BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – September 19, 2024

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	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. 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.	
APPROVAL OF MEETING AGENDA	**The meeting Agenda was approved as submitted.**	**Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)**
PUBLIC COMMENT	*There was no public comment.*	

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APPROVAL OF MEETING MINUTES	**The August 15, 2024 meeting minutes were approved as submitted.**	**Approved unanimously. 4 AYES**
CHAIRPERSON REPORT	Chairperson Booth commended the committee for their hard work during a period of significant change. She noted that while the process involves considerable effort, the group is making meaningful progress beyond mere reorganization. Chairperson Booth stated that the system is maturing and expressed hope that Compliance will eventually become a natural part of their operations, where individuals will no longer resist it. She noted that audits should be viewed as beneficial opportunities for improvement rather than as punitive measures. Chairperson Booth noted the unique opportunity they have to receive expert advice on Compliance, which is not commonly found in similar organizations. She expressed pride in both the team's efforts and the contributions of Board committee members, who have been actively engaged in reviewing materials to ensure clarity and quality.	
CHIEF MEDICAL OFFICER REPORT	Sameer Amin, *MD, Chief Medical Officer*, gave a Chief Medical Officer report *(a copy of the materials can be obtaided from Board Services).* Dr. Amin provided an update on key initiatives and progress within the health services department, emphasizing the importance of accountability for decisions and strategies made. Dr. Amin highlighted the success of Enhanced Care Management (ECM), noting a 25% increase in enrollment from February to August 2024. This growth was attributed to strategic recontracting efforts that incentivized providers to enroll new members and enhance patient interactions. He acknowledged the effective leadership of Noah Ng, *Director, Enhanced Care Management*, and his team, who have fostered positive relationships with providers, allowing for better service delivery. He discussed improvements in the Transitions of Care program, which aims to support high-risk patients during their transitions between care settings. Dr. Amin reported an increase in interactions related to transitions of care, rising from approximately 1,600 to 2,700. Dr. Amin addressed changes made to the prior authorization process, which resulted in a 10% reduction in overall authorization volume. These adjustments have reduced administrative burdens and improved the efficiency of the utilization management department. Collaboration with hospitals has also seen significant improvements, particularly with the establishment of a 24/7 hotline for urgent calls, which now boasts a response time of 40 seconds and a drop rate of less than 5%. Dr. Amin credited Tara Nelson, *RN, BSN, Senior Director, Utilization Management, Utilization Management*, for her outstanding leadership in enhancing operational performance and	

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	responsiveness to hospital needs. Dr. Amin expressed pride in the team's accomplishments and the ongoing efforts to create a more coordinated and efficient healthcare system for members. Member Roybal asked for clarification regarding the calls received through the hotline. He inquired whether the majority of these calls, specifically about 99%, were related to admissions from the emergency room. He assumed that a similar percentage of these calls likely resulted in approvals and sought confirmation on the actual approval rates for callers. Dr. Amin responded that at that point they are not calling for approval per se and they categorize all the calls that come in. the highest number is post stabilization. The next is transition to a higher level of care. Dr. Amin addressed the improvements in discharge planning and collaboration with hospitals. He noted that previously, the approach to engaging with hospitals was passive, relying on them to reach out for assistance with difficult-to-place patients. Recognizing the need for a more proactive strategy, Dr. Amin detailed the restructuring of the medical director division and the alignment of nursing staff with specific hospitals to enhance discharge processes. Dr. Amin noted the importance of actively rounding with hospital teams to discuss patients pending discharge. These efforts include connecting patients with necessary resources such as housing and community services, ensuring they are discharged to appropriate care settings rather than automatically to Skilled Nursing Facilities (SNFs). He pointed out that many patients were previously denied placement in SNFs because they were not suitable for that level of care. As a result of these strategic changes, the difficult-to-place patient list has been reduced by 25% month over month. He reported that patients are now being discharged to various care options beyond SNFs, including residential care and hospice services. Dr. Amin said that successful recontracting with skilled nursing facilities, noting that approximately 16% of the patients discharged are benefiting from a pilot program with Rockport, meeting expectations. Member Roybal noted that it isn't really a difficult to place patient population but more so it's the provider not knowing where to place them. Dr. Amin responded that it's a cry for help list. Dr. Amin explained that proactive engagement with hospitals around discharge planning has been instrumental in reducing the number of patients on this list. By addressing discharge needs before hospitals urgently request help, the team has been able to facilitate smoother transitions. He noted that a key factor in successfully paring down the list has been ensuring patients are directed to the appropriate care destinations. Dr. Amin noted that, previously, the common practice was to send patients to SNFs, even when that was not the most suitable option. He said that approximately 17% of the members on the difficult-to-place list were able to go home directly instead.	

