



# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – February 20, 2025

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

**Members**

Stephanie Booth, MD, *Chairperson*  
Al Ballesteros, MBA  
G. Michael Roybal, MD  
Fatima Vazquez

**Senior Management**

Ilan Shapiro, MD, *Board of Governors*  
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*  
Gene Magerr, *Chief Information Security Officer, Information Security*  
Noah Paley, *Chief of Staff*  
Acacia Reed, *Chief Operations Officer*  
Edward Sheen, MD, *Chief Quality and Population Health Executive*  
Maggie Marchese, *Senior Director, Audit Services*  
Miguel Varela Miranda, *Senior Director II, Regulatory Operations, Compliance*  
Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*  
Michael Devine, *Director, Special Investigations Unit, Special Investigations Unit*

\* 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 2:05 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		Unanimously Approved 4 AYES (Ballesteros, Booth,

**APPROVED**

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	The meeting Agenda was approved as submitted.	Roybal, and Vazquez)
PUBLIC COMMENT	<i>There was no public comment.</i>	
APPROVAL OF MEETING MINUTES	<p>Chairperson Booth stated that she made edits to the minutes and the final version was forwarded to Board Services.</p> <p>The January 16, 2024 meeting minutes were approved as submitted.</p>	Approved unanimously. 4 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth spoke about the the importance of making materials more accessible and understandable for Board Members, as they are responsible for overseeing the organization's work. She noted the role of trust in governance, noting that trust should be built on consistent, verifiable information rather than blind acceptance. She encouraged Board Members to actively engage by asking questions to ensure they fully understand the materials and reports presented to them. She noted that this would help create trust and confidence in decision-making. She requested that a discussion on the Board's duties be included in the agenda for the next meeting.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Tower Gower, <i>Chief Compliance Officer</i>, gave a Chief Compliance Officer Report.</p> <p>OVERVIEW</p> <p>The February 2025 Internal Compliance Committee (ICC) meeting was held February 12, 2025, and covered the following topics:</p> <ul style="list-style-type: none"> <li>• Announcements and Updates</li> <li>• Appeals &amp; Grievances Compliance Update</li> <li>• Risk Management and Training Updates</li> <li>• 2025 Internal Audit Plan</li> <li>• Corporate Compliance Monitoring Updates</li> </ul> <p>KEY TAKEAWAYS</p> <ul style="list-style-type: none"> <li>• The volume of appeals and grievances is being monitored monthly to identify trends. For CY 2024, Pharmacy Prior Auth's were the leading cause for appeals while Billing and Financial Issues were the leading cause of grievances.</li> <li>• The annual risk assessment process has been completed, with top risks identified and accountable parties assigned. Management Action Plans (MAPs) for the identified risks will be</li> </ul>	

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	<p>developed and monitored to ensure risk levels do not escalate. The previous year's management action plans are still in progress, with some carrying over into 2025.</p> <p>MEETING SUMMARY</p> <p>Announcement and Updates</p> <ul style="list-style-type: none"> <li>● Edward Calles, <i>Senior Director, Provider Network Development</i>, is a new ICC voting member. Edward replaces Penny Tunney, Sr. Director, Provider Data Management, and in accordance with the ICC Charter has been approved as a voting member by the CEO, Martha Santana Chin.</li> <li>● Due to the January 2025 State of Emergency Proclamation, topics slated for the January 2025 ICC were carried over to the February 2025 ICC. In accordance with the ICC Charter, the November 2024 ICC Meeting Minutes, the following documents were approved by quorum via mail: <ul style="list-style-type: none"> <li>○ 2025 ICC Charter</li> <li>○ 2025 Compliance Program</li> <li>○ 2025 Work Plan</li> </ul> </li> <li>● The January 2025 ICC Meeting Minutes were approved during this meeting.</li> <li>● Compliance Leadership introduced: <ul style="list-style-type: none"> <li>○ Leesa Tori, Consultant Advisor to the Chief Compliance Officer (CCO), Todd Gower.</li> <li>○ Leesa will be supporting Todd in policy and strategy for Compliance; and</li> <li>○ William Alamo, Advisor, Regulatory Operations, who will be supporting Miguel Varela Miranda with the Forvis Mazars Engagement.</li> </ul> </li> <li>● The reintegration of Internal Audit Services (IA) department within Compliance was announced, as was the pause in the Lexus Nexus' implementation to ensure alignment with priorities and strategic use of technology.</li> <li>● The updates to the Internal Audit Charter were presented. The updates focus on independence and reporting structure and will be shared at the Compliance and Quality Committee (C&amp;Q).</li> <li>● An overview of the 2025 Compliance Strategic Work Plan, which was shared with C&amp;Q in January 2025, was presented.</li> </ul> <p>APPEALS &amp; GRIEVANCES COMPLIANCE UPDATE</p> <p>An update on appeals and grievances compliance, including month over month volume and an overview of the leading topics was provided. In CY 2024:</p> <ul style="list-style-type: none"> <li>● There was an increase in the number of appeals, with Pharmacy Prior Auth's leading as the cause for appeals (representing approximately 34% of the total volume of appeals).</li> </ul>	

