DRAFT

L.A. Care
HEALTH PLAN®

AGENDA
Compliance & Quality (C&Q) Committee Meeting
Board of Governors
Thursday, March 20, 2025, 2:00 PM
1055 West 7th Street, Conference Room 100, 1st Floor
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 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/weblink/register/r137e20e99b815a88bd4c30296fe97b9a

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2499 994 3406 Password: lacare

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.
The process for public comment is evolving and may change at future meetings.
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 calling 213-428-5500 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 February 20, 2025, Meeting Minutes p.4	*Chair*
4.	Chairperson's Report • Education Topics	*Chair*
5.	Chief Compliance Officer Report p.17	Todd Gower *Chief Compliance Officer*
6.	Provider Training Program Update p.20	Theresa Moore *Senior Manager, Engagement and Strategy*
7.	Compliance Training Program Update p.33	Michael Sobetzko *Senior Director,* *Risk Management and Operations Support*
8.	Special Investigations Unit Update p.36 • Healthcare Fraud Shield: The State of Payment Integrity and Fraud, Waste, Abuse, and Error (FWAE) p.43	Michael Devine *Director, Special Investigations Unit* Karen Weintraub, *AHFI, CPC-P, CPMA, CDC* *Executive Vice President, Healthcare Fraud Shield*

9. Business Continuity p.55   Michael Sobetzko
    - Emergency Incident Response, L.A. Fires

10. Issues Management Update p.58   Michael Sobetzko

11. Payment Integrity Report p.62   Erik Chase
                                                        Senior Director, Claims Integrity

12. Appeals & Grievances (A&G) Report p.71   Demetra Crandall
                                      Director, Customer Solution Center Appeals and
                                                                        Grievances

13. Chief Medical Officer Report p.75   Sameer Amin, *MD*
                                                              Chief Medical Officer

14. Approval of Quality Improvement (QI) & Health   Bettsy Santana, MPH
    Equity (HE) Documents **(COM 100)** p.92   *Senior Manager, Clinical Initiatives*
    - 2024 QIHE Annual Evaluation
    - 2025 QIHE Program Description & Work Plan

15. Public Comment on Closed Session Items

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

16. PEER REVIEW
    Welfare & Institutions Code Section 14087.38(o)

17. 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

18. 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, Miguel Varela Miranda, Senior Director II, Regulatory
    Operations, Serge Herrera, Director, Privacy, Compliance, and Richard Zawaski, Senior Director II,
    Information Technology Operations Infrastructure and Security

19. 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)

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next Compliance & Quality Committee meeting is scheduled on
Thursday, April 17, 2025 at 2:00 PM
and may be conducted as a teleconference meeting.

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

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.

Board of Governors
Compliance & Quality Committee Meeting Agenda
March 20, 2025

NOTE: THE COMPLIANCE & 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 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at http://www.lacare.org/about-us/public-meetings/board-meetings **and can be requested by email to** BoardServices@lacare.org.

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 – 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,**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The meeting Agenda was approved as submitted.	**Roybal, and Vazquez)**
PUBLIC COMMENT	*There was no public comment.*	
APPROVAL OF MEETING MINUTES	Chairperson Booth stated that she made edits to the minutes and the final version was forwarded to Board Services. **The January 16, 2024 meeting minutes were approved as submitted.**	**Approved unanimously. 4 AYES**
CHAIRPERSON REPORT	Chairperson Booth espoke 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.	
CHIEF COMPLIANCE OFFICER REPORT	Tower Gower, *Chief Compliance Officer*, gave a Chief Compliance Officer Report. OVERVIEW The February 2025 Internal Compliance Committee (ICC) meeting was held February 12, 2025, and covered the following topics: • Announcements and Updates • Appeals & Grievances Compliance Update • Risk Management and Training Updates • 2025 Internal Audit Plan • Corporate Compliance Monitoring Updates KEY TAKEAWAYS • 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. • 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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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. MEETING SUMMARY Announcement and Updates • Edward Calles, *Senior Director, Provider Network Development*, 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. • 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: o 2025 ICC Charter o 2025 Compliance Program o 2025 Work Plan • The January 2025 ICC Meeting Minutes were approved during this meeting. • Compliance Leadership introduced: o Leesa Tori, Consultant Advisor to the Chief Compliance Officer (CCO), Todd Gower. o Leesa will be supporting Todd in policy and strategy for Compliance; and o William Alamo, Advisor, Regulatory Operations, who will be supporting Miguel Varela Miranda with the Forvis Mazars Engagement. • 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. • 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&Q). • An overview of the 2025 Compliance Strategic Work Plan, which was shared with C&Q in January 2025, was presented. APPEALS & GRIEVANCES COMPLIANCE UPDATE An update on appeals and grievances compliance, including month over month volume and an overview of the leading topics was provided. In CY 2024: • 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).	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Billing and Financial Issues were the leading cause of grievances (representing 33% of total volume of grievances).	
	RISK MANAGEMENT AND TRAINING UPDATE • 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. • An update on the status of the 2024 MAPs was provided. There are several 2024 MAPs in progress that were carried over into 2025. • 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. • 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.	
	2025 INTERNAL AUDIT PLAN 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.	
	CORPORATE COMPLIANCE MONITORING UPDATES An update on corporate compliance results for the months of October – December 2024 was provided.	
	The next ICC meeting is scheduled for March 12, 2025.	
CHIEF MEDICAL OFFICER REPORT	Sameer Amin, *MD, Chief Medical Officer*, gave a Chief Medical Officer Report. 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&Q) Committee perspective. He acknowledged that while there would be additional	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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, QNXT, a platform developed by Cognizant. Implementation of QNXT 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. QNXT, 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	

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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	same platform would lead to improvements by eliminating some technical barriers. Dr. Amin noted the issues in linking provider information across systems can arise when different pieces of provider data are being pulled, leading to potential mismatches. He also noted that claim denials sometimes occur because the claims system searches for a prior authorization due to the way a contract is configured, even when a prior authorization is no longer required. In such cases, the system may mistakenly deny a claim because it is looking for an authorization that does not exist. Chairperson Booth requested a future presentation on all the systems L.A. Care uses, including their functions and purposes. She said that such an overview would be very helpful. Dr. Amin stated that he can speak to Tom Mac Dougall, *Chief Information and Technology Officer*, about giving a presentation.	
POPULATION HEALTH MANAGEMENT OVERVIEW & UPDATES	Elaine Sadocchi-Smith, *FNP, MPH, CHES, Director, Facility Site Review, Director, Population Health Management*, gave a Population Health Management Overview & Updates *(a copy of the report can be obtained from Board Services)*. 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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.

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. 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.

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 | |

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.

Chairperson Booth asked how a goal can be met if it's over it's 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.

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 | |

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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. 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 questions), 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. 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,	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.	
MEMBER EXPERIENCE IMPROVEMENT EFFORTS	Brigitte Bailey, *MPH, CHES, Supervisor, Quality Improvement*, gave a presentation about L.A. Care's Member Experience Improvements Efforts *(a copy of the presentation can be obtained from Board Services)*. 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, *Senior Director, Stars Excellence, Quality Improvement*, 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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	*There was no public comment.*	
CLOSED SESSION	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: 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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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)	
ADJOURNMENT	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, *Chairperson*
Date Signed: _____

AGENDA
Compliance & Quality Committee Meeting
Board of Governors
March 20, 2025

Compliance Agenda and Presenters

	TOPIC	PRESENTER(S)
1.	Chief Compliance Officer Report	**Todd Gower** *Chief Compliance Officer*
2.	Provider Training Program Update	**Theresa Moore** *Sr. Manager, Engagement and Strategy*
3.	Compliance Training Program Update	**Michael Sobetzko** *Sr. Director, Risk Management and Operations Support*
4.	Special Investigations Unit Update	**Michael Devine** *Director, Special Investigations Unit*
5.	Business Continuity - Emergency Incident Response, LA Fires	**Michael Sobetzko** *Sr. Director, Risk Management and Operations Support*
6.	Issues Management Update	**Michael Sobetzko** *Sr. Director, Risk Management and Operations Support*
7.	Payment Integrity Report	**Erik Chase** *Sr. Director, Claims Integrity*
8.	Appeals and Grievances Report	**Demetra Crandall** *Director, Customer Solution Center Appeals and Grievances*

Compliance & Quality Committee Meeting

March 20, 2025

Chief Compliance Officer Report & Agenda

Presenter(s): Todd Gower and Senior Management Representatives

- CCO Report Out - Verbal (Todd Gower)
- Provider Training Program Update (Theresa Moore)
- Compliance Training Program Update (Michael Sobetzko)
- Special Investigations Unit Update (Michael Devine)
- Business Continuity - Emergency / Incident Report, LA Fires (Michael Sobetzko)
- Issues Inventory Updates (Michael Sobetzko)
- Payment Integrity Report (Erik Chase)
- Appeals and Grievances Report (Demetra Crandall)

SUMMARY: External Learning Provider Training Program Overview

Presenter Name: Theresa Moore, Senior Manager, Enterprise Compliance Compliance & Quality Board Meeting, March 20, 2025

Key Takeaway: The External Learning Provider Training Unit is responsible for facilitating training to all providers who contract with L. A. Care to serve our members.

Key Objective: To meet the biennial requirement to provide an Overview of the Provider Training Program.

Risk Statement: Providers are required to complete regulatory trainings within a designated timeframe. We are audited for provider training completion and compliance.

Risk Rating: (*inherent or residual impact and likelihood*)

- Inherent | Residual Impact: Low | Low
- Likelihood of failure: Low

Supporting Details:

- Regulatory Trainings
- New Provider Onboarding Training Process for Direct Network/Delegated Network
- Corrective Action Process
- 2025 Initiatives

20

Overview

- External Learning Provider Training facilitates learning and educational opportunities for contracted entities to provide services to L.A. Care members. General Training concepts are also provided for our contracted entities who provide care to our members. Some of the learnings are regulatory and others are informative.

- External Learning Provider Training ensures a valuable learning experience by collaborating with L.A. Care's Subject Matter Experts to educate our contracted entities. We ensure contracted entities are provided with an engaging and fundamentally enhanced knowledge base, aligned with regulatory requirements, as they provide quality care to our members. We collaborate cross-functionally with our enterprise-wide business units (Provider Network Management (PNM), Behavioral Health (BH), Quality Improvement (QI), Managed Long Term Services & Supports (MLTSS), Safety Net Initiatives (SNI), Compliance, Legal, etc.), as well as with specialty services provided by: Primary Care Physicians (PCPs), Specialists, Ancillary, Behavioral Health Therapists, Autism Therapists, Chiropractors, Acupuncturists and Vendors.

Regulatory Trainings

External Learning Provider Training adheres to the required timelines given by our regulators. We ensure the appropriate timelines are followed to ensure Compliance. The trainings we currently facilitate are:

New Provider Onboarding Training Direct Network	• As required by DHCS all newly contracted providers must complete New Provider Onboarding training by a designated time. The content of this training includes specific best practice topics that provide guidance on serving those in need. This training is facilitated weekly via Instructor Led Method via WebEx platform (by provider type) as well as On-Demand module.
Dual Special Needs Plans ((D-SNP) - Model of Care Training	• As required by APL 23-019 this training is facilitated annually via Instructor Led Method and content shared with Delegates to ensure that all newly contracted PPGs have access to the training content.
Medi-Cal for Kids and Teens Training (formerly Early Periodic Screening Diagnostic & Treatment (EPSDT)	• As required by APL 23-005 this training is facilitated biannually via Instructor Led Method via WebEx platform. On Demand module available mid-2025.
Child Health and Disability Prevention Program (CHDP) Trainings	• As required by Senate Bill (SB) 184 this training is now facilitated by the Provider Training team. This training is facilitated bi-monthly via Instructor Led Method via WebEx platform.

Direct Network New Provider Onboarding Training (NPOT) Program

Direct Network Providers have training directly facilitated by the External Learning Provider Training team. The Provider Training Team receives a list of providers entering the Provider Information Form (PIF) process, the first of every month from the Provider Network Management Team. The Provider Management Team submits a Training Request via PODIO which assigns a request number for tracking purposes. This training request contains the demographic data of each provider entering the credentialling process (name, provider type, NPI number, group name, address, city, state, zip code and email address. The Provider is sent an email invitation with the instructions to register for an upcoming onboarding training session. The 90-minute Instructor-led trainings are held weekly via a Web-Ex platform utilizing our Learning Management System (LMS).

Direct Network NPOT Program *(continued)*

The Onboarding training content includes the following 21 topics:

Member Rights and Responsibilities	Cultural Sensitivity	Customer Service	Access and Availability Standards	Medi-Cal Managed Care	Model of Care
Federal and State Statutes	Medical Management Delegation and Payment Responsibility	Authorizations and Claims (include balanced billing)	Eligibility Verification	Seniors and Persons with Disabilities	Child Health and Disability Prevention
Mental Health	Balance Billing	Managed Long-Term Services and Supports	Authorizations	Health Assessments and Provider Toolkits	Case Management
	Applicable Policies and Procedures in the DHCS contract with L.A. Care	Provider will comply with Health Plan applicable policies and procedures	Provider will comply with all Medi-Cal marketing guidelines		

Direct Network NPOT Program *(continued)*

For Direct Network Providers once the Onboarding Trainings Sessions end, the LMS Team provides a "WebEx Duration Report" this report provides the reference date and time of training and Provider Type of the provider who appears on the WebEx Duration Report. The Provider Training Team will send a blank 'Attestation' and 'Sign In' sheet to attending providers and request that the provider completes, signs and dates the attestation and sign in sheet and returns the forms to externallearning@lacare.org Inbox.

- Once the completed attestation and sign in sheet are returned, ensure Provider name is listed on sign-in sheet. If they did not sign, return the document to Provider and request they sign and date. Ensure Facilitator is L. A. Care employee (Not Office Manager or Administrator)

- Once completed, signed and dated documents are returned they are stored in the Provider Training Evidence database.

- The date of training completion is added into the Provider's records in the PODIO platform

- The date of training completion is added into the Provider's records in the Provider Information. A copy of the signed and dated attestation and sign in sheet are attached and the Provider Training flag is attested to in the PIF.

25

Delegated Network NPOT Program

Delegated Providers follow the Monthly Training Reporting (MTR) Process for onboarding training. PPGs/MSOs are responsible for ensuring newly contracted providers receive the required onboarding training.

New Provider Onboarding Training (NPOT) includes the following components:

- L. A. Care New Provider Orientation Handbook and L. A. Care Universal Provider Manual
- Medi-Cal for Kids and Teens training for providers serving children and youth under 21 years of age
- Model of Care (MOC) training for providers serving members under the D-SNP Line of Business
- General Annual Compliance Training (GACT).

Delegated Network NPOT Program *(continued)*

- Provider Training Team provides the PPGs with L. A. Care materials and PPG/MSO is responsible for ensuring providers complete their GACT within the first of the month of contracting.

- The Monthly Training Report (MTR) is a spreadsheet completed by the PPG/MSO (Primary Provider Group/Managed Service Organization) that lists all new providers who were onboarded during the reporting month. In addition, a Welcome letter, attestation and sign in sheet are provided to confirm the details on the spreadsheet are in alignment.

Monitoring and Auditing Provider Training Compliance

- In following our Policy CMPELPT-001 we monitor monthly provider training activity and complete quarterly audits of training material received.

Corrective Action Process

Providers are expected to complete regulatory training requirements. Those deemed not timely, accurate, complete or compliant, Provider Training will prepare a communication to the Delegate(s) identifying infractions.

For infractions for the 1st time within the quarter

- They will receive a communication indicating this is their 1st time submitting a report this quarter that contains infractions.
- They will receive a copy of reporting instructions and a reminder of the reporting deadlines

For infractions for the 2nd time within the quarter

- They will receive a communication indicating this is their 2nd time submitting a report that contains infractions.
- They will receive a copy of reporting instructions, a reminder of the reporting deadlines as well as a notification that submitting a report that contains infractions can be subject to Corrective Action Plan recommendation.

For Delegate(s) with infractions for the 3rd time within the same quarter

- They will receive a Notice of Non-Compliance communication indicating this is their 3rd time submitting a report with infractions and as a result, will receive a CAP.

Corrective Action Process

- When Provider Training places Delegate(s) on a Corrective Action Plan status, all infractions are compiled and referenced in the CAP request.

- Action Plan(s) are to be submitted via the SFTP with supporting documentation bookmarked, tagged and highlighted. The original CAP Word Document is to also be returned as a Word Document to allow for L.A. Care to respond in writing to the Delegates Action Plan.

- If provider continues to be out of compliance, they may be submitted to Delegation Oversight Work Group (DOWG) for sanctioning recommendation.

Additional Training Initiatives

Ad Hoc Trainings/Webinars

- External Learning Provider Training partners with our Internal Business Units to facilitate educational and knowledge opportunities for our network of providers. A variety of Webinars and Trainings are conducted bi-weekly, monthly and quarterly to continue education of our providers. A few of the programs we support are:
  - Quality Improvement (QI)
  - CalAIM: Enhanced Care Management (ECM) * Community Supports (CS) - Provider Training Program
  - Provider Continuing Education (PCE) Program
  - Managed Long Term Services and Supports (MLTSS) Training Programs for Community Based Adult Services (CBAS) & Long-Term Care (LTC) Quarterly and Ad Hoc Training initiatives

Provider Training Evidence Tracker Database

- Once trainings are confirmed, providers submit a signed and dated attestation and sign in sheet as confirmation of training completion.
- Our Provider Training Evidence Tracker houses this documentation.

Quarterly Reporting

- Quarterly results will be reported to Internal Compliance Committee and C&Q.

