

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – March 18, 2021



**L.A. Care**  
HEALTH PLAN

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

#### 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*  
 Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*  
 Sabrina Coleman, *Senior Director, Delegation Oversight*  
 Maria Casias, RN, BSN, MPH, *Director, Quality Improvement Accreditation*

\* *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
<b>CALL TO ORDER</b>	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 2:04 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.	
<b>APPROVAL OF MEETING AGENDA</b>	The Agenda was approved as submitted.	<b>Approved unanimously by roll call. 3 AYES (Booth, Perez, Vaccaro)</b>
<b>PUBLIC COMMENT</b>	<i>A Public comment was removed at the request of the submitter.</i>	

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVAL OF MEETING MINUTES</b>	The January 21, 2021 meeting minutes were approved as written.	<b>Approved unanimously by roll call. 3 AYES (Booth, Perez, Vaccaro)</b>
<b>CHAIRPERSON REPORT</b>	Committee Chair Booth did not have anything to report.	
<b>CHIEF MEDICAL OFFICER REPORT</b>  Richard Seidman, MD, MPH	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported (<i>a copy of his written report can be obtained from Board Services</i>):</p> <p>COVID-19 Update By early March 2021, there were more than 113 million cases and 2.5 million deaths from COVID-19 worldwide. The surge peaked in January, and after a 6-week decline in the number of cases, there was a 7% increase believed to be driven by a combination of increased transmission due to re-openings, to circulating variants of concern, and reduced compliance and fatigue with basic public health measures. Vaccination efforts ramp up unevenly throughout the world and the emergence of variants of concern are being studied closely.</p> <p>Cases in Los Angeles have dropped from more than 15,000 per day down to 1,000 -2,000 and hospitalizations, which pushed our delivery system to the edge, have now dropped from more than 8,000 per day to less than 1,500. L.A. Care has identified nearly 120,000 cases, 20,000 hospitalizations, and 3,600 deaths (16% of L.A. County total) among our members. The approval of the Johnson and Johnson single dose vaccine on February 27<sup>th</sup> marks another significant milestone in the course of the pandemic, expected to significantly increase vaccine supplies locally and throughout the United States and worldwide.</p> <p>March 16<sup>th</sup> will mark the one-year anniversary when the majority of L.A. Care staff began working remotely, and we continue to do so today. Even while working remotely, L.A. Care staff continue to support our members enrolled in our Care Management, Disease Management and Medication Therapy Management Programs, and members are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine.</p>	

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	<p>L.A. Care has developed a robust COVID-19 communication plan which was shared at L.A. Care’s Technical Advisory Committee in January. The plan includes the creation and maintenance of a COVID-19 resource page on L.A. Care’s website and the development of frequently asked questions (FAQs) documents made available to our Call Center staff and shared with our Nurse Advice Line vendor. In addition to these activities including updated information available to members to help them find and schedule appointments for COVID-19 vaccinations, L.A. Care is conducting outreach efforts to members, and is collaborating with vaccine providers by doing targeted outreach to L.A. Care members to increase the rate of vaccine administration among our members.</p> <p>In addition to these efforts, L.A. Care is working with Blue Shield Promise Health Plan, our Plan and Community Resource Center partner to offer COVID-19 clinic events at each of our eight Community Resource Centers (CRCs). Vaccine supply allowing, the events will begin in late March, but may be delayed as needed if our Pharmacy partner is not able to secure sufficient vaccine. The schedule will also be adjusted if our Pharmacy partner is able to secure the Johnson and Johnson vaccine for these events, necessitating only one dose, rather than the two doses required for both the Pfizer and Moderna vaccines. The goal is to administer 1,000 vaccines per day at each of these events to our members and to eligible members of the communities surrounding our CRCs. L.A. Care will offer both drive- through and walk-up options, and will require appointments to manage the demand and increase access and transportation options to and from the clinics. L.A. Care does provide transportation as a Plan benefit to assist members with walk-up appointments for COVID-19 vaccine.</p> <p>Member Hilda Perez mentioned that she would be participating at the CRC COVID-19 vaccine clinics.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM)  At some point last year CalAIM was delayed due to the pandemic. Work is ramping up across the organization with the launch of a cross functional team to manage preparation for the implementation of CalAIM deliverables by January 1, 2022. It is a big program with ambitious goals. It brings additional funding and services. A significant part of the effort is focused on the transition from our existing Health Homes Program and the LA County administered Whole Person Care Program into a combined set of benefits called Enhanced Care Management and In Lieu of Services. This will allow L.A. Care to better meet the needs of its members. It will help people live longer and healthier lives while also reducing costs. L.A. Care has provided comments to the Local Health Plans of California, the California Association of Health Plans and to the Department of Health Care Services regarding the State’s proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program. The committee will be hearing more about the program as they move closer to the end of the year.</p>	

