



**AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS**

Thursday, June 20, 2024, 2:00 P.M.

L.A. Care Health Plan, 1st Floor, CR 100, 1055 W. 7th Street, Los Angeles, CA 90017

Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=m1cdb2082757d0f5d901f85ded9eb4467>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting number: 2494 523 3834 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME

Stephanie Booth, MD, *Chair*

- 1. Approve today’s meeting Agenda *Chair*
- 2. Public Comment (*please see instructions above*) *Chair*
- 3. Approve May 16, 2024 Meeting Minutes P.3 *Chair*
- 4. Chairperson’s Report *Chair*
 - Education Topics
- 5. Committee Charter Status Update Todd Gower
Chief Compliance Officer
- 6. Chief Compliance Officer Report P.22 Todd Gower
- 7. Chief Medical Officer Report (*This report will be presented on behalf of Sameer Amin, MD, Chief Medical Officer*) P.74 Edward Sheen, MD
Senior Quality, Population Health and Informatics Executive
- 8. Transitional Care Services (CalAIM) P.92 Joycelyn Smart-Sanchez,
Director, Care Management, Care Management
- 9. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

10. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
11. 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
12. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Magdalena Marchese, Senior Director, Audit Services, Executive Services
13. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
 - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
 - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on August 15, 2024 at 2:00 p.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

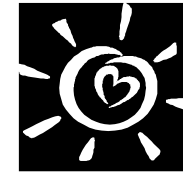
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

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>	

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>	

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<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															
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	<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: 	

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	<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>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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>	
<p>HEALTH EQUITY/ INITIATIVE</p>	<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>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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 	

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:

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

Compliance and Quality (C&Q) Committee Meeting



L.A. Care
HEALTH PLAN®

For All of L.A.

Compliance Division Updates

June 20, 2024

Chief Compliance Officer Report & Agenda

- Compliance Report Out from ICC
Todd Gower
- Utilization Management Update
Tara Nelson
- Appeal & Grievance Update
Demetra Crandall
- Top Risks – Mitigation Update
Michael Sobetzko
- Issues Inventory Update
Michael Sobetzko
- CSC Call Center CAP & Update
Julie Valdivia
- Special Investigations Unit Update
Michael Devine
- Delegation Oversight Internal Audit
Marita Nazarian
- Quality Improvement Update
Dr. Edward Sheen
- Claims Integrity Update
Erik Chase

Compliance Report Out of ICC May 2024

Todd Gower

Utilization Management

Dr. David Kagan and Tara Nelson

UM Metrics - Timeliness

January through April 2024

- Overall UM compliance measures

95% - 100%	90% - 95%	Below 90%
179	4	1

- Direct Network (MCLA only) – **All measures 98% to 100% compliance**

95% - 100%	90% - 95%	Below 90%
60	0	0

UM Metrics - Timeliness

April 2024

- Overall UM compliance measures

95% - 100%	90% - 95%	Below 90%
45	1	0

- Direct Network (MCLA only) – **All measures 99% to 100% compliance**

95% - 100%	90% - 95%	Below 90%
15	0	0

Current Performed UM Audits

Audit	Category*	Frequency	Status
MD Staff Audit - Timeliness, process, template, and decision making	Clinical Staff Audit	Monthly	On-going
Outpatient Clinical Staff Audits - Timeliness, process, template, and decision making	Clinical Staff Audit	Monthly	On-going
Inpatient AT Staff Audits - Process, template, and decision making	Non-Clinical Staff Audit	Monthly	On-going
Outpatient AT Staff Audits - Process, template, and decision making	Non-Clinical Staff Audit	Monthly	On-going
Continuity of Care Audit - Regulatory process, templates, letters, and decision making	Clinical Process Audit	Monthly	On-going
UM Letter Audit - Template, content, timeliness, translation, and readability	Clinical Process Audit	Monthly	On-going
Appeals (Overturn) Audit - Initial decision making, process, appropriateness of overturn	Clinical Process Audit	Monthly	On-going
NEMT (Transportation) Audit - Process, PCS form completion	Non-Clinical Process Audit	Monthly	On-going

Staff Audit: focuses on staff's adherence to role-specific processes, and includes certain regulatory metrics
Process Audit: reviews the end-to-end process, thus may include hand-offs between multiple staff. Metrics are primarily regulatory.

Sample Audit Tool: UM Letter Audit

Audit Category	Reviews Must Include:
1. Correct Letter Template	<ul style="list-style-type: none"> • Reviewer used correct Letter Template based on member's Line of Business <i>and</i> the type of decision.
	<ul style="list-style-type: none"> • The letter includes the right of the member to be provided copies of all documents, records, and other information relevant to member's adverse benefit determination and member's right to submit additional evidence in writing or in person.
	<ul style="list-style-type: none"> • The notice includes the statement required by Ca. HSC Section 1368.02(b): "The California Department of Managed Health Care is responsible for regulating health care service plans..."
	<ul style="list-style-type: none"> • Notice includes description of Appeal Rights, including correct plan demographics (address, telephone #, TDD, TTY, fax) and right to submit written comments, documents or other information relevant to the appeal.
	<ul style="list-style-type: none"> • Notice includes explanation of expedited AND standard appeal process, including members' rights to representation and appeal time frames, and a notification that expedited external review can occur concurrently with the internal appeals process for urgent care.
	<ul style="list-style-type: none"> • The IMR form is included in the letter.
	<ul style="list-style-type: none"> • Form to File a State Hearing is included in the letter.
	<ul style="list-style-type: none"> • Notice of Nondiscrimination is included in the letter.
<ul style="list-style-type: none"> • Language Sheet (Taglines) is included in the letter. 	

Sample Audit Tool: UM Letter Audit

Audit Category	Reviews Must Include:
2. Denial is appropriate	<ul style="list-style-type: none">• Validate reason for denial is applicable• Outreach attempt documented when gathering information necessary to support coverage decisions
3. Denial language is appropriate	<ul style="list-style-type: none">• The clinical/benefit reason for denial/modification/delay is clearly documented in easily understandable language and specific to members case• The letter states specifically which criteria member did not meet, and what member needs to meet criteria• For IP denials, correct days are entered• If a deferral/extension/delay letter was issued:<ul style="list-style-type: none">-The reason(s) for extension is clearly documented with sufficient information to understand the reason or rationale.-There is evidence that the Member or Provider requested it OR there is documentation for the justification of the need for additional information and how it is in the member's best interest.

Sample Audit Tool: UM Letter Audit

Audit Category	Reviews Must Include:
4. Health Literacy Advisor Utilization	<ul style="list-style-type: none"> • Reviewer documented use of HLA • There is evidence that member letter is written at 6th grade language level or lower
5. Translation requirements	<ul style="list-style-type: none"> • Reviewer submitted Verbiage to Language Vault for translation in member's threshold language if applicable
6. Ordering Practitioner notification	<ul style="list-style-type: none"> • Is the Letter addressed to the ordering Practitioner? Note: The letter should not be addressed to a facility or group. It is mandatory for the letter to be addressed to an individual.
	<ul style="list-style-type: none"> • For concurrent reviews, is the letter addressed to the treating physician (if different from the ordering practitioner)? Note: The letter should not be addressed to a facility or group. It is mandatory for the letter to be addressed to an individual.
7. Criteria Provided	<ul style="list-style-type: none"> • Criteria used for decision-making is provided on letter
8. Denial done by MD	<ul style="list-style-type: none"> • Appropriate medical professional denied the request
9. Turnaround times met	<ul style="list-style-type: none"> • Written notification to member
	<ul style="list-style-type: none"> • Written notification of decision to provider
	<ul style="list-style-type: none"> • Delay/extension notification to Member, if an extension was taken (not applicable to D-SNP) • Delay/extension notification to Provider, if an extension was taken (not applicable to D-SNP)
10. Peer to Peer Offered	<ul style="list-style-type: none"> • The name of the health care professional responsible for the UM decision is included in the written communication to the provider.
	<ul style="list-style-type: none"> • The telephone number of the health care professional responsible for the UM decision is included in the written communication to the provider.

Appeal & Grievance

Demetra Crandall

A&G Audit Score Results

2023/2024 Fiscal Year Results

Months	Number of Evaluations	Department Threshold	Department Scores	Met/Not Met
October	747	95.00%	91.44%	Not Met
November	600	95.00%	93.64%	Not Met
December	242	95.00%	87.60%	Not Met
January	715	95.00%	87.59%	Not Met
February	408	95.00%	88.50%	Not Met
March	256	95.00%	91.47%	Not Met

- A&G conducts quality audits on appeal and grievance cases prior to resolution, post closure and focused audits to ensure that cases meet regulatory requirements.
- The number of evaluations decreased overtime due to the team being utilized to assist with other regulatory functions.
- The A&G Leadership team is re-focusing efforts on audit results with associates during their 1:1 meetings to improved the department score.
- Increased staffing will also assist with improving this measure. It will allow for the for the associates to have adequate time to process cases thoroughly and for training/retraining to occur.

A&G Audit Results

A&G utilized existing quality audit questions to track improvement on identified areas in the DMHC/DHCS audits.

- Audit Questions

- Does the system reflect that the case was resolved and the resolution letter mailed timely based on regulations?

Months 2023/2024	Number of Evaluations	Evaluations Passed	Evaluations Failed	Department Threshold	Department Scores	Met/Not Met
October	602	599	3	95.00%	99.50%	Met
November	376	373	3	95.00%	99.20%	Met
December	No Audits	No Audits	No Audits	No Audits	No Audits	No Audits
January	166	165	1	95.00%	99.40%	Met
February	105	104	1	95.00%	99.05%	Met
March	83	81	2	95.00%	97.59%	Met

- Is the resolution letter written in clear and concise language?

Months 2023/2024	Number of Evaluations	Evaluations Passed	Evaluations Failed	Department Threshold	Department Scores	Met/Not Met
October	602	551	51	95%	91.53%	Not met
November	376	324	52	95%	86.17%	Not met
December	No Audits	No Audits	No Audits	No Audits	No Audits	No Audits
January	166	141	25	95.00%	84.94%	Not met
February	105	75	30	95.00%	71.43%	Not met
March	86	66	17	95	79.52%	Not met

A&G New Quality Audit Questions

In an effort to remediate specific identified areas of non-compliance, the A&G team created new quality audit questions. Based on Regulatory Audit Findings, the new questions were added to the audit scorecards effective March 1, 2024.

- Was the AOR/ARD process followed correctly?

Month 2024	Number of Evaluations	Evaluations Passed	Evaluations Failed	Department Threshold	Department Scores	Met/Not Met
March	113	113	0	95%	100.00%	Met

- Was the case classified correctly?

