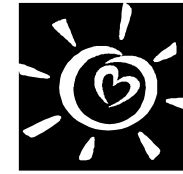


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – May 16, 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*
Tom MacDougall, *Chief Information and Technology Officer, IT Executive Administration*
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
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 2:00 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>	
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)</p>
PUBLIC COMMENT	<p><i>There was no public comment.</i></p>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The April 18, 2024 meeting minutes were approved as submitted.	Approved unanimously.
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<p>Chairperson Booth praised the Compliance Department for their recent accomplishments. She acknowledged their efficiency in handling claims, particularly with secondary billing issues where claims were processed rapidly despite a high volume. She noted that although external issues with Change Healthcare caused delays in claims processing, the group managed to control the situation efficiently once the claims were received. The group's overall performance has been impressive, maintaining good numbers and handling issues effectively. She emphasized the group's ability to prioritize and resolve urgent tasks promptly, showcasing their organizational agility and efficiency.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, commented on the rate changes for skilled nursing facilities (SNFs), noting that typically, these rate adjustments occur once a year. However, at the end of 2023 and the beginning of 2024, they received four separate rate calls. This necessitated multiple reprocessings of the SNF claims, leading to abrasion and confusion.</p> <p>Chairperson Booth acknowledged Ms. Reed's comment about the SNF rate changes and agreed that the situation was unacceptable, but praised the organization's effective response. Chairperson Booth commented on the issues inventory, highlighting that potential problems were identified, addressed, and resolved quickly, with examples such as the timely processing volume increase in November 2023 being closed by February 29. She expressed satisfaction with the clarity and transparency of the reported issues and their resolutions, contrasting it with past years when understanding problems required extensive discussion. She emphasized the importance of compliance and quality measures, noting that personal impressions and specific quality measures help ensure adherence to standards. She commended L.A. Care and its staff, expressing pride in chairing the committee, and appreciating the continuous improvement and learning within the organization.</p>	
COMPLIANCE & QUALITY COMMITTEE CHARTER STATUS UPDATE	<p>Todd Gower, <i>Chief Compliance Officer</i>, discussed the Compliance & Quality Committee Charter Process.</p> <p>Mr. Gower noted that he and Augustativa J. Haydel's, <i>General Counsel</i>, team are getting everything finalized for a future C&Q meeting. He will provide an estimated time when it will be presented to the Committee, by the next Committee meeting.</p> <p>Chairperson Booth asked if she can see the Charter before it is brought forth to the committee.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Mr. Gower 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>Compliance Report Out from Internal Compliance Committee (ICC)</p> <p>Mr. Gower gave an update on the ICC activities. The ICC's reports are being streamlined to provide the most relevant information to the Compliance and Quality (C&Q) committee without overwhelming them. The aim is to ensure the Board receives essential insights while allowing for further questions if needed. Mr. Gower highlighted the development of a new regulatory implementation oversight process. This initiative, supported Tom MacDougall's , <i>Chief Information & Technology Officer</i>, team, involves using technology to intake, validate, and distribute regulatory information. Although the program is in its early stages, progress is being made, and updates to the C&Q are expected by June or July.</p> <p>Mr. Gower mentioned the formation of a new risk committee led by Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, which has had initial discussions. Formal reporting from this committee is anticipated in the coming months.</p> <p>Mr. Gower stated that the delegation oversight process is maturing, with scorecards now defined for each delegate. A top ten review was conducted, and these scorecards show all interactions from various sectors (provider side, healthcare side, provider network side, SIU). The first showcase of these scorecards was conducted recently. He spoke that preparations for a significant Centers for Medicare & Medicaid Services (CMS) review is underway. A mock audit has been conducted with a first pass of data review; a second pass is scheduled to simulate a CMS audit. Preparations for a Department of Health Care Services(DHCS) audit in June are ongoing, with data submitted and awaiting interviewee details from DHCS. Detailed discussions are ongoing to ensure readiness for upcoming audits. A key coordinator has left the organization, but Miguel Varela Miranda, <i>Senior Director II, Regulatory Operations</i>, head of regulatory operations, is ensuring the team is prepared. Upcoming reports from various team members were highlighted, including updates on the issues log, internal audit services, operations related A&G, and risk management training.</p> <p>Mr. Sobetzko provided an update on training activities and compliance:</p> <p>Training Compliance Rates:</p> <ul style="list-style-type: none"> • Annual staff training compliance is at 99%. • Contingent worker compliance is at 100%. • April's compliance rates were 90% for contingent workers and 78% for new hire staff. The new hire rate is expected to improve to the 90s by May. 	