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	<ul style="list-style-type: none"> <li>● Billing and Financial Issues were the leading cause of grievances (representing 33% of total volume of grievances).</li> </ul> <p><b>RISK MANAGEMENT AND TRAINING UPDATE</b></p> <ul style="list-style-type: none"> <li>● The annual risk assessment process has been completed, with top risks identified. Accountable parties have been assigned to redress the matter. These top risks are being reviewed and approved by leadership before being presented to the Board. MAPs for the identified risks will be developed and monitored to ensure risk levels do not escalate.</li> <li>● An update on the status of the 2024 MAPs was provided. There are several 2024 MAPs in progress that were carried over into 2025.</li> <li>● An update on 2024 Compliance Training results was also shared. Annual training for associates and contingent workers is 99% complete, with a small number on leave of absence (LOA). Achieving 100% training completion is unlikely due to LOAs, but 99% is a great result.</li> <li>● An overview of the external Learning Provider Training Program was shared. There are different processes for provider onboarding: one for direct network providers and another for the delegated network. The committee discussed opportunities for training, including education around prior authorization and navigating managed care, especially as these impact member experience and satisfaction.</li> </ul> <p><b>2025 INTERNAL AUDIT PLAN</b></p> <p>The 2025 Internal Audit Plan was discussed. The audit plan for the year is based on top industry risks, historical findings, and senior management requests. Some key themes include readiness audits, claims processing and provider payments, member services and grievances, and compliance program effectiveness. This year's primary focus is on enforcement matter testing and validation, with ongoing monitoring activities in contingency reviews.</p> <p><b>CORPORATE COMPLIANCE MONITORING UPDATES</b></p> <p>An update on corporate compliance results for the months of October – December 2024 was provided.</p> <p>The next ICC meeting is scheduled for March 12, 2025.</p>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer Report.</p> <p>Dr. Amin reported that his Chief Medical Officer Report will focus primarily on a significant platform change in utilization management, an initiative crucial from a Compliance and Quality (C&amp;Q) Committee perspective. He acknowledged that while there would be additional</p>	

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	<p>presentations from the Quality Improvement Team on population health management and member experience, he wanted to devote most of his report to discussing the transition to a new system, given its importance and potential impact. Dr. Amin stated that the organization's previous efforts to implement a new utilization management system dated back to before 2021 when they sought to replace their traditional platform with a system called Syntranet. The primary goal of this transition was to create an integrated system that could coordinate care across the entire organization, including utilization management, case management, and claims processing. However, despite significant efforts, Syntranet did not meet expectations. The platform proved difficult to use, and its parent company faced financial difficulties, ultimately leading to an acquisition and later bankruptcy. As a result, the organization took over portions of the Syntranet workforce and acquired necessary licensing to maintain system operations in-house. Dr. Amin noted that despite stabilizing Syntranet and ensuring its usability for utilization management over the past two years, the organization recognized the need for a more reliable and technologically advanced platform. The decision was made to transition to a new system, QNXI, a platform developed by Cognizant. Implementation of QNXI had been underway for nearly a year, and this transition was particularly important because the previous platform change had contributed to delays in turnaround times, regulatory compliance issues, and subsequent enforcement actions. Dr. Amin emphasized that this time, the transition process was being handled with the utmost caution to avoid repeating past mistakes. Dr. Amin noted the steps taken to ensure a smooth implementation. First, the organization conducted extensive training for the utilization management team to ensure they could effectively use the new platform. Then, they conducted a thorough review of business needs to align workflows with the capabilities of the new system. After that they committed to finalizing all regulatory reporting requirements, letter templates, and training procedures before going live to prevent any compliance setbacks. They then implemented a series of "mock go-lives," allowing small groups to test the system in real-time before full deployment. Dr. Amin reported that after nearly two months of mock go-lives, the organization was now prepared for a full transition, likely in March. He acknowledged that initial productivity levels would likely decrease as staff adjusted to the new system. To mitigate this, additional administrative and temporary staff had been brought on board to ensure turnaround times remained stable during the transition. These temporary staff members had already been trained and were actively supporting operations while permanent team members underwent training. Dr. Amin stated that while short-term challenges were expected, the long-term benefits of the new system were substantial. QNXI, as a widely used platform, would provide automated updates to align with regulatory changes, ensuring the organization would no longer be burdened with maintaining and upgrading a proprietary system in-house. This transition would position the organization for improved efficiency, compliance, and operational effectiveness in the future. Dr. Amin concluded</p>	