Month 2024	Number of Evaluations	Evaluations Passed	Evaluations Failed	Department Threshold	Department Scores	Met/Not Met
March	78	72	6	95%	92.00%	Not Met

Risk Management & Operations Support

Michael Sobetzko

LA Care Risk Committee

Risk Committee (RC) Formation: Internal Compliance Committee approved the Risk Committee charter on April 10, 2024.

RC Purpose: To ensure that L.A. Care can fulfill its requirement with respect to management of the Company's risks and assist management in setting the tone from the top and in developing a strong risk and compliance culture at all levels in the Company that results in appropriate consideration of risk and compliance in key strategic and business decisions.

RC Goals: The primary goals of the Risk Committee are to:

- Identify the key risks that could affect the ability of the Company to achieve its strategies and meet its regulatory obligations.
- Establish an Enterprise Risk Management program to identify, measure, monitor and report on the risks the Company faces
- Oversee Management Action Plans to ensure risks are properly mitigated.
- Periodically review enterprise level activities that tie into risk profiles (e.g. vendors)

Risk Committee Report-Out

RC Report-Out: The **Risk Committee** meets semi-monthly (or more often if necessary) and will report out to ICC and the Compliance & Quality committee of the board.

- These reports highlight critical risks, trends, and areas requiring attention.
- Status of Management Action Plans (MAPs)

RC Composition: The **Risk Committee** is made up of Director+ level representatives from across the enterprise

RC Decision Making:

- They consider risk appetite, regulatory compliance, and strategic alignment.
- Recommendations from the risk committee may influence resource allocation, risk tolerance, and policy adjustments.

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
Reported	5	6	7	10	4								
Open	2	4	1	2	1								
Closed to inventory	1		2	3	2								
Deferred													
Remediated		1	3	1									
Tracking Only	2	1	1	4	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.

Issues Inventory Years 2019 - 2024

- OPEN
- DEFERRED
- TRACKING ONLY

Year	2019	2020	2021	2022	2023	2024
Total	6	134	32	105	212	27
Open	1			3	20	8
Closed to Inventory					126	7
Deferred			3	21	2	
Remediated	5	134	29	81	45	5
Tracking Only					19	7
Monitoring Only						

Issues Inventory Update - Open

Issue Name and Description	Date Reported	Business Unit	Status
<p>Call Center D-SNP Performance Metric Not Met Q12024</p> <p>The plan did not meet the D-SNP internal enterprise performance target goals for call center service level >80% (January 59.83%, February 76.53% and March 78.85%) and abandonment <3% (January 7.99%, February 5.27% and March 5.01%) for the Q12024. (1569)</p>	4/18/2024	Customer Solution Center	Open

Appendix

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
<p>Justice Involved- Enhance Care Management</p> <p>L.A. County agency has cited 09/30/2026 for the pre-release go-live date, with a potential for an earlier commencement. This timeline may pose a potential risk, as it necessitates thorough preparation prior to the pre-release go-live while working concurrently to ensure service provision upon the go-live date. (1565)</p>	4/3/2024	Noah Kaplan	Tracking Only

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Totally Kids Sun Valley Denial of Payments</p> <p>The Department of Health Care Services (DHCS) contacted the L.A. Care because of complaints DHCS received from Totally Kids Sun Valley for causing several payment delays. DHCS report that since February, Totally Kids have been getting their claims denied indicating re-bill the claim correctly or alleged errors and received no feedback. (1570)</p>	4/26/2024	Claims/Erik Chase	The relevant L.A. Care business unit responded to DHCS and no further action has been required.	5/7/2024
<p>Office Ally Out of Service</p> <p>L.A. Care received an inquiry from the Department of Health Care Services (DHCS) that Office Ally services were down and what is L.A. Care doing to resolve the issue with Office Ally. Also, DHCS is requesting the names of the free clearinghouse(s) available to providers. (1568)</p>	4/17/2024	Claims/Erik Chase: Ann Reaves	The relevant L.A. Care business unit responded to DHCS with the vendor that electronic claims could be submitted free of charge.	5/1/2024

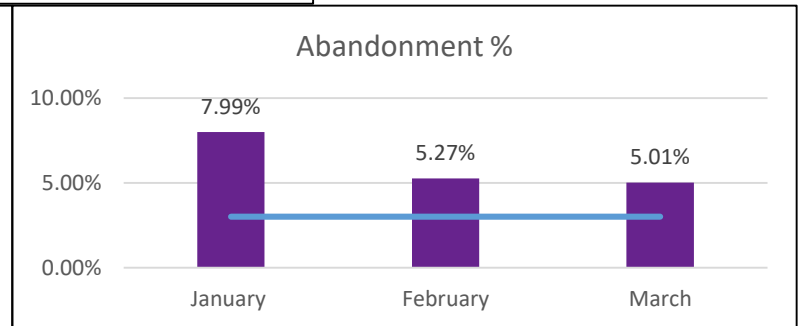
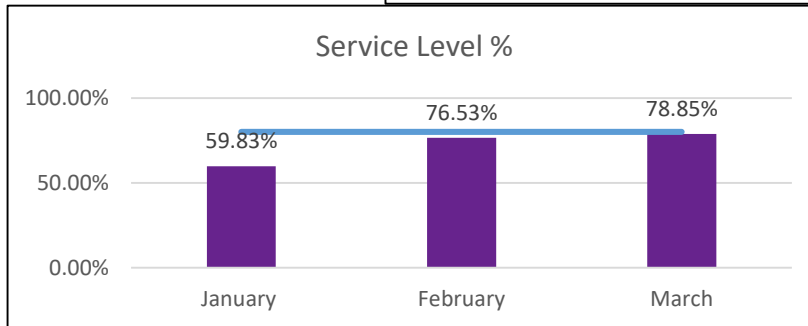
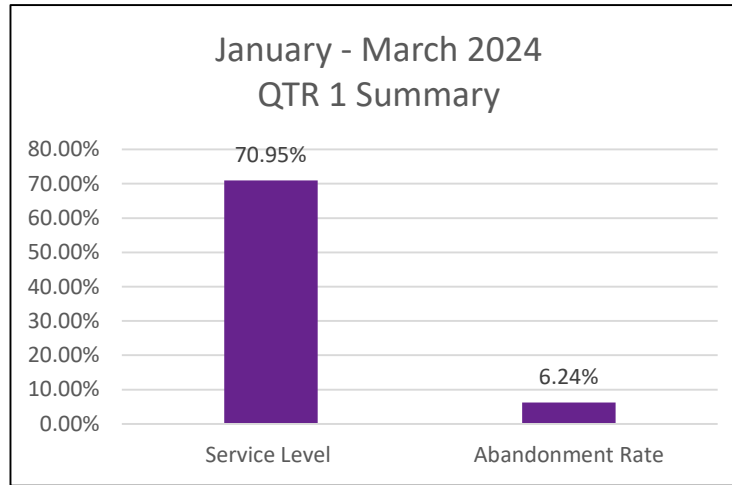
Issue Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated
<p>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</p> <p>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 APNR data. 1549</p>	2/7/2024	MediCal Product; Provider Data; Amanda Wolarik; Susan Williams; Penny Tunney;	<p>Remediated: Darrene Triplett –The plan gave due dates to the plan partners and followed up periodically to ensure they were on track to deliver all the required Annual Provider Network Reports</p> <ul style="list-style-type: none"> • Blue Shield Promise – April 8th • Anthem April - April 12th 	4/18/2024

CSC Call Center

Julie Valdivia, Lead WFM Analyst

D-SNP Call Center Performance



SL Goal: 80%
Regulatory ABA Goal: 5%
Enterprise ABA Goal: 3%

Root Cause and Corrective Action Plans

- **Root Cause:**

- The call center was challenged with meeting Key Performance Indicators (KPI) in January, February and March due to the following factors:
 - Increase in AHT during Open Enrollment
 - High attrition and shrinkage within Internal and Vendor staff impacting resource availability

- **Remediation Efforts:**

- The WFM team implemented a CSR shift bid change on March 11, 2024 to accommodate coverage for call arrival patterns
- The WFM team will continue to conduct a daily analysis of call volume trends and call arrival patterns in order to adjust staffing optimization
- A 6th work day for the Vendor staff has been and will continue to be scheduled during high call volume days. Overtime has also been and will continue to be implemented for internal phone staff, as an all-hands-on-deck (AHOD) approach with supplemental units to increase resource capability
- 3 D-SNP classes were scheduled from January- March with a total of 21 CSRs, with added classes in April, May, June amounting in 20 CSRs.
- The Vendor was approved to increase their headcount as of May 2024, and have classes scheduled to onboard new staff
 - New hire training lasts approximately 6-10 weeks. After the training is completed, their average handle time will naturally be higher as they become familiarized with call handling and transition from a training environment to production

Special Investigations Unit

Michael Devine

Compliance Unit Update – SIU

Presenter: Michael Devine, Ph.D., Director, Special Investigations Unit

FY 23/24 Year-to-Date Recoveries & Savings Dashboard

	Mar – May 2024	FY Year-to-Date
Recoveries	\$744K	\$3.5M
Savings	\$2.5M	\$6.4M
Totals	\$3.2M	\$9.9M

Law Enforcement

Active Criminal Investigations (FBI, CA DOJ, LASD HALT)	48
Undercover Operations	0
Arrests	2
Pending Prosecution	11
Convictions	3

Compliance Unit Update

Special Investigations Unit (SIU)

- Michael Devine was a speaker at the Healthcare Payment & Revenue Integrity Congress in Boston, Massachusetts.
- Spoke on the topic of Pharmacy Fraud Investigations.

Compliance Unit Update

Special Investigations Unit (SIU)

- Meeting with DHCS/DOJ
- Hospice Fraud Initiative
- Health Care Providers Lab Conviction
- Billing Flaw
- Rafael Malikian (former Physician)
- Dr. D.S.

Compliance Unit Update

Special Investigations Unit (SIU)

Quarterly Investigative Roundtables

- March 14, 2024
Speaker: Karen Weintraub
EVP, Health Care Fraud Shield
- June 13, 2024
Speaker: Jeanette Calinsky
Deputy Attorney General, CA DOJ

Delegation Oversight Audit

Marita Nazarian

2023 Delegation Oversight Audits

24 Participating Physician Group (PPG)/Independent Physician Association (IPA) Audited

Initial Health Assessment (IHA)

- **91%** of PPGs audited had untimely IHA performed.

MCLA Specialty Referrals

- **79%** of PPGs audited could not demonstrate that the member was scheduled for requested services; and
- **94%** of PPGs audited could not evidence that there was a follow-up conducted on the referral if it remained open or unused.