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	<p>Member Perez asked Dr. Seidman if high-risk patients were now going to be eligible for the COVID-19 vaccine. She would like to know how it will be communicated to members and what L.A. Care’s approach will be. She asked if members are receiving phone calls, notices in the mail, or are they being advised at their doctors office. Dr. Seidman responded that they are receiving this information in different forms of communications. Printed media, radio media, and social media are being used. There are also people that are vaccine hesitant and people who don’t intend on getting vaccinated. At the same time there is high demand for the vaccine. L.A. Care’s communications plan was presented to TAC in January. L.A. Care sent out FAQs to all call center representatives and implemented an outreach call campaign to 16-64 year olds with conditions that may make them eligible to be vaccinated. L.A. Care also relies on its members to self identify. They are being advised to reach out to their doctors if they have questions. With new guidance from the state, individuals can now self-attest to their own eligibility. A person that has questions about their eligibility has different pathways to get help. The state put out a guidance advising that people that are considered obese can also register for an appointment. Obesity is a BMI over 40. He questioned whether the general population knows what a BMI is and do they know what qualifies as obesity. People will not be scaled to by the state or asked for any documentation as proof. People will be asked to self-attest. Some people refer to the new system as an honor system and he expects people to be honest when they register and get an appointment. They will not be required to produce evidence. He hopes that people that are otherwise healthy will allow people that are eligible and high risk to get their shots.</p> <p>Member Perez stated that she has received questions from parents about staff and faculty being fully vaccinated, but no one is speaking about students that are eligible such as the 17 year-olds. Dr. Seidman responded that Member Perez might be more knowledgeable about school reopening than he is. He noted that LAUSD is one of the largest school districts in the U.S. and the teachers union is one of the most vocal. So far, with the reopening there has not been significant outbreaks. Member Perez stated that parents are being asked to fill out a survey and depending on their responses, students may be allowed to attend in person classes or commute at home learning.</p> <p>Chairperson Booth stated that she hopes that L.A. Care works hard to make this equitable. She has a suspicion that opening this up to self-disclosure of health conditions may prevent vaccines from getting to the people that are eligible. Dr. Seidman responded that L.A. Care has a plan, but is not a provider of the vaccine. Its messaging will be to encourage all eligible people to seek vaccination with the first available vaccine. At the end of the day, it is an honor system and there is a chance that people may jump the queue.</p> <p><i>(Member Al Ballesteros joined the meeting.)</i></p>	

