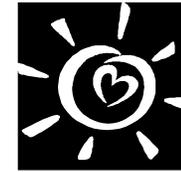


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 21, 2021

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



L.A. Care
HEALTH PLAN

Members

Stephanie Booth, MD, *Chairperson* **
 Al Ballesteros, MBA **
 Hilda Perez **
 Ilan Shapiro, MD, FAAP **
 Nina Vaccaro **

Management

Augustavia J. Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 James Kyle, MD, *Medical Director, Quality, Quality Improvement*
 Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
 Sabrina Coleman, *Senior Director, Delegation Oversight*

* *Absent* ** *Virtual attendance*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, MD, <i>Committee Chairperson</i> , opened the meeting without a quorum, and a quorum was subsequently reached. Member Booth called the meeting to order for the L.A. Care Compliance and Quality Committee and the L.A. Care Joint Powers Authority Compliance and Quality Committee at 2:32 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, Perez)
PUBLIC COMMENT	Via text, January 21, 2020, at 1:14pm, sender not-self-identified	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Public comment Jan 21, 2021 Compliance meeting . I have witnesses an LA Care member who lives 25 miles away from UCLA told to go to a UCLA specialist. In a suburban/urban area the the DMHC requires that the specialist 15 miles away . Why is LA Care comorting their service as if areas that are urban or suburban East of Downtown are somehow rural? You put all this energy into advertising, co branding with Blue Shield , which makes you look hard up and pathetic but misrepresent to the public your available doctors and services!</i></p> <p>Via text, January 21, 2020, at 1:17 p.m., sender not self-identified <i>Add to compliance, even if UCLA doctor has satellite office , where will this patient go if hospitalization is needed , why have you alienated Keck USC, a respected and probably costly hospital that YOU don't want to pay for, hence you are narrowing patients access to doctors just like Synermed!?</i></p>	
APPROVAL OF MEETING MINUTES	<p><i>(Member Ilan Shapiro, MD, FAAP joined the meeting.)</i></p> <p>The November 19, 2020 meeting minutes were approved as written.</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Shapiro)</p>
CHAIRPERSON REPORT	<p>Committee Chair Booth stated that there are many people doing good work for this organization. There are several people who participated in a kick off in a learning group on Homelessness. She congratulated and thanked Allison Klurfield, Jessica Jew, Delium Mjahari, and Becky Lee for helping people. She stated that she hopes everyone is staying safe and healthy and are following public health safety recommendations. She hopes that the beginning of vaccinations leads to people being able to reassume some semblance of previous activity soon.</p>	
CHIEF MEDICAL OFFICER REPORT	<p><i>(Member Hilda Perez joined the meeting.)</i></p> <p>Richard Seidman, MD, MPH, Chief Medical Officer, reported <i>(a copy of his written report can be obtained from Board Services):</i></p> <p>COVID-19 Update In January, the World Health Organization (WHO) reported over 83 million cases of COVID-19 worldwide and more than 1.8 million deaths. The number of new infections are reported at the highest levels worldwide and in the United States since the beginning of the pandemic, with more than 4 million</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>new cases per week worldwide for the fourth week in a row. California and Arizona have the highest rates of new infections in the country and the healthcare delivery system in Los Angeles, with over 932,000 cases, is being pushed beyond its capacity to provide safe and effective care to everyone who needs it. The Los Angeles County Department of Public Health has asked people to avoid coming to Emergency Rooms for other than truly life threatening emergencies. Ambulances have been asked not to transport patients to emergency rooms with a low likelihood of survival (trauma and cardiac patients they are not able to resuscitate in the field). The three-day average number of COVID-19 patients hospitalized in Los Angeles is now 10 times higher at 7,873 than it was on November 1, 2020. Some hospitals are preparing to declare crisis standards of care, in which patients will be triaged to determine which patients are priorities for limited resources such as intensive care unit (ICU) beds and ventilators. L.A. Care has documented over 75,000 known cases among L.A. Care members, with nearly 13,000 hospital admissions and over 2,000 deaths.</p> <p>COVID-19 Vaccine Over 130,000 first doses have been administered for the two COVID-19 vaccines approved by the Federal Drug Administration for emergency use authorization. Frontline healthcare workers are getting a second dose of vaccine. At this time in Los Angeles County, those eligible for the various tiers of Phase 1a healthcare workers and the residents and staff of Long Term Care and Skilled Nursing Facilities are being vaccinated. It is anticipated those with first tier Phase 1b eligibility will be vaccinated by early February, which includes people 75 and older and frontline essential workers. People 65 and older and a broader list of essential workers are prioritized in the second tier of Phase 1b. Phase 1c, anticipated in late March or early April, will make eligible people 16 to 64 with chronic health conditions and co-morbidities which place them at increased risk for serious disease and death.</p> <p>Influenza activity in Los Angeles County remains relatively low, likely due to all of the precautions in place to reduce the spread of COVID-19 and enhanced flu vaccine efforts during the fall of 2020. L.A. Care collaborated with the Los Angeles County Department of Public Health (DPH), the USC School of Pharmacy, and several local pharmacies to conduct nine mobile flu vaccine clinics, which provided 2,500 members of the community with flu vaccines. Pharmacy staff are currently pursuing the opportunity to leverage these partnerships to assist in the COVID-19 vaccination effort.