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	<p>by affirming that regulators had been notified about the system transition, given their prior concerns about the previous platform change. He assured the Board that he would provide an update following the full implementation of QNXT to report on progress and address any issues that might arise.</p> <p>Member Roybal asked that in terms of the legacy system, how long does L.A. Care have to keep that alive just to be able to demonstrate any regulatory compliance in case it gets audited and what is the plan for making sure that it has all that information. Dr. Amin responded that cases initiated in Syntranet would remain within that system until they were fully closed. He said that for a short period, L.A. Care would need to operate both the legacy system and the new platform simultaneously to ensure a smooth transition and timely case closures. However, due to the nature of utilization management turnaround times, he anticipated that these cases would close relatively quickly. Dr. Amin stated that the old system would remain operational in the background as L.A. Care owned it and could maintain it as a repository for historical data. He noted that the legacy system would continue running to ensure regulatory compliance and audit readiness. He asked Mr. Gower if he had anything to add. Mr. Gower noted that there are Artificial Intelligence (AI) regulations also, but he does not know them off the top of his head. Chairperson Booth noted the complexity of managing both the legacy and new systems simultaneously. She sought clarification on whether only a few cases would be closed in the old system or if both systems would remain actively in use during the transition. Dr. Amin clarified that cases initiated in Syntranet would remain there until completion, rather than being migrated mid-process. He said that urgent cases would need to be closed within 72 hours, while non-urgent cases had a ten-business-day timeframe. He also noted that cases requiring concurrent review for hospitalized patients would also need to be managed in the legacy system. However, he anticipated that these cases would be resolved quickly, likely within a week or two.</p> <p>Chairperson Booth asked the new computer system speaks to other computer systems. Dr. Amin responded that the selection of the new system was intentional and strategic, addressing a common challenge in health plans ensuring seamless connectivity between prior authorizations and claims payment. He highlighted the importance of synchronizing the claims platform with the utilization management system, as well as integrating case management functions. While the previous Syntranet system was expected to achieve this integration, L.A. Care ultimately reached a similar outcome by consolidating all three systems under a single vendor. Cognizant now provides the claims system (QNXT Claims), the utilization management system (QNXT UM), and the case management platform (CCA). Dr. Amin noted that linking prior authorizations with payments had been a longstanding issue, often caused by discrepancies in provider data, member information, or system synchronization. Chairperson Booth she thinks that the integration of all systems under the</p>	

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<b>POPULATION HEALTH MANAGEMENT OVERVIEW &amp; UPDATES</b>	<p>Elaine Sadocchi-Smith, FNP, MPH, CHES, Director, Facility Site Review, Director, Population Health Management, gave a Population Health Management Overview &amp; Updates (a copy of the report can be obtained from Board Services).</p> <p>Ms. Sadocchi-Smith reported that L.A. Care's Population Health Management (PHM) department is actively working to meet regulatory requirements and improve member outcomes. She explained that the PHM department is responsible for ensuring compliance with NCQA (National Committee for Quality Assurance) standards and is currently preparing for the year-one look-back period for the 2026 NCQA survey, which will evaluate PHM program performance. Ms. Sadocchi-Smith stated that her team is responsible for addressing PHM regulatory requirements and collaborating with local health departments and other managed care plans that serve Los Angeles County. Ms. Sadocchi-Smith highlighted that the PHM program follows a holistic, patient-centered care model that engages members throughout the healthcare continuum, regardless of where they are in their care journey. She noted that the department uses evidence-based guidelines to ensure members receive appropriate care and that PHM goals align with L.A. Care's broader objectives. These goals include keeping members healthy, early detection of emerging risks, chronic condition management, complex case management, transitional care management, and patient safety initiatives. Ms. Sadocchi-Smith explained that the PHM department conducts an annual Population Health Assessment to evaluate data and understand the health needs of the population, which is a key NCQA requirement. She noted that while DHCS previously required a Population Needs Assessment, this has been replaced by a new directive requiring health plans to collaborate with local health departments and other managed care organizations. Ms. Sadocchi-Smith stated that L.A. Care is now supporting these agencies in developing their Community Health Assessments and Community Health Improvement Plans. Ms. Sadocchi-Smith reported that a key initiative for the PHM department involves a collaborative SMART goal aimed at reducing maternal and infant</p>	