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<p><b>QUALITY IMPROVEMENT REPORT</b></p> <p>Betsy Santana, MPH</p> <p>2020 Quality Improvement Annual Report and Evaluation</p>	<p>Betsy Santana, <i>Manager, Quality Improvement Initiatives</i>, presented the 2020 Quality Improvement Annual Report &amp; Evaluation and the 2021 Quality Improvement Program &amp; Work Plan (<i>A copy of the presentations can be obtained from Board Services.</i>)</p> <p>Background</p> <ul style="list-style-type: none"> <li>• The Quality Improvement (QI) Program Evaluation provides an overview of QI activities and significant accomplishments during the past year, including but not limited to: <ul style="list-style-type: none"> <li>- Quality and Safety of Clinical Care</li> <li>- Quality of Service</li> <li>- Member Experience</li> <li>- Access to Care</li> </ul> </li> <li>• The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future QI activities <ul style="list-style-type: none"> <li>- Staff throughout L.A. Care contribute to the activities</li> <li>- QI committees regularly meet to oversee the various functions of the program)</li> </ul> </li> </ul> <p>Major Audits:</p> <ul style="list-style-type: none"> <li>• Regulatory Audits: <ul style="list-style-type: none"> <li>- Managed 6 audits and 2 follow-up audits</li> <li>- Department of Health Care Services (DHCS) annual audit was suspended due to COVID-19</li> </ul> </li> <li>• Regulatory Affairs: <ul style="list-style-type: none"> <li>- Implemented a quarterly report to monitor regulatory inquiries and non-compliance notices from DHCS and the Centers for Medicare and Medicaid Services (CMS)</li> <li>- Further developed the enterprise-wide monitoring program to monitor performance across all lines of business, delegates and functional areas</li> </ul> </li> </ul> <p>National Committee for Quality Assurance (NCQA) Accreditation:</p> <ul style="list-style-type: none"> <li>• L.A. Care achieved “Accredited” status for its Medi-Cal, Cal MediConnect (CMC) and L.A. Care Covered (CMC) lines of business <ul style="list-style-type: none"> <li>- Accredited status is the highest status achievable for Health Plan Accreditation</li> <li>- Remain Accredited until June 2023</li> </ul> </li> </ul> <p>Consumer Assessment of Healthcare Providers &amp; Systems (CAHPS) Performance Medi-Cal</p> <ul style="list-style-type: none"> <li>• Adult scores remained low in 2020</li> <li>• Child scores were statistically unchanged from 2019 and are higher than the adult scores</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Customer service is a strength for the child survey: 90<sup>th</sup> percentile &amp; 6.7 pt. increase from 2019 All other measures are poor performing No goals were met</li> </ul> <p>CMC &amp; LACC:</p> <ul style="list-style-type: none"> <li>• Surveys halted by the Center for Medicare and Medicaid Services due to COVID-19</li> </ul> <p>Opportunities:</p> <ul style="list-style-type: none"> <li>• Improve access measures for all lines of business</li> </ul> <p>Interventions:</p> <ul style="list-style-type: none"> <li>• Customer service training for network providers 26 Provider Patient Experience Trainings - in person and online</li> <li>• Provider level CG-CAHPS-The Clinician and Group Consumer Assessment of Healthcare Providers and Systems</li> </ul> <p><b><u>DHCS- HEDIS Auto Assignment Performance</u></b> <b>Reporting Year 2020 (Measure Year 2019)</b></p> <ul style="list-style-type: none"> <li>• L.A. Care’s allocation of auto-assigned Medi-Cal members was 67%, and Health Net’s was 33%</li> <li>• Due to COVID-19, DHCS is using the same percentages for 2021</li> </ul> <p>Population Health Management</p> <ul style="list-style-type: none"> <li>• 11 of the 15 PHM Index goals were met</li> <li>• Focus: <ul style="list-style-type: none"> <li>- Linking population assessment findings to existing programs</li> <li>- Identifying gaps to enhance programs</li> <li>- Transitions of Care</li> </ul> </li> </ul> <p>Population Needs Assessment</p> <ul style="list-style-type: none"> <li>• Increase % of members receiving their postpartum visit – rate 73% <ul style="list-style-type: none"> <li>– Goal exceeded</li> </ul> </li> <li>• Increase % of flu vaccinations - rate 46% <ul style="list-style-type: none"> <li>– Goal exceeded</li> </ul> </li> </ul> <p>Care Management (CM)/Disease Management (DM)</p> <ul style="list-style-type: none"> <li>• Transitioned the Asthma and Diabetes Programs to Health Education dept.</li> <li>• Revamped the Cardiovascular Program</li> <li>• Developed a compliance and operational report to facilitate better monitoring of staff performance and regulatory adherence</li> </ul>	