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	<p>March Data Issue: There was a reporting issue in March, making it difficult to retrieve data retroactively.</p> <p>Board Training Compliance: The board has a 100% training compliance rate, an annual requirement that will be reported quarterly.</p> <p>Training Platform Update:</p> <ul style="list-style-type: none"> • The training platform is being updated, specifically the vendor providing compliance modules. • The new vendor, Precipio, offers more engaging materials and better integration with the existing learning management system. • The transition to the new platform will occur in June, with potential minor disruptions. <p>Magdalena Marchese, <i>Senior Director, Audit Services</i>, gave a report on Internal Audit Services.</p> <p>Product Sales and Member Services Audit Summary Overview: The L.A. Care’s Internal Audit Department contracted with Resources Global Professionals, Inc. (RGP), to perform an internal audit of Product Sales and Member Services. The focus of the audit included:</p> <ul style="list-style-type: none"> • Product Sales (PS) - Recorded calls from Internal Sales Representatives to enroll individuals in the DSNP plan, Medicare Plus and the Product Sales Quality Team review and score of those calls. • Member Services (MS) – Recorded calls to the L.A. Care Call Center from members requesting to disenroll from the DSNP plan, Medicare Plus, or asking about how to disenroll from the plan. <p>Audit Scope: Product Sales: June 2023 – December 2023 / Member Services: November 2023. Audit Objectives:</p> <ul style="list-style-type: none"> • Determine if L.A. Care has an effective compliance plan for Product Sales call monitoring by reviewing sales calls which have been reviewed and scored by the Product Sales QA team and determine if Internal Audit agrees with the scores. • Determine if L.A. Care Customer Service Center representatives (CSRs) in the Call Center are providing correct disenrollment information and assistance to Members. <p>Conclusion:</p>	

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	<p>Product Sales - Based on review, the Product Sales quality assurance testing process is operating effectively and efficiently. The Product Sales QA team grades approximately 100 calls per month and provides coaching and/or feedback for the ISRs who fail any attribute. The Product Sales QA team appears to be providing oversight of the ISRs as well as ensuring that callers are provided the required information when enrolling into the DSNP product, L. A. Care Medicare Plus.</p> <p>Member Services - Based on review, the Call Center process can be improved with training for CSRs and updates to the desk level procedure. The CSRs will need instructions to provide the member with all the methods a member can disenroll, including mailing or faxing their own signed letter, and that the disenrollment form does not guarantee disenrollment.</p> <p>The table below summarized the number of issues found in each area and related Risk Ratings.</p> <table border="1" data-bbox="676 613 1453 784"> <thead> <tr> <th>Area</th> <th>Low</th> <th>Moderate</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Product Sales</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Call Center</td> <td>0</td> <td>3</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1</td> <td>3</td> <td>0</td> </tr> </tbody> </table> <p>Based on the number of the Moderate findings noted, the overall audit rating is determined to be “Needs Improvement.” Management has provided detailed responses to address the issues noted and is committed to implementing corrective actions for all findings by June 30, 2024.</p> <p>Demetra Crandall, <i>Director, Customer Solution Center Appeals and Grievances</i>, gave an Appeals & Grievances update.</p> <p>Appeals Volume and Breakdown:</p> <ul style="list-style-type: none"> • Monthly appeals average around 200. • Data is broken down by lines of business (D SNAP, LACC, MCLA, and task). • Membership count is included, with the ability to break down data per 1000 members per line of business if needed. • Main appeal categories are access, billing and finance, and quality of care. • A new grievance form has been implemented to enhance data sharing and reduce grievances and appeals. <p>Appeals Performance:</p> <ul style="list-style-type: none"> • Appeals per 1,000 members are significantly below the NCQA guideline of 12.5. • Overall, the organization is performing excellently in managing appeals. 	Area	Low	Moderate	High	Product Sales	1	0	0	Call Center	0	3	0	Total	1	3	0	
Area	Low	Moderate	High															
Product Sales	1	0	0															
Call Center	0	3	0															
Total	1	3	0															