New for 2025

As required by APL 23-025 beginning in 2025 all providers will be required to complete Diversity, Equity & Inclusion (DEI) Training

Business Continuity Management awareness Fact Sheet is included as part of Onboarding of newly contracted providers.

Enhanced awareness of Fraud Waste and Abuse Training is under way.

As instructed by APL 24-018 in 2025 Provider Directory Requirements include Transgender, Gender Diverse, or Intersex (TGI) Cultural Competency Training Program.

SUMMARY: New Hire Compliance Training

Presenter Name: Michael Sobetzko, Sr. Director, Risk Management and Business Continuity Compliance & Quality Committee March 20, 2025

Key Takeaway: Quarterly update for Compliance New Hire Training

Key Objective: Presentation is informational and will highlight the status of new hire employees and contingent workers being trained on Compliance, Privacy and Fraud, Waste, and Abuse.

Risk Statement: Failure to complete new hire training, a regulatory requirement, may result in inappropriate employee behavior and increased exposure of the organization to regulatory non-compliance and associated findings.

Risk Rating *(inherent or residual impact and likelihood)*:

- **Residual Risk**: **Low**
- **Likelihood of occurrence**: **Low**

Is this in response to regulatory corrective action: **N**

Is this in response to compliance or internal audit corrective action plan: **N**

Supporting Details:

- Compliance Training for New Hire Employees and Contingent Workers

Compliance Training Results - L.A. Care Employees (FTE's)

Fiscal Year 2025 Q1 - October through December 2024	Compliance Training L.A. Care New Employees		
	# Complete	# Incomplete	Percentage Completed
Total of 102 New Contingent Workers	102	0	100%

Compliance Training Results - L.A. Care Contingent Workers (CW's)

Fiscal Year 2025 Q1 - October through December 2024	Compliance Training L.A. Care New CW's		
	# Complete	# Incomplete	Percentage Completed
Total of 173 New Contingent Workers	162	11	93.5%

SUMMARY: Special Investigations Unit

Presenter Name: Michael Devine, Ph.D., SIU Director
Compliance & Quality Committee March 20, 2025

Key Takeaway: Quarterly update for the Special Investigations Unit

Key Objective: Presentation is informational and will highlight the ongoing efforts of the Special Investigations Unit to aggressively investigate health care fraud and efforts to recoup wrongful payments.

Risk Statement: Healthcare fraud, encompassing schemes like false claims, kickbacks, and unnecessary services, poses a significant risk to the healthcare system and taxpayers, with potential consequences including financial losses and compromised patient care.

Risk Rating *(inherent or residual impact and likelihood)*:

- **Inherent Impact**: **High**
- **Likelihood of occurrence**: **Medium**

Is this in response to regulatory corrective action: **N**

Is this in response to compliance or internal audit corrective action plan: **N**

Supporting Details:

- Savings and Recoveries

- Law Enforcement Cases

- Health care fraud case highlights

Compliance Unit – SIU Update

Presenter: Michael Devine, Ph.D., Director

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

	Oct 24 – Jan 25	FY25
Recoveries	$2.0M	$2.0M
Savings	$1.7M	$1.7M
Totals	$3.7M	**$3.7M**

Law Enforcement

Active Criminal Investigations (FBI, CA DOJ, LASD HALT)	65
Undercover Operations	0
Arrests	2
Pending Prosecution	9
Convictions	5

Compliance Unit – SIU Update

Comparative Analysis
Oct - Jan
FY-24/FY-25

	FY-24	FY-25	% Change
Recoveries	$1.2M	$2.0M	67% Increase
Savings	$3.2M	$1.7M	47% Decrease
Total	$4.4M	$3.7M	16% Decrease

Compliance Unit – SIU Update

SIU current open case inventory is 551

Month	Year	New Leads	Cases Opened	Cases Closed
10	2024	85	61	45
11	2024	96	30	16
12	2024	72	45	39
1	2025	106	35	32

99.7% compliance with Regulatory Reporting

Compliance Unit - SIU Update

2024 Lead Source

Internal	101
Law Enforcement	71
Plan Partner	55
Hotline	46
PPG	39
PostShield	20
L.A. Care Website	20
Other	4
Navitus	3

2024 Primary Allegations - Top 10

Services not rendered/documented	67
Not Fraud	50
Ineligible Provider	49
Identity Theft	35
Transportation	31
Questionable Billing Patterns	26
Not medically necessary	13
Ineligible Member	7
Request for Information	6
*All Others	75

All Others is the combined amount from all the other allegation categories that are not part of the top ten.

Compliance Unit – SIU Update

- **Home Health Settlement ($1.5M - $848K recovered)**
- **Hospice Cases ($307K recovered)**
- **Hospital Case ($182K recovered)**
- **Hospital Case ($108K recovered)**
- **Dialysis Center ($201K Recovered)**

- **Jackson Conviction – Health Care Fraud**
- **Navarro Conviction – HC Fraud & Conspiracy**
- **Palma Conviction – HC Fraud & Kickbacks**

Compliance Unit – SIU Update

- Michael Devine and Frank Arteaga presented at the Annual Conference of the National Health Care Anti-Fraud Association (NHCAA) on Hospice Fraud.

- SIU/Payment Integrity/Advanced Analytics Lab/Utilization Management/Configuration received the Team Awesome Award for collaborative efforts to combat and prevent Hospice Fraud

Healthcare Fraud Shield: The State of Payment Integrity and Fraud, Waste, Abuse, and Error (FWAE)

Presented by: Karen Weintraub, Executive Vice President, AHFI, CPC-P, CPMA, CDC

Date: March 20, 2025

43

Why Healthcare Fraud Shield?

Serving

7 of 10
Top Commercial Payers

65+
Plans

150M+
Lives

3:1 – 10:1
Platform ROI

Up to 20:1
ROI when Combined with Our Services Team

80
Sources of Public Records Data

Shared Analytics

88M+
Member Lives

94
2024 Customer NPS Score

SMEs
Nationally Recognized

HCFS**Platform**™ | End-to-End Solution

PostShield® | Post-Pay Analytics

SharedAnalytics® | Client Consortium

PreShield® | Pre-Pay Analytics

RxShield® | Pharmacy Analytics

AIShield® | Artificial Intelligence

QueryShield® | Ad-Hoc Reporting

AuditPlus™ | SVRS/Record Retrieval

FWA360Leads® | Auto Lead Generation

CaseShield® | Case Management
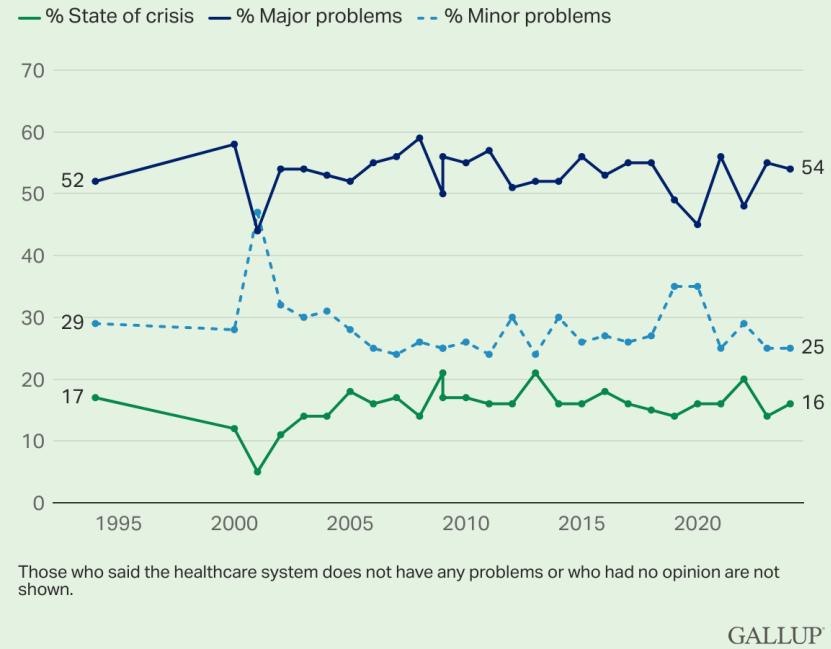
HCFSServices | Expert Audit/Investigations

45

Let's get moving and pay for it!

Americans' Views of U.S. Healthcare System, 1994-2024

Which of these statements do you think best describes the U.S. healthcare system today -- it is in a state of crisis, it has major problems, it has minor problems, or it does not have any problems?

— % State of crisis — % Major problems – – % Minor problems

Those who said the healthcare system does not have any problems or who had no opinion are not shown.

GALLUP

https://news.gallup.com/poll/654044/view-healthcare-quality-declines-year-low.aspx

6

Pre-Payment

Post-Payment

Pre-Payment

Waste: Policy and edit enforcement, SIU investigations

Review patterns, trends to place on pre-pay

PreShield – real-time configurations

Prevention: Savings and Prevented Loss

Post-Payment

Fraud

Outliers, Industry Schemes, Referrals, Unlicensed and more

Interviews, Medical Record Reviews, Negotiations

Detection: Recoupment, Savings, Prevented Loss

Hot Topics

- Durable Medical Equipment (DME)
- Wound Care
- Home Health
- Medical and Pharmacy Combined
- Know What you Don't Know – Prioritized Lead Feed
- Shared Analytics – Other Client Cases

Hot Topics

- Member has no other services
- No indication of acute or chronic infection
- Member was interviewed, total of $158k in improper scripts
- Total of $1.8 across all members – Change in Behavior $1.3m to-date

The State of Payment Integrity & FWAE

- Technology – AI (AI not currently used by LA Care) <u>and</u> Targeted Analytics = Savings

- Combined Medical and Pharmacy – full view

- Shared Analytics (Not currently used by LA Care)

- Streamlined Processes with technology = Savings

- Breaking Department Barriers – Combining Efforts

53

Questions?

Karen Weintraub
kweintraub@hcfraudshield.com

SUMMARY: Emergency Response – LA Fires

Presenter Name: Michael Sobetzko Sr. Director Enterprise Compliance
Compiance & Quality Committee March 2025

Key Takeaway: LA Care effectively executed its Crisis Management Plan in response to the LA Fires – Jan 2025

Key Objective: Presentation to inform about the status of the response, outstanding actions, and next steps.

Risk Statement: Failure to effectively execute an emergency response plan due to insufficient training, unclear roles, or inadequate resources can exacerbate the impact of a crisis and compromise the safety of employees and members.

Risk Rating *(inherent or residual impact and likelihood)*:

- **Inherent impact**: **High**
- **Likelihood of occurrence**: **Low**

Is this in response to regulatory corrective action: **N**

Is this in response to compliance or internal audit corrective action plan: **N**

Supporting Details: Include 2–3 bullet points summarizing what the presentation will cover

- Response to the January fires in Los Angeles
- Next steps to close out response

Los Angeles Fire - Summary

- Summary

  - Wildfires broke out in Los Angeles the evening of Tuesday January 7th.

  - A State of Emergency was declared for in Los Angeles and Ventura Counties by the Governor on January 7, 2025, due to the Palisades Fire and windstorm conditions.

  - L.A. Care activated the internal Incident Command structure and sent emergency notifications to identify impact to staff starting morning of January 8th.

  - State of Emergency procedures were activated including removing pre-authorization and discharge requirements, too-soon-to-refill restrictions and included providing required daily Member Impact documentation and regulatory reporting.

  - L.A. Care's response focused on not only maintaining but enhancing Member Services, support to Providers and Associates. Further validation of L.A. Care activities against five DHCS transmittal checklists aligned to emergency preparedness and response contractual obligations were requested from DHCS. Response was delivered 2/11/25.

  - DMHC also required additional documentation on impact to L.A. Care's operations, communications to enrollees and a summarized action plan to ensure the health care needs of enrollees were met. Responses were delivered 1/10/25 and 2/11/25. Closing letter was received 3/5/25.

  - The State of Emergency declaration is still in force with weekly reporting as of 2/21/25.

Los Angeles Fire – Next Steps

- Next Steps
  - Continue monitoring Associate, Member and Provider impacts to related flooding evacuations and warnings
  - Finalize Incident Response After Action Report
    - Required delivery to DHCS is 30 days post incident
    - Draft After-Action Report shared with Risk Committee and Crisis Management Team.
      - Request for additional inputs to update Appendix A – "What went well / Areas for Improvement"
      - Determine information delivery date (potentially March 24, 2025)
      - Deliver to DHCS

- *Appendix A1 & A2* - Emergency / Incident Results (included in packet)

SUMMARY: Q1 FY 2025 Issues Management

Presenter Name: Mike Sobetzko, Director Enterprise Compliance
Compliance & Quality Committee March 2025

•**Key Takeaway**: Quarterly update for Risk Management Issues.

•**Key Objective**: Presentation is an informational report of issues that have been raised, status, and any mitigating or remediating activities that have occurred.

•**Risk Statement**: Issues have a potential effect on members' access to care, industry reputation and market value position.

•**Risk Rating** *(inherent or residual impact and likelihood)*:

- **Inherent Impact: Medium**
- **Likelihood of occurrence**: **Medium**

•Is this in response to regulatory corrective action: **N**

•Is this in response to compliance or internal audit corrective action plan: **N**

•**Supporting Details**: This presentation will cover:

- Year 2024 Issues Inventory Totals and Statuses
- New Issues from Fiscal Year 2025 Quarter 1
- Mitigation activities

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	6	27	5	1	3	7	6	5
Open		2	1	2	0	1		2	1	3	1	2	1
Closed to inventory	2	3	3	5	2	3		1				3	
Deferred													
Remediated	2	1	3	1	1			1			2	1	
Tracking Only	1			2	1	2	27	1			4		4
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 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	87
Open				1	10	9
Closed to Inventory			2	20	142	23
Deferred			1		1	
Remediated	6	134	29	84	55	17
Tracking Only					4	38
Monitoring Only						

60

Issues Inventory Update – Open

| Issue Name and Description	Date Reported	Business Unit
Non-Current Contingent Workers remains Active Access to L.A. Care Investigating L.A. Care's process for removing access for non-current Contingent Workers. (1630)	12/18/2024	Human Resources; Business Units: IT
Transitional Care Services (MCLA) Completions for Admission, Discharge and Transfer Transitional Care Services (TCS) are not being conducted for all Admission, Discharge and Transfer (ADT). (1624)	11/13/2024	Care Management
D-SNP Medicare Secondary Claims Medicare Products is concern with the secondary claims process with Med-Cal risk and D-SNP. (1620)	11/6/2024	Claims; Medicare Products
Plan Partner Anthem Call Center Metrics Abandonment rate not met for Q1 and Q2 2024 MediCal Products addressed a concern that Anthem has not met the Key Performance Indicators for abandonment rate in Q1 – 6.4% and Q2 – 8.3% for 2024. (1613)	10/10/2024	Delegation Oversight

Appendix B - Remediated, Closed and Tracking Only Issues (included in packet)

Claims Integrity Report

Erik Chase

Claims Integrity
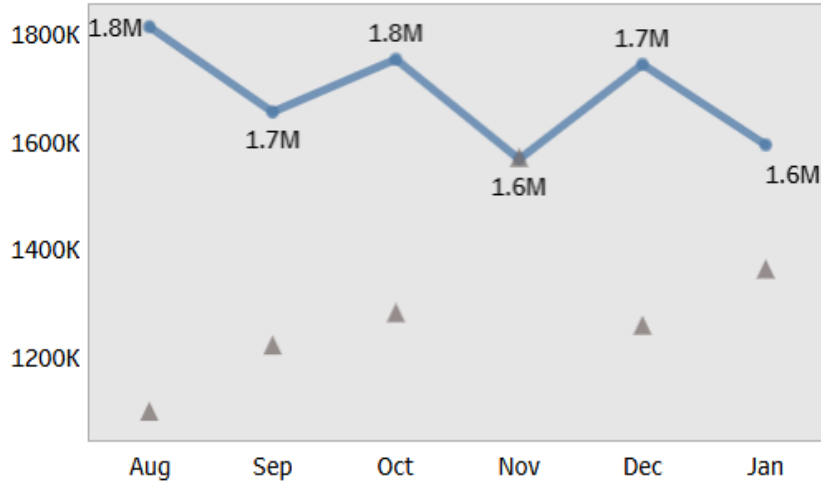

Total Paid (including Interest) Aug-2024 to Jan-2025

$381.3M
$357.9M
$368.4M
$357.6M
$401.3M
$375.1M
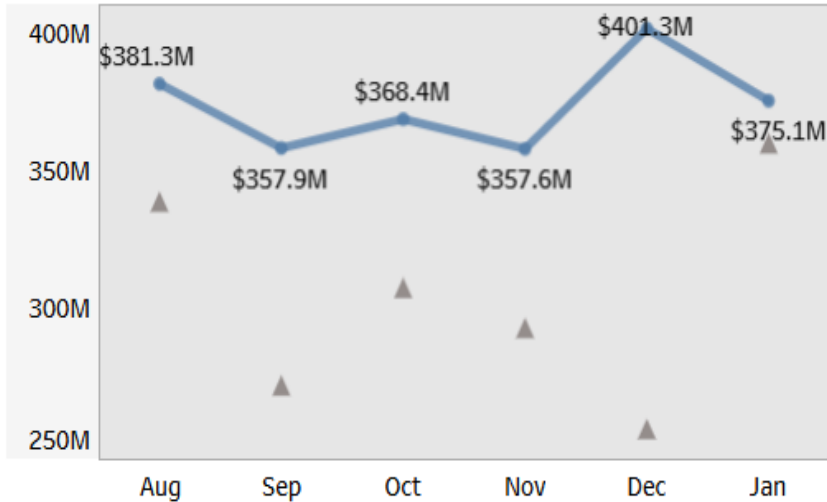
Total Interest Paid Aug-2024 to Jan-2025