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	<p>mortality disparities for Black and Native American populations in Los Angeles County. The goal targets a 5% annual reduction in these disparities, with the larger objective of achieving a 50% decrease as part of the Clinical Improvement Strategy. Ms. Sadocchi-Smith explained that the PHM department has established a cross-functional team to review findings from the Population Health Assessment and connect them to existing programs, initiatives, and workgroups. This team evaluates gaps in services and determines whether new programs should be developed or existing community offerings expanded. Ms. Sadocchi-Smith stated that her team is currently working to determine whether to rely on health department data, L.A. Care's internal data, or a combined dataset for future planning. She reported that a data exchange platform has been created to merge data from L.A. County health plans and local health jurisdictions. Ms. Sadocchi-Smith expressed hope that this collaborative effort would minimize discrepancies and help establish a reliable baseline for future assessments. Ms. Sadocchi-Smith noted that L.A. Care's ongoing commitment to improving health outcomes through collaboration, data-driven insights, and targeted strategies designed to address health disparities in vulnerable populations.</p> <p>Chairperson Booth asked why is different data being used if it's just a different population. Ms. Sadocchi-Smith explained that discrepancies between data sources may occur because different organizations may collect and analyze data in varying ways. She noted that L.A. Care's Population Health Assessment data comes from multiple sources, which can sometimes result in differences when compared to other datasets. Ms. Sadocchi-Smith stated that if discrepancies arise, her team will investigate the cause to understand the inconsistencies and address the issue accordingly.</p> <p>Chairperson Booth stated that her team appears to be working on defining what basic data should include, particularly regarding population types. She suggested that by using consistent group types in follow-up assessments, the team can effectively track changes over time. Ms. Sadocchi-Smith said "Yes" and noted that the barriers is that data collection on the local health departments and their data collection timelines and look back periods are a little bit different than L.A. Care's. It has to mesh those look back periods and see what that looks like. That might be a little bit of a challenge, but it overcomes that challenge. She is very confident that L.A. Care can do that.</p> <p>Ms. Sadocchi-Smith reported that the Population Health Management (PHM) program conducts an annual impact evaluation to assess the effectiveness of its initiatives. This evaluation involves both quantitative and qualitative analysis to identify statistically significant improvements or inefficiencies in various programs. She stated that key areas of measurement include the effectiveness of the diabetes management program, specifically monitoring hemoglobin A1C control levels under 8%, and the use of medically tailored meals to support better health outcomes. Additionally, the evaluation assesses well-child and well-care visit utilization, member experiences in case management, and member feedback on at-home test kits. Ms. Sadocchi-Smith mentioned</p>	