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	<p>Clinical Initiatives</p> <ul style="list-style-type: none"> <li>• 26 interventions completed: social media, mailings, automated/live agent calls</li> <li>• 25 Intervention and program evaluations completed <ul style="list-style-type: none"> <li>- 9 demonstrated a statistically significant increase in gap closure (e.g. automated calls, provider mailings on depression screening)</li> </ul> </li> <li>• Developed and/or closed out 7 Quality Improvement Projects (QIPs, PIPs, &amp; PDSAs)</li> </ul> <p>Addressing Disparities</p> <ul style="list-style-type: none"> <li>• Annual QI Evaluation contains analysis for each HEDIS measure by race and ethnicity</li> <li>• Black/African American and Native Hawaiian populations have the lowest performing rates for selected HEDIS measures</li> </ul> <p><b>Provider Continuing Education (PCE) Program</b></p> <ul style="list-style-type: none"> <li>• Offered 15 CME/CE activities (in person and online)</li> </ul> <p><b>Provider/IPA Webinars</b></p> <ul style="list-style-type: none"> <li>• Hosted 12 webinars <ul style="list-style-type: none"> <li>• Goals met: <ul style="list-style-type: none"> <li>- Average attendance of 80 or more <ul style="list-style-type: none"> <li>• Average attendance 108</li> </ul> </li> <li>- Net Promoter (NPS) Score average 40 or higher <ul style="list-style-type: none"> <li>• NPS: 62 (0-low, 0-30 med/good, 30-100 high/great)</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>Cultural and Linguistic Services</p> <ul style="list-style-type: none"> <li>• Goals met: <ul style="list-style-type: none"> <li>- Deliver 90% of translation requests within the requested turnaround time</li> <li>- 90% of telephonic interpreting connection time will be &lt; 30 seconds</li> <li>- Decrease the rate of complaints/grievances by 10%</li> </ul> </li> <li>• Goals not met: <ul style="list-style-type: none"> <li>- 90% of individuals who requested interpreting and translation services will be “satisfied” with the services</li> <li>- Decrease cancellations and member no-shows for face-to-face interpreting services by 10%</li> </ul> </li> </ul> <p>Chairperson Booth asked Ms. Santana why is “average attendance” under “goals met” listed as both 80 and 108. Ms. Santana responded that she thinks the goal is an average attendance of 80 or more, but total attendance was actually 108.</p>	