$1.1M
$898.7K
$743.9K
$1.1M
$878.3K
$846.5K

63
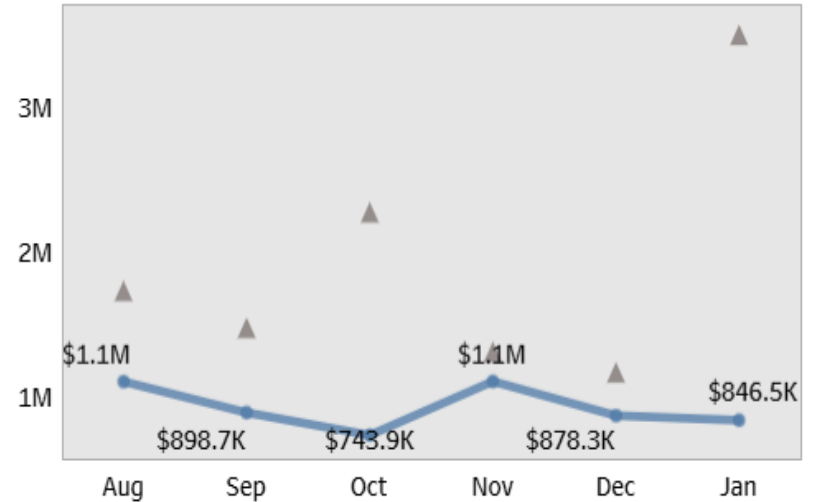
Claims Integrity

Total First-Pass Adjudicated Claims Volume Aug-2024 to Jan-2025

Aug	Sep	Oct	Nov	Dec	Jan
1.8M	1.7M	1.8M	1.6M	1.7M	1.6M

% of First-Pass Claims Auto-Adjudicated Aug-2024 to Jan-2025

Aug	Sep	Oct	Nov	Dec	Jan
90.3%	91.0%	91.8%	92.2%	92.8%	91.6%
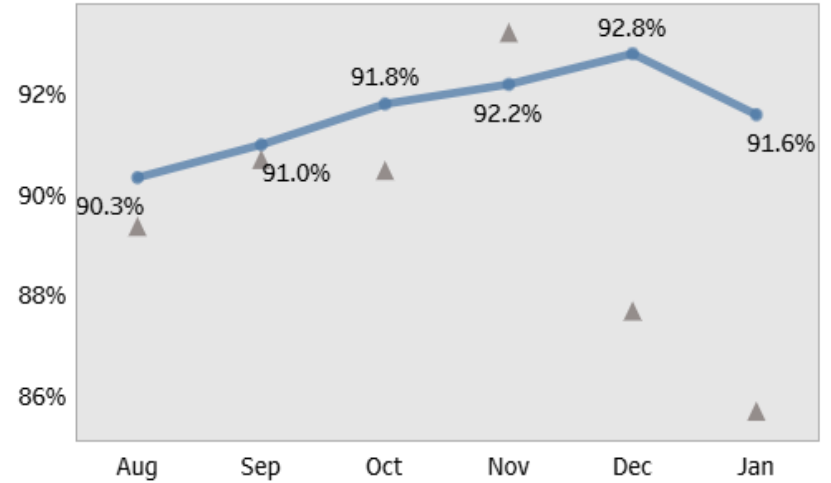
Claims Integrity

% Processed within 30 Calendar Days Aug-2024 to Jan-2025

94.3% 96.0% 99.2% 99.1% 99.8% 99.3%

30 Calendar Day SLA

% Processed within 45 Busienss Days Aug-2024 to Jan-2025

96.2% 97.1% 99.4% 99.6% 100.0% 99.9%

Claims Integrity

66
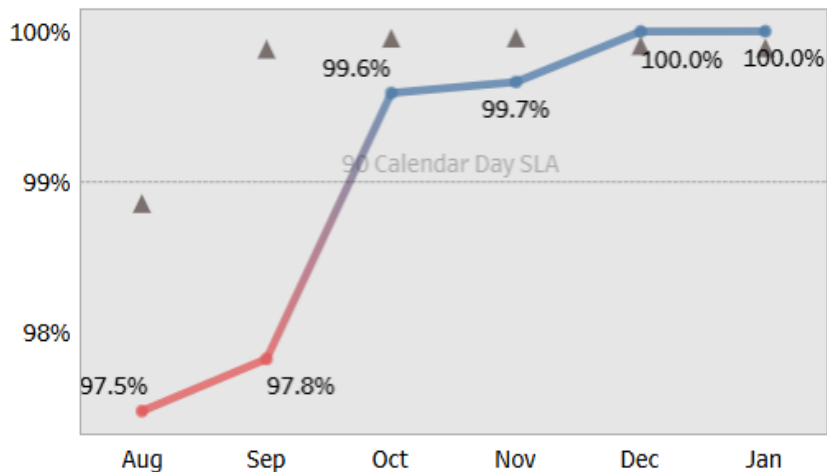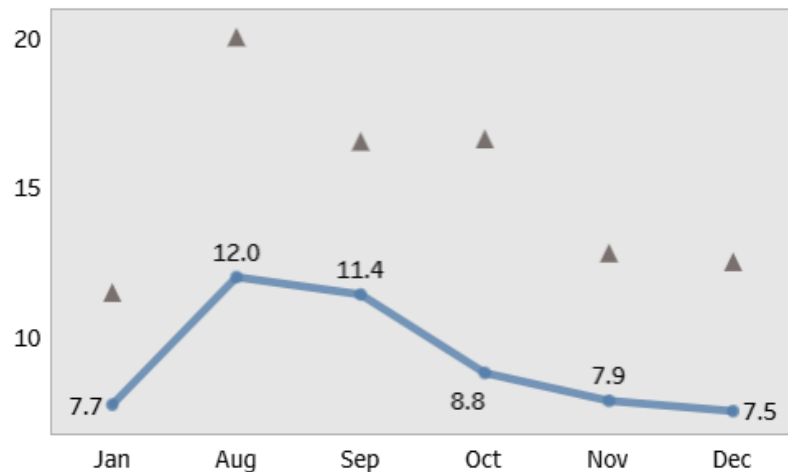
Claims Integrity

First-Pass Claims Denial Rate Aug-2024 to Jan-2025

	Aug	Sep	Oct	Nov	Dec	Jan
	21.1%	20.6%	19.3%	17.1%	17.7%	17.1%
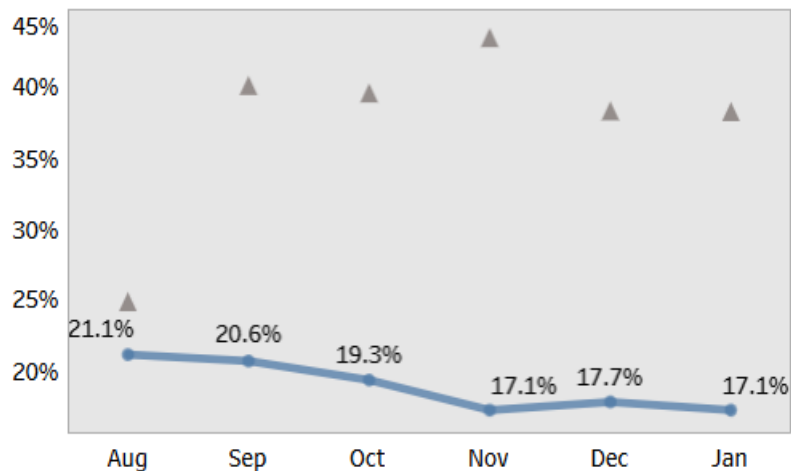
Most Recent 6 months' Denial Volume by Reason Aug-2024 to Jan-2025

Duplicate Claim	Benefit	Provider	Incorrect Billing
371.9K 21.287%	363.7K 20.817%	270.6K 15.490%	200.9K 11.497%
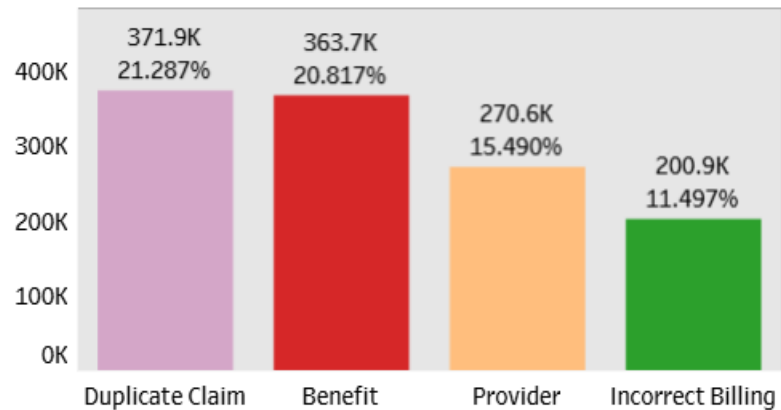
Claims Integrity

Total Claims Processed (Originals + Adjustments) Aug-2024 to Jan-2025

- Aug: 1.9M
- Sep: 1.7M
- Oct: 1.8M
- Nov: 1.6M
- Dec: 1.8M
- Jan: 1.6M
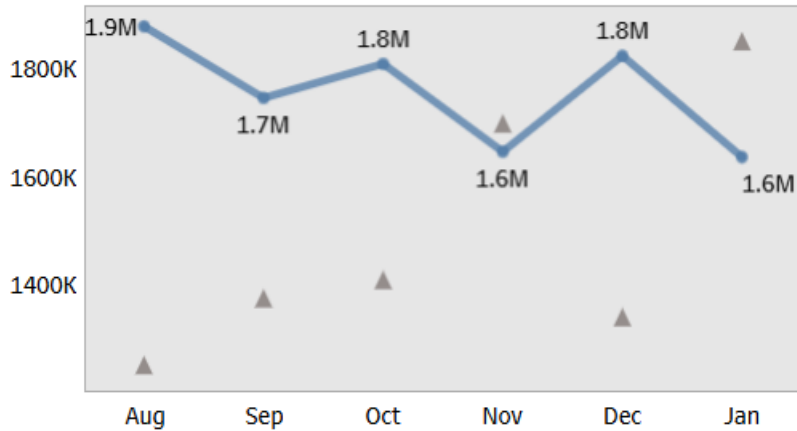
% of Total Claims Processed that are Adjustments Aug-2024 to Jan-2025

- Aug: 3.3%
- Sep: 5.1%
- Oct: 3.0%
- Nov: 4.7%
- Dec: 4.3%
- Jan: 2.5%
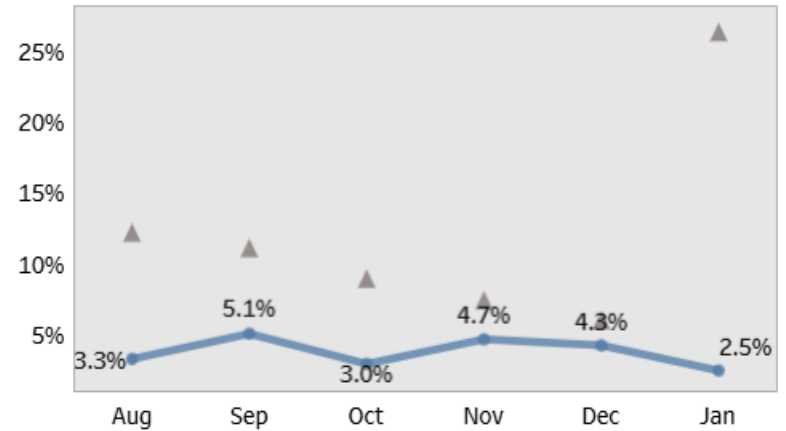
Claims Integrity

PDR Volume Received Aug-2024 to Jan-2025

- 28.7K
- 27.1K
- 22.6K
- 34.2K
- 24.5K
- 22.2K
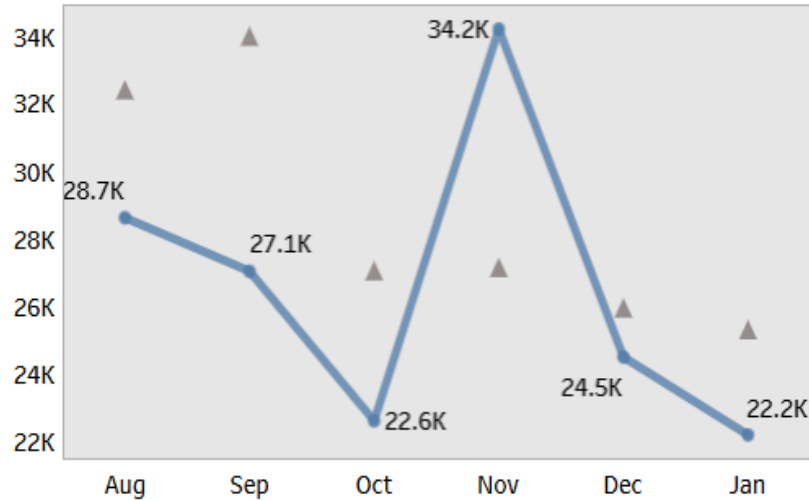
% of Closed PDR Cases that are Upheld Aug-2024 to Jan-2025

- 49.5%
- 60.7%
- 71.3%
- 77.5%
- 68.5%
- 60.2%
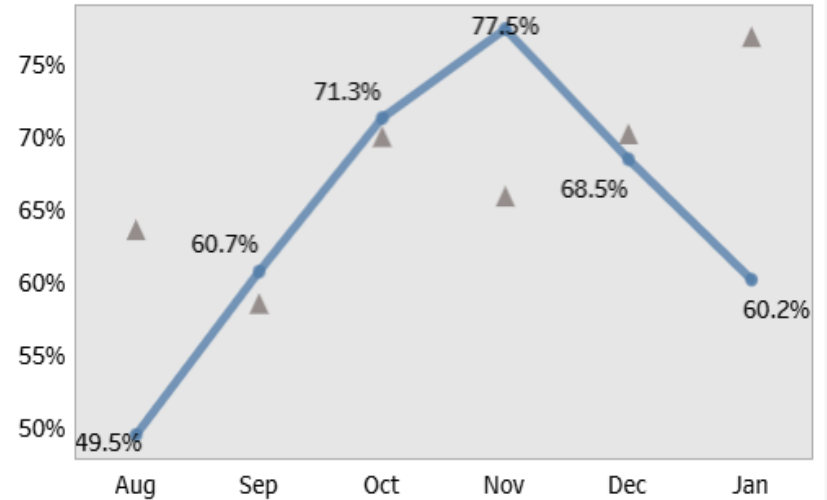
Claims Integrity

% Closed within 45 Business Days Aug-2024 to Jan-2025

99.4% 93.8% 95.7% 93.9% 98.8% 93.9%

45 Business Day SLA PDR

Aug Sep Oct Nov Dec Jan
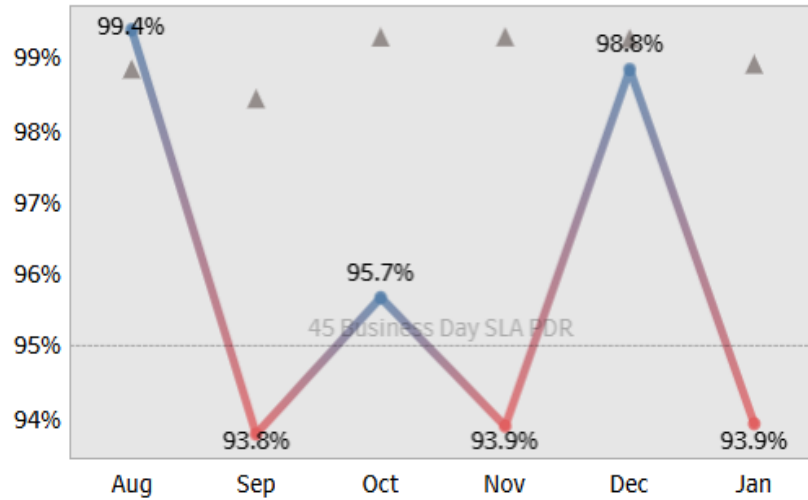
Average Business Days to Process PDRs Aug-2024 to Jan-2025

33 37 34 28 35 39

Aug Sep Oct Nov Dec Jan
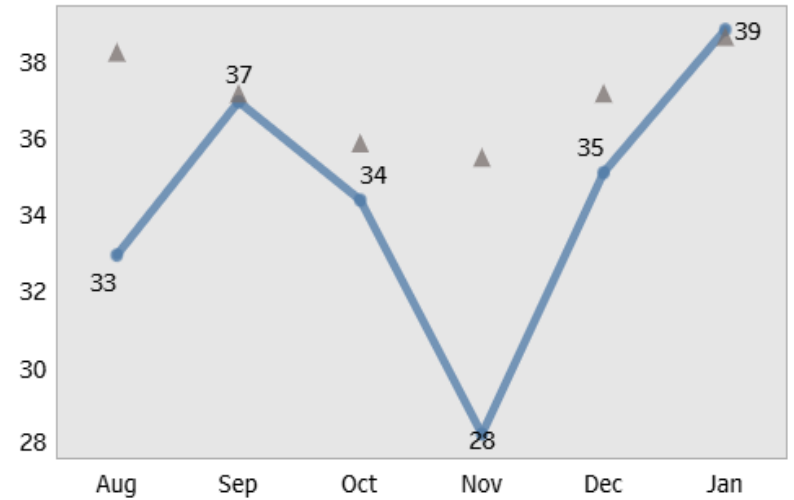
Appeals and Grievances Report

Demetra Crandall

Appeal Volume 2024

Monthly Appeals Report: Detailed Appeals Data											
Reporting Period: 2024											
Note: Cells highlighted green indicate highest volume Appeals categories/subcategories for the report month.											