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Grievances Volume and Breakdown:</p> <ul style="list-style-type: none"> • Grievances average between 7,000 and 8,000 per month. • Top grievance categories are access, attitude and service, and billing and finance. • Grievances per 1,000 members also stay below the NCQA guideline. <p>First Call Resolution: Emphasis on resolving issues at the call center level to avoid delays and extensive investigations.</p> <p>Detailed Breakdown of Grievances:</p> <ul style="list-style-type: none"> • Access to care grievances are broken down by sub-categories such as prior authorization, prescription issues, and network problems. • Grievance data is detailed by provider networks and business lines to aid targeted improvements. <p>System Implementation and Enhancements:</p> <ul style="list-style-type: none"> • A new system is set for implementation by fall 2024. • Current system enhancements are ongoing without disrupting existing operations. • Focus on regulatory compliance and accurate data documentation. <p>Staffing and Training:</p> <ul style="list-style-type: none"> • Additional staff has been approved to handle volume and improve the quality of investigations. • Ongoing training ensures accurate documentation and timely responses. <p>Positive Feedback and Future Improvements:</p> <ul style="list-style-type: none"> • Continuous improvement efforts are acknowledged and appreciated. • Future meetings are expected to provide more detailed information based on new systems and processes. <p>Ms. Crandall highlighted improvements in data transparency and operational efficiency, emphasizing ongoing efforts to enhance system capabilities and staff performance to better manage appeals and grievances.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, MPH, <i>Chief Medical Officer</i>, reported: His report covered several key areas related to provider quality review and quality metrics across multiple lines of business:</p> <p>Provider Quality Issues (PQI):</p> <ul style="list-style-type: none"> • Over the last twelve months, PQI closure has consistently exceeded 99% on a timely basis. 	

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	<ul style="list-style-type: none"> • The time to address PQIs has reduced from about six months to a four to five-month period. • In April, 650 PQIs were closed, marking a 4% decrease from the previous month. • Open aging cases are trending down and are now well below the team's capacity to manage. <p>Quality Metrics Overview:</p> <ul style="list-style-type: none"> • Across all metrics, the organization is performing exceptionally well. For the overall program: <ul style="list-style-type: none"> ○ 134 out of 138 metrics are within the green range (95-100%). ○ Only three metrics are in the 90-94% range, with remediation efforts underway. • Similar success is observed for the direct network metrics, where 51 out of 52 are in the green range. <p>Quality Metrics Improvement:</p> <ul style="list-style-type: none"> • Early 2024 data shows significant improvements compared to the previous year across multiple quality measures. • Measures in the medical line of business, D-SNP line of business (Stars measures - HEDIS and CAHPS), and exchange (QRS and QTI metrics) are all performing notably better. • Specific improvements include medication adherence for diabetes, hypertension, cholesterol, and cardiovascular disease. <p>Operational Measures:</p> <p>Operational performance metrics also show substantial improvement, with five out of six measures performing better than the previous year.</p> <p>Future Directions:</p> <ul style="list-style-type: none"> • The organization is aiming for continued improvement in quality metrics and operational measures. • Plans include achieving higher star ratings and sustaining improvements across all tracked metrics. <p>Overall, Dr. Amin highlighted a positive trend in quality improvement efforts across the organization, supported by enhanced data exchange and strategic engagements with provider groups. He emphasized ongoing efforts to maintain high standards and achieve further improvements in quality outcomes.</p>	
CHIEF HEALTH EQUITY OFFICER REPORT	Alex Li, MD, <i>Chief Health Equity Officer</i> , gave a Quality Improvement and Health Equity Committee (QIHEC) update (<i>a copy of the report can be updated for Board Members</i>).	