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	<p>Patient Hospital Safety: L.A. Care uses:</p> <ul style="list-style-type: none"> <li>• California Maternity Quality Care Collaborative (CMQCC) data to evaluate C-Section rates: <ul style="list-style-type: none"> <li>- Target goal <math>\leq 23.9\%</math> for low risk, first birth cesarean delivery</li> <li>- 15 of 45 (33%) L.A. Care hospitals made the Maternity Honor Roll list</li> </ul> </li> <li>• Center for Medicare and Medicaid Services (CMS) Catheter associated Urinary Tract Infections rates: <ul style="list-style-type: none"> <li>- Target goal <math>&lt; 1.0\%</math></li> <li>- 34 of 53 (64%) L.A. Care hospitals met the goal</li> </ul> </li> <li>• California Department of Public Health (CDPH) reports on Central line-associated bloodstream infections (CLABSI), Methicillin-resistant Staphylococcus aureus (MRSA), Surgical Site Infections-Colon (SSI-Colon), and Clostridium difficile (C-Diff) <ul style="list-style-type: none"> <li>- Target goal <math>&lt; 1.0</math></li> </ul> </li> <li>• L.A. Care hospitals that met goals: <ul style="list-style-type: none"> <li>- CLABSI: 41 of 72 (57%)</li> <li>- MRSA: 36 of 64 (56%)</li> <li>- SSI-Colon: 37 of 57 (65%)</li> <li>- C-Diff 56 of 67 (84%)</li> </ul> </li> </ul> <p><b>Potential Quality of Care Issues (PQI)</b></p> <ul style="list-style-type: none"> <li>• PQI cases processed within 6-months: Goal Met: 83.1% (4,840/5,822)</li> <li>• Oversight of Customer Solution Center (CSC) and Appeal and Grievance (A&amp;G) to screen for potential missed PQI referrals (1% or 30 cases) <ul style="list-style-type: none"> <li>– Missed PQI referrals follow the PQI review process and are shared with A&amp;G/CSC for educational opportunities/staff coaching</li> </ul> </li> </ul> <p><b>Critical Incident Reporting (CMC only)</b></p> <ul style="list-style-type: none"> <li>• 100% of PPG/Vendors (26) reported their critical incidents: Goal Met</li> </ul> <p><b>Facility Site Review (FSR)</b></p> <ul style="list-style-type: none"> <li>• Needle stick safety rate decreased from 78% to 76%: Goal not met</li> <li>• Autoclave spore testing rate decreased from 80% to 73%: Goal not met</li> <li>• Due to COVID-19, FSR site visits were suspended: 29 virtual audits completed</li> </ul> <p><b>Pharmaceutical Safety Program:</b></p> <ul style="list-style-type: none"> <li>• Goals met:</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Concurrent Drug Utilization Review(CDUR)/Retrospective Drug Use Evaluation (RDUR)</li> <li>- Medication Adherence for Diabetes, Hypertension &amp; Hypercholesterolemia</li> </ul> <p>Medication Reconciliation Post-Discharge</p> <p>Appointment Availability Compliance</p> <p>Overall, Specialty Care Providers (SCP) decreased in average compliance: 85% in MY2018 to 77% in MY2019</p> <p>Action Taken: Root-Cause Analysis (RCA): SCP Urgent Appointments</p> <ul style="list-style-type: none"> <li>• Analyze the downward trend</li> <li>• Majority of responses: Providers and office staff are unaware of timely access to care standards</li> <li>• Participating Physician Groups (PPGs) submitted corrective action plans which will be monitored</li> </ul> <p>Call-Back During Normal Business Hours was also considered</p> <ul style="list-style-type: none"> <li>• After-Hours (AH) Timeliness RCA was conducted for MY2018</li> <li>• Callback during normal business hours ties in with this measure; QI ruled this out.</li> <li>• AH responses: Several providers were concerned that stating calls will be returned in 30 minutes is a legal issue and would prefer that the language be changed to “As soon as possible (ASAP)”</li> <li>• Measure is a Department of Managed Health Care (DMHC) requirement: “If someone needs to call you back, they must call you within 30 minutes,” so “ASAP” is not an option. This contributes to low compliance rates for call-back related measures</li> </ul> <p>Chairperson Booth asked Ms. Santana what she means by “Call-back during normal business hours ties in with this measure.” Maria Casias, RN, BSN, MPH, Director, <i>Quality Improvement Accreditation, Quality Improvement</i>, responded that for AH members also receive a call back. During normal business hours, there is a standard call back time. Last year there was an RCA conducted and found that providers had that concern. An RCA was not done this year, because one was completed last year. This is a DMHC requirement and L.A. Care is working with DMHC to address this issue. Chairperson Booth stated that she does not believe that the providers are unaware about access to care issues, because it has been around for so long. Ms. Casias responded that she agrees, but the PPGs do have a high turn around rate with staff. It is an education issue that needs to be addressed as soon as staff is hired.</p> <p>Member Participation, Community Outreach and Engagement</p> <p>The Advisory committee identified food security and transportation as a key social determinant of focus</p> <ul style="list-style-type: none"> <li>• 15 community partnerships were funded <ul style="list-style-type: none"> <li>- 37 food distribution events from May to October 2020</li> <li>- Three Community Resource Centers (CRC) incorporated food distribution as part of their back to school events</li> </ul> </li> </ul>	