Month Over Month Appeals Volume
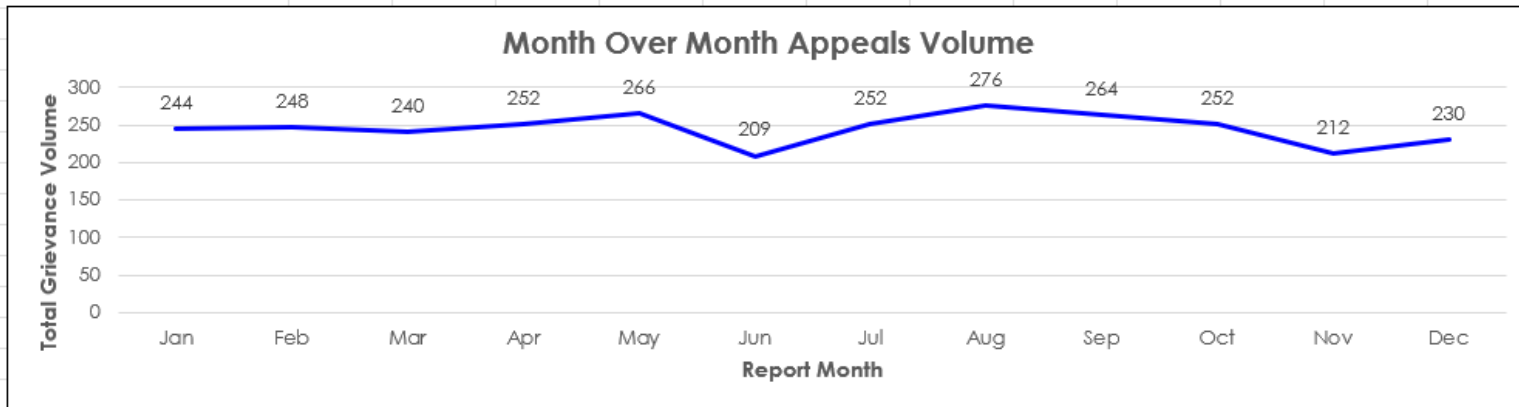
Month Over Month Appeals Volume Detail												
Appeals Category	**Report Month**											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	214	218	231	235	258	199	247	265	254	236	201	210
Billing and Financial Issues	28	24	6	12	7	8	3	8	9	8	7	14
Quality of Care	2	6	3	5	1	2	2	3	1	8	4	6
Total	244	248	240	252	266	209	252	276	264	252	212	230

72

Grievance Volume 2024

Monthly Grievances Report: Detailed Grievances Data											
Reporting Period: 2024											
Note: Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month.											

Month Over Month Grievance Volume

8,769 · 7,455 · 7,938 · 8,942 · 10,613 · 9,103 · 9,778 · 9,996 · 9,594 · 12,340 · 10,320 · 11,271

Month Over Month Grievance Volume Detail												
Grievance Category	**Report Month**											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Access	2,665	2,106	2,468	2,734	3,277	2,746	2,871	2,933	2,812	3,784	3,267	3,231
Attitude and Service	2,598	2,395	2,467	2,633	3,478	2,808	2,908	2,934	3,026	3,968	3,380	3,910
Billing and Financial Issues	3,034	2,536	2,529	2,983	3,251	3,052	3,458	3,581	3,247	4,031	3,212	3,671
Quality of Care	458	410	462	574	582	477	522	517	481	515	423	436
Quality of Practitioner Office	14	8	12	18	25	20	19	31	28	42	38	23
Total	8,769	7,455	7,938	8,942	10,613	9,103	9,778	9,996	9,594	12,340	10,320	11,271

Note: Cells highlighted green indicate the top 3 highest volume grievance categories/subcategories for the report month.

73

CMO Report: March 2025

Health Services Division Update

Medical Management
Community Health
Pharmacy
Quality Improvement

Sameer Amin, MD
Chief Medical Officer

Contents

Medical Management

Enhanced Care Management (ECM)

Enrollment

L.A. Care is working toward enrolling 30,000 members in ECM, or 1% of total Medi-Cal membership, per DHCS requirements. Initial Q4 2024 data shows 14,821 members enrolled with L.A. Care and 20,440 total with Plan Partners—a 34% increase from Q4 2023. This growth was driven primarily by L.A. Care's enrollment push, which included new incentive payments and improved referral processes, such as granting all ECM providers presumptive authorization and allowing retro enrollment for up to 30 days.

Contracting and Network

L.A. Care's ECM network now includes 88 contracted providers and 17 justice-involved providers. Interest in joining the network has increased, with over 70 current Letters of Interest, particularly from CBOs and for-profit organizations.

Given that the current network meets overall capacity, our focus is on maintaining strong oversight through monthly audits and prioritizing new contracts only with providers that can fill specific network gaps. Moving forward, we will prioritize providers with expertise in Justice-Involved, Birth Equity, or Child Welfare populations. While further growth is expected in 2025, new contracts later this year will focus on addressing these priority areas.

Audit and Oversight

Our ECM Monitoring and Oversight Program launched in Q3, during which we audited 30 ECM providers and reviewed over 80 member cases.

- **Key Findings:** Since this was our first audit, we uncovered areas for improvement:
  - Inconsistent or incomplete documentation by providers.
  - Gaps in the development of care plans.
  - Issues with timely and accurate Transitions of Care (TCS) interventions
- Performance Highlights:
  - Highest Performing Area: Enhanced Care Coordination ranked the highest in our audit.
  - Lowest Performing Area: TCS interventions ranked the lowest.
- Next Steps - Gap Closure Plans: We will provide all providers with a Gap Closure Plan to track progress on addressing the identified issues.
- Expanded Audits: In the next quarter, we plan to expand the audit to include more providers.

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

Case Volumes

The DSNP Care Management (CM) team continues to see a growing number of members assigned to high-risk and complex care management. This increase is largely driven by a successful Annual Enrollment Period and overall growth in D-SNP enrollment. As of February 2025, a total of 1,298 members were assigned, representing approximately 5.19% of the entire DSNP membership.

Care Management for MCLA Members

- In February 2025, the LAC CM team generated 546 MCLA CM cases and initiated outreach to offer care management support to members. Overall, 1,706 MCLA CM cases remained active, with members either engaged in the program or in ongoing outreach efforts.
- For Transitional Care Services (TCS), the LAC team maintained a steady volume of high-risk TCS cases throughout the month. A total of 4,133 high-risk TCS cases were open in February, including 1,558 newly created cases. Low-risk TCS members continued receiving letters informing them about available transitional care support, and 14 members contacted the TCS member line to request services.

Utilization Management

Timeliness of UM Decisions and Notifications

The UM department has continued operational excellence from July 2024 through January of this year, with all quantitative compliance measures for timeliness of decisions and notifications consistently exceeding 95% across multiple lines of business, including MCLA, LACC, PASC, and D-SNP. The department's success in these areas highlights its strong adherence to regulatory requirements and its effectiveness in delivering timely care decisions to members.

Operational System Transition

L.A Care is currently transitioning the program utilized to process authorization requests from Syntranet to QNXT. The move to QNXT began on March 7th, 2025. The UM team has been working with our IT, configuration, and associated departments extensively over the past year to ensure a smooth transition. This program is used across multiple areas including UM, MLTSS, Behavioral Health, Community Health Services, and Claims. A multi-faceted training for all departments commenced on September 30th, which was successfully completed by the end of November. Approximately 350 users over multiple areas of LAC attended this series

of educational sessions. UM continues to provide education as needed to all areas affected by the Syntranet to QNXT transition.

Provider Portal Soft Launch

Beginning in February, the new Provider Portal went live for two of our high volume providers, Call the Car and Western Drug. These providers are entering authorization requests on the portal, which are then processed by our UM team. The feedback received from both groups has been very positive, leading to smoother processes and greater communication. In March, additional providers have been added, and eventually, the portal will be rolled out to all providers.

Prior Authorization Requirement Updates

On July 25, 2024, the UM team launched an updated prior authorization matrix, reducing the number of procedure codes requiring prior authorization by 24%. This exciting implementation supports the goal of reducing administrative burden on providers allowing focus on patient care and expediting hospital discharges for our members. The new process also includes fax notifications to providers for codes that do not require prior authorization, replacing approval letters. Since the "No Authorization Required" implementation, authorization volume has decreased by 57% based on a comparison of average monthly volume from January to July (pre-implementation) with August through December (post-implementation). UM is working collaboratively with the provider network team to address high-volume providers submitting unnecessary requests, aiming for further reductions.

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 216 per month since October 2024, compared to an average of 146 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 77%, an increase since the last report.

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 later in the year. 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 66, an increase from 27 in the last report, with an authorization rate of 84%. 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. As of February 2025, the ICF-DD census is at 310.

Community Health

Community Supports (CS) Operations & Reporting

CS Provider Network

Providers are in various stages of the contracting process for CS services. Certification Applications for the July 2025 contracting cycles is in progress, with additional cohorts of providers at early stages of contracting to support field-based housing navigation services.

Housing Initiatives

Housing Community Supports: Housing Navigation (HN), Tenancy Sustaining Services (TSS) and Housing Deposits (HD).

Financial Restructure Planning
- HN/TSS transition from a preemptive monthly capitation structure to 2 claims per month (paid at half the cap rate each) is complete.
- HD transition from having administration cots included in monthly capitation to being added as a cost line item on HD requests is complete.

  - HHIP Unit Acquisition investment with County CEO – HI has resulted in 1,751 units currently contracted. Of these units 1247 are occupiable.
  - L.A. Care participated regularly in Inside Safe, Pathway Home, and Tiny Home events to connect members to health plan resources and assist with program referrals.

Field and Street Medicine: Launch and Operations

- Capacity-building grants for new Field Medicine teams are fully executed for 5 of the 9 providers. 2 contracts are pending signature, and 2 are pending budget revisions.
- Measurement Period 1 of the Field Medicine Performance Incentive program concluded on December 31st, 2024. Adjudication is in progress.
- Contracting for non-contracted Field Medicine providers is in progress
- Convened a Field Medicine Steering Committee and associated subcommittees to work on internal processes that need to be altered or created.
- RFP for MacArthur Park Field Medicine team released in February, applications due on 3/14
- Work continues with newly established Emergency Centralized Response Center (ECRC) regarding the role Field Medicine providers will play with other City and County organizations.

Pharmacy

Pharmacy Star Rating

Pharmacy had an overall increase in Star Rating in Measurement Year (MY) 2024, from 3.46 in MY2023 to 3.54 in MY2024. Preliminary CY2024 results show a 1-2% increase in all three adherence Star measures (ENTER HERE) compared to CY2024. Based on projected cut points, we have achieved 4 stars in the diabetes medication adherence measure and 3 stars in both the hypertension and cholesterol measures.

Medication Adherence Programs

Comprehensive Adherence Solutions Program (CASP)

To further enhance member experience, the Pharmacy team recently launched a new welcome call campaign for incoming members who are new to our DSNP plan starting 1/2025. This initiative educated members on health plan pharmacy benefits and resources, assisting them in getting started with our DSNP plan. As an immediate pivot after this campaign, we are now focusing on the "First-Fill Campaign" to bridge gaps between initial and subsequent medication fills, ensuring early inclusion and timely interventions for members at risk of non-adherence. As part of our ongoing efforts to enhance member

support, we have integrated predictively analytics risk scores with the Advanced Analytics Lab (AAL) to identify member who may benefit from additional high-touch support.

Pharmaco-Adherence Mailers

Based on recent member feedback from the Enrollee Advisory Committees (EAC), the adherence mailers were revised. Our adherence team will always call the members as a first-line intervention. If we are unable to reach them, we will then send a mailer to follow up. The mailer includes a request for members to verify their phone numbers, helping us ensure we have the correct contact information for future outreach.

Pharmaco-Adherence Postcards

Pharmacy has designed a magnetic postcard to inform members about their pharmacy benefits. The postcard will be sent independently and as part of the Welcome Kit for 2026 enrollees and serves as a daily reminder for members to contact their Pharmacy team at L.A. Care with any questions or issues related to their prescription benefits or medications. Distribution was set to begin by end of Q1 2025.

Statin Use in Persons with Diabetes (SUPD) and Statin Therapy for Patients with Cardiovascular Disease (SPC)

Timely Member Identification for SPC Measure

L.A. Care Pharmacy utilized multiple internal sources to enhance the timely identification of members qualifying for the SPC measure. Identifying these members before the year's end is essential to facilitate interventions. These sources included the Health Information Management (HIM) team, Impact Intelligence, Optum Impact Pro, and cardiovascular-related inpatient admission data. 224 members eligible for possible intervention were identified in 2024 amongst all sources. Pharmacy also submitted an intake request to the Advanced Analytics Lab (AAL) team to develop a predictive model to identify members likely to qualify for the SPC measure. The model is expected to be completed in mid-2025.

Medication Therapy Management (MTM) Program

CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR).

- L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), has achieved a 92% completion rate of eligible members in 2024. This is a significant improvement from 2023 at 87%.

- Starting in 2025, the MTM measure will be on display for at least two years due to major changes in the program eligibility criteria. During this time, the program will still be active with expanded eligibility criteria. The updated program criteria are reflected on our website.

Additional Pharmacy Programs

Transitions of Care (TRC) – Medication Reconciliation Post-Discharge (MRP)

Pharmacy completed 457 reviews in 2024 in collaboration with Care Management's Transitional Care Services Program for MCLA. Pharmacy has also developed a workflow with Quality Improvement Stars team to complete 200 reviews for DSNP members in MY2024. The Clinical CareAdvance (CCA) platform is being utilized to upload medication reviews and extract data for HEDIS ingestion for both MRP and COA to boost Star ratings. Additionally, a new workflow was implemented in January to conduct outreach and offer medication reviews for CMR-eligible MRP members. The goal of this workflow is to enhance care coordination and ensure members are fully informed of any medication changes that may have occurred following discharge.

Community Resource Center (CRC) Vaccine Clinics:

Pharmacy is working in collaboration with the USC Alfred E. Mann School of Pharmacy and L.A. Care CRCs to establish recurring medication review "brown bag" events. This event is open to all community members at no cost. USC pharmacists, residents, and interns will conduct medication reviews and provide health information, with particular focus on respiratory health due to the recent L.A. fires. The first event is scheduled for Wednesday, March 19th, at the Inglewood CRC with plans to expand to additional CRCs and include health screenings at future events.

Quality Improvement

Health Education, Cultural, and Linguistic Services (HECLS)

Meals as Medicine Program

The Meals as Medicine (MAM) program concluded 2024 with 7,106 service requests and 4,936 approvals. MAM meal providers stepped up to address member needs during the wildfires, potentially impacting meal deliveries.

Medi-Cal Doula Hub

Health Education partnered with the Community Health team to present the Medi-Cal Doula Services Benefits program to 173 Community Supports providers on January 24th, 2025. The presentation covered "What is a Doula's Role," "Benefit Guidelines," "Connecting Members to Services," and "L.A. Care Maternal Health Programs Overview."

Language Assistance Program

- L.A. Care released a Language Services RFP in late 2024. The next few months will focus on vendor selection and contract negotiations. The new contracts/vendor services will go live in 2026.
- In FY 2023-2024, there was a 25% increase in face-to-face (in-person) interpreting requests, with medical appointments accounting for 97% of requests and administrative requests accounting for 3%. The top three requested languages for medical appointments were Spanish, American Sign Language, and Thai, while the top three languages for telephonic interpretation were Spanish, Mandarin, and Armenian.

Fight the Flu and COVID-19 Campaigns

- A total of 90.5% of members (n=226,426) outreached to for the texting campaign, successfully enrolled. As of January 2025, the texting campaign has concluded, and the vendor will provide a detailed analysis in the coming months for the 2024 campaign, including information on COVID-19 vaccines.
- The seven CRC vaccine events were well attended, as evidenced by the data below reporting participation by LAC members.
- 850 flu shots were given with 29.3% to LAC members (n=249).
- 429 Covid vaccines were administered, with 24.4% to LAC members (n=105).
- A social media campaign with flu and COVID-19 messages on Instagram and Facebook is running.
- A total of 21,380 messages have been sent to members with an active account in the MyHIM wellness portal since the initiative's launch in September.

- Fax blasts were sent to providers in December 2024 to remind their patients to get flu and COVID-19 shots.

QI Initiatives

Regulatory Updates

- Plan Partner 2024 Annual Audits are currently underway. Carelon and Blue Shield Promise Audits have been completed. Anthem Blue Cross CAP response with validation is due on 2/15/2025.
- The Clinical Initiatives team submitted CY (Cycle Year) 2026 Model of Care (MOC) for the Medicare product line. The report contains key performance metrics and activities to support clinical initiatives and establish benchmarks and goals for each measure.

Interventions by HEDIS Measure

- Three Quality Health Partners (QHP) mobile health events at Community Resource Centers (CRC) are being scheduled for March-April 2025. Events will include outreach to Manage Care L.A. Care (MCLA) W30 members. First mobile event will be held at the Wilmington Community Resource Center (CRC) on Wednesday 3/5 from 2-7pm.
- Childhood Immunization Status: Combination Ten (CIS-10)
- A new Vaccine Journey Text Messaging campaign is being planned for 2025. Campaign will focus on addressing hesitancy and misinformation.
- MCLA and LACC Pediatric Flu Vaccine Member Incentives are expected to relaunched in February. Robocalls and member letters launched in late February.
- A new at-home provider partner, DocGo, is working on closing gaps for vaccines and well care measures for MY 2025.
- Cervical Cancer Member Incentive for Los Angeles County Department of Health Services (DHS) members only will deploy in 2025. The program was approved by DHCS in January 2025.
- The MY 2024 Blood Lead Attestation, to ensure that PPGs downstream blood lead testing and documentation requirements, has been sent out to PPGS. Currently, only 3 PPGs out of 28 are outstanding. Due to the fires, L.A. Care has decided to postpone sending out a Notice of Non-Compliance.