2024 Delegation Oversight Audits

5 PPG Audits Completed

Trends as of June 2024

- PPGs are not clear on IHA obligations for DNSP members

Quality Improvement

Dr. Edward Sheen

Compliance Risk Summary

CAP Updates from Audits: NCQA

NCQA Accreditation CAP Survey

CAP is now closed and L.A. Care is Accredited for Medicaid, Medicare, and Exchange (LACCD).

BACKGROUND: UM7B denial letters missing language

- Half of files selected in survey were prior to LAC updates and improvements taking effect
- Accreditation conducted Mock Audit File Review of internal UM files and delegates- Internal Finding for Factor 3.

Opportunities for Improvement:

- **Non-Compliant Factors-** Factor 3: A statement that members can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision was based, upon request. Missing for NOAs (Modify)- Delegates only
- **Next Steps:** QI will conduct continuous check-ins with UM and Delegates to ensure GAPs are remediated

NCQA Discretionary Survey

CAP is now closed and L.A. Care is Accredited for Medicaid, Medicare, and Exchange (LACCD).

BACKGROUND: DHS: UM13C

- Not enough denial files to review per 8/30 methodology; due to DHS E-Consult specialty referral process
- QI confirmed with NCQA: "reviewing all available files is an acceptable methodology if the number of files falls short."
- Narrative explaining DHS E-Consult system, process improvement efforts, and auditing of all files was submitted as supporting evidence.

Opportunities for Improvement:

- Continue close monitoring of DHS's new referral process.
- Next Steps: QI will conduct continuous check-ins with DO to monitor file volume.

Access & Availability

Access to Care PPG Dashboard Preview

PCP Results: [PPG Name]

Measure Level Compliance

Measure	Rank	Goal	2022	2021	2020
Callback Compliance	1 of 37	80%	71%	72%	71%
Urgent Compliance	1 of 37	98%	73%	95%	97%
Prenatal Compliance	2 of 37	96%	95%	98%	100%
Non-Urgent Compliance	1 of 37	98%	96%	97%	96%
Preventative Compliance - Child	32 of 37	99%	96%	94%	100%
Reschedule Callback Compliance	1 of 36	94%	97%	96%	100%
Preventative Compliance - Adult	1 of 37	94%	97%	100%	98%
Waitingroom Compliance	35 of 37	98%	99%	81%	80%
Reschedule Process Compliance	25 of 37	84%	100%	97%	97%

Response Rates

Outcome	Count	Percentage
Ineligible	98	12.4%
No Response	213	26.9%
Refused	61	7.7%
Response	420	53.0%

- Specialty**
- (All)
 - Family Practice
 - General Practice
 - Internal Medicine
 - OB/GYN - PCP
 - PCP - Other
 - Pediatrics
- LOB**
- (All)
 - LACC
 - LACCD
 - MCLA
 - Medi-Cal
- Compliance**
- N
 - Y

Providers

Provider Name	NPI	Address1	Sum of Total Non-Compliant	Callback Compliance	Non-Urgent Compliance	Prenatal Compliance	Preventative Compliance - Adult	Preventative Compliance - Child	Reschedule Callback Compliance	Reschedule Process Compliance
Aaron Tran	1841453032	3655 LOMITA BLVD	4	●	●		●		●	●
Abraham Paykar	1114903762	1601 W AVENUE J	2	●	●		●		●	●
Adan Romero lopez	1033520002	2251 W ROSECRANS AVE	0	●	●	●	●	●	●	●
Adelaida Antonio	1134337975	21001 SHERMAN WAY	4	●	●		●	●	●	●
Agnes Bahng	1740570100	18625 SHERMAN WAY	4	●	●		●	●	●	●
Alexander Messina	1902867823	2021 SANTA MONICA BLVD	0	●	●		●		●	●
Aliya i Ali	1962513846	8135 PAINTER AVE	0	●	●		●	●	●	●
Amani Eldessouky	1528074044	1704 W MANCHESTER AVE	2	●	●		●	●	●	●
An-chih Hsieh	1356877377	43322 GINGHAM AVE	0	●	●		●	●	●	●
Andreh Caraplet	1649520909	4864 SANTA MONICA BLVD	0	●	●		●	●	●	●
Angel Perez	1477654440	6517 EASTERN AVE	2	●	●		●	●	●	●
Angela Chan	1649441338	7615 EASTERN AVE	0	●	●		●	●	●	●
Anjana Kamdar	1346348638	1701 E CESAR E CHAVEZ A..	2	●	●		●	●	●	●
Antonio Zamorano	1043482060	1030 S GLENDALE AVE	2	●	●		●	●	●	●
Aqsa Sabir	1487935243	5912 SANTA MONICA BLVD	2	●	●		●	●	●	●
Arbi Ayvazian	1336409291	4864 SANTA MONICA BLVD	0	●	●		●		●	●
Aref Karbasi	1710208046	18445 VANOWEN ST	4	●	●		●	●	●	●
Arkady Stern	1033198882	18607 VENTURA BLVD	2	●	●		●		●	●

MCAS Measures

MCAS Measures

MY 2023 as of 5/16/25/2024

Measure ID	Measure Description	Denom	MY 2023 Rate	Rate Change MY2022
AMR0	Asthma Medication Ratio (AMR)	18,004	62.99%	-6.85%
CCS	Cervical Cancer Screening (CCS)	409	55.99%	1.56%
CIS19	Childhood Immunization Status (CIS)	411	29.44%	-6.08%
FUA030	Follow-Up After Emergency Department Visit for Substance Use (FUA)	14,847	28.40%	2.24%
FUM30	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	13,638	35.45%	-0.24%
W30A	Well-Child Visits in the First 30 Months of Life (W30)	14,660	46.72%	1.09%
W30B	Well-Child Visits in the First 30 Months of Life (W30)	33,034	64.28%	1.64%
LSC	Lead Screening in Children (LSC)	411	62.77%	8%
BCS-E	Breast Cancer Screening (BCS-E)	133,492	59.61%	4.67%
CBP	Controlling High Blood Pressure (CBP)	388	66.75%	4.00%
CHL0	Chlamydia Screening in Women (CHL)	71,644	69.91%	2.21%
DEV	Developmental Screening in the First Three Years of Life	81,208	39.68%	11.40%
HBD_HBA1CGT9	Hemoglobin A1c Control for Patients With Diabetes (HBD)	409	36.43%	1%
IMA5	Immunizations for Adolescents (IMA)	4.11	44.28%	5%
PPC1	Prenatal and Postpartum Care (PPC)	270	91.11%	0%
PPC2	Prenatal and Postpartum Care (PPC)	270	82.59%	2%
TFL_CH0	Prevention - Topical Fluoride For Children	842,611	21.72%	21.45%
WCV0	Child and Adolescent Well-Care Visits (WCV)	803,997	48.67%	2.03%

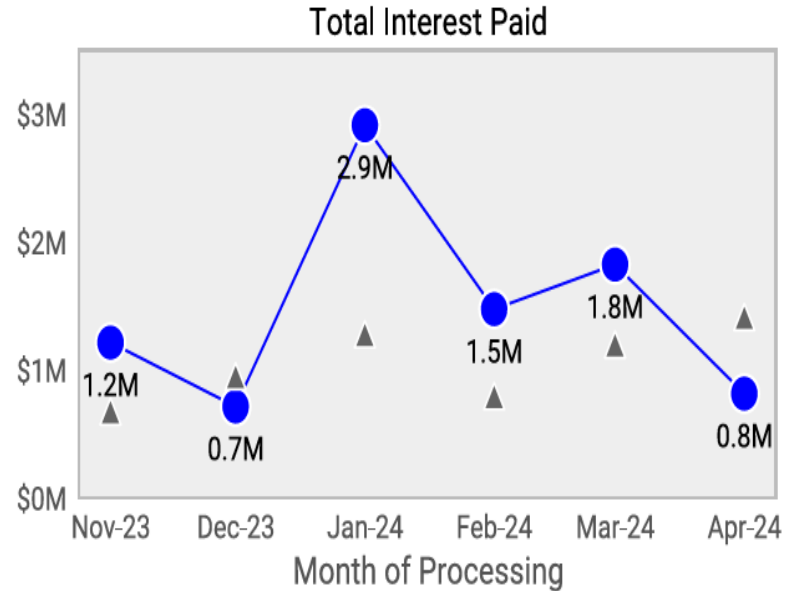
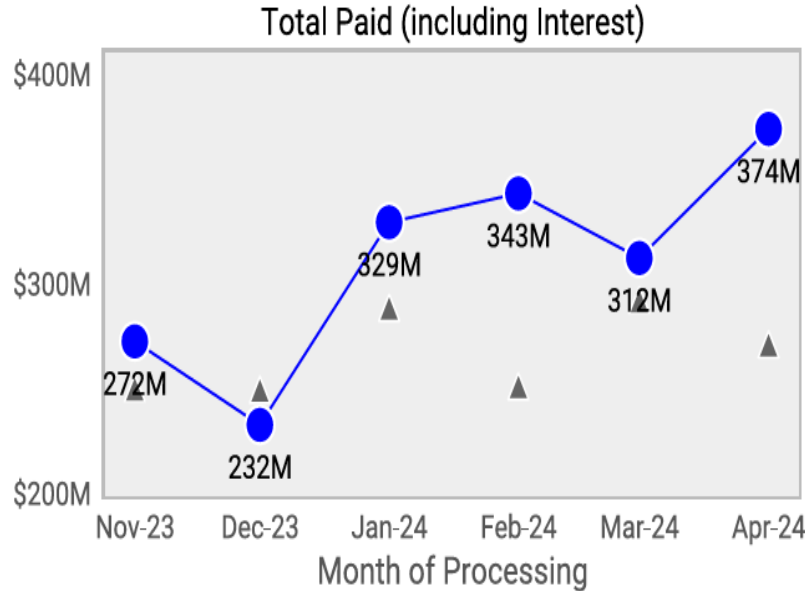
L.A. Care is meeting 11 out of 18 measures

