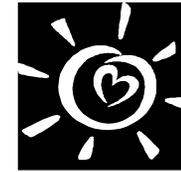


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – May 20, 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

Senior Management

Augustavia J. Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
 Cagla Ozden, *Senior Director, Operational Assurance*
 Margaret Ngo-Lee, *Senior Director, Risk Management and Operations Support, Compliance*
 Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

* *Absent* ** *Present, but doesn't count towards quorum*

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 2:04 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.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	No Public comment was submitted.	
APPROVAL OF MEETING MINUTES	<p>Chairperson Booth stated that there are corrections that needs to made to the meeting minutes. Linda Merkens, <i>Senior Manager, Board Services</i>, asked that she please state the corrections for the record.</p> <p>Chairperson Booth stated that under the Chief Medical Officer report, where it states “CalAIM brings additional funds and services” and “L.A. Care will be better able to meet the needs of its members.” She noted that it does not seem that the State will be providing enough money at this point. She wonders if Dr. Seidman would like to change the wording.</p> <p>Richard Seidman, <i>Chief Medical Officer</i>, responded that it is a matter of interpretation the statement can stand as written from his perspective. The fact that the State is providing an additional set of services, that’s new money. Whether it’s enough is a different question.</p> <p>Chairperson Booth stated that under the Chief Medical Officer report, where it’s reads “people will not be scaled to by the State.” She does not understand what it means.</p> <p>Augustavia J. Haydel, General Counsel, responded that she believes it was a grammatical error and the intent of the sentence was that the State will not be weighing individuals they will instead rely on individuals to self-attest.</p> <p>Chairperson Booth noted that on page 14, under Quality of Care, the fourth bullet point, it should read, “member, provider, vendor, and employees.”</p> <p>The March 18, 2021 meeting minutes were approved with the corrections mentioned above.</p>	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)
CHAIRPERSON REPORT	Chairperson Booth reported	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	<p>Richard Seidman, <i>MD, MPH, Chief Medical Officer</i>, reported the following from his Chief Medical Officer report (<i>a copy of his written report can be obtained from Board Services</i>).</p> <p>COVID-19 Update</p> <p>By early May, 2021, there were more than 150 million cases and nearly 3.2 million deaths from COVID-19 worldwide. Following a 6-week decline in cases after the winter surge, a nine-week long increase in global cases has pushed the number of new cases worldwide to the highest weekly average since the beginning of the pandemic. These increases have been driven by the surge in India, accounting for 90% of the cases in Southeast Asia, 46% of cases and 25% of deaths globally.</p>	

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	<p>As vaccination counts continue to rise and increasing cases in hot spots throughout the country declined, the United States has seen a 27% reduction in the 14-day average case rate and a 4% reduction in deaths. California and Los Angeles are seeing a sustained reduction in cases and deaths. Los Angeles County moved into the Yellow Tier of the Blueprint for a Safer Economy on Thursday, May 6 after meeting the thresholds in our adjusted case rate and percent positivity for COVID tests for two weeks in a row.</p> <p>The Los Angeles County Department of Public Health press release on May 6th declares “Los Angeles County’s case rate remains low and stable.” Cases in Los Angeles have dropped from more than 15,000 per day during the winter surge to less than 300 a day in late April, a 35% reduction since late March. Over the same period of time, hospitalizations dropped 37% and deaths dropped by 87%. L.A. Care has identified over 120,000 cases, 20,000 hospitalizations, and over 4,000 deaths (16% of LA County total) among our members.</p> <p>The demand for vaccinations has dropped nationwide to 2.1 million per day, down from a peak of over 3 million per day. Los Angeles County experienced a 30% reduction in vaccine administration in the last week of April. Despite these declines, more than 550k L.A. Care members have received at least one vaccine, accounting for more than 10% of the nearly 5 million L.A. County residents vaccinated to date. L.A. Care staff are working closely with the Department of Public Health to identify and confirm populations for targeted outreach to improve vaccination coverage in demographic (65+ for example), geographic (SPAs 1 and 6) and race and ethnic groups (African Americans) where we are seeing lower vaccination rates.</p> <p>L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and 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> <p>Member Hilda Perez asked how many L.A. Care members have been vaccinated. She noted that there was much being done to outreach to members and people in the community. Dr. Seidman asked Member Perez if she would like to know how many L.A. Care members were vaccinated at the vaccine clinics or the total number of members that have been vaccinated. Member Perez asked if she can receive both figures. Dr. Seidman responded 640k L.A. Care members are partially vaccinated. The numbers that are being shared were updated for the meeting today. L.A. Care receives weekly updates.</p> <p>Member Al Ballesteros thanked Dr. Seidman for his effort. He asked Dr. Seidman what L.A. Care is doing to outreach to members. Dr. Seidman responded that it is a multi-faceted approach to</p>	