Member Experience

- The Spring 2025 Patient Experience Training webinar series Enhancing the Clinical Experience for All will be launching in March and run through May.
- The SullivanLuallin Group is currently providing shadow coaching to a provider at Olive View UCLA. The team is working on promoting the shadow coaching program for 2025.

Provider Quality Review (PQR)

Processing Timeliness

Our current performance for FY 2024/2025 is 99.95% timely processing of Potential Quality of Care Issue (PQI) investigation from when the team receives a case to closure within six months.

QR Engagement with PPGs to Improve Care

PQR is sharing PQI findings and trended data for selected PPGs to better understand each PPG's needs through joint data review and analysis. Collaborative efforts will help develop comprehensive PPG engagement sessions, enhancing communication and addressing specific needs to improve care.

PQR Collaboration with A&G

A&G, Medical Management, and PQR teams have started the year to re-evaluate and refine the A&G PQI referral process. Key stakeholders in each business unit continue to collaborate on:

- Refining clinical staff's understanding of Quality of Care (QOC) and Quality of Service criteria and workflows
- Refining data reporting for trend analysis
- Continued monthly audit oversight of all non-referred cases to identify potential missed PQI opportunities
- Engaging in collaborative discussions between clinical leadership to review and provide feedback on monthly audit oversight findings and identify any potential gaps
- Continuing collaborative discussions on workflow process improvement and training needs to improve consistency in identifying PQIs
- PQR continues to monitor quality-of-care grievances and conduct monthly audit oversight with non-referred cases to capture all necessary PQIs. In Q4 2024, 90 grievances were reviewed, of which 18 were found to have potential quality-of-care concerns. We will continue collaborative discussions to ensure referrals for any identified cases.

PQR Collaboration with Credentialing/Peer Review Committee(C/PRC)

PQR continues to partner with C/PRC to review trending provider issues, identify opportunities for PQI-focused reviews, and report adverse events to the committee.

PQR System Platform, Kaizen

Kaizen Phase II development launched on January 27, 2025. The key development scopes focus on improving user experience and adding functionalities to support peer review reporting and internal/external audits.

PQR met with the IT team to align the new grievance system with Kaizen requirements. We discussed crucial data fields for a seamless transfer between systems and to ensure all necessary information is captured and transferred accurately. Continued collaborative discussions will be necessary to ensure a smooth transition.

Stars Excellence

Stars performance is collectively determined by multiple functions and Departments within and outside Health Services. QI and Health Services have most control over HEDIS which currently is 23% of the score.

Success requires enterprise performance across HEDIS, Pharmacy, Operations, and the member experience journey.

MY2025 / SY2027

- Operations, 16%
- CAHPS, 21%
- Pharmacy, 16%
- HEDIS, 23%
- Improvement, 12%
- HOS, 11%

Legend: CAHPS • HEDIS • HOS • Improvement • Pharmacy • Operations
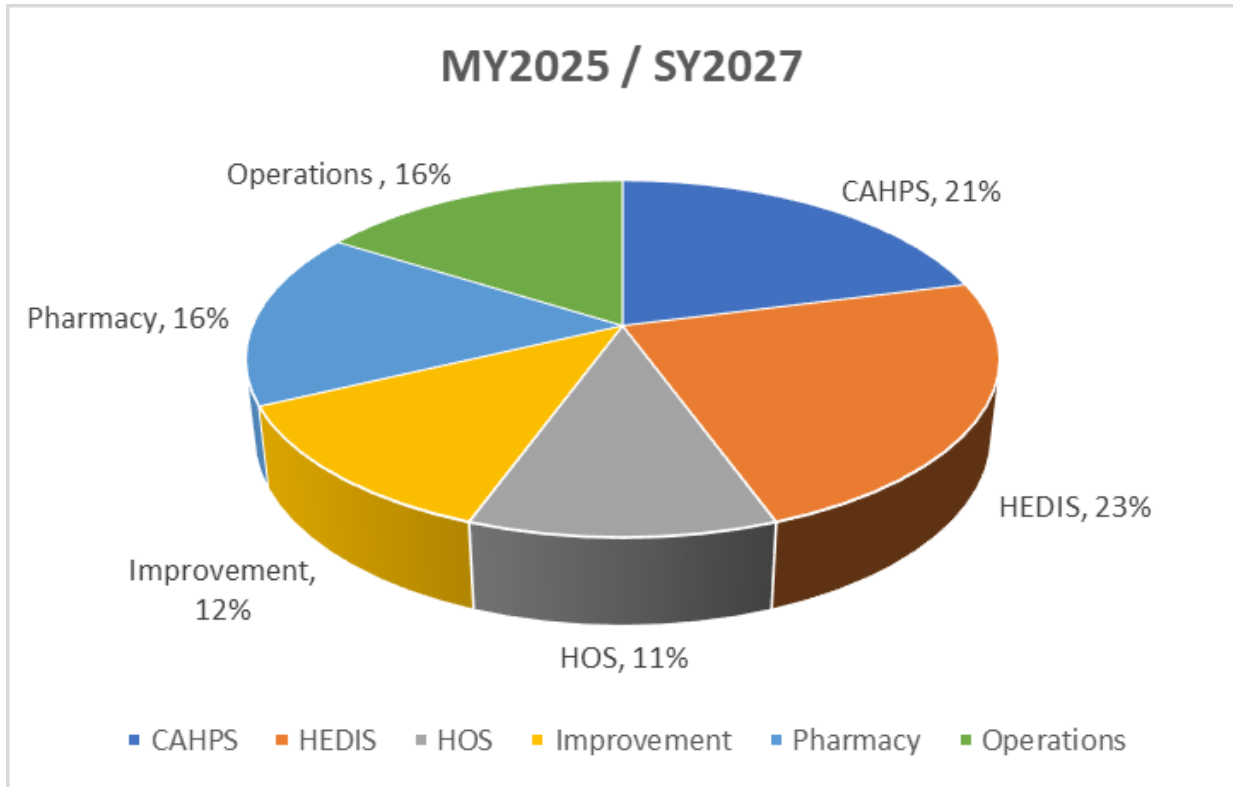
- Overall, the DSNP contract is projected to continue to perform at the 3.0 Star Rating level in MY2024.

- HEDIS domain performance is projected to increase from a 2.3 Star rating in MY2023 to a 2.5 Star rating in MY2024. All HEDIS measures, except one, are performing significantly better YTD vs. last year
    - Measure improvements range from 2% to 17%, with average of 7%
    - Strong headwinds from expected very steep new CMS cut points: additional increase in performance needed to achieve overall 3.5 Star Rating
- Additional 2024 HEDIS outreach efforts are having positive impact on year-end projections:
    - VSP – Diabetic Eye exams (up 10%)
    - LAC Pharmacist – COA Med Review; MRP (up 12% and 7% respectively)
    - QPM data accuracy – Blood Pressure (up 9%)
- Pharmacy is projected to maintain a 3.46 Star rating in MY2024.
- Both domains have demonstrated substantial year-over-year measure improvements.
- Operations domain performance is projected to decline from 3.48 in MY2023 to 3.08 Stars rating in MY2024.
    - The Operations domain did improve by .15 of a Star based on November projections due to Timely Decisions about Appeals projected to improve from 97% to 98.25%, increasing the measure Star rating from a 3 to a 4.
    - Call Center TTY / Foreign Language (Part C) and SNP Care Management are maintaining performance but dropping a Star rating due to CMS cut-point changes.
- LACC MY2023 is projected to earn an overall summary indicator rating of 75, achieving a Star Rating of 3, just 5 points short of achieving a 4-Star rating. LACC MY2024 is pending additional projections; an update will be provided soon.
- LACC measures performing better YTD vs. last year
    - Child & Adolescent Well Child Visits
    - Breast cancer screening
    - Colorectal cancer screening
    - Cervical cancer screening
    - Diabetic Eye
    - Blood Pressure
- LACC measures that have declined YTD vs. last year
    - CIS-10 (vaccinations), A1C < 8% (diabetes), AMR (asthma medication)
        - Increasing vaccine hesitancy in many communities
        - Many parents believe vaccines are not safe. They are refusing vaccines despite aggressive high touch provider and health plan outreach, incentives, and other engagement
        - CIS-10 is a very low denominator measure for LAC: very high financial penalties for each child refusing vaccination
    - CR (hospital readmissions)
    - Timeliness of Prenatal Care
- Additional outreach efforts in 2024 are having positive impact on YE projections for the following LACC measures:
    - VSP – Diabetic Eye (up 8.5% YTD)
    - QPM data accuracy – Blood Pressure (up 10% YTD)

      o   COL Kits with new Cologuard partnership (up 10%-year end projection)

Regulatory CAHPS Survey, 2025 Season

HP (Health Plan)-CAHPS (Consumer Assessment of Healthcare Providers and Systems Adult & Child) HPR (Health Plan Rating)

Survey materials in Pre-Fielding mode. Materials being approved and sample generated from HEDIS. Fielding will begin by March 2025.

QHP (Quality Health Plan) EES (Enrollee Experience Survey) LACC (L.A. Care Covered CA) QRS (Quality Rating System)

Survey materials in Pre-Fielding mode. Materials being approved and sample generated from HEDIS. Fielding will begin by March 2025.

MAPD (Medicare Advantage Prescription Drug) DSNP (Dual Special Needs Plan) STARs

CMS provided a memo on 2/5/2025 that would allow us option to use our 2024 scores for this survey. This is due to 25% of our membership potentially being impacted by the January wildfires. We have until 2/10/2025 for final decision.

Prior to this memo we were in pre-fielding stage and ready to begin fielding the survey on time by March 2025.

PASC-SEIU Homecare Workers Health Care Plan

- We learned near the end of January that this line of business would need to be included in DMHC/NCQA oversight and that our scores for both 12 HEDIS measures and 1 CAHPS measure would need to be reported.
- We had a handful of days to insert the information for this Commercial line of business to be reportable into the HOQ (Health Organization Questionnaire). We met the original deadline.
- We had those same handful of days to run the sample for CR (hospital readmissions\
- PASC-SEIU is currently not accredited but is scheduled to be in 2026.

Population Health Management (PHM)

- The PHM team finalized the 2024 PHM Program Description, which included CalAIM requirements and intervention updates. We are also preparing updates for the 2025 PHM Program Description
- The PHM team alongside Health Services leadership, spearheads and coordinates strategic planning on PHM across the enterprise. Business units completed a survey of

current state and gaps and are collaborating to enhance PHM while maintaining our established strong PHM foundations. This includes strengthening the PHM Cross-functional leadership team to focus on the enterprise PHM strategic pillars across the continuum of care.

Child Health and Disability Prevention (CHDP) Program Transition

- The 2024 CHDP Transition occurred smoothly without member or provider complaints. LA Care leads a collaboration with plan partners, Anthem and BSP, to share updates and address issues about the CHDP Transition process, timeline, and operational next steps. The most recent CHDP Transition Quarterly Meeting was on 2/4/25.
- CHDP Provider Trainings are available through provider external learning department. Providers and staff can register to attend the vision care, fluoride varnish application, and audiometric and anthropometric Webex presentations.
- Statewide MCP FSR collaborative workgroups have been developed and are meeting to compile a unified set of CHDP provider trainings on vision care, fluoride varnish application, audiometric, and anthropometric content.

Population Health Informatics

Health Information Management (HIM) Analytics
- Analytics for all VIIP programs are nearing completion. Scoring and payment calculations have been performed on all lines of business. All analytics have been QA'd internally and by the Incentives team; checks and reports will be distributed to all providers within the next few weeks.
- The HIM team is providing continued analytic support for the JOMs. Monthly reports are being prepared for all PPGs across all lines of business. Further, the team will start producing performance improvement scenario reports (What If Earnings Reports) using the new 2024 VIIP data.
- Analytics for IHA, SDOH, Blood Lead, and FUA/FUH continue, and reports are being distributed to various levels of providers to improve these rates organization-wide.

Health Information Ecosystem (HIEc)
- **Health Information Exchange (HIE) Amendments:** The Hospital Services Agreement (HSA) is being finalized to encourage participation in Health Information Exchanges (HIEs) for hospitals, ensuring compliance with CMS 9115-F standards for Admission, Discharge, and Transfer (ADT) notifications. This includes mandatory engagement with the California Health and Human Services (CalHHS) Data Exchange Framework (DXF) and provisions for one-time HIE funding opportunities for hospitals. Similarly, Skilled Nursing Facility (SNF) contracts are being updated to enforce participation in the CalHHS DXF and HIEs, enhancing the efficiency of information exchange.

- **Incentive Programs:** The fourth round of the One-Time HIE Adoption Incentive for Hospitals and SNFs has been extended through December 2025. The goal is to onboard 21 hospitals and 60 SNFs.
- **Clinical Data Repository (CDR) Program:** FHIR ADT and CCD Projects: The real-time integration of ADT data into downstream applications (CCA) was successfully launched on January 16th, 2025, marking a significant achievement in L.A. Care's Clinical Data Integration (CDI) efforts. This initiative enhances response times for Transition of Care (TOC) activities, meets TCS regulatory requirements, optimizes nurse hours, and aims to reduce member hospitalizations.
- **HL7 CCD Ingestion for HEDIS Improvements**: CCDs are now available and being ingested into Cognizant ClaimSphere to improve HEDIS gap closures and performance metrics.

2024 QI & Health Equity (QIHE) Annual Evaluation

Compliance and Quality
March 20, 2025

Presenter: Bettsy Santana, MPH
       Senior Manager, Clinical Initiatives

Report Content & Background

Annual QIHE Evaluation (2023-2024)

- The Quality Improvement Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to:
    - Quality and Safety of Clinical Care
    - Quality of Service
    - Member Experience
    - Access to Care

- The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities.
    - Staff throughout L.A. Care contribute to the activities
    - QI committees regularly meet to provide oversight

Key Findings

National Committee for Quality Assurance (NCQA) Accreditation Status:

Accreditation:
- NCQA uses a star rating system. L.A. Care can earn rating of 0-5 stars (in 0.5-star increments) for HEDIS/CAHPS portion of Health Plan Accreditation. L.A. Care received ratings below for MY 2024:
  - Medi-Cal: 3.5 Star

  - Medicare: Accredited with "Partial Data Reported." L.A. Care's D-SNP rating was not calculated as this line of business is new and did not have eligible members for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

  - L.A. Care Covered (LACC) was Accredited (no star rating). The Exchange (LACC) line of business is scored solely on Health Plan Standards, because NCQA does not score Exchange Plans on HEDIS or CAHPS.

  - L.A. Care achieved its first Health Equity Accreditation in 2024 for all product lines.

Key Findings (cont.)

<u>HEDIS Performance:</u>

DHCS Managed Care Accountability Set (MCAS) & Auto Assignment:
- For MY2023, L.A. Care met Minimum Performance Level on 11/18 MCAS measures

- Measures below MPL:
  - Childhood Immunization Status – Combo 10 (CIS),
  - Well-Child Visits in First 30 Months of Life (W30) for both first 15 months and 15-30 month intervals
  - Cervical Cancer Screening (CCS)
  - **<u>NOTE: the following measures had known statewide data problems and DHCS removed them from final sanctions list.</u>**
    - Asthma Medication Ratio (AMR)
    - Follow-Up after Emergency Department Visit for Mental Illness (FUM)
    - Follow-Up after Emergency Department Visit for Substance Use (FUA)

Key Findings (cont.)

HEDIS Performance:

- **76% decrease in MCAS sanctions from higher quality performance** compared to prior year

- Several MCAS measures improved or had high performance
  - Chlamydia Screening (CHL) reached 90th percentile
  - Breast Cancer Screening (BCS) reached 67th percentile
  - Prenatal Care (PPC-Pre) reached 90th percentile
  - Controlling Blood Pressure(CBP), Adolescent Immunizations (IMA) and Postpartum Care (PPC-Post) reached 67th percentile
  - Development Screenings (DEV) with 11.40% improvement over last year.

Key Findings (cont.)

Population Health and Patient Safety

Care Management/Disease Management (DM):

- For D-SNP, 0 / 3 goals for Model of Care coordination were met; goals are set at 100% per CMS requirement.

- Cardiovascular Disease Management Program met 1 / 2 goals; 78.9% of members who graduated from program achieved adequate blood pressure control of <140/90.

Patient Hospital Safety:
- L.A. Care identified five hospitals with lower than average performance on hospital acquired infections.

- 32 hospitals had Nulliparous, Term, Singleton, Vertex (NTSV) C-Section rates above desired 23.6%.

Key Findings (cont.)

<u>Member Experience:</u>
- Consumer Assessment of Health Plan Systems (CAHPS) Performance:
  - Medi-Cal Adult scores remained low in 2024. Despite remaining low, many scores across surveys increased from 2023.
  - Medi-Cal Child scores mostly experienced decreases from 2023.

- L.A. Care Covered experienced improvements in nearly every rating and composite. The only rating that decreased from 2023 was Rating of Specialist, while every composite increased performance from 2023.

- D-SNP members were surveyed for first time in 2024 since change from CMC product line. Overall, Medicare rates in member experience remain low. However, half of ratings/composites increased while half decreased from 2022.

<u>Appointment Availability Compliance Measurement Year (MY) 2023:</u>
The 2024 Accessibility Report evaluates measurement year (MY) 2023 survey results for provider compliance with appointment wait times and after hours accessibility standards.