Claims Integrity

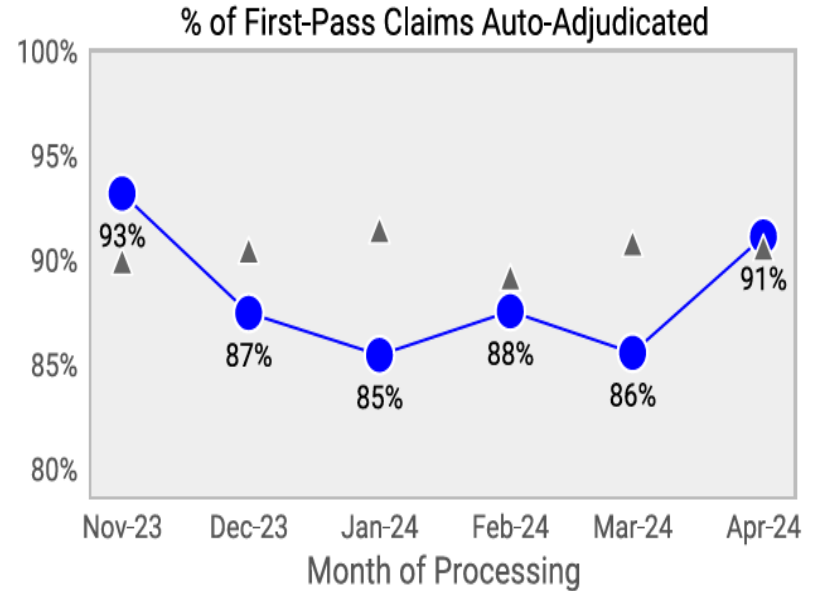
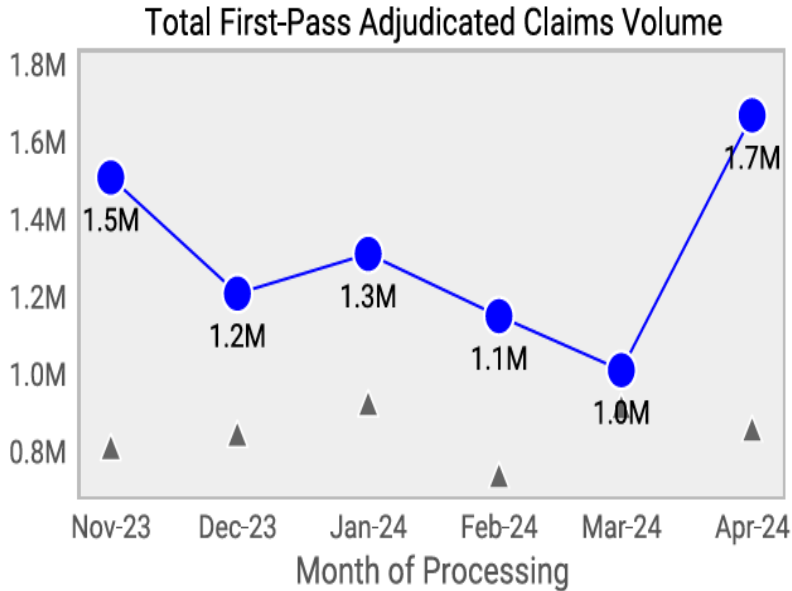
Erik Chase

Claims Integrity

MCLA Payment Processing

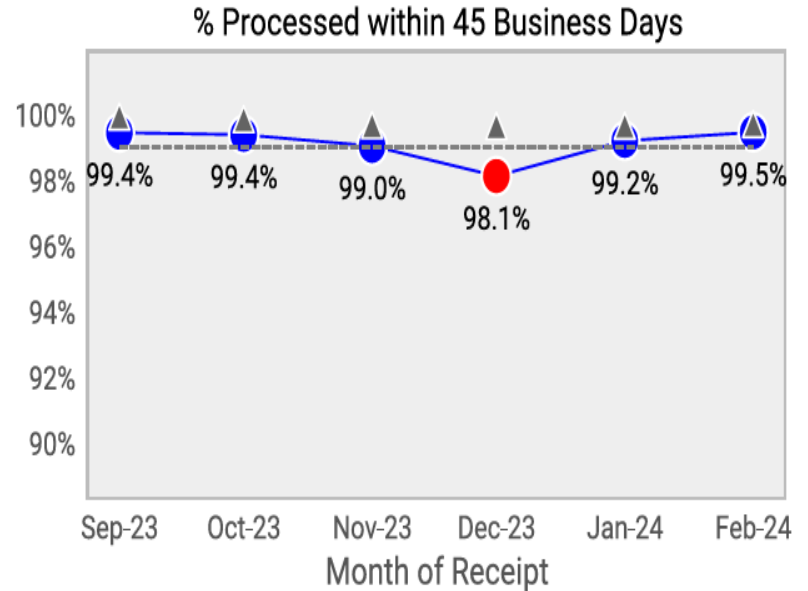
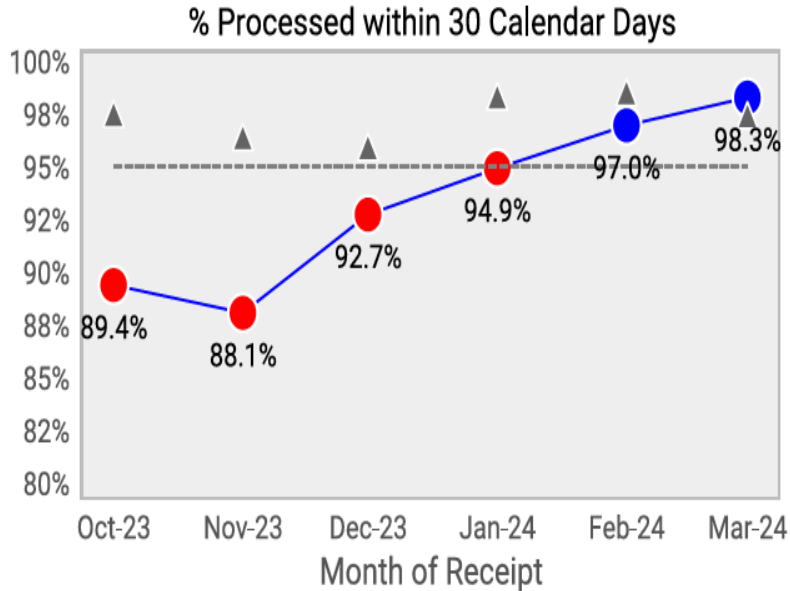


Claims Integrity

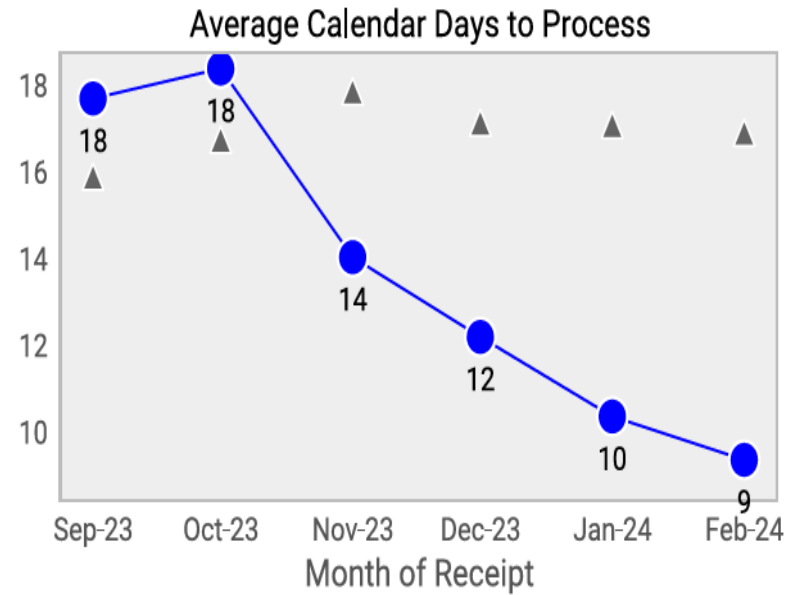
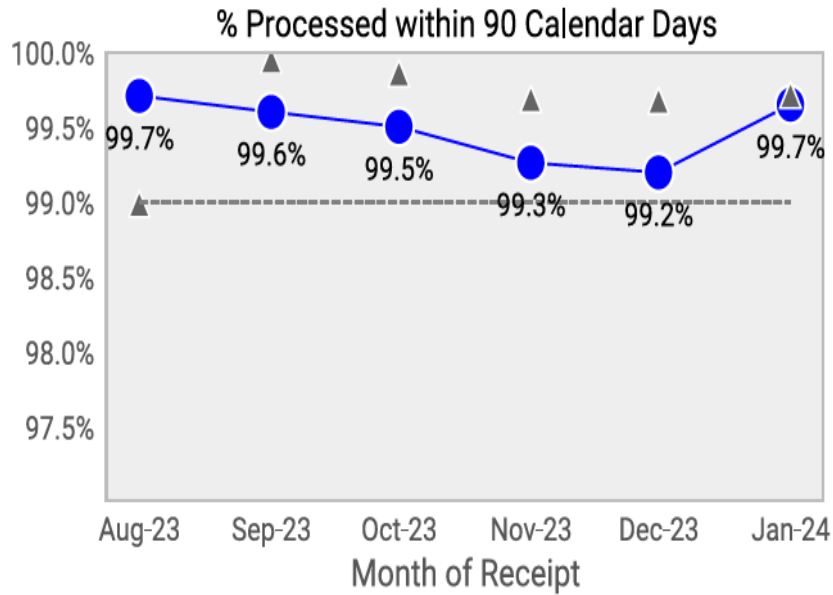