</p> <p>Member Perez stated that the Health Promoters have advocated to connect the community to resources available through the community link online platform. They are being trained to identify resources and to do resource sharing through Zoom. She thanked L.A. Care for listening and responding to member concerns. She knows firsthand what L.A. Care is doing to serve communities in need. She lives in Compton, and South L.A. communities are mainly Black and Hispanic. These communities have been impacted severely by the pandemic. Many people have close friends or family members who have gotten</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>sick, and it is crucial to connect people to resources they may need. Those communities are composed in large part of essential workers such as people that work at grocery stores, deliver packages, and work in agriculture. She thanked L.A. Care for its efforts in organizing the flu vaccine clinics and for paying attention to the different dynamics in the community. She noted that these events are a great way for L.A. Care to connect and reach out to the community and let them know that L.A. Care is working for them. She has been advocating with Communications and Community Relations on how to conduct outreach about COVID-19. She stated that Health Promoters are working with Francisco Oaxaca, <i>Chief of Communications and Community relations</i>, to conduct surveys that address myths and misinformation about the COVID-19 vaccine. There are many people who are being misinformed. L.A. Care is using all its communication platforms to address these issues. She thanked L.A. Care for all its efforts.</p> <p>Dr. Seidman responded that he understands Member Perez’s concerns and L.A. Care’s message is very much aligned. L.A. Care is in discussion with DPH to participate in the COVID-19 vaccine distribution strategy. He was able to ask detailed questions on two separate calls about the strategy on distribution in the hardest hit areas of the county. He is happy to announce that L.A. Care has a seat at the table. He thanked Member Perez for her comments about L.A. Care’s flu vaccine clinics. L.A. Care is trying to leverage its experience and partnerships to do the same with the COVID-19 vaccination effort. He agreed that L.A. Care is working on a very significant and robust messaging plan for its members. He noted that the vaccine is the best tool to fight the virus and reduce transmission.</p> <p>Year End Activities</p> <p>The end of the calendar year includes efforts to close clinical care gaps in order to optimize Healthcare Effectiveness Data and Information Set (HEDIS) performance, tabulate and report incentive earnings for the prior measurement year, and to survey members to meet regulatory and accreditation requirements to identify opportunities to improve by gaining a better understanding of their experience during the past year. A more detailed reports of these activities will be presented to the Board throughout the year. The HEDIS team completed outreach efforts with nearly 1,500 providers, over half of L.A. Care’s contracted network of primary care providers. The team is also leveraging the more than 2,000 annual wellness exam records that were collected by L.A. Care’s Risk Adjustment team, looking to close gaps for Cal-MediConnect members. It is expected that approximately 1,800 gaps will be closed by this review. In addition to surveying members, L.A. Care offered a patient experience training series for providers that offered eight sessions between October 2020 and December 2020. Over 500 unique attendees participated, including 138 individuals who attended more than one session. Feedback from attendees had been very positive, resulting in exceptionally high Net Promoter Scores. L.A. Care is developing a 2021 series with the vendor, SullivanLuallin Group. Additional training offerings include the final QI webinar for 2020 focused on risk adjustment for Cal-Medi Connect. The November session on</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Proposition 56 payments was the highest attended session to date. Webinars continue to be well received and attendance is increasing. The 2021 schedule is being developed.</p>	
<p>PROVIDER QUALITY REVIEW</p>	<p>Christine Chueh, <i>Manager, Provider Quality, Quality Improvement</i>, presented information about L.A. Care’s Provider Quality Review Annual Report (<i>a copy of the presentation can be obtained from Board Services</i>):</p> <p>Business Requirement & Background</p> <ul style="list-style-type: none"> • The Quality Improvement Provider Quality Review (PQR) team manages the Potential Quality of Care Issue (PQI) process and Critical Incident reporting process, which are regulatory requirements for patient safety and to identify clinical issues/concerns and ensure high quality patient care is delivered to L.A. Care members. • The QI PQR process evaluates an occurrence or occurrences in which there are potential or suspected deviations from accepted standards of clinical care. The QI PQR team conducts the PQI review for L.A. Care’s direct lines of business. Plan Partners are delegated to conduct the Quality of Care (QOC) review for members assigned to them and their network providers. • All PQI reviews must be completed within 6 calendar months. • The QI PQR team monitors quarterly submission of Critical Incident Reports required by Cal MediConnect delegates (Participating Physician Groups and Vendors) to appropriately capture critical incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) for the health, safety and welfare of L.A. Care’s members. <p>Analysis</p> <ul style="list-style-type: none"> • 3,278 provider quality reviews were completed during Q4 2019 to Q3 2020. • Top 3 potential issues: <ul style="list-style-type: none"> - Treatment/Inappropriate Care 34.8% - Delay in Service 17.5% - Access to Care 14.0% • PQI referral per department: <ul style="list-style-type: none"> - 97.8% referred from Call Solution Center and Appeals & Grievance (A&G) <p>Quality of Care (QOC) & Quality of Service (QOS)</p> <ul style="list-style-type: none"> • Majority of reviews found no quality of care/service or care was appropriate (70.5%), or with a quality of service issue (17.4%). • Issues identified with borderline quality of care cases leveled C2 (8.6%) were addressed at the case level. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • 10 cases (0.3%) leveled C3 (moderate quality of care) were reviewed by Peer Review Committee with action taken. <p>Trending Analysis Guiding Improvements</p> <ul style="list-style-type: none"> • All closed cases were tracked and trended using a 4-point system for all severity levels listed below. Upon reaching the threshold of 5 points or more, further analysis was done to identify trends or patterns of issues. <ul style="list-style-type: none"> - level C0/S0 = 0 point - level C1 = 0 point - Level S1 = 1 point - level C2/S2 = 2 points - level C3 = 3 points - level C4 = 4 points • The following providers met the threshold: <ul style="list-style-type: none"> - 2 providers: 1 plastic surgeon and 1 internal medicine - 3 Department of Health Services sites: LAC+USC Medical Center, Harbor UCLA Family Health Center, and Mid-Valley Comprehensive Health Center - 1 provider group: AltaMed Medical Group - 3 vendors: Western Drug Medical Supply, CVS Pharmacy, and Westley Health Center Clinic - L.A. Care Health Plan <p>Current State and Solutions in Progress</p> <ul style="list-style-type: none"> • PQR continues to receive an average 400+ referrals per month. • Ongoing collaborative review with the A&G Team in the following areas: <ul style="list-style-type: none"> - Efforts to align PQI determination: <ul style="list-style-type: none"> ➤ A&G refer concerns for PQI based on member allegation solely ➤ PQR makes PQI decision based on member allegation and provider information - Incomplete Provider Information Request (PIR) Process – a large percentage of responses (11%-30% on different months) were either not received by A&G or had been received by A&G, but were not uploaded to A&G’s database in PCT. - It creates duplicative work in PQR searching for PIRs that should be in PCT. - The productivity of PQR record collection process is greatly impacted by the amount of incomplete PIR from A&G. - Ongoing review PQI referrals that do not have any care concern. <p>Member Perez thanked her for her presentation and putting this work together. She thanked Ms. Chueh for being very detailed.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, presented the Chief Compliance Officer report (<i>a copy of the written report can be obtained from Board Services</i>):</p> <p>Mr. Mapp presented the 2021 Compliance Work Plan motion for approval. L.A. Care’s Compliance Plans establish a foundation for responding to multiple state and federal regulatory initiatives. Not only does the implementation of the Compliance Plans help identify and prevent deficiencies, but it may also reduce the potential for liability should violations occur. Compliance Plans establish the organization’s commitment to ethical behavior and the proper way of doing business.</p> <p><u>Motion COM 100.0221</u> To approve the 2021 Compliance Work Plan, as submitted.</p> <p>Sabrina Coleman, <i>Senior Director, Delegation Oversight</i>, presented 2021 Delegation Oversight Monitoring Plan and the Delegation Oversight Audit Moratorium for approval. In 2021, the Delegation Oversight team will focus its efforts on expanding the Delegation Oversight Monitoring Program by scaling to include all Utilization Management, Care Management, and administrative metrics. Further, the Delegation Oversight program has issued an audit moratorium to respond to the increasing COVID-19 rates due to the pandemic. The moratorium was effective December 23, 2020, and will continue for 90 days with the option to extend for an additional 90 days depending on the state of the pandemic.</p> <p>The plan outlines the oversight projects to be conducted during the year by the Delegation Oversight Department, including the evolution of both the auditing and monitoring program. The Delegation Oversight Department is comprised of the annual Audit, the Administrative and Clinical monitoring, and the Account and Communications Management teams. Information considered in the development of the audit plan include previously identified or known risks, regulatory findings, deficiencies identified in prior audits, and referrals from business units. The audit plan may be updated as new risks materialize or additional areas for review are identified. She stated that although the audit plan contemplates a wide-ranging scope of review, it does not provide coverage for all components or systems. Delegation Oversight Audit will provide reasonable reviews of the business activities and areas that require the most attention.</p> <p><u>Motion COM 101.0221</u> To approve the 2021 Delegation Oversight Monitoring Plan and Delegation Oversight Audit Moratorium, as submitted.</p> <p>Mr. Mapp presented the 2021 Risk Assessment for approval. L.A. Care Health Plan leadership recognizes the importance of a structured, consistent process to facilitate risk-informed decision making throughout the organization. The Enterprise Risk Management program utilizes processes and tools to</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)</p> <p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Shapiro, Vaccaro)</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>effectively align strategy, people, technology and knowledge to evaluate and manage risk across the organization so that goals and objectives can be achieved. The 2021 Risk Assessment Report aims to outline the current process and intends to capture and prioritize the strategic, operational, financial, and regulatory risks that L.A. Care will focus on addressing in calendar year 2021. The risk assessment process is an ongoing effort involving leadership across all functional areas and lines of business, and will continue to evolve to identify, assess, prioritize and manage the internal and external risks impacting the organization.</p> <p><u>Motion COM 102.0221</u> To approve the 2021 Risk Assessment, as submitted.</p> <p>Mr. Mapp asked the committee for questions or concerns. Member Booth responded that she has received a response from his team in regard to her concerns.</p> <p>Elysse Tarabola, <i>Senior Director, Regulatory Compliance, Compliance</i>, presented information about Key Performance Indicators (KPI). She noted that an updated version of the meeting materials will be provided to the committee after the meeting.</p> <p>The KPI exhibit indicates non-compliance in the claims area in October 2020, specifically timeliness of Medi-Cal claims forwarding and Cal MediConnect (CMC) claims payment timeliness. A delay in onboarding our newly contracted vendor, ImageNet (processes claims) caused a backlog and limitation of resources. Non-compliance has been remediated now that ImageNet is fully transitioned and additional examiners have been trained on CMC to alleviate resource constraints. KPIs will begin to transition to the enterprise-wide Monitoring Program.</p>	<p>Approved unanimously by roll call. 5 AYES</p>
ADJOURN TO CLOSED SESSION	<i>The agenda item was not discussed.</i>	
ADJOURNMENT	The meeting was adjourned at 4:06 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: _____