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<ul style="list-style-type: none"> • Quality Improvement and Health Equity Committee (QIHEC) Update 	<p>Brief QIHEC Overview</p> <ul style="list-style-type: none"> • Required by DHCS. <ul style="list-style-type: none"> ○ Part of the new 2024 DHCS and California Managed Care Plan Contracts ○ QIHEC Use to be the Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) • L.A. Care QI-057 Policy: Quality Improvement and Health Equity: Program Structure (November 30, 2023) <p>Provider Recognition* and Health Equity Award: April 23, 2024 (Informational).</p> <p>2023 Top Performing Practitioners:</p> <ul style="list-style-type: none"> • Salman A. Khan, MD-L.A. Care Direct Network • Eva Chan, MD – Pediatric Care • Robert Azurin, MD – Women’s Care • Mona Shah, MD – Chronic Care <p>2023 Top Performing Clinics:</p> <ul style="list-style-type: none"> • Asian Pacific Health Care Venture, Inc. - Pediatric Care • Universal Community Health Center – Women’s Care • CSC Health (formerly known as Chinatown Service Center) – Chronic Care <p>2023 Top Performing Independent Physician Associations:</p> <ul style="list-style-type: none"> • Providence/Axminister Medical Group – Medi-Cal, large group • Karing Physicians Medical Group – Medi-Cal, small group • Prospect Medical Group- Covered California and CalMediConnect <p>Provider Recognition Award and Health Equity Categories for April 23, 2024 (Informational).</p> <p>Health Equity Categories:</p> <ul style="list-style-type: none"> • Roland Palencia Safety-net Award: <ul style="list-style-type: none"> - Northeast Valley Health Corporation (>31K Covid vaccines given in 2022-23) and Los Angeles Christian Health Centers (>3K homeless vaccinated with Covid vaccines) • School-based clinic: <ul style="list-style-type: none"> - St. John’s. (Recognized impact on children, youth and staff during the Pandemic for their efforts to vaccinate staff to re-open schools). • Preventing homelessness: 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Inquilinos Unidos (Support >3,200 tenants who were at risk for eviction) • Addressing Black Birthing People: <ul style="list-style-type: none"> - LA County Department of Public Health’s African-American Infant and Maternal Mortality Initiative. <p>Language Translation-Services Utilization FY 2023-24 (Informational and Feedback):</p> <ul style="list-style-type: none"> • Face to face interpreters: 9,069 (31 languages) <ul style="list-style-type: none"> - Top 3 languages: Spanish (52%), Thai (8%) and ASL (8%) • Telephonic: 238,875 calls (4.2 million minutes) <ul style="list-style-type: none"> - Top 3 languages: Spanish (79%), Mandarin (5%) and Armenian (3%) - 89% connected to an interpreter in less than 30 seconds • Translation of documents: 25,454 documents translated in 32 languages <ul style="list-style-type: none"> - Top 3 languages: Spanish (70%), Armenian (7%), Chinese 5%) <p>L.A. Care Bilingual Staff:</p> <ul style="list-style-type: none"> • 410 certified staff (8 languages) • Top 3 languages: Spanish (91%), Tagalog (3%), Armenian (2%) <p>Sample Challenges Raised:</p> <ul style="list-style-type: none"> • Translation e.g. Khmer (multiple dialects, grammar, terminology, etc.) • Ability to use interpreters for behavioral health visits (yes) <p>Clinical Practice Guideline Approvals (Feedback)</p> <ul style="list-style-type: none"> • Sample list of guidelines: <ul style="list-style-type: none"> - Attention-Deficit and Hyperactivity Disorder - Blood Cholesterol and Hypertension Management - Diabetic Care - Perinatal Mental Health Screening <p>Overview of DHCS Sanction Methodology Concerns (Informational and Feedback)</p> <ul style="list-style-type: none"> • Plans are expected to serve 100% of eligible members • DHCS employs the national benchmark <p>DHCS Sanctions and Impact on L.A. Care (Informational)</p> <ul style="list-style-type: none"> • Fined \$890,000 for falling below the minimum performance level in six measures for measurement year 2022. • Potential fines for nine measures for measurement year 2023. 	