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CHIEF COMPLIANCE OFFICER REPORT	Todd Gower, *Chief Compliance Officer*, and the Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the full written report can be obtained from Board Services)*. Overview o Compliance Report from the Internal Compliance Committee (ICC) o Updates on the Enterprise Risk Assessment and Management Action Plans (MAPs) o Vendor Management and Contracting Process o Issues Inventory o Business Unit Report Out on Appeals and Grievances Key Highlights Compliance Report o The compliance report outlined the current status of various compliance initiatives and highlighted the importance of accountability within the organization. Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*, presented updates on the Enterprise Risk Assessment, focusing on: o The lack of cross-functional third-party vendor management and oversight. o A remediation plan was developed, currently being assessed by a third-party consultant. Key actions include: - End-to-End Process Assessment: Completed in Q3 2024. - Leadership Review: Ongoing, with recommendations evaluated for implementation by Q2 2025. - Vendor Risk Committee: The charter is set to be presented for approval in September, with initial data gathering already in progress. Mr. Sobetzko provided an update on the Issues Inventory. o The current status included: - Reported Issues: Fluctuated over the past months, with a notable increase in July and August. - Open Issues: Currently at four. - Closed to Inventory: Issues resolved and removed from active tracking. - Deferred Issues: Waiting on regulatory guidance. Demetra Crandall, *Director, Customer Solution Center Appeals and Grievances, CSC Appeals & Grievances*, reported on the appeal and grievance volumes from July 2023 to June 2024. The data highlighted trends in complaints and the effectiveness of the response system. The report indicated that the system is undergoing improvements, including the implementation of a new system (i3vertical/Kiriworks) aimed at enhancing data reporting and compliance visibility by 2025.	

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COMPLIANCE & QUALITY COMMITTEE CHARTER STATUS UPDATE	Todd Gower, *Chief Compliance Officer*, discussed the Compliance & Quality Committee Charter Process. Mr. Gower provided an update on the Compliance and Quality Charter, which has undergone a thorough review over the past year and a half. He pointed out a significant organizational change from the previous year: the separation of Internal Audit from the Compliance Department. This change necessitated clear documentation in the charter. He noted the importance of incorporating the Office of Inspector General seven elements into the charter, which serves as a framework for compliance. Mr. Gower also noted that the updated charter includes provisions for monitoring and auditing within the compliance area. He acknowledged the contributions of various team members, Mr. Gower expressed gratitude to Linda Merkens, *Senior Manager, Board Services*, and Augustavia J. Haydel, *General Counsel*, and Chairperson Booth for their collaboration on the charter. He said that the necessity of periodically reviewing charters every two to three years to ensure they align with the organization's current practices, noting that such a review had not occurred for some time. Mr. Gower indicated that changes made to the charter are highlighted in red for easy reference. He mentioned plans to seek a vote for the approval of the revised charter at the next meeting. He assured the Board that the essential legal requirements remain intact in the updated document, even as some legal jargon was streamlined for clarity. He also shared insights from comparisons with charters from other plans in California, noting that many only have compliance charters, while very few include both compliance and quality. He reiterated that the revisions reflect the best efforts to create a comprehensive charter that meets the needs of both compliance and quality for the committee. Member Roybal asked if there is a role for the Chief Medical Officer in the charter. Chairperson Booth stated that it's in the charter. Mr. Gower said that he will take it offline with Chairperson Booth and make sure there is wording in the charter regarding the Chief Medical Officer. Chairperson Booth said that they can also define CCO and CMO. She noted that there should also be an Internal Audit charter and remembers seeing one in the past. Maggie Marchese, *Senior Director, Audit Services*, responded that she'll be sure to get the charter to the committee for its review.	
QUALITY OVERSIGHT COMMITTEE (QOC) REPORT	Edward Sheen, *MD, Senior Quality, Population Health, and Informatics Executive*, *(a copy of the materials can be obtaidne from Board Services).* Cultural and Linguistic Services (C&L) Utilization Report Monitoring and Effectiveness: The C&L unit monitors its effectiveness through quarterly utilization reports, which analyze:	