- L.A. Care meets DMHC Urgent and Routine appointment standards across all lines of business.

- Note: We intentionally set our internal goals even higher (10% +) than DHMC standards. We are still working to achieve our goals of expanding PCP, SCP, and after hours access.

Key Findings (cont.)

Appeals and Grievances

- D-SNP-Attitude and Service are leading cause of grievances and Access Issues had most Appeals

- LACC-Billing and Financial Issues are leading cause of grievances and Access Issues had most Appeals

- MCLA-Attitude and Service are the leading cause of grievances and Access had most appeals.

- PASC-SEIU met all goals but Access Issues were the category with most relative volume of grievances and appeals

Network Adequacy

Top 5 high-volume complaints related to access across all product lines:

- Appointments out too far
- Delay in authorizations
- Unable to schedule appointments
- Unable to reach their provider
- Prior authorizations

Highlights/Goals Met

<u>Clinical Care:</u>

- Launched 83 Clinical Quality Campaigns including home test kits, texting, social media, mail, incentive programs, new partnerships, PPG collaboration and alignment, and more

- Work Plan goals are based on NCQA benchmarks, statistically significant improvements, or current year trending. Goals are often set to the next NCQA quartile.
  - Medi-Cal: 20 / 25 goals achieved rate increase and 11 met goals.
  - D-SNP: 13 / 20 HEDIS goals achieved rate increase and 9 met goals.
  - LACC: 13 / 19 goals achieved rate increase and 8 out of the 13 met goals for the year.
  - Depression Screening and Follow up-Screening surpassed goals among all three product lines.

<u>Network Adequacy:</u>

- All Primary Care Practitioners (FP, GP, IM, PED) consistently exceeded or met compliance standard targets for practitioner-to-member ratios for all lines of business (MCLA, LACC/LACCD, DSNP, PASC) from Q4 2023 through Q3 2024.

Highlights/Goals Met

Health Equity:
- Over fiscal year 2023-2024, L.A. Care met 12/16 Member Equity Council goals.

Pharmacy Clinical Programs:
- L.A. Care Pharmacy is actively working to increase medication adherence through prescriber engagement, scorecards, mailers, text campaigns, robocalls, live agent outreach, and additional strategies

- Completed 5,903 member medication adherence interventions

Pharmaceutical Safety Program:
- Goal: At least 90% of providers notified by mail of members who met criteria for Retrospective Drug Use Evaluation (RDUR) program.

- Goal met: 100% of providers were notified by mail.

Potential Quality of Care Issues (PQI):

- The PQI timely processing goal was met.

- In Fiscal Year (FY) 2023-2024, the PQR team processed 8,262 PQI referrals, including cases carried over from previous years.

- 8,183 (99%) cases were processed within the required timeframe of six or seven months with approved extension, which surpassed 90% goal.

Opportunities for Improvement

- Access and Availability

- Member Experience

- Children's Wellness Visits

- Colorectal and Cervical Cancer Screening Rates

Root Cause Analysis

- COVID-19 pandemic impacts, especially as HEDIS look-back periods continue to include disruptions in preventive care during the pandemic emergency as well as changes in motivation seeking in-person care

- Limited appointment access

- Provider burn-out

- High provider staff turnover

- Low reimbursement rates

- Gaps in provider technology and analytics capabilities

- Members and parents only seeing provider when sick and not prioritizing well care visits

- Growing vaccine hesitancy

Root Cause Analysis

- Member health literacy

- IPAs and provider offices with different levels of system maturity and engagement in quality improvement

- Suboptimal coding for services, especially for survey-based screenings (e.g. depression screening)

- Data submission and ingestion from other non-L.A. Care providers may not have the correct file layout or have missing data that may hinder data quantity and integrity

Follow-up/Next Steps

- **QI Program will continue to focus on opportunities to improve clinical care, safety, and service in the areas outlined in this report**

- Member satisfaction rates remain low, and enterprise efforts are underway to improve member experience journey

- There are multiple data, operational, and clinical areas that still need improvement, such as:
  - Data systems
  - Appeals and grievances
  - Well care visits
  - Childhood immunizations
  - Colorectal and cervical cancer screenings

These and other QI activities are detailed in the 2025 QI Work Plan and will be tracked through QI committees and governance structure

2025 QI & Health Equity Program Description and Work Plan

Compliance and Quality
March 20, 2025

Presenter: Bettsy Santana, MPH
            Senior Manager, Clinical Initiatives

Program Description

The Quality Improvement and Health Equity Program describes the program structure and formal decision-making arrangement where L.A. Care's goals and objectives are put into an operational framework.

2025 Revisions

General Revisions

- New Strategic Priorities

  o Improve Operational Efficiency

  o Support a Robust Provider and Partner Network to Ensure Their Capacity to Address Our Members' Health and Social Needs

  o Improve the Member Experience with L.A. Care and the Quality of Care Members Receive

  o Serve as a National Leader in Promoting Equitable Healthcare to Our Members and the Community and Act as a Catalyst for Community Change

- These priorities will continue until FY 2026/27

2025 Revisions

New Goals and Objective

Monitor and evaluate the utilization of Behavioral Health Treatment (BHT) services.

- o Review and discuss network adequacy for behavioral health services, including ways that the MBHO has already or is planning to fill service gaps.

- o Improve care transitions to reduce readmissions and ensure member access to follow-up care.

Program Scope

- Removed Stars Steering Committee: group merged in 2024 into the Quality Improvement Steering Committee

Work Plan

- The QIHE Work Plan tracks goals and activities geared toward quality improvement for the organization. It is a fluid document and revised throughout the year.

- For goals not met, the QI Department:
  - Reviews findings
  - Completes barrier analysis
  - Develops plans to address barriers
  - Prioritizes interventions
  - Implements interventions
  - Evaluates the effectiveness of interventions

Work Plan Updates

General updates

- Total Measures for 2024 vs 2025:

2024
• Service: 76
• HEDIS: 33
• CAHPS: 30
• Equity: 5
• Reporting only Measures: 26 (MCAS, D-SNP, & Quality Rating System (QRS)
• Priority 3 HEDIS Measures: 28 (MCAS, D-SNP, QTI & QRS)

2025
• Service: 65
• HEDIS: 43
• CAHPS: 30
• Equity: 4
• Reportable only Measures: 20 (MCAS, D-SNP, & Quality Rating System (QRS)
• Priority 3 HEDIS Measures: 13 (MCAS, D-SNP, QTI & QRS)

2025 QIHE Work Plan Updates (cont.)

Measure Changes
Medi-Cal Measures:

- No new measures to the MCAS set

- The following measures were removed from work plan since they are no longer required:
  - Appropriate Testing for Pharyngitis (CWP)
  - Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event) (PCE)
  - Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event) (PCE)
  - Follow-Up Care for Children Prescribed ADHD Medication- Initiation Phase Testing - (ADD)
  - Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 90 Days (CCP-MMEC90)
  - Contraceptive Care - All Women: Most or Moderately Effective Contraception (CCW-MMEC)

2025 QIHE Work Plan Updates (cont.)

Measure Changes

L.A. Care Covered (LACC):
- No new measures

D-SNP:
- Added Kidney Health Evaluation for Patients With Diabetes, Care for Older Adults - Functional Status Assessment/ Medication Review, Concurrent Use of Opioids & Benzodiazepines, & Polypharmacy Use of Multi-Anticholinergics
- The following measures were removed from work plan since they are no longer required:
  - Osteoporosis Screening in Older Women (OSW)
  - Appropriate Testing for Pharyngitis (Total) (CWP)
  - Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event) (PCE)
  - Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event) (PCE)
  - Non-Recommended PSA-Based Screening in Older Men (Note Lower Rates indicates better performance) (PSA)

Key Go-Forward Improvement Pillars

We are working aggressively and holistically to address gaps and challenges

1 Deepen Provider Engagement

2 Strengthen Data Collection, Integrity, and Management

3 Expand Member Outreach and Engagement

4 Expand Access to Care

5 Improve Member Journey and Experience

6 Increase Provider and Member Incentives

7 Address Stars and Improvement Initiatives Staffing and Organization Needs

8 Strengthen collaboration, alignment, and coordination across Departments: Appeals/Grievances, Customer Solutions Center, Operations, IT, Delegation Oversight, Provider Network Management, Finance, and Product teams

Questions
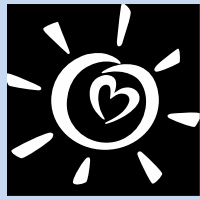
L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: March 20, 2025   **Motion No.** COM 100.A0325

Committee: Compliance & Quality   **Chairperson:** Stephanie Booth, MD

Issue: Approval of Quality Improvement & Health Equity Documents

☐ **New Contract**   ☐ **Amendment**   ☐ **Sole Source**   ☐ **RFP/RFQ was conducted**

The Quality Improvement & Health Equity documents (2024 QI & Health Equity Annual Evaluation and 2025 QI & Health Equity Program Description and Work Plan) must be reviewed and approved annually by the plan's governing board in accordance with regulatory, contractual and accreditation standards.

The evaluation document covers 2024 accomplishments in our Medi-Cal, PASC-SEIU, L.A. Care Covered, and D-SNP lines of business. The program description describes 2025 activities for our Medi-Cal, PASC-SEIU, L.A. Care Covered, and D-SNP lines of business.

Member Impact: None

Budget Impact: None

Motion: To approve the following documents:

 2024 Evaluation
- **2024 Quality Improvement & Health Equity Annual Report and Evaluation – All lines of business**

 2025 Program Description
- **2025 Quality Improvement & Health Equity Program and Work Plan – All Lines of Business**

APPENDIX

EMERGENCY / INCIDENT RESPONSE REPORT

Incident Name: CA Wildfires
Date of Report: 2/24/2025
REPORTING HAS BEEN CHANGED TO WEEKLY (EVERY MONDAY) STARTING 2/21/25.
REGULATORY REPORTING UPDATE:
As of 3:08, on Friday January 31st, weekend regulatory reporting is no longer required; however, **weekday reporting must continue until further notice.**
Additionally, DHCS has not yet discontinued holiday reporting, as they are awaiting approval. For now, we are required to continue reporting on holidays that fall on weekdays. DHCS has assured us that further guidance will be provided before the upcoming holidays in February.
Update of incident status (describe status of the incident):
Wildfires broke out in Los Angeles the evening of Tuesday January 7th. As of 2/24/25 at 11:13 a.m., all fires are contained. Awaiting confirmation that the Palisades Fire becomes inactive:

Incident Name	Status	Size	Notes
Hughes Fire	100% Containment	10,400 acres	Inactive
Sepulveda Fire	100% Containment	45 acres	Inactive
Palisades Fire	100% Containment	23,400 acres	Still Active
Eaton Fire	100% Containment	14,000 acres	Inactive
Laguna Fire	100% Containment	83 acres	Inactive
Border Fire, SD	100% Containment	6600 acres	Inactive
Lilac Fire, SD	100% Containment	85 acres	Inactive
Friars Fire, SD	100% Containment	15 acres	Inactive

2/24/25: No new flood update to report.
2/21/25: No new flood update to report.
2/20/25: No new flood update to report.
2/19/25: No new flood update to report.
2/18/25: No new flood update to report.
2/14/25: L.A. Care continues to monitor flooding and evacuation activity. On Friday at 6 a.m., the San Bernardino County Sheriff's Department lifted evacuation warnings for the communities of Wrightwood and Mount Baldy.
The Sheriff's Department also lifted evacuation orders for some areas of the Highland neighborhood along the Line Fire burn scar.
In the Highland community, the evacuation order has been lifted for the neighborhood south of Greenspot Road between Church Street and Merris Street.
2/13/25: Due to heavy rains, evacuation warnings and orders were active in Los Angeles County, and Orange County and several communities along the foothills of the San Gabriel Mountains in San Bernardino County. In Santa Barbara, people living in at-risk areas were told to leave by 3 p.m. Wednesday.
Employees – Update as of 1/30/25 11:46 a.m. PST   - Darren Lee
In the following section please capture the status of our employee population. Additionally, please add any notes as to the needs / impacts of our employees and what efforts are underway to support the employees.

Status Category	Count	Notes on impact
I am Safe	2670	
I am currently subject to a mandatory evacuation order	14	Includes 10 employees confirmed to have lost homes and 4 awaiting to be able to return. All currently are safe.
I have been advised to prepare for evacuation	90	Currently no active evacuation orders.
I was subject to a mandatory evacuation order, but now allowed to return home	71	
I am not safe and have contacted 911	0	Initially 11 reported calling 911
No Response	0	
Total	2845	Inc LOAs and recent hires = 2940

Efforts being made to support Employees:

1. **Employee Status**: First and foremost, we have made efforts to reach out to our employees and verify they are safe. Unfortunately, 9 of our employees lost their homes. Several dozen had to be evacuated and a few hundred people have otherwise been impacted by the fires, whether that be power outages, wind damage or poor air quality.
2. **Alternate Workspace**: Many thanks to our CRCs who have arranged for and welcomed other L.A. Care staff who needed an alternate location to work. Soon staff will be able to reserve space through are online hoteling software.
3. **Parking Validation**: L. A. Care will provide Parking Validation to employees who have to come into the office (Garland Building) because their remote workspace was impacted by the fires.
4. **Resources**: L.A. Care has gathered links to key resources and posted them on LACI.
5. **EAP Program**: L.A. Care has collaborated with our Employee Assistance Program to ensure they are prepared to provide emotional support and direction for those impacted by the fires.
6. **Emergency PTO**: L.A. Care acted quickly and developed a special Emergency PTO Program allowing qualified employees to be paid for the initial days of crisis, January 8, 9 and 10.
   a. A communication went out January 13, 2025, to managers providing the details of the program and the Request Form so they can assist their employees in accessing this special benefit.
   b. The Program provides up to 24 hours paid leave to eligible employees.
7. **Emergency PTO for Home Loss**: L.A. Care is also providing an additional 40 hours of Emergency PTO for those employees who lost their homes because of the fires. This time may be used any time in the next 90 days.
8. **PTO Cash Out**: The Unforeseeable Emergency PTO Cash Out Program allows employees to cash out PTO for financial needs associated with extraordinary and unforeseen circumstances. Certain restrictions apply.

9. **Hardship Withdrawal**: Under extreme circumstances, employees may make a hardship withdrawal from their 457 Pension account.
10. **Friends Helping Friends**: This Program allows employees to donate their PTO to a co-worker under qualifying circumstances who is experiencing significant health related hardship and needs to take time off because of those circumstances. L.A. Care is exploring ways to expand this program.
11. **Volunteer Time Off**: L.A. Care provides employees up to 16 hours of paid time to allow them to volunteer in the community. This is a great way to support the efforts to rebuild our community without having to use your PTO. Just think, if we all took advantage of that, we could provide nearly 50,000 person hours to help our community.
12. **Future Support**: L.A. Care continues to monitor the needs of L.A. Care and our staff and will consider additional opportunities as they arise. That said, we are mindful of the many other resources available to our employees and are cognizant not to duplicate efforts.
13. **Hoteling Workspace**: Workspace to accommodate displaced associates that work remotely has been established at 13 CRC's as well as the headquarter office. Approximately 200 spaces (100 across the CRC's and 100 at HQ) have been established.

Members in Impacted Areas by Population Needs Assessment Categories (current counts that will vary with the dynamics of the incident) as of 2/24/25 of 7:44am PST. Acacia Reed, Liliana Bravo

Status	Medi-Cal	Covered Ca	Covered CA Direct	D-SNP	PASC-SEIU
Evacuation Order: High Risk	37	3	0	1	0
Evacuation Order: Medium Risk	111	40	0	0	6
Evacuation Order: Other	637	167	0	2	9
Evacuation Warning: High Risk	0	0	0	0	0
Evacuation Warning: Medium Risk	0	0	0	0	0
Evacuation Warning: Other	0	0	0	0	0
Total	785	210	0	3	15

Impacted Members based on Call Center Logs (total members since the initiation of the incident) – Liliana

Product	Count	Issues/ Needs Reported
Medi-Cal	97	Medication, urgent care and laboratory locations, transportation, extended hospital stay, medical

		equipment/ supplies, power outages, food aid/ social services, medical attention, referral and pre-authorization requests and status, coverage, cash aid, housing, ID card requests, benefits, disenrollment due to relocation, PCP transfers and appointments, mailing address changes, specialist referral, health services, status for assistance by complex case navigator, dental services, COC requests, disaster relief services, contacts and eye glasses
D-SNP	8	Medication, power outages, transportation, address change, disaster relief services, food aid, DME, transportation, financial assistance, prior authorization
LACC/LACCD – HBEX	63	Medication, financial hardship to cover payment for coverage and eligibility, urgent care locations, ID card requests, coverage, mailing address changes, power outages, payment assistance, requests to see a specialist, authorization requests and status, PCP appointments, disaster relief resources, co-payment costs, plan change options, emergency services, DPSS information, and DME.
PASC-SEIU	1	Medication
Total	169	

Summary as of 2/24/25
We had 2 member transactions on 02/21/2025 for inquiries related to urgent care and specialist information.