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<p>2021 Quality Improvement Program and Work Plan</p>	<ul style="list-style-type: none"> <li>- The Food Pantry Initiative served: <ul style="list-style-type: none"> <li>• 15,061 families</li> <li>• 46,376 individuals</li> </ul> </li> </ul> <p>Safety Net Programs and Partnerships</p> <ul style="list-style-type: none"> <li>• Health Homes Program: <ul style="list-style-type: none"> <li>- Between April and September 2020, L.A. Care and Plan Partners served 11,647 enrolled members, of which 7,429 were from MCLA</li> </ul> </li> <li>• Whole Person Care Program: <ul style="list-style-type: none"> <li>- As of May 2020, over 26,400 unique MCLA members have enrolled in 1 or more programs</li> </ul> </li> <li>• Homelessness strategies: <ul style="list-style-type: none"> <li>- \$20M grant partnership with the LA County Housing for Health and Brilliant Corners, which provided permanent housing for 322 households</li> <li>- Recuperative care pilot contract</li> <li>- Housing navigation and tenancy support</li> </ul> </li> </ul> <p>Barriers</p> <ul style="list-style-type: none"> <li>• The COVID-19 pandemic was a barrier this year</li> <li>• Changes to the Telephone Consumer Protection Act (TCPA) impacted call campaigns</li> <li>• Incomplete capture and management of member and provider data</li> <li>• Lack of understanding of the HEDIS specifications and coding among providers</li> <li>• Lab result data capture issues led to lower administrative rates for lab result dependent measures</li> </ul> <p>Overall Effectiveness and Opportunity</p> <p>Overall, the 2020 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes.</p> <ul style="list-style-type: none"> <li>• Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan</li> <li>• Leadership and network physicians played an active role: <ul style="list-style-type: none"> <li>- participating in quality committee meetings</li> <li>- providing input on quality related opportunities</li> <li>- identify barriers</li> <li>- developing and implementing effective approaches to achieve improvements</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• The organization’s quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization</li> </ul> <p>The QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report</p> <ul style="list-style-type: none"> <li>• Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve member experience</li> <li>• Timely access to care studies continue to show the need for improvement including the need to improve provider data</li> <li>• There are multiple clinical (and/or clinical data) areas that still need improvement, such as: <ul style="list-style-type: none"> <li>- Breast and cervical cancer screenings</li> <li>- Appropriate medications for people with asthma</li> <li>- Immunizations among pediatric and adolescent patients.</li> </ul> </li> </ul> <p>These and other QI activities are detailed in the 2021 QI Work Plan and will be tracked through the QI committees and the governance structure</p> <p>Dr. Seidman thanked Ms. Santana for her presentation and stated that the document that was summarized in short slide deck. This is something that L.A. Care is required to do and act upon due to regulatory requirements. For accreditation purposes, this is also required to report it to the Board and capture it in meeting minutes. Must be submitted to show it was completed. The report summarizes a big body of work done by the Quality Improvement team. It reflects work of the entire organization. He thanked everyone involved in the process.</p> <p>Chairperson Booth stated that she heard last year was the first year that so much reporting would be required. She asked how does staff decide what to include in the report. Ms. Casias responded they obtain data regarding key areas to show the bigger picture. Now that they are looking at population health, they must pull information from different areas so there are no specifications. DHCS and DMHC look at these scores during their audits as well.</p> <p>Dr. Seidman stated that everyone has their own way of approaching the audit and ask their own questions. L.A. Care over documents in the complete report. If an auditor asks for specific information both quantitative and qualitative and how it will be implemented for the next year, L.A. care opts to capture that evidence. This is a years worth of effort to complete this report. This is the annual focus. He thanked the committee for allowing staff to report.</p> <p>Ms. Santana presented the 2021 Quality Improvement Program and Work Plan and reported the following:</p>	