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	o The utilization of language services. o Service levels and satisfaction with language services. o C&L-related grievances and complaints. Language Services Overview: o Services are provided uniformly across all product lines, including standard and rapid translations, alternative formats (large print, audio, braille), and both face-to-face and telephonic interpreting. o Key metrics included the number of documents translated and requests for interpreting services. Key Findings: o A slight decrease in standard translations and alternative formats (down 20.2%), while rapid translations increased by 11.7%. o Face-to-face interpreting requests increased by 5.1% for medical appointments and 8.8% for non-medical appointments. o Telephonic interpreting usage rose significantly, with a 37.4% increase in minutes used compared to previous quarters. Satisfaction Metrics: o Most goals related to member satisfaction with interpreting and translation services were met. For instance, 99.2% of members reported satisfaction with translation services. o Challenges were identified, including declining satisfaction regarding the ease of requesting an interpreter, which led to initiatives for improvement. Nurse Advice Line (NAL) Oversight Service Overview L.A. Care provides 24/7 access to a Nurse Advice Line where members can consult with Registered Nurse Health Coaches for medical concerns and referrals. Contract Extension: The contract with the vendor Health Dialog was extended for three years to ensure continuous service. Key Findings: o NAL met most performance metrics but struggled with average speed of answer during Q4 2023 and Q1 2024. o 35% of symptom check calls initially intended for the ER were redirected to appropriate lower levels of care. Corrective Action Plan: o Health Dialog was placed on a corrective action plan due to consistent performance issues. o The acquisition by Carenet is expected to improve service delivery, with an increase in available nursing staff. Teladoc Utilization Report	

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	○ Overview: This section summarized how members received care through Teladoc services, showcasing trends and utilization rates. ○ Clinical Details: The report provided metrics on symptom check calls and identified common presenting symptoms, such as abdominal pain and respiratory issues.	
QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE (QIHEC) REPORT	Alex Li, *MD, Chief Health Equity Officer,* gave a Quality Improvement and Health Equity Committee (QIHEC) report *(a copy of the presentation can be obtained from Board Services).* Brief Summary of Key Equity and Disparities Findings and Program Focus and Interventions: • Disparities in clinical outcomes persist across various domains and populations • One of the main priorities is focused on improving the child health measures with Black/African American children and youth in Service Planning Area 6 (South LA): - Community Health Workers provide assistance with scheduling well-child visits before the 15-month mark - Offering at-home test kits • Conducted member survey in text message campaign: - Majority of members stated they did not see their doctor due to not feeling sick or not knowing who their doctor is. Data Efforts: • Efforts are under way to improve the quality and data collection of social determinants of health and race/ethnicity data points as well as scouring and scrubbing claims, encounters and supplemental data to capture the completion of our HEDIS measures. Demographic Changes: • Addressing the new Office of Management and Budget race/ethnicity changes in our system and talking with key community stakeholders (Los Angeles County Department of Public Health) Correct and Updated Contact Information: • Exploring alternative databases with member contact information. • Working with enrollment services to continue to update and ensure that we have the accurate member contact information Additional Work Planned for 2024-2025: • Developing a disparities data dashboards to better identify disparities. • Utilizing member councils and health promotoras for feedback on member outreach materials and programs	