Case Management Outreach to Members
Colleen and Amanda

Date	Program (CM/TCS)	Volume of calls to members	Total members outreached	Total members reached	Immediate coordination needs addressed	
1/8-1/15/25	CM	2656	1458	868	5	
1/8-1/15/25	TCS	1815	989	429	5	
1/8-1/16/25	CM	3031	1533	940	5	
1/8-1/16/25	TCS	2103	1097	494	5	
1/8-1/17/25	CM	3446	1596	1193	7	
1/8-1/17/25	TCS	2495	1213	592	7	
1/8-1/19/25	CM	3669	1644	1030	7	
1/8-1/19/25	TCS	2698	1274	607	7	

1/8-1/22/25	CM	4059	1724	1072	8	
1/8-1/22/25	TCS	3078	1405	670	8	
1/8-1/23/25	CM	4437	1783	1126	8	
1/8=1/23/25	TCS	3473	1521	724	8	
1/8-1/24/25	CM	4947	1909	1210	8	
1/8-1/24/25	TCS	3894	1627	786	8	

Issues reported: 1/24/25-All immediate issues at the start of the emergency order have been resolved (missed appointments, DME, transportation, pharmacy refills, etc.). 1/22/25 one member reported a delay in wound care and the issue was resolved with no adverse impact.

3,280 L.A. Care members have been identified as living in a residence that has been damaged by the Eaton and Pacific Palisades wildfires. Case management and TCS staff are reaching out to members with open CM or TCS cases that we have been unable to reach.

63,665 members were identified as potentially having been impacted by poor air quality who live within a 20-mile radius of the evacuation perimeter zones and have any condition that could be severely affected by smoke and burnt asbestos particles. A robocall script was developed with education on respiratory precautions and resources. We are coordinating robocall outreach to these members with our call center team.

Community Resource Centers
Francisco Oaxaca and Mabel Ponce

- CRCs were open regular business hours on Thursday, 1/23/25, from 9 a.m. to 5 p.m.

Location	Service Summary **Date: Thursday, 1/23/25**	Number of Members/ Services provided to Community Visitors	Hours
Lincoln Heights	The Lincoln Heights Team is currently stationed at El Monte CRC and available to support other CRCs if needed, as not counted in ELM CRC Operations. The team is currently connecting with local CBO's in the Lincoln Heights area to gauge community need for fire impacted communities and individuals. Additionally, the team is working on	Center in construction	n/a

	developing activities and programming to be scheduled in the opening month of the center.		
El Monte	One emergency kit was distributed (*tote bag, hygiene kit, water, hand sanitizer, first aid pouch, document organizer, deodorant, lotion, toothbrush, socks, blanket, lantern, rain poncho, backpack, water bottle, and a list of resources to emergency relief*) Staff continue to support the following efforts. *Field Medicine support (no one from field medicine has inquired items) *Specialist III tabled the Pomona Regional Center Resource and Recovery Event yesterday. The event was very well organized with many resources for the families displaced by the fire but unfortunately not many attended the event. *Continue to work with CBO's to support as needed	82	

Norwalk	Services provided:
	• All regular services and programming continue to engage the community.
	Member Support Services:
	• Member Navigator on site M-F to support members.
	• Enrollment Services
	    o BSP partner providing support.
	PPE Supplies and AID:
	• N95 Masks and water
	    o Available for community and field medicine crews.
	    o 90 cases of water available for Field Medicine and or community in need.
	• Backpacks with school supplies, hygiene bags, blankets/towels, cooling towels, ChapStick, sunblock and lanterns have been allocated and available for distribution to community if needed.
	Upcoming: Saturday, 1/25
	• Center open on Saturday from 9am-12pm to support community needs
		130	

Pomona	Regular Services provided at Center: Enrollment, LA Care Navigator, CHC, and CRC Calendar Programming. Children Visits:	32	

	Low attendance. Outreach: CRC Pomona Instagram page promoting classes on calendar. Staff went to Expo Center event at City of Industry. This is coordinated through SPA 3. Connected with 10 families and multiple CBOs, which included some from the City of Pomona. Resources: Shelf stable food boxes Backpacks with hygiene products, socks, 1st aid kit, lantern & cold pack. Info packets with fire relief resource & CRC resources Children/baby clothing (new) available at the CRC Other: Western University informed us that the Dean of the Pharmacy School and may soon be approved to start screenings.		

East L.A.	Mask Distribution – Field Medicine Teams:
	- N/A
	Engagement with Local Partners:
	- N/A
	Community Visitors:
	- One fire relief related visit. Provided: Masks
	- All other visitors participated in regular programming:
	  o Health education
	  o Fitness classes
	  o Enrollment services
	  o Member services
	  o Child Supervision
	  o Community Pantry
	  o Food bags
	Available Items:
	Diapers, wipes, baby formula, shampoo, pads, deodorant, socks, body wash, masks, hand warmers, gift cards, towels, blankets, student backpacks and duffel bags
		110	

Metro L.A.	**Community Engagement:** - Connected with Community Health Project LA field organization to donate first aid resource bags, boxes of N95 masks, water, boxes of latex gloves and backpacks.	99	

		The following includes participants who attended classes, received diapers, enrollment services, member services for L.A. Care & BSP, CHC services, resource bag distribution, customer service calls, fire support resources, first aid resource bag: Services provided: Enrollment services Member Services BSP Services Community Health Coordinator Diapers Programming participants		
Panorama City		Provided the following services related to member navigation, health education, and fitness. Ask the Dietitian Blue Shield Enrollment Services Assistance Boot Camp for Adults Dance Aerobics Enrollment Services Family Yoga Information - Incoming Call Information – In-Person Mommy and Me Navigator Services Phone Encounter - Left Voicemail Phone Encounter - Successful Call Tai Chi	127	
Palmdale		Enrollment services for health coverage and food assistance. Regular fitness programming, including body flexibility, Zumba, and Folklorico class. Food pantry distribution.	483	
West L.A.		Enrollment services for Medi-Cal. Social services support. Provided member navigation services. Breakthrough parenting virtual class. And diaper distribution from 9 a.m. to 4 p.m.	14	
Inglewood		Health Ed = 26, Fitness Classes = 22, Insurance Enrollment Assistance = 6, Inquiries/Information = 18, Phone Outreach Encounter = 1, SDOH Application Asst = 4, BSP Referral = 1	79	

	Health Education classes included Wellness Nutrition Group (a workshop with our Registered Dietician to discuss healthy eating habits), and FEAST (a nutrition class focused on education and cooking demos. Each participant received a $15 gift card to a grocery store) No community work or engagement implemented for fire relief.		
Lynwood	Conducted 4 Health Education classes, and 2 exercise classes. Covered CA, Medi-Cal enrollments offered all day. Distributed 6 packs of diapers and wipes. Distributed 1 case of water and 5 N95 masks to a Blue Shield. Promise member/family.	116	
Wilmington	Provided fitness class, enrollment services, hosted CBO collaborative, CalFresh orientation, Yoga, Walking group, Post partum mommy circle, ESL, Life Skills, Lego STEM class.	202	
Long Beach	- 0 individuals requested assistance with emergency response support. - No water distributed. - Majority of individuals participated in classes offered on site. - 5 individuals met with Member Navigators for LA Care/BSP.	62	
South L.A.	- 8 Water Bottles distributed. - BSP Navigator On-Site Daily. - LA Care Navigator On-Site Daily. - CalFresh Enrollment services onsite. - Physical Activity Classes: Zumba, Yoga. - Health Education Classes: Stroke Prevention & Recovery, Managing Diabetes. - Met with Team NovaEra to begin Covered California enrollment services in February.	18	

Supporting At-Risk Members

For our most vulnerable members, we are ensuring continuity of care and access to resources through:

- **Proactive Outreach Calls:** Targeting members with chronic conditions, mobility challenges, or those who are medically fragile. We are providing information

related to pharmacies and behavioral needs that may have been impacted by the fires.

- **Transportation Assistance:** Providing transportation for safe evacuations and critical medical appointments.

Provider Status (Current status and count of impacted providers) as of 2/12/25, 2/13/25, 2/14/25, 2/18/25, 2/29/25, 2/20/25, 2/21/25 and 2/24/25 (no new updates)– Colleen Amanda Kerstin

Provider Type	Count	Impacted Members	Transferred Members	Notes
SNFs	2	242	140	Two SNF locations permanently burned down and will remain closed. Pasadena Grove and Pasadena Care Center both got cleared and members have returned to the facility.
Dialysis	0	0	0	Confirmed the last two remaining dialysis centers are now open.
CBAS	0	0		
Hospitals	n/a			All hospitals open, no impact at this time
Ambulatory Care Center	n/a			All Ambulatory Care Centers Open
PPG	2	2,387		Two PPG location burned. Members have access to care at other sites within the PPGs network. No new updates on rebuilding currently. PNM will continue to monitor.
TransHealth Providers	4			4locations unable to reach. Pending update.

ECM	n/a			All locations open.
Family Planning Providers	0			0 Planned Parenthood location in Santa Monica Open.
DHS/ County	n/a			No impact. All open and operational.
L.A. Care's Direct Network	n/a			No impact. All open and operational.

Supporting Providers on the Front Lines

Our provider network is instrumental in supporting members and communities. L.A. Care is:
- Surveying providers to assess service availability and identify needs.
- Offering logistical support to help clinics remain operational.
- Our CFO is assessing costs for potential emergency grants to assist providers facing financial hardships.
- Our CMO is allocating resources to address staffing shortages and supply needs in the most impacted areas. The CRCs will be supplied with needed supplies for field medicine needs.
- We are also suspending authorization requirements for hospital discharge-related services and encouraging our delegated provider groups to do the same.
- We are developing additional feasible options to support network providers.

Additional Recommendations Under Review/ Consideration: Kerstin
- Mental Health Support for Providers: Offer counseling services and stress management resources to help providers cope with the emotional toll of responding to the crisis.
- Temporary Housing Assistance: Arrange temporary accommodations for displaced providers or those unable to commute due to fire-related disruptions.
- Childcare Assistance: Provide childcare services for providers who are working extended hours or unable to care for their children due to the emergency.
- Technology Support: Deploy mobile technology kits (laptops, internet hotspots, etc.) to enable providers to maintain telehealth services and administrative functions.
- Transportation Solutions: Arrange transportation for providers facing difficulties commuting to work due to road closures or evacuations.

Vendors Impacts – No impacts reported.
Kerstin

IT Status Current State: Tom MacDougall

- **Summary Update**: All systems are operational and working at normal capacity. Data warehouse at DR is functional. If we need to failover to DR, we would be able to bring everything up between AZ and TX.

- **IT Staff**: as of this writing we have 26 individuals who have been displaced all are known to be safe.

- **Power Logistics:** The Data Center that houses our Critical Systems resides at 1200 W 7th St Los Angeles CA. The facility the data center is housed in has multiple generators for power backup which reside on multiple power grids. One grid feeds the Staples Center and emergency services downtown, the other feeds the residential 7th street corridor. In the event of an unexpected power outage there is switch gear that would determine the primary grid and fail the power to the secondary grid. In the event the secondary grid is not available the switch gear would transition to battery power and from battery to the primary generator. In the event the generator to fails to start, the switch gear would move the load to the secondary generator. The facility has 45 minutes' worth of battery power if there was not a graceful start of either of the generators. We would have the capability as reported by the Facility to operate our systems for a total of 7 days as there are 3 - 20,000-gallon tanks to house diesel fuel. Currently they contain 40,000 gallons. The facility tests the generator regularly suggesting a low risk for a scheduled or unscheduled transition to generator. Two redundant grid feeds into the building with separate sub stations – one feeds the Staples Center and emergency services downtown, the other feeds the residential 7th street corridor.

- **DR and BCP Logistics:** We have successfully tested all the systems that are necessary to drive the complete LA Care enterprise. Our systems currently reside between two separate DR facilities, one in Arizona and the Second in Texas. The only components that are untested are the servers that drive the oracle instances of our data warehouse as they were not a part or prior tests or plans. The IT team is putting together a plan to ensure we can drive a timely recovery of the DB tables critical to drive business in the enterprise. Our plan would be to begin execution of our DR plan 84 hours after a transition to generator which would give us 4 full business days assuming a graceful transition to generator. All plans would be vetted with the BCP and Senior Leadership Prior to Execution.

- **Communications:** We are holding command center meetings every 3 hour to ensure readiness. We will provide status with IT throughout the night, I will be primary for updates, Mufazzal or Rich Zawaski will be Tom's backup.

Cybersecurity (describe any change in patterns that are being experienced) As of 1/14/25. Gene Magerr
- No deviations from expected end user behavior
- No indications of malicious activities on endpoints and servers

- Anticipating cyber-criminals will exploit the adverse effects of the L.A. Wildfires and launch Phishing campaigns around this disaster.
- Information Security sent an organization wide email alerting everyone to be extra diligent in reviewing all emails, especially those related to the L.A. Wildfires.

Physical locations (provide updates as to the availability of our offices and CRC's)
Lance MacLean, Rudy Martinez
As of 1/14/25, no updates to report for either corporate office.
1055 7th St. – open and 100% operational
1200 West 7th St – open and 100% operational

Communications (describe internal and external communications efforts)
Misty De Lamare
Internal Communications to Employees:
1/15/25:
- Conducted successful townhall event on 1/14/25 where staff received detailed updates from Martha and other senior leaders about L.A. Care's wildfire response. The volunteer event was also promoted.
- Added Disaster Recovery Center information to the Wildfire Resources page on the Intranet.
- Submitted instructions to employees on importance of responding to messages from SendWordNow.
- Our Intranet has been updated with emergency messaging and links to emergency support services available to all Associates.
- Emergency PTO messaging is coming out on Monday, 1/13
- Additional employee communications are being developed to include a centralized hub on the intranet from Human Resources and Communications:
    - How things are progressing for employees.
    - Personalized stories of resilience and heroic work.
    - What LAC is doing to help employees, members, providers, the community (donations), etc.
    - Reminders about compassion to fellow workers.

External Communications (including website updates) Misty
- 1.23.25: Website was updated with UM guidance for authorizations, per UM's request. Website is also promoting Saturday CRC Hours
- Marketing is leveraging a combination of digital and traditional media efforts to drive awareness and support for the relief efforts:
    - **Digital Media**: Will consist of digital display ads, paid social media campaigns, and search engine marketing.
    - **Digital Out-of-Home**: Messaging will also be displayed on the Kevani digital out-of-home towers for additional large-scale visibility.
    - **Traditional Media**: We've secured value-add opportunities with several media partners, including radio promotions and TV live reads. The duration of these reads will depend on our media partners' discretion.

- - Digital efforts are planned to remain live through the end of February, though we may adjust based on performance or evolving needs.
- 1.16.25: updated website with DMHC required information; promoting CRC Saturday open hours
- 1.15.25: Added Disaster Recovery Center information to the Wildfire Resources page on the website
- Working on updates to the wildfire resources page provided by Compliance to ensure we are meeting DMHC Requirements
- L.A. Care launched a wildfire landing page as a "source of truth" for member information - https://www.lacare.org/members/health-news-advisories/los-angeles-wildfires-2025-member-services-updates.
- The page is available via a red notice bar at the top of every webpage.
- The page has been updated to ensure DHCS required information is included.
- The page is being assessed for DMHC requirements, and additional updates will be made.

Social Media (describe any feedback received)
Misty De Lamare

- 1.23.25 – continuing to promote community resources, wildfire page, and CRC Saturday hours.
- 1.16.25 – Promoting CRC Saturday open hours and L.A. Care's Donation + Distribution Event.
- 1.15.25 – We're promoting the L.A. Care Donation and Distribution event and new Disaster Recovery Centers.
- L.A. Care has posted daily wildfire resource content.
- Community response has been overwhelmingly positive.
- Post views have ranged from 25,000 to 2.4 million.
- See full report for details.

COMMUNITY SUPPORT – SPONSORSHIP SPOTLIGHT
(Provided 1/29/25 by Dr. Amin and the Community Relations Sponsorship Team)

Sponsorship Spotlight

Highlighting our sponsored events in the community.

Since the Los Angeles fires broke out on January 7th, our team has been conducting outreach to our community partners and organizations engaged in fire relief efforts. In a short two-week period, the Sponsorship Team was able to commit **$50,000 to five organizations** ($10k each), who are providing emergency services to affected neighborhoods.

These services include clothing drives, meal services, access to essential resources, short term and long-term housing voucher programs, legal services, professional insurance advice, and transitional employment support – to name a few.

We continue to monitor the needs of our communities and the organizations who are supporting them, as we enter the post-fire stage.

We appreciate all the cross departmental support and helping to build back a stronger LA.

The Sponsorship Team
Violet, Mariah, & Robert

Fire Relief Sponsorships January 2025

Event Date	Organization	Event Name	Location	Staff Lead
1/15/2025	It's Bigger Than Us	Fire Disaster Relief Efforts	4308 Crenshaw Blvd, Los Angeles 90008	Robert Williams
1/17/2025	Venice Family Clinic	Supporting Families Affected by the Fires	2509 Pico Blvd., Santa Monica, CA 90405	Robert Williams
1/18/2025	South LA Cafe Community Foundation	Fire Relief Donation & Distribution Efforts	South LA Cafe, 1700 Browning Blvd, Los Angeles, Ca 90062	Mariah Walton
1/20/2025	Hope of the Valley Rescue Mission	Emergency Relief for Fire Victims	At the headquarters of Hope the Mission	Robert Williams
1/24/2025	Health Matters Clinic	Wildfire Relief Pop-Up Clinic	5211 W Adams Blvd #4 Los Angeles, CA 90016	Mariah Walton

Not all events come with tickets. Please do not contact staff about tickets to an event. A separate invitation email will be sent out if there is an opportunity for staff to attend. For all other questions, please reach out to the Staff Lead.