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	<p>General Revisions:</p> <ul style="list-style-type: none"> <li>• Strategic Priorities (Vision 2021), Goals, and Objectives</li> </ul> <p>Program Structure:</p> <ul style="list-style-type: none"> <li>• QI Program Goals and Objectives</li> <li>• L.A. Care’s Direct Network was expanded from Antelope Valley to cover Medi-Cal members across Los Angeles County</li> </ul> <p>Organizational Structure and QI Program Resources:</p> <ul style="list-style-type: none"> <li>• Positions were added, removed or modified</li> </ul> <p>Committee Structure:</p> <ul style="list-style-type: none"> <li>• No substantive changes; minor language change to call out quorum and voting</li> </ul> <p>Scope of Program:</p> <ul style="list-style-type: none"> <li>• Group identification, medical condition, and genetic information included in compliance with Penal Code 422.56</li> </ul> <p>Quality of Care</p> <ul style="list-style-type: none"> <li>• HEDIS: 55 measures will be prioritized, by line of business, for interventions and/or monitored in 2021</li> <li>• In 2021 L.A. Care and the Housing for Health Program will launch Housing for Healthy CA to house 250 homeless members</li> <li>• Health Equity program goals updated</li> <li>• Equity Council Steering Committee will prioritize equity and social justice as an enterprise-wide principle. Three new sub-committees: <ul style="list-style-type: none"> <li>- Member, Provider, and Vendor</li> </ul> </li> <li>• Provisional Postpartum Care Extension (PPCE): the Department of Health Care Services (DHCS) implemented the PPCE, where pregnant Medi-Cal members may remain eligible for up to 12 months after the end of the pregnancy, if diagnosed with a mental health condition during pregnancy, postpartum, or within 90 days of the end of the postpartum period</li> <li>• Care Management and Disease Management Program language updated to reflect the current state</li> <li>• Pharmacy Programs: include internal Medication Management Therapy and Medication Reconciliation Post-discharge programs, as well a Pharmacy Ambulatory Care program</li> </ul> <p>Chairperson Booth asked Ms. Santana what she means by “current state”. Ms. Casias responded that there was a transfer of a Disease Management program into QI Management.</p>	<p><b>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)</b></p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Quality of Service</p> <ul style="list-style-type: none"> <li>• Appeals and Grievances reflects the current process and reporting structure</li> <li>• Telehealth services expanded to include to PASC-SEIU members</li> <li>• Added Member Incentive Programs</li> <li>• Member Confidentiality updated</li> <li>• QI Delegation updated to reflect the current state</li> </ul> <p>2021 QI Work Plan Updates New Measures: Medi-Cal:</p> <ul style="list-style-type: none"> <li>• Risk of Continued Opioid Use (COU) - 15 day rate</li> <li>• Well-Child Visits in the First 30 months of Life (W30)</li> <li>• Child and Adolescent Well-Care Visits (WCV)</li> </ul> <p>Cal MediConnect:</p> <ul style="list-style-type: none"> <li>• Risk of Continued Opioid Use (COU) - 15 day rate</li> </ul> <p>L.A .Care Covered:</p> <ul style="list-style-type: none"> <li>• Annual Monitoring for Persons on Long-term Opioid Therapy (AMO)</li> <li>• International Normalized Ratio Monitoring for Individuals on Warfarin (INR)</li> <li>• Proportion of Days Covered (PDC)</li> <li>• Well-Child Visits in the First 30 months of Life (W30)</li> <li>• Child and Adolescent Well-Care Visits (WCV)</li> </ul> <p><b><u>Motion COM 100.0321</u></b></p> <ul style="list-style-type: none"> <li>• <b>To approve the 2020 Quality Improvement Annual Report and Evaluation – All lines of business</b></li> <li>• <b>To approve the 2021 Quality Improvement Program and Work Plan – All lines of Business</b></li> </ul>	
<p><b>CHIEF COMPLIANCE OFFICER REPORT</b></p>	<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>Compliance Work Plans Compliance and Delegation Oversight Work Plans for 2021 have been approved pending a few minor changes at the request of Dr. Booth.</p> <p>Compliance Department staffing.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>During the last few months, L.A. Care has lost Compliance staff to other health plans in the region. Compliance has begun recruiting for seven compliance advisors and are nearing completion of recruiting for a Senior Director of Risk Management and Operations Oversight. The second half of 2020 was particularly challenging, as the market for health plan compliance staff has remained vigorous. At the next meeting, he will bring the Compliance organization chart. He advised the committee that Sabrina Coleman, Senior Director of Delegation Oversight will also be leaving L.A. Care. He thanked her for all her help and efforts at L.A. Care. Ms. Coleman thanked the committee for supporting Delegation Oversight. She is happy the goals of the department are being met.