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	<p>communication. L.A. Care is using social media, robocalls, live calls, and member newsletters. L.A. Care is trying to use multiple communication channels and several strategies.</p> <p>Dr. Seidman noted that there are several billboards across the county and they have received much media coverage. The Communications team has been busy working on that. Certainly at the immunization events, they have had ongoing coverage from the media and they continue to work on those efforts. He noted that there are changes frequently and as guidelines and recommendations change, L.A. Care has been doing its best to work with Public Health officials to be consistent in the messaging. It has been identified that if enough trusted sources of truth say the same message over and over again it helps.</p> <p>Member Ballesteros asked Dr. Siedman what his stance is on the delivery system. He asked if it is better or more effective in getting to members. He asked about the community center's role in this opposed to private providers. He asks because the community health centers have gotten so much capacity from the State and federal government, I know there is access that is not all being used necessarily. His clinics have capacity to take patients that aren't members to help them get vaccinated and they promote that.</p> <p>Dr. Seidman responded that early in the pandemic the community health centers played a critical role in getting vaccines administered to the most vulnerable communities in the county. The addition of the federal direct supply local Department of Public Health. that was prioritizing even when supply was short. They were sure that Federally Qualified Health Centers received as much of the supply as possible. Now that supply outstrips demand in most settings, he doesn't have a great answer, one of efforts being made is to increase supply to most providers. Excess capacity is a reality.</p> <p>Televideo Education and Dietician Support</p> <p>Due to the Covid-19 pandemic, the Health Education team of registered dietitians and health educators have been providing over the phone consulting and group appointments have been suspended. Working with the IT security department, the Health Education team is now able to offer both group appointments and individual consulting using both video and audio on following patient education services: diabetes, healthy heart, weight management, asthma, self-care during pregnancy, etc.</p> <p>WebEx offers a visual component not available telephonically. This visual component greatly enhances the personalization and effectiveness of the education experience. These include:</p> <ul style="list-style-type: none"> • The ability to show visual cues or written material which can assist hard of hearing members • Demonstration food portion sizes which can assist cognitively challenged members • Exhibit portion sizes with plate, cup, and measuring spoon demonstrations which can assist members with low health literacy, particularly those with difficulty understanding numbers such as 6oz or 1/3 cup 	

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	<ul style="list-style-type: none"> • And the ability to visually demonstrate the correct use of medical devices, such as glucometers during diabetes education. • The team plans to measure member satisfaction, participation levels, and education effectiveness using WebEx. <p>L.A. Care continues its robust COVID-19 communication plan including the COVID-19 resource page on L.A. Care’s website and frequently asked questions (FAQs) document available to our Call Center and Nurse Advice Line vendor staff. These resources are updated frequently, including information to address vaccine hesitancy and information to help them find and schedule appointments for COVID-19 vaccinations. Provider communications efforts have included a QI Webinar focused on vaccine hesitancy and communication tips for talking with patients and a COVID-19 CME event.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM) Work is in full swing throughout the organization led by a cross functional team to manage preparation for the implementation of CalAIM deliverables by 1/1/22. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the LA County administered Whole Person Care Program (WPC) into a combined set of benefits called Enhanced Care Management (ECM) and in Lieu of Services (ILOS). L.A. Care is well positioned to meet the Population Health Management (PHM) goals included in CalAIM because the requirements are aligned with the NCQA PHM requirements.</p> <p>L.A. Care has provided comments to the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) and continues to work closely with the L.A. County Department of Health Services and the Department of Health Care Services (DHCS) 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.</p> <p>Member Perez stated that she is proud and honored to be part of this Board and organization. She thanked L.A. Care for listening to the community in regards to the food pantries/security and for being inclusive of members and for the development of the new Equity Council Steering Committee. She noted that these difficult times have challenged us in many different ways. She remembers that she was begging to get additional resources to the RCAC 6 region due to the number of cases in that area and there not being enough emergency rooms, medical supplies, and protective equipment. It is really overwhelming to see the organizations make the commitment, partnership and providing a way for other organization to advocate for vaccines and more testing. She mentioned that the ‘Flu vaccine clinics, COVID-19 vaccine clinics, and food pantries, are opening up more and more. She noted that even the interpreters do their part at the community resource center events to help the community get vaccinated.</p>	