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	• Empowering provider groups and clinics to analyze data and identify disparities in patient populations • Increasing the number of languages available for member outreach • Collaborating with community-based organizations and vendors in developing culturally tailored materials for a diverse membership Informational: Universal Provider Manual (UPM) Updates: • 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 seeks QIHEC input for the UPM on an annual basis.	
TIMELY ACCESS TO CARE UPDATE: MY2023 SURVEY RESULTS	Priscilla Lopez, *Manager, Quality Improvement Accreditation, Quality Improvement,* gave a Timely Access to Care Update: Measurement Year 2023 Survey Results *(a copy of the presentation can be obtained from Board Services).* Overview and Agenda: She provided insights into access to care survey results, performance goals, monitoring cycles, and interventions for improving provider performance. The annual survey is conducted from October to December, with results received by spring. Providers are given a report card and a corrective action plan (CAP) based on their performance, which they must respond to within 30 days. Performance Goals. L.A. Care sets a compliance rate goal of 80% for appointment availability and after-hours access, with the aim of achieving statistically significant improvement each year. She highlighted the compliance rates for various appointment types, comparing them against established performance goals: o Primary Care: Urgent appointments had a compliance rate of 73%, routine appointments 85%, and preventive care (adult) at 95%. o Specialty Care: Urgent appointments had a 69% compliance rate, routine appointments 75%, and prenatal appointments 100%. o After-Hours Care: Emergency room access showed 88%, but timeliness dropped to 66%. Provider Performance Analysis: Her analysis identified the lowest-performing provider groups based on urgent care appointments, call-back appointments, and after-hours care timeliness. Specific provider groups were highlighted, including those with high non-compliance rates. Interventions and Strategies:	

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	Ms. Lopez outlined ongoing remediation strategies for underperforming provider groups, including enhancing education about access to care requirements and collaborating to identify root causes for non-compliance. Ms. Lopez noted the importance of using data analytics to inform provider engagement and the need for adjusting training methods to address best practices effectively.	
MY2023 HEDIS RESULTS	Thomas Mendez, *Director, Quality Performance Informatics, Quality Performance Management,* presented the Measuremnet Year 2023 Healthcare Effectiveness Data and Information Set (HEDIS) Results *(a copy of the presentation can be obtained from Board Services).* Overview All HEDIS submissions for Measurement Year (MY) 2023 across all Lines of Business (LOB) were successfully completed in June 2024. L.A. Care maintained a 3.5 NCQA Health Plan Rating (HPR) for Medi-Cal, the same rating held since MY2020. The Dual Special Needs Plan (DSNP) HPR was not calculated due to the plan being new without eligible members for the CAHPS survey. The NCQA does not calculate Marketplace HPR. Key Findings: o HEDIS rates have generally improved year over year since the impact of COVID-19 (MY2020), with many measures returning to or exceeding pre-COVID levels. Summary of Improvements and Declines o Measures Improved: - DSNP Admin Measures: 45 - DSNP Hybrid Measures: 6 - LACC Admin Measures: 22 - LACC Hybrid Measures: 12 - Medi-Cal Admin Measures: 68 - Medi-Cal Hybrid Measures: 14 - Total Improvements: 167 Highlights and Goals Met Managed Care Accountability Set (MCAS): 11 out of 18 measures reached the Minimum Performance Level (MPL): o Lead Screening in Children (LSC), Topical Fluoride (TFL), and Well Visits for Children and Adolescents achieved MPL status, which they did not meet in MY2022. o Expected penalties from DHCS are projected to be approximately $500,000 less than the previous year due to these improvements.	

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	Quality Transformation Initiative (QTI): o 3 out of 4 measures were above MY2022 results o Controlling Blood Pressure (CBP) reached the 50th percentile, increasing by 5.19% compared to last year. o Colorectal Cancer Screening (COL) improved by 5.03%, and HbA1c for Diabetics (HBD) improved by 5.84%. Areas of Poor Performance For the MCAS MPL measures, concerns include: o Childhood Immunization Status (CIS): The rate for the influenza vaccine continues to decline. o Cervical Cancer Screening (CCS): The rate has been trending downward since COVID-19, remaining a challenge due to its five-year measurement cycle. For the QTI measures, despite improvements, all four measures still fall well below the required 67th percentile, indicating substantial penalties are expected. Root Cause Analysis Access to care remains an issue for several measures, particularly those requiring in-person visits or multiple appointments for compliance, such as cervical cancer screenings, well-child visits, and colorectal cancer screenings. Notable challenges include delays in scheduling necessary procedures like colonoscopies and a rise in late immunizations.	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	*There was no public comment.*	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel*, 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. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) 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 THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957	

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	Consultation with: Tom MacDougall, Chief Information and Technology Officer, IT Executive Administration 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	The Committee reconvened in open session at 5:10 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 5:15 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:

Signed by:
Stephanie A. Booth, MD
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Stephanie Booth, MD, *Chairperson*
Date Signed: 2/20/2025 | 12:05 PM PST

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