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	<p>L.A. Care Efforts to Address Sanctioned Performance Measures (Informational and Feedback):</p> <ul style="list-style-type: none"> • Work closer and more directly with providers • Target specific geographic areas and populations. <p>Universal Provider Manual (UPM) Updates (Feedback)</p> <ul style="list-style-type: none"> • Legally binding document and serves as an extension of L.A. Care’s contract with our network providers. • Updated on a regular cadence and posted on our website. • The Communications team will seek QIHEC input for the UPM on an annual basis. • Seek feedback by Mary 31,2024 <p>2023 Annual Provider Satisfaction Survey (Informational)</p> <ul style="list-style-type: none"> • Conducted from September 6, 2023 to December 15, 2023. <ul style="list-style-type: none"> - Specialty care providers’ satisfaction rate improved by 3.9% - Direct network satisfaction’s rate improved by 0.9% - Primary care providers’ satisfaction rate declined by 0.9% • *Overall lower response rate across by primary care providers and specialist in 2023 in comparison to 2022. <p>2024 Cardiovascular Disease Management Program Description (Informational and Feedback).</p> <ul style="list-style-type: none"> • Target population: <ul style="list-style-type: none"> - >18 years of age - Black/African American - 2 medical encounters with a diagnosis of hypertension or high cholesterol or other cardiovascular risk factors - Exclude those in long term care placement or enrolled in a hospice or palliative care program. • Goals: <ul style="list-style-type: none"> - Promote recording of blood pressure - Identify self management goals - Improve engagement with primary care providers. <p>Health Information Exchange (HIE) Report (Informational)</p> <ul style="list-style-type: none"> • 56 (74%) hospitals in Los Angeles County contracted with one of the HIE network. • 75% of FQHCs on one of the HIE networks 	

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	<ul style="list-style-type: none"> • L.A. Care has added \$13 million incentives to encourage hospitals and clinics and practices to join a HIE. <p>New and Required 2024 DHCS Child Health Equity Collaborative Pilot (Informational)</p> <ul style="list-style-type: none"> • Required participation by DHCS in March 2024 <ul style="list-style-type: none"> - Only given a few weeks of notice • Had to identify one or more practices or clinics to participate. • Organized and managed by Institute for Healthcare Improvement (IHI) <ul style="list-style-type: none"> - Focused on children. - Meant to inform and train health plan QI, data and health equity staff <ol style="list-style-type: none"> 1. Stratify data to identify priority populations 2. Understand provider and patient/cargiver experience 3. Improve reliable and equitable scheduling processes 4. Asset mapping and identify community partnerships <ul style="list-style-type: none"> ➤ Develop and partner with one or more community partner 	
QUALITY OVERSIGHT COMMITTEE (QOC) UPDATE	<p>Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i>, provided an update on Quality Oversight Committee (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>The April Quality Oversight Committee meeting, focused on four main areas: the 2023 facility site review report, the nurse advice line oversight for Q2 and Q3 2023, initial health appointments, and the Q3 & Q4 Teledoc utilization report. He spoke about the facility site review (FSR) involving three types of audits to ensure quality and safety at practice sites: FSR, medical record reviews (MRR), and physical accessibility review surveys (PARS). The 2023 performance data indicated improvements in 8 out of 14 criteria, but 7 criteria did not meet the 80% passing goal. This was attributed to the updated 2022 DHCS MRR tool, which introduced 90 new requirements. He noted that many providers were unfamiliar with the expanded requirements, but with ongoing coaching, support, and collaboration, performance is expected to improve within 18 to 24 months. Additional actions include sharing best practices, issuing corrective action plans, and providing technical assistance to ensure providers meet the new standards.</p> <p>Board Member Roybal commented on the challenges providers face with understanding the necessity of new FSR standards, such as counseling on sunscreen use, prenatal vitamins, and dental exams during initial health assessments. He emphasized that providers often question the importance and evidence behind these requirements. Board Member Roybal suggested that the information sent to providers should explain the rationale and data supporting these new</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>standards. He also asked if there are health plan-approved educational materials or handouts for patients on topics like sunscreen use, dental health, and prenatal vitamins. He proposed that these resources should be integrated into the electronic health record (EHR) system to facilitate compliance and patient education. Dr. Sheen acknowledged the challenge providers face with the new FSR standards and emphasizing the importance of better communication about why these requirements are necessary. He explained that the criteria, updated by the DHCS after several years, introduced many new requirements. Although these updates are well-intentioned and supported by documentation, providers often lack the time to review the extensive information. Dr. Sheen suggested the need for a clearer, more concise explanation of the importance and evidence behind these requirements. He also mentioned efforts to reduce provider burden by translating the information into more accessible formats and supporting providers in meeting higher standards. Dr. Sheen agreed that ideally, the DHCS should update these standards more frequently to keep pace with evolving evidence, and he expressed a commitment to continue improving the communication and support provided to healthcare providers.</p>	
<p>L.A. CARE INFORMATION TECHNOLOGY PROGRAM/ INVESTMENTS</p>	<p>Mr. MacDougall presented L.A. Care’s Information Technology Programs & Investments <i>(a copy of the written report can be obtained from Board Services)</i>.</p> <p>Mr. MacDougall's report covered several major strategic initiatives currently in progress, totaling sixteen key programs. These initiatives are prioritized based on their organizational impact, regulatory requirements, and contractual timelines. A primary focus is on financial oversight, with expenditures nearly doubling compared to the past five years, aiming to enhance quality and efficiency. One major completed project is the QNXT system upgrade, which modernizes the claims adjudication process, improves regulatory compliance, and integrates new tools for faster processing. Upcoming efforts include rolling out additional QNXT modules to streamline data integration and regulatory upgrades. Another significant initiative involves data architecture modernization, driven by a cloud-first approach to reduce costs and improve technology stacks. This project includes the creation of a clinical data repository for better CMS interoperability and real-time data sharing. The Voice CRM program aims to enhance customer service through advanced data models, voice authentication, and integration of natural language processing. This will improve member interaction efficiency and accuracy. Additionally, an ongoing upgrade of voice telecom providers is enhancing call center redundancy and reliability, saving significant costs while maintaining regulatory standards.</p> <p>The initiatives are on track, with a focus on compliance, efficiency, and modernization to support the organization's strategic goals.</p>	

