> <td rowspan="3" style="text-align: center; vertical-align: middle;"><b>Performance Scores</b></td> <td style="text-align: center;"><b>Mean</b></td> <td style="text-align: center;">37.80%</td> <td style="text-align: center;">32.89%</td> <td style="text-align: center;">29.17%</td> </tr> <tr style="background-color: #D9EAD3;"> <td style="text-align: center;"><b>Median</b></td> <td style="text-align: center;">35.86%</td> <td style="text-align: center;">28.75%</td> <td style="text-align: center;">27.77%</td> </tr> <tr style="background-color: #D9EAD3;"> <td style="text-align: center;"><b>Max</b></td> <td style="text-align: center;">62.64%</td> <td style="text-align: center;">81.03%</td> <td style="text-align: center;">56.80%</td> </tr> </tbody> </table>	Medi-Cal		MY 2020	MY 2021	MY 2022	<b>Performance Scores</b>	<b>Mean</b>	32.41%	29.40%	25.47%	<b>Median</b>	30.27%	26.34%	22.95%	<b>Max</b>	81.61%	67.74%	62.45%	LACC		MY 2020	MY 2021	MY 2022	<b>Performance Scores</b>	<b>Mean</b>	28.95%	28.96%	32.39%	<b>Median</b>	29.81%	27.23%	31.42%	<b>Max</b>	48.16%	42.86%	45.00%	CMC		MY 2020	MY 2021	MY 2022	<b>Performance Scores</b>	<b>Mean</b>	37.80%	32.89%	29.17%	<b>Median</b>	35.86%	28.75%	27.77%	<b>Max</b>	62.64%	81.03%	56.80%	
Medi-Cal		MY 2020	MY 2021	MY 2022																																																				
<b>Performance Scores</b>	<b>Mean</b>	32.41%	29.40%	25.47%																																																				
	<b>Median</b>	30.27%	26.34%	22.95%																																																				
	<b>Max</b>	81.61%	67.74%	62.45%																																																				
LACC		MY 2020	MY 2021	MY 2022																																																				
<b>Performance Scores</b>	<b>Mean</b>	28.95%	28.96%	32.39%																																																				
	<b>Median</b>	29.81%	27.23%	31.42%																																																				
	<b>Max</b>	48.16%	42.86%	45.00%																																																				
CMC		MY 2020	MY 2021	MY 2022																																																				
<b>Performance Scores</b>	<b>Mean</b>	37.80%	32.89%	29.17%																																																				
	<b>Median</b>	35.86%	28.75%	27.77%																																																				
	<b>Max</b>	62.64%	81.03%	56.80%																																																				

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
---------------------------	-----------------------------	--------------

## Measure Specific Trends: Physician P4P

**Threshold:** 50<sup>th</sup> percentile among network

Threshold: 50th Percentile Among Network				
HEDIS Measure	MY2020	MY 2021	MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio- 5-64 years of age	57.14%	62.68%	66.67%	9.53%
Breast Cancer Screening	54.72%	51.43%	52.84%	-1.88%
Cervical Cancer Screening	53.85%	52.57%	51.81%	-2.04%
Childhood Immunization Status- Combo 10	15.50%	17.65%	18.92%	3.42%
Chlamydia Screening in Women	62.70%	64.71%	65.81%	3.11%
Controlling Blood Pressure	20.61%	24.04%	23.90%	3.29%
Immunizations for Adolescents- Combo 2	32.79%	31.58%	33.33%	0.54%
Prenatal & Postpartum Care- Postpartum Care	61.54%	63.16%	63.26%	1.72%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	77.97%	76.47%	73.33%	-4.64%
Weight Assessment and Counseling for Child/Adol - Physical Activity	45.63%	56.20%	58.02%	12.39%

## Measure Specific Trends: Physician P4P

**Benchmark:** 95<sup>th</sup> percentile among network

Benchmarks: 95th Percentile Among Network				
HEDIS Measure	MY 2020	MY 2021	MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio- 5-64 years of age	90.50%	91.33%	93.79%	3.29%
Breast Cancer Screening	79.17%	75.81%	75.00%	-4.17%
Cervical Cancer Screening	72.98%	71.43%	70.21%	-2.77%
Childhood Immunization Status- Combo 10	53.69%	56.84%	58.52%	4.83%
Chlamydia Screening in Women	85.71%	86.69%	88.31%	2.60%
Controlling Blood Pressure	68.09%	74.71%	71.95%	3.86%
Immunizations for Adolescents- Combo 2	67.47%	64.48%	68.30%	0.83%
Prenatal & Postpartum Care- Postpartum Care	84.15%	88.10%	83.33%	-0.82%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	92.45%	92.31%	88.89%	-3.56%
Weight Assessment and Counseling for Child/Adol - Physical Activity	88.34%	91.81%	90.96%	2.62%

Future Direction

External Benchmarking

- We will be transitioning from using L.A. Care provider peer group benchmarking to using external NCQA benchmarks for our MY 2024, RY 2025 P4P Programs.

New Program Launch

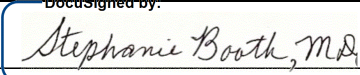
- Launched the SNF and Hospital P4P Programs in 2024.

Medicare Advantage Payout

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• First year of payouts for our D-SNP level VIIP Program in late 2024.</li> </ul>	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	There was no public comment.	
ADJOURN TO CLOSED SESSION	<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: 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"> <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>	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:10 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	The meeting adjourned at 4:10 p.m.	

Respectfully submitted by:  
Victor Rodriguez, *Board Specialist II, Board Services*  
Malou Balones, *Board Specialist III, Board Services*  
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

DocuSigned by:  
  
Stephanie Booth, MD, *Chairperson*  
Date Signed: \_\_\_\_\_

5/18/2024 | 2:43 PM PDT

**APPROVED**