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	<p>that data collection for these measures is still ongoing, with results expected by the end of Quarter 3 or Quarter 4 of this year. Ms. Sadocchi-Smith noted that the PHM program actively tracks progress using the focused Population Health Management Index for the 2024-2025 period. This index includes 11 key metrics that align with L.A. Care's enterprise-wide bonus incentive goals, which contribute approximately 10-15% to the overall health service incentive structure. Key focus areas within the Population Health Management Index include preventive care and immunizations, colorectal, breast, and cervical cancer screenings, prenatal and postnatal care, diabetes control, and newly added kidney health evaluations for patients with diabetes. Ms. Sadocchi-Smith also highlighted efforts to improve emergency visit follow-up, medication therapy management, and depression screening as part of these targeted goals. Ms. Sadocchi-Smith reported that during the 2023-2024 period, L.A. Care achieved 8 out of 9 enterprise-wide goals, which she described as a positive outcome. Within the PHM-specific index for that period, L.A. Care set 18 goals and successfully met 12 of those goals, covering all lines of business. Looking ahead to 2024-2025, Ms. Sadocchi-Smith shared that the PHM team decided to simplify their approach by focusing solely on the 11 PHMI goals. She noted that, as of now, the team has already achieved two or three of those goals and is on track to meet the mid or maximum performance range by September 30.</p> <p>Chairperson Booth asked how a goal can be met if it's over its time. Ms. Sadocchi-Smith clarified that goal achievement is assessed by tracking progress against set targets. She mentioned that if the goal for breast cancer screening within the L.A.Care Covered line of business was 60%, and they had already reached or exceeded that percentage, they could confidently determine that the goal for that line of business would be met.</p> <p>Ms. Sadocchi-Smith reported on key highlights from L.A. Care's transitional care services. She stated that the care management model is closely aligned with the complex case management department, which has implemented several initiatives to improve care transitions. These include a texting campaign through a platform called Impulse, as well as automated letters sent to hospitals and primary care providers upon a member's discharge. Ms. Sadocchi-Smith highlighted the introduction of a central intake line, which allows members and providers to connect directly with a live representative who can assess and address member needs. She also mentioned a medication reconciliation pilot involving collaboration between the pharmacy department, transitional care services, and community health workers. This pilot supports members who have recently been discharged from the hospital by ensuring their medications are properly reviewed and reconciled. Ms. Sadocchi-Smith described improvements in data management, including the use of a readmission risk tool. This tool helps identify members who have experienced a transition in care and assigns them to a care management team member for follow-up. The tool incorporates real-time ADT (admission, discharge, and transfer) data and skilled nursing facility admission data to</p>	

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	<p>improve accuracy in identifying at-risk members. Ms. Sadocchi-Smith emphasized that these efforts aim not only to capture members experiencing care transitions but also to ensure they are connected to the appropriate support team.</p> <p>Chairperson Booth asked whether some individuals receiving transitional care services might not actually need them, such as those capable of managing tasks like scheduling appointments on their own. She also noted that while the service should be promoted, it may not need to be provided to everyone. Ms. Sadocchi-Smith responded that she was unsure whether individuals who may not need transitional care services are utilizing them. She said that Department of Health Care Services (DHCS) requires these services to be made available to anyone who experiences a transition of care, regardless of their acuity level. She acknowledged the possibility that lower-risk individuals may be using the service but stated she would follow up with the Senior Director of Care Management for clarification. Dr. Amin asked whether the question is about whether more lower-risk maternity patients are using the benefit or if more lower-risk members are being contacted. Chairperson Booth asked if L.A. Care is wasting money on services that people can do themselves. Dr. Amin clarified that the majority of the case management work is focused on postpartum individuals, rather than prepartum (a term he questioned), emphasizing the difficulty of engaging with individuals before childbirth, as the transitional care program starts post-birth. He also notes that risk grading for patients is based on a "lace score," which determines the likelihood of hospital readmission, and explains that young mothers, who are generally healthy, have a low likelihood of readmission. Dr. Amin explains that DHCS's approach assumes all maternity patients are high-risk, but he argues that this view is too broad. He points out that the low-risk population, which makes up most of their transitional care cohort, does not require the same level of intervention as high-risk groups. He suggests implementing lower-touch engagement methods, such as text messaging or providing discharge planning numbers, instead of assigning a dedicated case manager to low-risk individuals. He shares that DHCS is considering these suggestions and engaging consultants to address the issue. Dr. Amin explained the difficulties of reaching out to the large Medi-Cal maternity population, especially when access to prenatal care and birth outcomes are problematic. While DHCS wants to focus on improving these outcomes, Dr. Amin advocates for a more targeted approach. He highlights the high "unable to contact" rates and anecdotes from mothers asking for reduced contact due to the demands of new motherhood. He concludes by mentioning that this ongoing conversation with DHCS is pushing them to reconsider their strategies and risk scoring.</p> <p>Ms. Sadocchi-Smith noted the care management and coordination services offered to pregnant individuals at LA Care, which include the combined efforts of care managers and community health workers to support postpartum patients. These services include follow-up appointments,</p>	