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	<p>She also noted that L.A. Care is making great efforts in reaching out to members including using its social media pages to get the message out. She thanked Mr. Baackes for being open to all petitions and requests made by members.</p> <p>Dr. Seidman thanked Member Perez, as you know, and can imagine, your comments and support of our board, comments, means an awful lot to our staff. He appreciates very much her comments, quite a few staff benefit from hearing from her directly. It has been tough year for everyone. Helps to plan for the next efforts. Finally planning back to school events now.</p>	
<p>QI INCENTIVES: PAY-FOR- PERFORMANCE UPDATES</p> <p>Henock Solomon</p>	<p>Henock Solomon, <i>Senior Manager, Incentives, Population Health Management</i>, gave an update on L.A. Care’s Quality Incentives: Pay-For-Performance (P4P) Program (A copy of the presentation can be obtained from Board Services.).</p> <ul style="list-style-type: none"> • Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. <ul style="list-style-type: none"> - L.A. Care incentives programs are currently all no-risk or “up-side” • The programs promote provider accountability and offer a business case for quality improvement. <ul style="list-style-type: none"> - Performance measurement and reporting - Peer-group benchmarking - Value-based revenue • Designed to align the quality improvement goals of Plan Partners, Independent Physician Associations (IPA), clinics and physicians. <ul style="list-style-type: none"> - Aim to foster systematic process improvements and better care coordination - Reduce variation and promote consistency <p>Accomplishments & Updates</p> <ul style="list-style-type: none"> • In response to COVID, L.A. Care advanced MY 2019 P4P payments to solo physicians and clinic organizations (Q2 2020) • MY 2019 Medi-Cal final results and payments (Q4 2020) <ul style="list-style-type: none"> - L.A. Care paid the difference to those earning more than the advancement, and not asking for dollars back from those earning less. - Over 900 Physician payments, totaling \$12.4 million. - Over 60 Clinic payments, totaling \$12.2 million. - Over 50 IPA* payments, totaling \$15.9 million. • MY 2019 L.A. Care Covered (LACC) and Cal MediConnect (CMC) VIIP for IPAs (Completed Jan 2021) <ul style="list-style-type: none"> - Incentive payments included for LACC. 	