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	<p>Chairperson Booth asked if the voice IVR system can be used to ask for the correct address. Mr. MacDougall confirmed that initial contact with the organization could be voice-initiated or through keypad entry, which will then assess the validity of phone numbers and check for returned mail. Members will always have the option to speak to a human representative. Mr. MacDougall explained the efforts to clean up and improve data collection, particularly regarding sexual orientation, gender identity, race, ethnicity, and communication preferences, to enhance organizational efficiency and compliance. Mr. MacDougall highlighted a significant data project involving Infosys to build a SaaS application to improve provider data accuracy. He outlined ongoing improvements in appeals and grievances systems, regulatory compliance, and other quality measures. He noted the substantial financial investment in strategic programs to address technical debt, promising a more efficient organization in the future.</p> <p>Mr. MacDougall detailed ongoing efforts to streamline data management and improve system efficiency. Key initiatives include using claims and encounter data as single sources of truth to enhance data accuracy and governance, progressing in contracting for the GRC system, and improving encounter handling with a focus on compliance. He highlighted the successful completion of interoperability issues with CMS mandates and noted significant investments in strategic programs to address long-standing technical debt. The organization has significantly increased spending on these initiatives compared to previous years, aiming for substantial value and regulatory compliance improvements. He added that these efforts will lead to a more efficient, data-rich, and member-focused organization.</p>	
HEALTH EQUITY/ INITIATIVE	<p>Brigitte Bailey, MPH, CHES; Supervisor and Marina Acosta, MPH, Manager, Health Equity, presented L.A. Care’s 2024 Clinical Initiatives and Health Equity Performance Programs <i>(a copy of the full report can be obtained from Board Services)</i>.</p> <p>Clinical Initiatives & Health Equity Clinical Initiatives responsible for improving performance in various HEDIS and CAHPS related measures</p> <ul style="list-style-type: none"> • Ensure adherence to various regulatory and contractual requirements • Plan, execute, and evaluate various member and provider interventions and programs throughout the year • Develop and execute texting campaigns, mailers, automated calls, at-home test kits, medically tailored meals, provider training webinars, QI JOMs and additional meetings with IPAs <p>Many of these have specific health disparity areas of focus Review data to see what <i>story</i> it’s telling us</p>	