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	<p>medication reconciliation, access to programs like doula services, Women, Infant and Children (WIC), lactation support, and behavioral health services. If patients engage in prenatal care, L.A. Care will continue supporting them for up to 12 months postpartum. She noted the collaboration with local health departments and other health plans to improve maternal and infant health, including participation in community health assessments and improvement plans. Ms. Sadocchi-Smith noted L.A. Care's strategic investment, where the total funding for the next three years across health plans is \$8.9 million, with L.A. Care contributing \$5.5 million. She also notes that future funding might be impacted after 2024 when IPP funds expire, which would require reassessment. Ms. Sadocchi-Smith details issues with data collection and reporting regarding Key Performance Indicators (KPIs). The KPIs for 2023-2024 were delayed due to discrepancies in calculation methodologies, but L.A. Care has been actively working on interventions to improve rates. These include community health worker eligibility, improving follow-up after emergency department visits, increasing primary care provider visits, and enhancing complex case management and transitional care for prenatal and postnatal members. She mentioned the ongoing efforts with Dr. Amin and his team to adopt a population health management framework. Looking ahead, LA Care plans to submit their updated program strategy and population assessment to DHCS in November, aligning with their priorities in care coordination, provider engagement, and integration of services.</p>	
<p><b>MEMBER EXPERIENCE IMPROVEMENT EFFORTS</b></p>	<p>Brigitte Bailey, MPH, CHES, Supervisor, <i>Quality Improvement</i>, gave a presentation about L.A. Care's Member Experience Improvements Efforts (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Ms. Bailey reported that the enterprise Consumer Assessment of Healthcare Providers and Systems (CAHPS) leadership team, also known as the CAHPS host workgroup, was launched in February 2023 under the leadership of Dr. Sheen. She noted that CAHPS is a complex issue requiring collaboration across multiple departments within L.A. Care, as well as with providers and clinics. This cross-functional group aims to improve the member experience, which cannot be solved by a single intervention. Ms. Bailey highlighted that Donna Sutton's, <i>Senior Director, Stars Excellence, Quality Improvement</i>, Stars team, led by a dedicated CAHPS program manager, is spearheading much of this work, with a focus on the Dual Special Needs Plan (DSNP) line of business. Ms. Bailey stated that a significant initiative within this effort is the member journey mapping, which began in January 2024. This initiative involves mapping out every touchpoint that DSNP members interact with across various departments, including pharmacy, call centers, and quality improvement teams. The process aims to identify key pain points for members and understand their experiences from their perspective. As part of this project, Ms. Bailey stated that the focus groups will be conducted with DSNP members to further analyze these touchpoints and refine strategies to enhance</p>	

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	<p>member satisfaction. She anticipated that the results of this mapping would be available by the end of March or early April 2024 and could be applied to other lines of business in the future. Ms. Bailey also shared that LA Care is exploring real-time member satisfaction surveys to complement the annual CAHPS survey. This would allow for continuous feedback from members, enabling more immediate responses to areas needing improvement. Additionally, Ms. Bailey mentioned ongoing efforts in provider training, particularly through the Sullivan Luwellen Group, which offers trainings for office managers, frontline staff, and healthcare providers. These trainings are available both virtually and in person and are designed to address various challenges, including provider wellness and burnout, with a new focus on professional fulfillment post-COVID. She explained that the evaluation of training outcomes has shown positive results, with many clinics that participated in these trainings showing improvement in key areas like provider ratings, communication, and office staff behavior. These improvements, though not entirely attributable to the trainings, suggest that such initiatives are contributing positively to member experience. Ms. Bailey mentioned the importance of collaboration with L.A. Care's IPAs and clinics, underscoring that member experience is not solely the health plan's responsibility but also depends on the quality of care provided by these clinics. To facilitate this collaboration, monthly Joint Operation Meetings (JOM) have been established with L.A. Care's largest PPGs to discuss not only Healthcare Effectiveness Data and Information Set (HEDIS) and CAHPS scores but also to provide a forum for problem-solving and partnership in improving member experience. These meetings are a key part of ongoing efforts to refine care delivery and enhance the overall experience for members.</p>	
<p><b>PUBLIC COMMENT ON CLOSED SESSION ITEMS</b></p>	<p><i>There was no public comment.</i></p>	
<p><b>CLOSED SESSION</b></p>	<p>PEER REVIEW Welfare &amp; 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: Three potential cases THREAT TO PUBLIC SERVICES OR FACILITIES CA Government Code Section 54957 Consultation with: Todd Gower, Chief Compliance Officer, Michael Sobetzko, Senior Director, Risk Management and Operations Support, and Miguel Varela Miranda, Senior Director II, Regulatory Operations</p>	

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	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Gov. Code § 54956.9(d)(1) L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)	
<b>ADJOURNMENT</b>	The meeting adjourned at 4:00 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*  
 Stephanie Booth, MD, *Chairperson*  
 Date Signed: 3/26/2025 11:38 AM

**APPROVED**