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	<ul style="list-style-type: none"> - Example incentive payments for CMC (payouts to begin MY 2020). • MY 2020 P4P Programs <ul style="list-style-type: none"> - IPA Final Action Plan results completed. - Updated measures and performance targets shared with network. - Reports and payments will be completed Q4 2021. <p>IPA Action Plan Results and Analysis 2020 Action Plan Submissions</p> <ul style="list-style-type: none"> • Member experience focus • Medi-Cal: 40/48 • LACC: 20/20 • CMC: 15/15 <p>2019 Action Plan Analysis (18 IPAs requested to complete action plans)</p> <ul style="list-style-type: none"> • 13 out of 18 IPAs (72%) showed an improvement in their selected Action Plan measure(s): <ul style="list-style-type: none"> - Healthcare Effectiveness Data and Information Set (HEDIS): 8 out of 8 (100%) IPAs improved - Utilization Management: 1 out of 1 (100%) IPA improved - Encounters: 1 out of 3 (33%) IPAs improved - Member Experience: <ul style="list-style-type: none"> ▪ 2 IPAs did not receive CG- Consumer Assessment of Healthcare Providers and Systems (CAHPS) results due to small sample sizes ▪ 3 out of 4 (75%) IPAs improved <p>Chairperson Booth asked that since 2019 there were only 18 IPAs that had issues and needed to submit an action plan. Mr. Solomon confirmed that there were only 18 IPAs that needed to submit an action plan. He noted that the methodology was changed to select the groups that required an action plan in 2020. L.A. Care wanted most groups to submit an action plan related to member experience given that it was a high area of focus.</p> <p>Chairperson Booth asked if using these scores would help bring L.A. Care's overall scores up. Mr. Solomon responded that he believes they do. Everything here will contribute to overall scores. He has seen improvement within these domains.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN
	Domain	Measure	2018 VIIP Measure Rate	2019 VIIP Measure Rate	Difference	
	Encounters	Encounter Timeliness	57.42%	80.81%	23.39%	
	HEDIS	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	58.51%	65.53%	7.02%	
	HEDIS	Childhood Immunization Status – Combo 10	8.70%	13.85%	5.15%	
	HEDIS	Diabetes Care – Eye Exam	48.07%	51.87%	3.80%	
	Member Experience	Timely Care and Service	45.84%	50.05%	4.21%	
	Utilization Management	Plan All-Cause Readmissions	19.54%	15.95%	3.59%	
	<p>Member Nina Vaccaro asked if there was an explanation or anything done differently for encounter timeliness. Mr. Solomon responded that he does not have a response, but he can go back and review data and provide an answer after the meeting.</p> <p>Katrina Miller-Parrish, MD, FAAFP, stated that L.A. Care has many more opportunity reports that will be shared given the data to see exactly where they are this moment in time.</p> <p>Dr. Seidman stated that what is seen in the presentation is the QI method. What is not measured can't be included. They measured, shared the results, brought it to the provider network's attention, and captured their engagement. In some cases, L.A. Care requested action plans and as a result they figured out how to make improvements.</p> <p>Mr. Solomon stated that L.A. Care does share best practices by meeting with groups to talk about their scores. Back and forth and engagement utilizes this program to enhance their performance payments.</p> <p>Program Results</p>					

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	<p>Physician Pay-for-Performance (P4P) Program</p> <ul style="list-style-type: none"> • Solo Payments PMPM*: Min: \$0.00, Med: \$1.07, Max: \$3.28 • Clinic Payments PMPM*: Min: \$0.46, Med: \$1.37, Max: \$2.90 • Performance Score Trends: <table border="1" data-bbox="470 386 1192 570"> <thead> <tr> <th colspan="2">Solos</th> <th>MY2018</th> <th>MY2019</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Sores</td> <td>Average</td> <td>28.61%</td> <td>33.32%</td> </tr> <tr> <td>Median</td> <td>25.47%</td> <td>30.27%</td> </tr> <tr> <td>Max</td> <td>93.33%</td> <td>93.33%</td> </tr> </tbody> </table> <table border="1" data-bbox="470 610 1192 794"> <thead> <tr> <th colspan="2">Clinics</th> <th>MY2018</th> <th>MY2019</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Sores</td> <td>Average</td> <td>34.50%</td> <td>38.63%</td> </tr> <tr> <td>Median</td> <td>32.75%</td> <td>38.95%</td> </tr> <tr> <td>Max</td> <td>80.50%</td> <td>82.63%</td> </tr> </tbody> </table> <p>Value Initiative for IPA Performance + Pay-for-Performance (VIIP+P4P) Program</p> <ul style="list-style-type: none"> • IPA Payments PMPM*: Min: \$0.29, Med: \$0.86, Max: \$1.93 • Performance Score Trends: <table border="1" data-bbox="470 943 1192 1127"> <thead> <tr> <th colspan="2">IPAs</th> <th>MY2018</th> <th>MY2019</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Sores</td> <td>Average</td> <td>29.61%</td> <td>33.11%</td> </tr> <tr> <td>Median</td> <td>26.99%</td> <td>30.48%</td> </tr> <tr> <td>Max</td> <td>77.97%</td> <td>68.73%</td> </tr> </tbody> </table> <p>Future Direction</p> <ul style="list-style-type: none"> • Development of MY 2021 P4P Programs • Testing new measures and domains. <ul style="list-style-type: none"> - Massachusetts Comprehensive Assessment System (MCAS) and NCQA updates - Continue testing Utilization Management (UM) and Member Experience domains in Physician P4P (<i>started reporting MY 2019</i>) • Aiming to announce new programs towards end of Q1 2021. • VIIP Rank Transparency • <i>Started unbinding rankings MY 2019/RY 2020</i> 	Solos		MY2018	MY2019	Performance Sores	Average	28.61%	33.32%	Median	25.47%	30.27%	Max	93.33%	93.33%	Clinics		MY2018	MY2019	Performance Sores	Average	34.50%	38.63%	Median	32.75%	38.95%	Max	80.50%	82.63%	IPAs		MY2018	MY2019	Performance Sores	Average	29.61%	33.11%	Median	26.99%	30.48%	Max	77.97%	68.73%	
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	<ul style="list-style-type: none"> • Explore additional forms of performance transparency. <p>Incentive Programs/Reports Surveys</p> <ul style="list-style-type: none"> • Added more questions to the Provider Satisfaction Survey • Focus Groups/surveys on reporting <p>Development of MY 2021 P4P Programs</p> <ul style="list-style-type: none"> • Testing new measures and domains. <ul style="list-style-type: none"> - MCAS and NCQA updates - Continue testing UM and Member Experience domains in Physician P4P (<i>started reporting MY 2019</i>) • Aiming to announce new programs towards end of Q1 2021. <p>VIIP Rank Transparency</p> <ul style="list-style-type: none"> • <i>Started unbinding rankings MY 2019/RY 2020</i> • Explore additional forms of performance transparency. <p>Incentive Programs/Reports Surveys</p> <ul style="list-style-type: none"> • Added more questions to the Provider Satisfaction Survey • Focus Groups/surveys on reporting • The 3rd annual event occurred February 25, 2021 <ul style="list-style-type: none"> - L.A. Care, Anthem Blue Cross and Blue Shield of California Promise Health Plan jointly recognize excellent performance in our networks - Expanded award winners with new categories! - Recognized LACC and CMC top IPA performers for first time - Adapted to COVID-19 <ul style="list-style-type: none"> ▪ Online event with more invitees ▪ Thank you cards for entire network ▪ Put up billboards for winners 	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, introduced Margaret Ngo-Lee, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, and Cagla Ozden, <i>Senior Director, Operational Assurance</i>, to the committee.</p> <p>Thomas Mapp and his team presented the Chief Compliance Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Chelsea Hertler, <i>Manager, Regulatory Affairs, Compliance</i>, presented information about the Department of Healthcare Services (DHCS) Medical Audit.</p>	