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	<p>Health Equity Requirements</p> <ul style="list-style-type: none"> • Health equity standards across regulatory agencies impact L.A. Care lines of business • National Committee for Quality Assurance (NCQA) <ul style="list-style-type: none"> - Health Equity Accreditation (HEA) <ul style="list-style-type: none"> ➤ California Department of Managed Healthcare (DMHC) - Health Equity and Quality Measure Set (HEQMS): requires measuring, stratifying, and reporting on 1 CAHPS and 12 HEDIS measures - Line of Business Specific Health Equity Requirements - Requirements outlined in subsequent slides <p>Medi-Cal Health Equity Requirements</p> <ul style="list-style-type: none"> • Achieve 50th percentile on subset of measures in Managed Care Accountability Set (MCAS) • Stratify subset of MCAS measures by race/ethnicity • Institute Quality Improvement & Health Equity Committee (QIHEC) <ul style="list-style-type: none"> - Launched November 2023 • Introduce Diversity, Equity & Inclusion (DEI) training program for staff and external delegates • Implement Cal-AIM programs • Demographic data collection & stratification <ul style="list-style-type: none"> - Collection of race/ethnicity data for at least 80% of members <ul style="list-style-type: none"> • Report on performance of subset of measures stratified by race/ethnicity - Collection of Sexual Orientation & Gender Identity (SOGI) data • Quality Transformation Initiative (QTI) <ul style="list-style-type: none"> - <i>Future state:</i> Achieve 66th percentile for each race/ethnicity group within each measure • Disparities reduction interventions <ul style="list-style-type: none"> - Continue multi-year quality improvement performance project • Social needs assessment <ul style="list-style-type: none"> - Track housing, food, and transportation needs <p>Medicare Plus Health Equity Requirements Demographic data collection and stratification</p> <ul style="list-style-type: none"> • Expanded list of underserved populations <p>Health equity requirements covered under NCQA Health Equity Accreditation <i>Pending acceptance:</i> Value-Based Insurance Design (VBID)</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Coming soon:</i> Health Equity Measures specific to Medicare Plus!</p> <p>Key Findings Disparities in clinical outcomes persist across various domains and populations</p> <ul style="list-style-type: none"> • Main focus for improvement is the child health domain <ul style="list-style-type: none"> - Black/ African American members continue to experience lower quality measure performance rates • Focus on colorectal cancer screening and chronic care domain due to low rates across lines of business, member feedback, and public health campaigns. Focus on housing insecurity, access to healthy foods, and transportation insecurity, as social needs that continue to impact the health of L.A. Care members. Conducted member survey in text message campaign; majority of members stated they did not see their doctor due to not feeling sick or did not know who their doctor was (<i>the full presentation can be obtained from Board Services</i>). 	
<p>PRACTICE TRANSFORMATION PROGRAMS</p>	<p>Cathy Mechsner, <i>Manager, Practice Transformation Programs, Quality Improvement</i>, presented Practice Transportation Programs (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Key Programs: Practice Transformation programs are value added, practice coach delivered, technical assistance programs:</p> <ul style="list-style-type: none"> • <u>Help Me Grow LA</u>: First 5 LA program to increase awareness of importance of developmental milestones and screenings <ul style="list-style-type: none"> - 3-year Early Identification & Intervention education program - Provider pilot for 6 practices to increase screenings • <u>Transform L.A.</u>: Supporting primary care DN practices to improve care delivery and health outcomes <ul style="list-style-type: none"> - 5 phases of work flow/process improvements - 4 HEDIS measures: A1c Poor Control/GSD, CBP, CIS-10, W30 (A/B) • <u>EQuIP-LA</u>: CHCF 2-year study to improve primary care delivery and reduce health disparities in LA County <ul style="list-style-type: none"> - 4 phases of work flow/process improvements - 3 HEDIS measures w/Health Equity: A1c Poor Control, CBP, COL • <u>Equity & Practice Transformation</u>: 5-year DHCS \$700M primary care program to improve health outcomes and equity for Medi-Cal beneficiaries <ul style="list-style-type: none"> - 46 practices enrolled with LAC, Directed Payments of \$72M 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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- Supports DHCS' Health Equity Roadmap and 50 Bold Goals by 2025