Claims Integrity

MCLA Claims Processing Timeliness

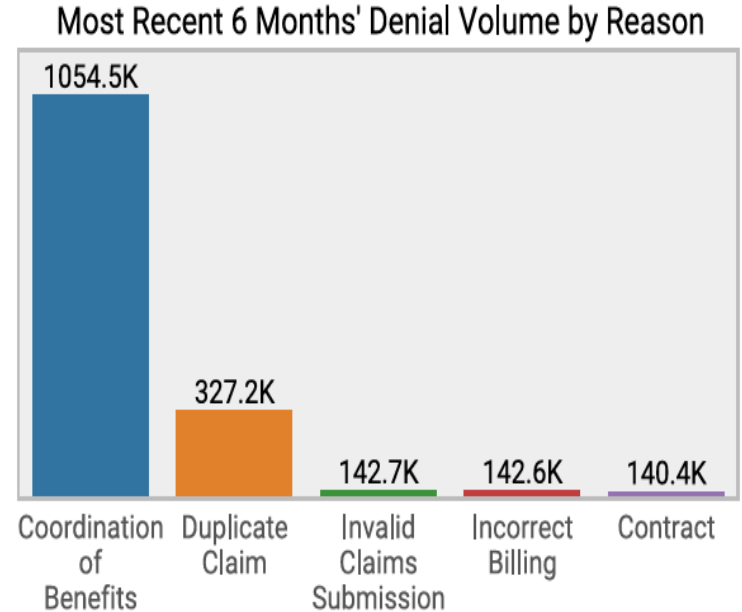
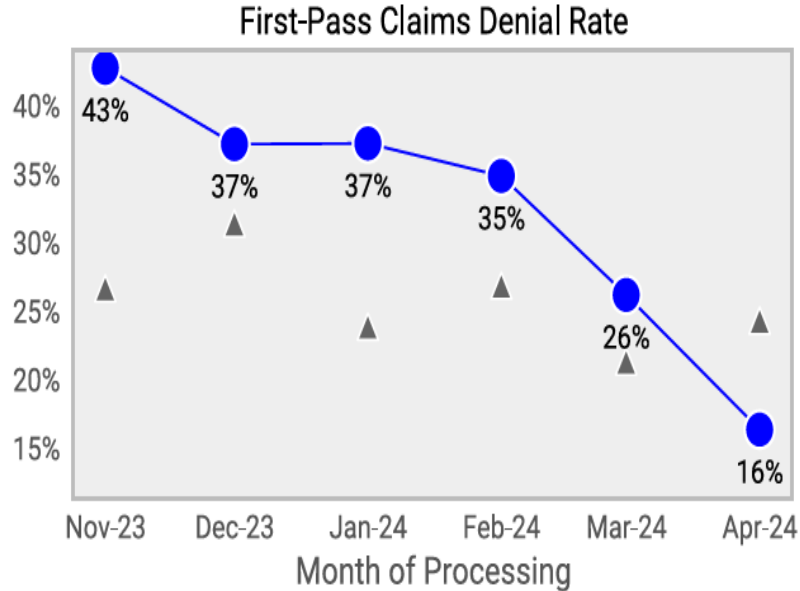


Claims Integrity



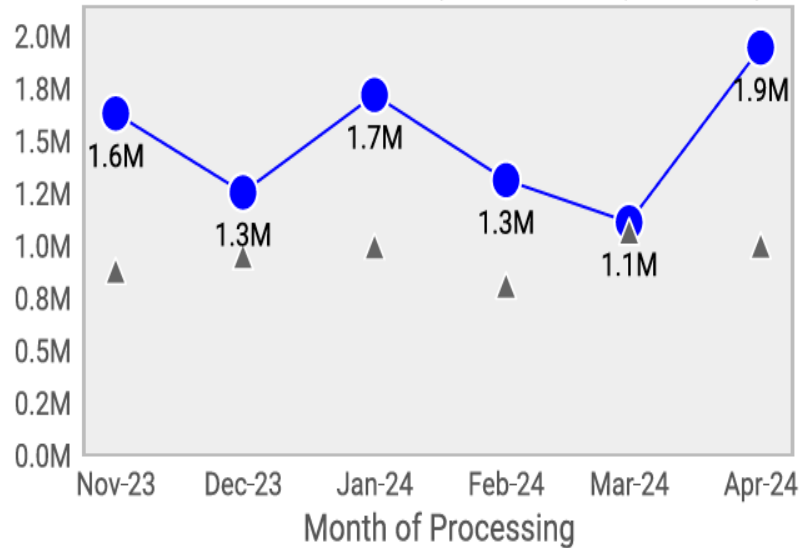
Claims Integrity

MCLA Claim Denials and Adjustments

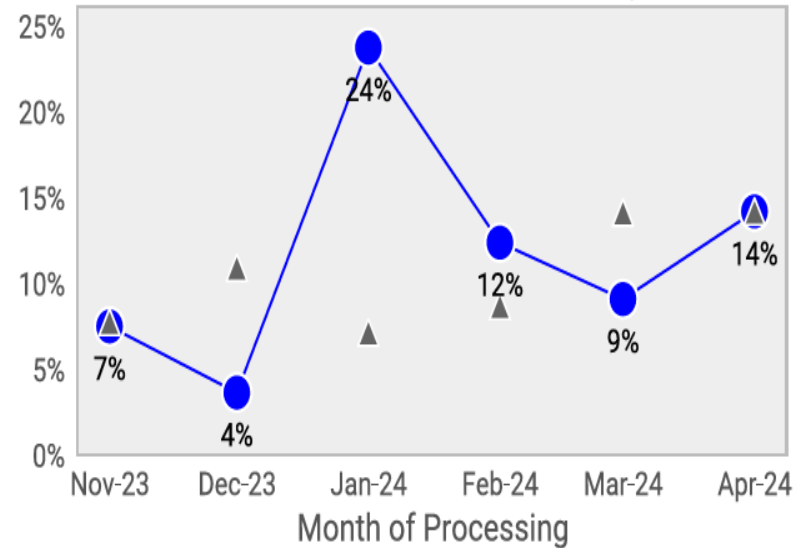


Claims Integrity

Total Claims Processed (Originals + Adjustments)

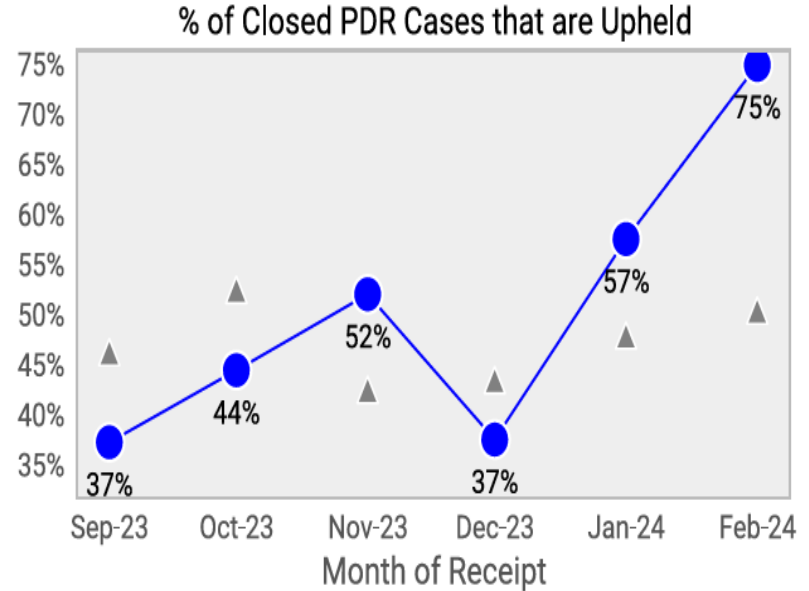
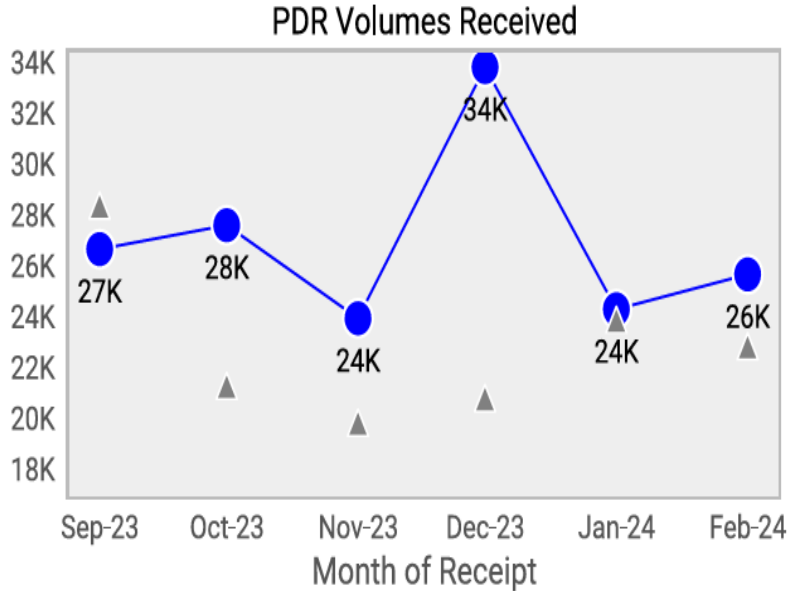


% of Total Claims Processed that are Adjustments

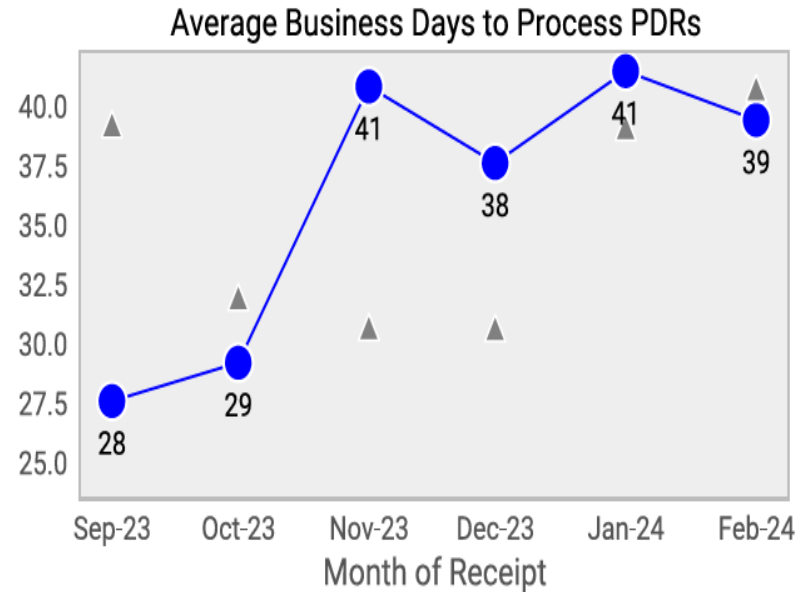
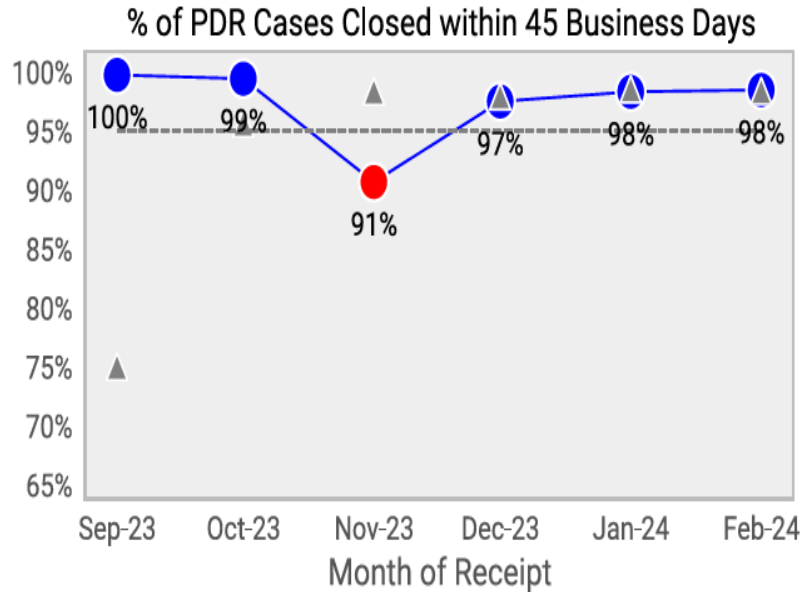


Claims Integrity

MCLA Provider Dispute Resolution Processing



Claims Integrity



Questions





L.A. Care
HEALTH PLAN®

For All of L.A.