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>effectively align strategy, people, technology and knowledge to evaluate and manage risk across the organization so that goals and objectives can be achieved. The 2021 Risk Assessment Report aims to outline the current process and intends to capture and prioritize the strategic, operational, financial, and regulatory risks that L.A. Care will focus on addressing in calendar year 2021. The risk assessment process is an ongoing effort involving leadership across all functional areas and lines of business, and will continue to evolve to identify, assess, prioritize and manage the internal and external risks impacting the organization.</p> <p><u>Motion COM 102.0221</u> To approve the 2021 Risk Assessment, as submitted.</p> <p>Mr. Mapp asked the committee for questions or concerns. Member Booth responded that she has received a response from his team in regard to her concerns.</p> <p>Elysse Tarabola, <i>Senior Director, Regulatory Compliance, Compliance</i>, presented information about Key Performance Indicators (KPI). She noted that an updated version of the meeting materials will be provided to the committee after the meeting.</p> <p>The KPI exhibit indicates non-compliance in the claims area in October 2020, specifically timeliness of Medi-Cal claims forwarding and Cal MediConnect (CMC) claims payment timeliness. A delay in onboarding our newly contracted vendor, ImageNet (processes claims) caused a backlog and limitation of resources. Non-compliance has been remediated now that ImageNet is fully transitioned and additional examiners have been trained on CMC to alleviate resource constraints. KPIs will begin to transition to the enterprise-wide Monitoring Program.</p>	<p>Approved unanimously by roll call. 5 AYES</p>
ADJOURN TO CLOSED SESSION	<i>The agenda item was not discussed.</i>	
ADJOURNMENT	The meeting was adjourned at 4:06 p.m.	

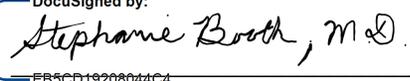
Respectfully submitted by:

Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

DocuSigned by:

084B48A20E5F499...

DocuSigned by:

EB5CD19208044C4...

Stephanie Booth, MD, *Chairperson* 3/19/2021 | 7:34 AM PDT
Date Signed: _____
3/24/2021 | 7:56 AM PDT

APPROVED