Program HEDIS Measures: YTD 2024

HEDIS/Clinical Quality Measures							
Measure Name	Measure Year	Benchmark	Transform L.A.	HMG/C1	HMG/C2	EQuIP-LA	EPT
Controlling Blood Pressure (CBP) % of patients w/Hypertension in control	2024	61%	61.1%			X	50 Bold Goals by 2025 - TBD
Childhood Immunization Series 10 (CIS-10)	2024	31%	13.0%				
Glycemic Status Assessment for Patients w/Diabetes >9% (GSD) Inverse Measure	2024	38%	35.2%			X	
Colorectal Cancer Screening (COL)	2024					X	
Well-Child Visits in the First 30 months of Life: First 15 months (W30a)	2024	58%	TBD				
Well-Child Visits in the First 30 months of Life: Age 15-30 months (W30b)	2024	67%	TBD				
Developmental Screening in the First 3 Years of Life (DEV) <i>Program goal = 15%</i>	2024	35%		51.2%	18.1%		

• **2024 Data**

- Transform L.A. - Through March
- Help Me Grow LA - Through February
- EQuIP-LA - Available in June
- EPT - Available 3Q24

Help Me Grow LA: Practices need to streamline developmental screening process to increase the number of children tested

Transform L.A.: Program reorganization into 2-year tracks and offering Recognition Incentives has improved engagement

EQuIP-LA: The practices are very new to QI processes & tools and are proceeding in the program at a slower pace than expected

EPT: Practices are eager to start the work of the program

Areas of Poor Performance

Help Me Grow LA:

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Slow screening tool completion rates and data entry/capture in EHR increases the administrative burden • Practices and Regional Centers do not have good two-way communication for patient referrals and follow through <p>Transform L.A.:</p> <ul style="list-style-type: none"> • Difficulty with reporting newer adopted HEDIS measures CIS-10 and W30 (A/B) • Continued turnover of staff with some practices hinders program engagement <p>EQuIP-LA:</p> <ul style="list-style-type: none"> • Practices are not able to report HEDIS data from their EHRs and with Race & Ethnicity values • Slower program engagement with most practices. <p>EPT:</p> <ul style="list-style-type: none"> • No areas identified as yet <p>Action Taken</p> <p>Help Me Grow LA:</p> <ul style="list-style-type: none"> • Program Mini Grant funds will support a 1-year subscription to online screening tools and technical support to embed the tool in EHR reducing manual processes • The practice coaches have worked with Regional Centers and Practices to strengthen their relationships improving communication on referred patients <p>Transform L.A.:</p> <ul style="list-style-type: none"> • Practice coaches work with practices and their EHR vendors to deploy data mapping/reporting of new measures as quickly as possible. When viable, practices source data from PORs and Cozeva in the interim • The team has re-engaged the American Career College for new MA graduate placements with hiring practices <p>EQuIP-LA:</p> <ul style="list-style-type: none"> • Engaged QPM team to generate ad hoc practice data reports which were submitted to the Program Office-CQC/PBGH • Practice coach working with practices to rescale scope of QI tools/processes to complete program deliverables on time and ensure understanding of quality improvement steps <p>Next Steps for Practice Transformation</p> <p>Help Me Grow LA:</p> <ul style="list-style-type: none"> • As the program will conclude by 12/31/24, identify possible areas that L.A. Care may wish to continue in partnership with First 5 LA or independently. 	

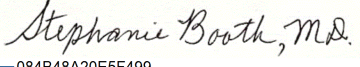
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Complete all final deliverables and conduct all contract closeout activities on time <p>Transform L.A.:</p> <ul style="list-style-type: none"> • Continue DN practice recruitment to grow the program • Continue to drive valid and timely data reporting for all HEDIS measures <p>EQuIP-LA:</p> <ul style="list-style-type: none"> • Continue to strongly support practices’ adoption of their EHR system to report program HEDIS data including Race and Ethnicity values • Continue to support and, where viable, accelerate each practice’s adoption of QI processes and tools to achieve the program goals <p>EPT:</p> <ul style="list-style-type: none"> • Continue program rollout including launch of Practice Coaches • Establish and launch Directed Payment processes 	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<i>There was no public comment.</i>	
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 4:51 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Magdalena Marchese, Senior Director, Audit Services, Executive Services</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 	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The Committee reconvened in open session at 4:10 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:15 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:

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Stephanie Booth, MD, *Chairperson*
Date Signed: _____

In Process

APPROVED