CMO Report: June 2024

Health Services Update

Medical Management
Quality Management
Community Health
Pharmacy

Sameer Amin, MD
Chief Medical Officer, Health Services

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Medical Management

Enhanced Care Management (ECM)

Payment Model

The ECM team is finalizing the new payment model in collaboration with the Finance and Actuary teams. Feedback from ECM providers, California Department of Healthcare Services (DHCS) requirements, and other health plans has been integrated. L.A. Care's initiative for incentivized payments to ECM providers for enrolling newly eligible members is nearly complete and will be formally rolled out in Q2 2024. These incentive payments are expected to boost ECM enrollment among L.A. Care members.

Enrollment

L.A. Care aims to enroll 30,000 members in ECM. As of Q1 2024, enrollment, including Plan Partners, stands at 15,579, showing a slight increase from the previous quarter. Preliminary reviews indicate an expected increase in Q2 2024, driven by L.A. Care's enhanced enrollment efforts, including new incentive payments and improved referral/lead generation processes.

Network

The ECM Network has expanded to include 83 contracted providers. Throughout 2024, the focus will be on expanding capacity in specific ECM populations. New providers will primarily be organizations with expertise in working with Justice-Involved, Birth Equity, or Child Welfare populations.

Care Management for Dual Eligible Special Needs Plans (D-SNP)

Case Volumes

Through April 2024, the DSNP Care Management (CM) team experienced an uptick in both new referrals and overall active high-risk and complex cases under management. This increase resulted from the Health Risk Assessment (HRA) process for new DSNP enrollees and existing members needing their annual reassessments. In April 2024 alone, there were 156 new DSNP CM referrals. In total, over 1,000 DSNP CM cases were active with the LAC CM team, representing approximately 5.5% of the entire DSNP membership.

Internal CM Audits and Monitoring

The DSNP CM team has maintained scores over 90% in monthly performance audits conducted internally in 2024 on four key data elements: Ongoing Integrated Care Pathways (ICP), ICP Sharing with Members, and ICP Sharing with Provider. Overall Model of Care key performance indicators (KPIs) have improved significantly since 2023, with all audit measures now exceeding 90%. In June 2023, Delegated PPGs performed between 67% and 82% on four care planning

elements; these scores have now increased to between 94% and 99%. Similarly, L.A. Care's CM Team's performance on the same elements has improved from 97%-100% in June 2023 to 99%-100% in 2024.

ECM-Like Services

Beginning in January 2024, all D-SNP managed care plans must provide sufficient care management, i.e., "ECM-like care management", to members to ensure that members who do not otherwise qualify for Medi-Cal ECM are not adversely impacted by receiving care management exclusively through their D-SNP. Eligible members are being reached out to and provided with enhanced care coordination interventions, including those conducted in the field. The four populations of focus eligible for ECM-Like Services are "Adults at risk for avoidable hospital or Emergency Department (ED) utilization", "Adults living in the community and at risk for long-term care institutionalization", "Pregnancy and postpartum individuals", and "Nursing facility residents transitioning to the community."

Care Management for MCLA Members

Case Volumes

During April 2024, the LAC CM team created 469 MCLA CM cases and conducted initial outreach to offer members CM support. In total, over 1,500 MCLA CM cases were active, with members either participating or in active outreach. For Transitional Care Services (TCS), the LAC team sustained an increase in the number of high-risk TCS cases outreached. In March 2024, nearly 2,000 members were contacted and offered TCS support. The team is collaborating with the Analytics Team to enhance and expand real-time admission notifications via Health Information Exchanges (HIEs). Currently, all but two contracted hospitals in Los Angeles County (West Hills and Lakewood) are on an HIE platform. Our data algorithms help immediately identify members who fall under the "DHCS High Risk" category for TCS purposes.

Internal CM Audits and Monitoring

The MCLA CM team has consistently maintained scores over 90% in monthly performance audits conducted internally in 2024.

Utilization Management

Timeliness of UM Decisions and Notifications

From January through April 2024, the timeliness of UM decisions and notifications was monitored using compliance scorecard measures. Measures below 95% were attributed to a member address issue, resulting in some notifications not being timely. This issue was identified and remediated in mid-February. Measures below 90% were related to the compliance monitoring measure rules concerning extensions for commercial lines of business (LOBs). Compliance is conducting further research on the regulatory requirements.

Overall performance showed that measures above 95% were 44 in January, 45 in February, 45 in March, and 44 in April. Measures between 90-94% were 2 in January, 1 in February, 0 in March, and 1 in April. Measures below 90% were 0 in January, 0 in February, 1 in March, and 0 in April.

For the Direct Network only (Medi-Cal subset), all 20 measures exceeded 95%. Specifically, measures above 95% were 19 in January, 16 in February, 16 in March, and 16 in April. Measures between 90-94% were 1 in January and 0 in February, March, and April. There were no measures below 90% during this period.

Regulatory Audit Findings and Corrective Action Plans (CAPs)

All UM findings have been remediated, with the exception of two items. First, a fully functional provider portal that allows electronic authorization request submission, status tracking, and access to decision notifications is still in the planning and building phase with IT and the platform vendor. This portal is anticipated to launch in the second half of 2024. Second, the completion and validation of an enhanced, dynamic dashboard/business intelligence tool to monitor scorecard measures in near-real time is expected to be implemented by Q3 2024. Additionally, there is a formal process for member conferences as requested for denials of experimental services for terminally ill members, and a mechanism for tracking standing referrals has been implemented.

Managed Long Term Services and Supports (MLTSS)

CalAIM & Community Supports (CS)

Efforts to increase referrals and enrollment in all MLTSS CS-administered programs continue. Services are promoted in various provider forums as well as through internal education and training for cross-functional teams across the organization. Referrals to Personal Care and Homemaking Services have seen a significant increase, averaging 137 per month since October 2023, compared to an average of 40 per month in the previous fiscal year. Referrals to Respite Care and Environmental Accessibility Adaptations also continue to rise, with a current authorization rate of 70%.

Nursing Facility Transition and Diversion to Assisted Living Facility (NFTD) and Community Transition Services (CTS) to home and other private community settings became effective on January 1, 2024. Currently, three providers are contracted, with more to be added during the scheduled Letter of Interest process. Referrals for both programs have steadily increased, originating from hospitals, skilled nursing facilities, and internal teams (Utilization Management and Care Management) via Interdisciplinary Care Teams (ICTs). To date, the average number of referrals is 17, with an authorization rate of 97%. Trends and outcomes will continue to be monitored and reported.

CalAIM & Benefits Standardization

Since January 1, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care became a Medi-Cal Managed Care covered service. Contracting efforts are ongoing with nearly 200 facilities throughout the county, most of which are new to managed care. Phase I of DHCS's Post Implementation Network Readiness Requirements has been completed and approved, and Phase II is currently underway, with a due date for DHCS submission in June 2024. The L.A. Care MLTSS, Provider Network Management (PNM), and Credentialing teams have worked to ensure all DHCS requirements are met. In January, the ICF-DD census was 150, and as of April, it has increased to 326.

Nursing Facilities: New Tiers and Recontracting

The new tiered-payment model for nursing facilities has been finalized, and webinars have been conducted with Skilled Nursing Facilities (SNFs), Preferred Provider Groups (PPGs), and L.A. Care's Utilization Management and MLTSS SNF teams for socialization. Over 300 SNFs are currently contracted with L.A. Care, and 179 SNFs have signed the new contract. These contracts, which include updated rate tiers and carve-outs, aim to facilitate the discharge of high complexity members to the appropriate level of care when inpatient care is no longer needed.

Appeals, Grievances and PQI

Medical Management teams are strengthening their support for appeals and grievances functional areas. All quality of care (QOC) grievances are reviewed by a dedicated medical director before resolution. Cases requiring PQI review are appropriately triaged and referred to the Provider Quality Review (PQR) team within the Quality Management division of Health Services. The Appeals and Grievances (A&G) department has onboarded eight new frontline nurses and a new nurse manager to enhance the grievance resolution process. The Medical Management team meets weekly with appeals and grievances to provide the necessary clinical support to process and resolve QOC cases. Additionally, as of April 1, medical directors have taken over the process of reviewing PQIs, handling 15-20 cases per week. Lastly, the Peer Review Committee has been expanded to include a more diverse array of medical directors, fostering deeper discussions in clinical operations, care, and outcomes.

Total Cost of Care and Payment Integrity

The initial phases of our PPG Scorecard, also referred to as the PPG Performance Facesheet, and the Over- and Under-Utilization Report have been completed and were presented at the March 2024 UM Committee meeting. We are collaborating with the Advanced Analytics Lab to delve into specific areas to right-size service level utilization and reduce variation. Initial projects target emergency room over-utilization, site of service variation for elective procedures, unnecessary inpatient utilization for chronic condition management, and physician-administered drugs. Additionally, we are working closely with Payment Integrity on Clinical Diagnosis Validation for DRG reimbursement, focusing initially on reviewing core mislabeled diagnoses such as acute respiratory failure, malnutrition, sepsis, encephalopathy, and acute renal failure.

Quality Management

Health Education, Cultural, and Linguistic Services (HECLS)

Meals as Medicine Program

The Community Supports Meals as Medicine program has been experiencing steady growth. In April, the program received 400 service authorization requests, marking the highest number since its inception in January 2022. This represents a significant increase of 208% over the weekly average in CY2023.

Diabetes Prevention Program (DPP)

The program has exceeded expectations in terms of member outcomes. The number of members who have achieved at least a 5% weight loss goal has surpassed the figures from the previous fiscal year. Currently, 62 members have successfully reached a weight loss goal of 5% or more, compared to 46 members last year.

Registered Dietitians

Registered dietitians are actively supporting Provider Engagement Meetings at the Community Resource Centers (CRCs). The Dietitian team has been instrumental in offering presentations on health education services and engaging with providers to address any inquiries they may have.

Initiatives

Blood Lead Screening

The Clinical Initiatives team is looking into procuring blood lead screening machines for high-volume clinics. The process is estimated to take about a year, with the first step submitted to finance. The finance team is scheduled to review the submission on May 15, 2024.