</p> <p>Mr. Mapp introduced Elysse Tarabola, <i>Senior Director, Regulatory Compliance, Compliance</i>, to provide the following CMS Revalidation Audit update:</p> <p>She announced that CMS has closed the 2018 CMS Program Audit and all 23 findings were deemed corrected. The recent 2020 Revalidation Audit tested the correction of the seven remaining findings within the utilization management, appeals, grievances, call center, and care management areas. No further action is required.</p> <p>The audit review period (clean period) was October 1, 2020 – December 31, 2020. The fieldwork began on January 4, 2021 and concluded on February 8, 2021. The final audit report was received from CMS's independent validation auditor (IVA) on March 8, 2021.</p> <p>Ms. Mapp noted that one of the important things about the audit is that it encompasses so many different areas of the company. L.A. Care is looking at ways to recognize all the staff that took part in this great effort over 3 years.</p> <p>Ms. Tarabola gave the following Key Performance Indicator summary of deficiencies updates (<i>December 2020- January 2021</i>):</p> <p>Claims forwarded ≤ 10 days and Claims timeliness ≤ 30 calendar days</p> <ul style="list-style-type: none"> <li>• Root Cause: Delay in onboarding our newly contracted vendor ImageNet (processes claims) which caused a backlog and limitation of resources.</li> <li>• Remediation: ImageNet is fully transitioned. Additional examiners have been trained on Cal MediConnect (CMC) processes to alleviate resource constraints.</li> </ul> <p>Chairperson Booth asked Ms. Tarabola if she expects the January results will be better. Ms. Tarabola responded that she expects them to be better.</p> <p>Calls answered within 30 seconds and Abandonment Rate</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Root Cause: Increase overall volumes for LACC and CMC with LACC realizing almost 20 percent more calls offered in January than December. Increased Average Handle Time for all lines of business, which has a linear relationship to staffing demand. Delay in releasing staff from training as remediation sessions were required at the vendor to ensure that agents were properly prepared to handle member calls.</li> <li>• Remediation: Adjustments are made real time to align staff availability with inbound demand. Schedules were adjusted to smooth the over/under staffing numbers. Additional agents are being trained at the vendor to extend the support offered to LACC and CMC callers.</li> </ul> <p>Nurse Advice Line (Calls unanswered under 30 seconds and Abandonment Rate)</p> <ul style="list-style-type: none"> <li>• Health Dialog moved over to a new phone system - Five 9's. Coaches took PTO for the holidays. The 8 new coaches started on the 3<sup>rd</sup> week of January and additional staff started March 1. Health Dialog adjusted coaches schedules to better align with our call volume and the time of day for these call spikes as we work to make permanent changes to coaches' schedules minimizing 10-12 hour shifts.</li> </ul> <p>Chairperson Booth asked if the coaches act as Supervisors for the Nurses. Ms. Tarabola responded that she would confirm.</p> <ul style="list-style-type: none"> <li>• Cal MediConnect (CMC) calls appropriately categorized and triaged to initiate a service authorization request, coverage determination, appeal, and/or grievance. C3 (vendor) was removed from taking calls shortly after the 2018 CMS Program Audit. Call center staff re-trained the C3 staff shortly after our Revalidation Audit review period and it will take some time to ramp up to proficiency. The call center will continue to monitor C3 call logs and service authorization requests to ensure we identify and address any misclassification. C3 Leadership will continue coaching to the errors to ensure overall improvement in call classification.</li> </ul>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The meeting of the Joint Powers Authority Board of Directors was adjourned. Augustavia J. Haydel, <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:29 pm.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>THREAT TO PUBLIC SERVICES OR FACILITIES Consultation with Augustavia J. Haydel, <i>JD</i>, General Counsel</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38 (n) Discussion Concerning Program, Business Plan Estimated date of public disclosure: <i>March 2023</i></p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Three Potential Cases</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The committee reconvened in open session at 3:44 p.m.</p> <p>There was no report from closed session</p>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 3:50 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
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APPROVED BY:

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Stephanie Booth, MD, *Chairperson*

5/29/2021 12:04:59 PM PDT

Date Signed: \_\_\_\_\_