February 2025

Event Date	Organization	Event Name	Location	Staff Lead

2/8/2025	United Negro College Fund	UNCF LA	Skirball Cultural Center	Mariah Walton
2/8/2025	Nick and Normas No Child Left Behind Fund DBA Meals in Motion	Meals in Motion Health Fair	39939 170th St E Palmdale, CA 93591 United States	Robert Williams
2/22/2025	Women Shelter of Long Beach	8th Annual Youth Conference: Unseen Scars #knowthesigns	Light & Light West: 6465 Cherry Ave, Long Beach, CA 90805	Robert Williams
2/26/2025	National Alliance to End Homelessness	2025 Innovations and Solutions for Ending Unsheltered Homelessness Conference	Westin Bonaventure Hotel & Suites 404 S. Figueroa Street Los Angeles, CA 90071	Robert Williams
2/28/2025	Smiley Audio Media (KBLA 1580)	EmpowerHer: Black Women's Prenatal, Birthing, and Postnatal Care	Watts Counseling and Learning Center (1465 E 103rd St, Los Angeles, CA 90002)	Mariah Walton

Pending applications are ones that have not yet been approved and are being considered by our team.

Pending Applications

Event Date	Organization	Event Name	Location	Staff Lead
2/5/2025	Los Angeles Area Chamber of Commerce	2025 Inaugural	Galen Center, 34000 S. Figueroa Street, Los Angeles	Mariah Walton
2/22/2025	Peggy Beatrice Foundation	Serve-A-Soul Homeless Feeding Event	Downtown LA Skid row area	Robert Williams

3/1/2025	Autism Future	Reel Opportunities: A Gala for Autism and Film	NA	Mariah Walton
4/4/2025	Community Clinic Association of Los Angeles County	2025 Annual Health Care Symposium	Westin Anaheim Resort, 1030 West Katella Avenue, Anaheim, CA 92892	Robert Williams

Community Support

(Francisco's Work) – Update Provided by Misty

- 1.23.25 – CRCs will be open Saturday, January 25 from 8am to 12pm to provide n95 masks and referral support to those impacted by fires.

1.16.25:

- Communications is continuing efforts to support emergency sponsorships for organizations helping those impacted by the wildfires. We currently have four organizations routing through the sponsorship process for a $5K-$10K sponsorship.
- Communications worked with CO&E to coordinate a drop-off of donated items from the church location to the Rams SoFi stadium donation event this Friday, January 17. (The Rams is an L.A. Care Community Partner.)
- CRCs are open Saturday, January 18 from 9am-12pm for referrals, masks, and donation drop-ff.

1.15.25: Community Resource Center Donation Hubs are live, Wednesday-Saturday. See attached flyer for details. Staff was given the opportunity to participate using Volunteer PTO.

Update as of 1/13/25:

Auleria and the CO&E Team have been working with the L.A. Care Community Partner Collaborative and created a donations distribution hub for individuals impacted by the wildfires.

Key Information:

- Distribution Center is at Center of Hope Church in Inglewood.
- Donations can be dropped off at Center of Hope Church.
- Donations can also be dropped off at a CRC. NSA will be taking donations at CRCs to the church at regular intervals. This is currently being set up and likely ready by tomorrow.
- Donation items include essentials such as water, nonperishable food, hygiene items and household supplies.
- Donations are being accepted through Saturday, January 18 from 8am-6pm.
- Individuals impacted by the fires can pick up items through Saturday, January 18, until 6pm. There will be a specific push for them to come on Saturday,

January 18, but I believe they can come any other day as well (Auleria to confirm).

- More volunteers are needed to help sort through the donated items.
- There are currently 30+ volunteers who are helping at the church that are there via word of mouth.

Next Steps:
- Terry/Darren – do we have the green light to promote this as an employee volunteer opportunity?
- Violet/Social Media Team – please prepare social media promotion/announcement. Auleria will be sending on the ground photos and possibly video for us to use. I'd like to tag the partners listed below that have socials.
- Luis/Jose – I'd like to get photos and video of the on the groundwork happening this week.
- Penny – let's do a news item or press release. Also, The Wave is asking to help promote and for a media rep, so Auleria will give them your info. If it turns into a paid opp, loop in Josie and Sam from marketing.
- Josie – a possibility for the digital billboard? But not sure what lead-time is needed as this will be happening this week.
- Afton – to add to our wildfire page.
- Francisco – I plan to add this to Martha's slides.

Update as of 1/10/25: L.A. Care's Communications Team is activating emergency sponsorship support for select existing partners who are providing on-the-ground support to those displaced due to the fires. Sponsorships will range from $5,000-$10,000 and go toward purchasing food and other essentials for people displaced, supporting boots-on-the-ground, and other activations that offer direct support during this challenging time. Additionally, Communications is identifying existing partners that can use our promo items and collaborating with Sales to donate available items including tote bags, face masks, dental kits, and towels. Sample organizations include It's Bigger than Us, Hope of the Valley Rescue Mission, and Roots Food Group. Please note funds may not be immediately available, but organizations will know they are committed, so will be able to pull from other places in their budget until we provide them with a check.

Crisis Responses – Issues and Opportunities
Cynthia / Emmanuel /Mike

No.	Issues/Opportunity	Resolution/Solutions	Business Owner	Resolution Date
1	SendWord Now Emergency Notification Tool has issues with customization.	New OnSolve Platform should resolve these issues	Rudy Martinez	Migration by 1/31/25
2	Employee responsiveness to emergency notices requesting status	HR delivered an email indicating response requirements. Continue quarterly testing to establish utilization/response comfort to increase response percentages.	Rudy Martinez / Mike Sobetzko	
3	Employee status activity duplication of system outreach and HR Business Partners	See above. Business Partners should draw upon reporting from tool to then outreach to impacted members rather than trying to gather statistics	Terry Brown / Darren Lee	
4	Consider adding emergency notification to contingent workers		Darren Lee	
5	Review employee emergency attendance policy	Consider input from sister plans	Terry Brown / Darren Lee	
6	Procedures to obtain membership information from Plan Partners			
7	Develop Emergency Fund / Donation Policy		Afzal Shah	
8	Develop financial analysis to baseline potential impact related to out of network professional services provided	Impact may vary depending on contract	Afzal Shah	
9	Document list of "outreach" resources	It has been noted that Francisco has many	Francisco Oaxaca	

		relationships for resources. Should be documented in CRC BCP/Emergency Playbook		
10	Identified need to send information to temporary housing address	New System should enable secondary address reporting. Meanwhile a workaround is being developed		
11	Identify centralized owner to captures offers of support and resource requests/needs to connect the dots			
12	Update departmental Business Continuity Plans with specific steps related to aiding Employees, Members and Partners experiencing emergencies			
13	Review and update current Corporate Crisis Communication Plan with specific details regarding internal and external communications related to broad-scale employee/member/partner communications identified by the event.		Misty De Lamare	

Compliance & Quality Committee Meeting

Appendix B

Remediated, Closed & Tracking Only Issues

Issues Inventory Update – Remediation

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation / Mitigation Description	Date Remediated
Medicare Claims Mailing Address Missing PO Box on Member ID Cards The Claim mailing address is missing a number on the PO Box for Member ID cards.(1621)	11/6/2024	Lorena Reynoso ; Victor Montijo Enrollment Services	There was a gap with the QA process and the Business units are included with the final QC proof. The corrected ID cards were mailed 12/02/2024.	12/13/2024
Call Center Covered California Non-Compliance Abandonment Rate Customer Solution Call Center identified a potential risk of non-compliance with Covered California contractual performance for L.A. Care Abandonment Rate of less than 3% annually due not being staffed fully to meet the KPI during peak seasonality (1615)	10/9/2024	Liliana Bravo; Roberto Martinez, Jr. Customer Solution Call Center	Remediation efforts to correct the deficiency include the additional LACC training classes being conducted as well as adjustments to the representative scheduled shifts that were implemented to align with the seasonality of call arrival patterns.	12/4/2024
L.A Care MediCal Call Center Metrics abandonment rate not met Q1 and Q2 2024 MediCal Products addressed a concern that L.A.Care MediCal has not met the Key Performance Indicators for abandonment rate in Q1 – 22.8% and Q2 – 23.3% for 2024.(1614)	10/10/2024	Roberto Martinez, Jr. Customer Call Solution Center	Q1 consists of months that historically receive the highest volume of calls due to Open Enrollment. In combination to the increase in volume, the call center does not staff to peak which are both leading factors to not meeting the ABA %. The call center implements mandatory and voluntary overtime as well as an all-hands-on-deck with supplemental units to increase resource availability.	11/14/2024
Provider Submission of Correct Claims Process L.A. Care processes provider's resubmitted corrected claims as a new claim for the correct amount and then recover the initial payment from the provider.(1612)	9/11/2024	Erik Chase; Nancy Villaneda Claims	The process of processing a corrected claim as a new claim and then recovering the initial payment from the provider was deemed by a regulatory audit to potentially cause confusion for the providers due to having multiple remittance advices. The recommendation was to adjust the initial processed claim based on the corrected claim to have one single claim payout. L.A.Care implemented an automated process for the system to reprocess the initial claim when a corrected claim was received.	11/22/2024
Claims Processing Dispositions Status WaitPay/Paid or WaitDeny/Denied Claims in wait/pay or wait/deny processing statuses are not timely adjudicating to a finalize status of paid or deny to trigger remittance advice to the providers.(1611)	9/11/2024	Erik Chase; Minh Hang Claims	There was a system bug that was remediated to trigger the finalize status.	12/13/2024

Issues Inventory Update – Remediation

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation / Mitigation Description	Date Remediated
Enrollment Data Validation Reports Not Received L.A. Care's Center for Medicare and Medicaid Services (CMS) Account Manager informed the Plan during the Plan Year 2025 Pre - Annual Enrollment Period (AEP) meeting that they have not received the Enrollment Data Validation reports since January 2024. (1610)	9/5/2024	Dwayne Broussard Enrollment Services	The issue lied with our CMS Account Manager being within a different region (so she herself was not able to view). The reports we've been submitting are being received by CMS.	11/26/2024
Covered California Transparency in Coverage Status Report L.A. Care is at risk for not meeting the delivery date for the LACC report to Covered California and requested an extension.(1607)	7/31/2024	Anaya Jones; Laura Castillo Commercial Product	The Transparency In Coverage was completed and on track for timely delivery.	12/3/2024
Navitus Not In Compliance with AB-352 Navitus is non-compliant with AB-352 requirements, surrounding out-of-state data transmissions and their ability to identify diagnoses during pharmacy claims adjudication (1605)	7/26/2024	Diane Lee Pharmacy Compliance	Navitus have demonstrated compliance with AB 352. The evidence to support compliance are Navitus' policy & procedure and a comment letter on their privacy adherence practices.	10/7/2024
CMS Interoperability and Patient Access Final Rule - Plan Partners L.A.Care is investigating if delegates (Plan Partners) are fully compliance with implementing CMS Patient Access & Interoperability Final Rule published on May 1, 2020 and is putting patients first giving them access to their health information when they need it most in a way, they can use it. (1576)	5/31/2024	Saikiran Vodela; Albert Aguilar Population Health ;Delegation Oversight	The CMS Interoperability and Patient Access template was implemented.	11/27/2024
Timely Compliance Training Contingent Workers L.A. Care is investigating any possible fines or sanctions associated with contingent workers not completing their mandatory compliance training timely. (1556)	3/14/2024	Human Resources	The compliance training was completed for the Contingent Workers. Also, a new training program became effective in 2024 which covers the required compliance learnings and has a reporting tool to identify the status of training completion at any time.	12/30/2024

Issues Inventory Update – Remediation

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation / Mitigation Description	Date Remediated
Notice of Non-Compliance (NONC) for Call Center Monitoring-2023 Accuracy and Accessibility Interpreter Availability The Plan did not meet the Accuracy and Accessibility study measures Part C and Part D for prospective beneficiary phone lines to determine (1) the availability of interpreters for individuals, (2) TTY functionality, and (3) the accuracy of plan information provided by customer service representatives (CSRs) in all languages. (1508)	10/25/2023	Donna Sutton, Naoko Yamashita, Arjun Patel, Humaira Theba, Leslie Quintanilla, Robert Griffith Sales Operations, Cultural Linguistics, STARS, Health Education	The CAP initiated to address Non-Compliance for this issue, TTY Foreign Language Interpreter Accessibility Part D MY2023, has been completed and is considered closed / remediated.	10/18/2024
QNXT Replication Latency The QNXT system experienced a replication latency major incident on October 16, 2023. The replication latency issue impacts all systems enterprise wide. The root-cause is attributed to a QNXT Product defect that the Cognizant team is researching. (1507)	10/25/2023	Thomas MacDougall IT	QNXT applications replication latency issue was fixed.	12/30/2024
Covered CA Health Evidence Information (HEI) Reports Investigating the business units accountable for the preparation/submission/oversight of the HEI data report to Covered California (CA). (1497)	9/19/2023	Risk Adjustment	The Health Evidence Information (HEI) report is being submitted to Covered California (CC).	12/31/2024
Contingent Workers (Contractors) Confidentiality Contract Process Reviewing the privacy and confidential guard rails in place for Contingent workers prior to collaborating and contributing to L.A. Care's IT Vendor Management business units' contracts by way of (terms, pricing, proprietary information, procurement ,etc.).(1491)	8/14/2023	Sam G. Saliba Health Services Vendor Management	Legal confirmed that Contingent Workers/Contractors have adequate confidentiality and conflict of interest language in their contract. These individuals are also subject to LA Care trainings and sign our confidentiality agreements."	10/9/2024
Enforcement Matter 22-062 Member eligibility notices were not sent to the providers and services were provided to ineligible members. DMHC needs time period that no notification process was in place for notifying providers and the associated amount of denied claims. (1298)	11/16/2022	Legal; UM	The executed settlement documents are filed with Legal.	10/17/2024

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
California Children Services (CCS) Regulatory Auditing Requirements Not Current Auditing approach/tool has not been updated to reflect more recent regulatory guidance from DHCS. CCS has been a repeat finding on recent DHCS audits. (1625)	11/13/2024	Care Management	Corporate Compliance received and reviewed the CAP and will monitor the work monthly.	12/16/2024
Transition of Care (D-SNP) Oversight and Monitoring Timeliness Lack of appropriate tools (i.e. reports, system automation) to identify Transition of Care (TOCs) timely and monitor compliance with TOC requirements.(1623)	11/13/2024	Care Management	Corporate Compliance Monitoring received and reviewed the CAP and will monitor monthly..	12/16/2024
Accessing State Medical Eligibility Portal Medicare Product not able to access the State Medical Eligibility portal (AEVS).(1622)	11/6/2024	Medicare Products	Password issues resolved, possibly someone using an old password.	11/15/2024

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
Plan Partner Anthem Non-Timely Authorizations The Department of Health Care Services (DHCS) informed L.A.Care that Plan Partner Anthem has been non-compliant with authorizations processing timeliness specifically for Skilled Nursing Facilities. (1604)	7/11/2024	Utilization Management	DHCS inquires have been satisfactorily completed and no further inquiries received to date.	12/2/2024
Internal Audit: Plan Partners Contract Compliance-Finding #6 Plan Partner, Anthem, did not provide a timely response to the required action items requested by business units using the Delegation Oversight Communications process.(1582)	6/20/2024	Delegation Oversight Communications	A new Delegation Oversight (DO) Communication Intake Form, Process Flow and training provided on the intake form.	11/27/2024
Child Health and Disability Prevention Program (CHDP) L.A. Care is investigating their readiness to transition the CHDP program effective July 1, 2024 based on the authorization given from DHCS via Senate Bill (SB) 184. (1564)	3/14/2024	Quality Improvement; Population Health	L.A. Care currently have an External Learning Provider Training team that facilitates the CHDP trainings via an ILT method. Then we send the hard copy of the training to providers with a blank attestation and sign in sheet for them to review, sign and date the attestation and sign in sheet and return it to us for our records.	12/3/2024

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit
Implementation of AB 3059 Breast Milk Donation Investigating L.A. Care's readiness for implementing AB 3059 which now allows human breast milk to be donated. . (1629)	12/12/2024	MediCal Products, Provider Network Management; Health Education; Utilization Management; Claims & Configuration
Decentralization of Audit Services for Plan Partners Investigating L.A. Care's Quality Improvement Audit Team plans to delegate administrative functions to Business Units.(1628)	12/12/2024	Delegation Audit Services
Oversight Monitoring Plan Partners Quality Sanctions Investigating L.A. Care's process for oversight of Plan Partners responsibility to the quality sanctions. (1627)	12/12/2024	Delegation Oversight
DHCS Non-Specialty Mental (NSMH) Outreach Plan Partners Oversight Investigating L.A. Care's process for conducting oversight of Plan Partners Compliance with DHCS APL on Non-Specialty Mental (NSMH) Outreach. 1626	12/12/2024	Delegation Oversight

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit
Annual Network Certification Audit - 2023 DHCS issued two pass with condition findings for 2023 Annual Network Certification Audit 1. PCP(Pediatric) Time/Distance and 2. Alternative Access Standards (AAS) Requests. Note: the CAP was closed by DHCS (1619)	10/29/2024	Regulatory Affairs
Compliance Program Effectiveness Mock Audit 2023 L.A. Care conducted a mock Compliance Program Effectiveness audit in 2023 findings were for Distribution of Compliance Policies and Procedures and Standards of Conduct and Related to internal reporting of potential noncompliance and FWA issues.. Note: the 2023 CPE audit is close with no further pending actions. (1618)	10/29/2024	Regulatory Audits
Organization Determination Appeals and Grievance 2024 Mock Audit L.A. Care conducted a mock Organization Determination Appeals and Grievance (ODAG) audit in 2024 findings were assessed for Timeliness and Processing Coverage Requests. (1617)	10/29/2024	Regulatory Audits
Integrated Plan Coverage Decision Letter L.A. Care is at risk of not meeting the 1/1/2025 implementation of the Integrated Plan Coverage Decision Letter. Note: The Coverage Determination Letter was successfully implemented in January 2025. (1616)	10/9/2024	Compliance Material Review