Well-Child Visits in the First 30 Months of Life

A Clinical Performance Improvement Project (PIP) focusing on Well-Child Visits in the First 30 Months of Life for the period 2023-2026, specifically targeting 0-15 months (W30 6+), encountered challenges in reaching Black/African-American members in Service Planning Area (SPA) 6, South Los Angeles. To address this, Community Health Workers (CHW) have been working on new interventions. These include brochure mailers and an upcoming W30 6+ text messaging campaign.

DHCS QI Remediation: HEDIS Children's Measures below MPL

The Department of Health Care Services (DHCS) has assigned L.A. Care the task of completing the A3 Lean Process Template after not meeting the Minimum Performance Level (MPL) on

children’s domain Healthcare Effectiveness Data and Information Set (HEDIS) measures for Measurement Year (MY) 2022. This template aims to streamline quality improvement and health equity processes. Two submissions are required: Initial Strategies and Action Items Submission, and First Progress Submission. Due dates are still being determined but are expected to be approximately 6 and 12 weeks from the initial assignment. Submissions are to reflect each children’s domain measure that did not meet MPL.

Practice Transformation

Equity & Practice Transformation Payments Program

L.A. Care earned an initial \$4.086M incentive payment on April 30 to pass to practices for the 1st deliverable. All 46 practices submitted the 1st deliverable, the phmCAT (practice assessment tool), by the deadline. An estimated \$2.2 million in Directed Payments will be made to practices in the October '24 timeframe. DHCS will send funds to LAC by September. The Population Health Learning Center (Program Office) will launch the Learning Collaborative to all practices in June with the 1st learning session (webinar) and the Peer-to-Peer learning module in July. The eLearning Resource Hub (platform) will be available in September.

Provider Quality Review (PQR)

Operational Efficiency Monitoring

The PQR team has maintained a timely closure rate of above 99% for FY2023-2024, with only 2,379 cases remaining open, indicating a 4% decrease from the previous month.

Audits & Oversight

During Q1 2024, the PQR team conducted oversight of A&G and CSC to audit and identify potential missed quality of care or service concerns for PQI investigation. This process identified a total of 6 cases (3 from A&G and 3 from CSC) for potential quality review. The team reviewed these cases during monthly collaborative meetings.

Collaboration with A&G

In May 2024, A&G introduced a new quality of care review process involving physician review of grievances, albeit without RN reviewers at present (as they are currently onboarding). PQR has offered to provide additional training to support newly onboarded A&G RNs, ensuring full implementation of the process.

Escalation Process to Compliance

The PQR team is collaborating with the Compliance Delegation Oversight Monitoring team to determine an appropriate revised escalation process when PPGs or providers are unresponsive to information requests.

PQI Platform

Development for the new PQI system (“Kaizen”) remains on track for Sprint 4 development and testing. Additional user stories will be incorporated to enhance user experience and ease of use. Data mapping for fields from both existing and new systems of A&G to Kaizen is deemed low risk but critical to ensuring clean data before the system goes live.

Quality Improvement Accreditation

National Committee for Quality Assurance (NCQA): Health Plan Accreditation

After the recent NCQA File Review Survey, L.A. Care has now officially been accredited for Medi-Cal, DSNP, and Exchange.

Health Equity Accreditation (HEA)

Preparing for HEA Accreditation: The accreditation team is gearing up for our NCQA HEA mock survey in fall 2024 to ensure readiness for our upcoming accreditation survey in December 2026. LAC is HEA accredited effective March 2024 – March 2027.

Access to Care

Timely Access Compliance Report: Measurement Year 2023

The MY2023 Timely Access Compliance Report for the DMHC Web Portal was submitted by the due date of May 1, 2024, outlining several key achievements. This includes the successful completion of Timely Access Policies Time-Elapsed Standard, indicating adherence to Rule 1300.67.2.2. Additionally, the report notes the successful passing of Provider Appointment Availability Survey Report Forms, covering various healthcare specialties. Furthermore, assessments of patterns of non-compliance were completed to ensure regulatory standards are met. A Quality Assurance Report was also provided, demonstrating overall compliance with access to care standards.

Timely Access to Care Survey Reports

Due to delays in Annual Network Review (ANR) Files Validation, the final results for Appointment Availability (AA) and After Hour (AH) surveys were granted an extension. The deadlines for these reports were set as follows: AA Final Results (PDF/Excel): May 10, 2024, AH Final Results (PDF/Excel): May 17, 2024. With reports now in hand, reporting is underway.

Direct Network

Provider Engagement Events: Dr. Felix Aguilar hosts monthly meetings where the Access to Care (ATC) Team provides Direct Network Appointment Availability & After-Hours Report cards. Direct Network Provider Quick Tips are also included.

Plan Partners (Anthem Blue Cross & Blue Shield Promise of CA): Plan Partner meetings have been conducted to discuss roles and responsibilities with the MY2024 Provider Appointment and Availability Survey (PAAS).

Next Steps

Follow Up on the MY2023 Timely Access to Care Survey Result(s) Reports with the vendor (CSS) and review the Final results for any outliers.

Stars/HEDIS Performance

D-SNP MY2023 Performance

Projected performance for D-SNP MY2023 continues to hold at an overall Star Rating of 3.0. While most MY 2023 HEDIS measure performances are projected lower compared to MY2022, overall domain performance stabilized at 2.72. Pharmacy and Operation measure performance projections remain steady, with overall domain ratings of 3.08 and 2.84, respectively.

D-SNP MY2024 April Year-to-Date Performance

Year-to-date performance for D-SNP MY2024 is higher compared to the same period last year. All measures for both HEDIS and Pharmacy are significantly higher, with most Operation measures also showing significant improvement.

LACC MY2023 Projected Year-End Performance

LACC is projected to achieve an overall rating of 3 in MY2023, which is 1.565 away from achieving an overall Star rating of 4.

LACC MY2024 Year-to-Date Performance

Year-to-date performance for LACC MY2024 is higher compared to the same period last year. Clinical Quality is performing at 56.432, which is 11.4 points higher than the same time last year. Plan Efficiency/Affordability is performing at 78.058, which is 5.619 points higher than the same time last year. Overall Rating is currently at 65.208, higher than 56.671 at the same time last year.

Population Health Management (PHM)

Integration of CalAIM Transitional Care Services (TCS) Requirements

The PHM Team is collaborating with the Care Management team to implement a central intake line for providers and piloting a Community Health Worker (CHW) field visit program for high-risk members.

Restructuring TCS Responsibilities

A site visit with DHCS prompted a restructuring of TCS responsibilities for the pre- and post-natal Medi-Cal population, with the Health Education department identified by QI Leadership as a potential manager for this program.

Initial Health Appointment (IHA)

Progress on Corrective Action Plan (CAP)

The IHA workgroup is actively refining the corrective action plan (CAP) to address the final DHCS Audit finding concerning the completion of an IHA for new members within 120 days of enrollment. All components of the CAP are either complete or progressing as scheduled.

Monitoring Tool and Compliance Report

The monitoring tool has been updated and is currently in use. Monthly compliance reports have been finalized and posted. The IHA team has collaborated with internal teams, including Pharmacy, Care Management, CCS team, and PDM, to ensure alignment on IHA outreach across all provider and member touchpoints.

Integration into P4P Program

IHA has been integrated into the P4P program and will be included in the May 2024 P4P Program Description.

Preparation for DHCS Audit

Moreover, the IHA team has completed the submission of all pre-audit deliverables for the July 2024 DHCS Audit. Additionally, they have actively engaged with various committees, including the Provider Advisory Committee (PAC) and Quality Oversight Committee (QOC), to gather feedback on barriers to IHA compliance.

Expanding Member Education and Provider Engagement

Expanding opportunities for member education is a key focus, with initiatives such as developing a text campaign and exploring member incentives. Furthermore, the team is developing a provider scorecard and implementing provider notifications on the IHA to enhance compliance and effectiveness.

Child Health and Disability Prevention Program Transition

Transition Plan Development and Certification

The CHDP Transition Plan, developed collaboratively with stakeholders and the CHDP Program Transition Workgroup, ensures the preservation of critical services such as presumptive eligibility enrollment, childhood lead poisoning prevention, and healthcare for children in foster care. DHCS certified the completion of all necessary transition activities by March 27, 2024, in compliance with Health and Safety Code section 124024.

Enhanced Regulatory Change Management (ERCM) and Business Prioritization

ERCM conducted discovery meetings across business units to assess the current state and identify gaps for the July 1, 2024, go-live date. The Business Owner identified key priorities, including Presumptive Eligibility and Care Coordination, and facilitated discovery sessions to capture input.

Population Health Informatics

Health Information Management (HIM) Analytics

Initial Health Appointment (IHA) Analytics: Analytics on the IHA are ongoing. Monthly Compliance Reports are completed and posted on the provider portal. Additional analyses are being performed to determine how Customer Solutions Center (CSC) can assist in outreach to improve IHA rates, incorporating MCAS data for this purpose.

CalAIM Key Performance Indicators (KPIs): CalAIM KPIs are being further developed and refined. The goal is to run these KPIs on a monthly basis with code automation to support this process.

Health Risk Assessment (HRA) Reports: The HIM team is collaborating with the Stars Team to create HRA monthly reports. These reports will help identify members who require a Health Risk Assessment and track the time left for timely assessments.

Incentive Programs Analysis: Data analysis has begun for two new incentive programs—SNF and Hospital. Code development is underway to model both programs, with reports expected to be distributed to providers.

Provider Portal Reports: HIM is working with the Initiatives Team to finalize reports distributed to providers through the provider portal to improve the “Follow-Up with a PCP after an ED visit” metric. Additionally, we are developing FQHC reports for submission on the portal for Direct Network providers.

Social Determinants of Health (SDOH) Monitoring: SDOH rates are being generated for the Health Equity Team to help monitor these rates across PPGs and PCPs over various time intervals.

Health Information Ecosystem (HIEc)

Incentive Programs: Participation in HIEs is a critical component of the newly launched Hospital Pay-for-Performance (P4P) and Skilled Nursing Facility (SNF) P4P Programs. These programs offer ongoing incentives for achieving HIE participation milestones.

One-Time HIE Adoption Incentive: Targeting hospitals and SNFs, this incentive has a total budget of \$2.1 million. The initiative aims to meet HIE metrics within the Incentive Payment Program (IPP), potentially leading to approximately \$7 million in earnings if adoption targets are met.

HIE Adoption Incentive for Federally Qualified Health Centers (FQHCs), Small Practices, and Solo Practitioners: This initiative is currently in progress, with three provider applications already approved by the Application Review Committee. Additional applications and inquiries are under review. Communication efforts are ongoing, with added support from Independent Practice Associations (IPAs) to encourage providers to leverage the incentive.

Incentives

Hospital P4P Program: The Hospital Pay-for-Performance (P4P) Program Description has been distributed. We are working with Legal to establish agreements with the Hospital Quality Institute (HQI) for data sharing necessary for the program. HQI has started outreach to our contracted hospitals, and we are nearing the distribution of the first data progress report.

SNF P4P Program: The Skilled Nursing Facility (SNF) P4P Program Description has been distributed. Our analyst is currently retrieving and analyzing data for the first progress report, which is targeted for release in July.

Provider Opportunity Reports (POR) and Gap in Care (GIC) Reports: Monthly production of POR and GIC reports for all provider types continues. Plans are underway to enhance these reports and improve the use of the Cozeva platform. The 2024 prospective PORs have been sent and will now be distributed monthly.

2023 CG-CAHPS Survey: The fielding of the 2023 CG-CAHPS survey has concluded with a response rate of approximately 24%. The first data and reports are expected to be available by June.

Member Incentives for 2024: Current assessments of 2024 member incentives are being conducted among stakeholders, with potential new programs focused on Flu, COL, WCV, and other priorities.

Community Health

Community Supports (CS) Operations & Reporting

CS Provider Network

For the July 2024 cycle, contracting is underway for providers identified through the Certification Application process for multiple Community Supports programs, including new programs like Day Habilitation and Short Term Post Hospitalization Housing (STPHH). Additionally, for the January 2025 cycle, the CS Provider Letter of Interest (LOI) was released on May 13, 2024, with a due date of May 31, 2024, to support the development of the CS provider network.

CS Implementation and Member Engagement

Implementation of new Community Supports programs, including Day Habilitation and STPHH, is progressing for the July 2024 launch. Efforts to increase member engagement and utilization of CS include strategies such as provider opportunity reports, provider and stakeholder engagement, provider incentives, member engagement initiatives, and referral monitoring and reporting.

CS Stakeholder Training

The CS monthly webinar series for current and prospective CS providers and other stakeholders continues. The webinar on May 22, 2024, focused on "Navigating the Complexities of the Health Ecosystem – Role of the Community Health Worker." The upcoming webinar on June 28, 2024, will focus on "ECM Populations of Focus and CS."

CS Program Alignment

Efforts to standardize program operations across all Community Supports are ongoing. Activities are focused on ensuring cohesive and efficient operations across various service areas, including data and reporting, provider network management, member engagement, and compliance.

Behavioral Health

Collaboration with DPH SAPC

The Behavioral Health Department is working with the Department of Public Health Substance Abuse Prevention and Control (DPH SAPC) to process and pay for 2023 Sobering Center cases at the Mark Ridley-Thomas Behavioral Health Center.

Expansion of Sobering Center Provider Network

We are in the process of expanding our Sobering Center provider network by adding a third provider, National Healthcare and Housing Advisors, with locations in Pomona and Long Beach.

Student Behavioral Health Incentive Program (SBHIP)

Paramount Unified School District reported that 53-87% of students who engaged with Hazel Health's mental health program improved their attendance across schools, with over 40% having zero absences since their referral to Hazel. Additionally, Hazel Health and the Los Angeles County Office of Education (LACOE) have announced the extension of services for the 2024-2025 school year.

Social Services

Presentations and Training: We presented our Community Supports (CS) intervention to the Association for Community Affiliated Plans (ACAP). Additionally, we conducted Asthma Remediation and Recuperative Care training sessions for hospitals and PPGs.

Community Health Events: We organized four Community Health events, bringing L.A. Care services to homeless members. These events included enrolling individuals in Enhanced Care Management (ECM) and Housing Navigation Services.

Housing Initiatives

Housing CS, Day Habilitation CS, Field Medicine, HHIP

Housing (Housing Navigation CS, Tenancy Sustaining Services CS, Housing Deposits CS):

Financial Restructure Planning: The Housing Navigation (HN) and Tenancy Sustaining Services (TSS) will transition from a pre-emptive monthly capitation structure to a two-claims-per-month structure, paid at half the cap rate each. Implementation planning is underway. Additionally, administrative payments for Housing Deposits (HD) will be separated from the HHSS monthly cap.

New Outreach Reporting: Housing Community Support (CS) launched new outreach HCPC reporting by provider.

Increasing Enrollment Efforts: Efforts to increase enrollment include partnerships with interim housing (IH) support programs like Inside Safe (Los Angeles City) and Pathway Home (Los

Angeles County) to connect members to HN/ECM. Cross referrals for ECM are also ongoing. As of May 13, 2024, 12,485 members are enrolled, marking a 1,531 increase from March 11, 2024.

Day Habilitation CS

Launching July 1, 2024

The Day Habilitation CS program is progressing through various preparatory stages. The Statement of Work (SOW) and Policies & Procedures (P&P) were submitted to DHCS. Operations planning and launch preparations are underway, including developing program and provider guidance and beginning the systems build-out and configuration process with IT. For the July 2024 provider load, five providers are currently in process.

Field and Street Medicine: Launch and Operations

The Request for Applications (RFA) was distributed on April 26, 2024, resulting in 20 applications received by May 24, 2024. The application review process is currently underway, with capacity-building and performance incentive programs finalized prior to RFA distribution. A county-wide geo-map of provider coverage areas has been developed. Additionally, operations and planning efforts are ongoing, including claims ingestion and payment for unassigned members, establishing direct Street Medicine contracts, and finalizing capacity-building incentive investment agreements.

Housing and Homelessness Incentive Program (HHIP)

Skid Row Care Collaborative

Investment agreements for the Skid Row Care Collaborative have been developed in partnership with DHS, JWCH, and L.A. Christian Health Center. This investment, jointly funded with Health Net, aims to provide essential resources to Skid Row residents experiencing homelessness.

Stay Housed LA Agreement

The LA County Stay Housed LA agreement is in the finalization stage and is expected to be executed within the next month. This investment will support eviction prevention efforts throughout the county.

Interim Housing Accessibility

An investment agreement with CEO-HI/Brilliant Corners has been approved, and the final agreement is expected to be executed by summer. This initiative aims to enhance interim housing accessibility.

Stakeholder Engagement:

Core stakeholder and community forum meetings were held to share updates on HHIP Submission 2 and progress on the CEO HI Unit Acquisition and ADL strategies.

Pharmacy Department

Star Rating Metrics

CMS's decision to include Polypharmacy and Concurrent Use of Opioids and Benzodiazepines (COB) measures in the 2025 Star Ratings (2027 Star Ratings) has prompted Pharmacy to strategize additional interventions. Ideas such as provider notices and targeted member outreach aim to mitigate the risks associated with negative drug interactions and side effects.

Medication Adherence Programs

Comprehensive Adherence Solutions Program (CASP): Adjusting outreach strategies, Pharmacy achieved an improvement in medication adherence measures compared to 2023. The strategic call campaign ensures timely interventions, addressing gaps between initial and subsequent medication fills.

Pharmacoadherence Mailers: Internally managing mailer distribution for DSNP and LACC/D members and providers is expected to yield cost savings of approximately \$154,000, starting in May 2024.

Mail Order Pharmacy: Transitioning to Quality Drug Clinical Care (QDCC) for DSNP and Postal Prescription Services (PPSRX) for LACC/D and PASC members aims to enhance service efficiency.

GLP-1 Receptor Agonists: Implementing prior authorizations for GLP-1 RA products since January 1, 2024 ensures appropriate use for Medicare Part D covered indications, supporting medication adherence and continuity of care. Outreach efforts have addressed 1,019 rejected GLP-1 claims for unique members as of May 23, 2024.

Medication Therapy Management (MTM) Program

The Medication Therapy Management (MTM) Program at L.A. Care has demonstrated significant progress and compliance. Following a successful audit by CMS for the 2023 program year, achieving 100% compliance, the 2024 program year commenced with notable enhancements. With changes reflected on the website, collaboration with Navitus Clinical Engagement Center (MTM vendor) has resulted in a commendable 67% completion rate of eligible members as of 5/17/24, a marked improvement from the previous year's performance at 45% in Q2 2023. Moreover, the submission of 1,169 MTM Comprehensive Medication Reviews (CMRs) for MY2024 as of 5/24/24 underscores the program's commitment to optimizing medication management and ensuring the well-being of members. Additionally, the inclusion of a summer intern to support internal efforts further augments the efficiency and efficacy of the MTMP.

Transitional Care Services (TCS): Overview and Updates

Compliance & Quality Committee (C&Q)

June 20, 2024

Joycelyn Smart-Sanchez

Director, Care Management



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Transitional Care Services (TCS)

Transitional Care Services – Progress Report

- **TCS Responsible Teams**
 - **Care Management:** Members enrolled in CM
 - **Enhanced Care Management (ECM):** Members enrolled in ECM
 - **PPGs:** Children with Special Health Care Needs
 - **MLTSS:** LTC and ICF-DD
 - **Health Education:** Pregnancy and Post Partum 12 months

- **Birthing Population (Pregnant and Post-Partum 12 Months)**
 - TCS transitioning to Health Education Team in 2Q2024
 - Minimal process extension to existing post-delivery program in order to meet TCS requirements
 - Health Education is working with Care Management on staffing structure and process refinement

- **PPG Communication and Coordination**
 - PPGs to support Children with Special Healthcare Needs
 - Coordination calls and trainings taking place with PPGs

Transitional Care Management (TCS)

Transitional Care Services – Progress Report

- **TCS Pilots**
 - **Medication Reconciliation Pilot with Pharmacy Team**
 - Launched January 2024
 - 201 Medication Reconciliations completed
 - **Field Work (Post Discharge Home Visits)**
 - Launched June 2024
- **Readmission Risk Tool**
 - Continued improvements to the tool for automated TCS population identification
- **Ongoing Hospital Education**
 - Hospital Webinar scheduled 6/25/2024

Transitional Care Services (TCS)

TCS Key Performance Indicators (KPIs)

Plan Reported PHM Monitoring KPIs	Mean (Standard Deviation)	Median (Range Across Plans)	Threshold for Relative MCP Performance (1 Standard Deviation Worse Than Mean)	LA Care Rates (Q2 2023)	LA Care Rates (01/2023 to 01/2024)
Percentage of transitions for high-risk members that had at least one interaction with their assigned care manager within 7 days post discharge	12% (17%)	6% (0% - 74%)	N/A	3.54%	6.30%
Percentage of acute hospital stay discharges who had follow-up ambulatory visit within 7 days post hospital discharge	36% (12%)	35% (12% - 70%)	25%	38%	29.63%