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	<p>L.A. Care is preparing for the upcoming annual audit, which is reviewing Medi-Cal including Senior Persons with Disabilities (SPDs) and Cal MediConnect (CMC) with a 2-year audit review period (2019 through 2021). The virtual onsite will occur on July 12, 2021 – July 23, 2021. The Internal Audit team is in the process of conducting a pre-audit assessment to validate all corrective action plans (CAPs) were implemented and issues identified in 2019 were remediated. The internal audit also focused on All Plan Letter (APL) regulatory change implementation validation. L.A. Care is preparing pre-audit deliverable due to DHCS in May.</p> <p>Post-public health emergency planning/adjustments to regulatory requirements. We are developing strategies to prepare for health plan operations for the anticipated end of the public health emergency. As the COVID-19 pandemic was escalating in March 2020, L.A. Care adjusted various processes in order to help members get access to care and to support providers in their efforts to support our members. That included developing daily update meetings to response to member/provider needs, such as:</p> <ul style="list-style-type: none"> • moratorium on enrollment eligibility redeterminations, • streamlining access to medications by removing refill too soon restrictions, • scaled back delegation oversight audits of PPGs, • encouraging access to telehealth services; • conducting virtual facility site reviews and • compliance with various new requirements and reports from regulatory agencies. <p>Compliance is preparing plans for how to resume, where advisable, pre-pandemic operations, to continue certain processes (such as telemedicine) that have demonstrated benefits to our members and providers and to advocate for permanent regulatory changes based on the experience of serving members during the public health emergency.</p> <p>Elysse Tarabola, <i>Senior Director, Regulatory Compliance, Compliance</i>, presented information about the Utilization Management system update. The Utilization Management (UM) Module of our new health management documentation platform, SyntraNet, went live on April 6, 2021. No significant issues occurred during initial implementation. However, we are investigating situations in which certain requests for authorization have not been completed in accordance with regulatory timeframes. This includes researching the volume of authorizations that were not completed timely. Mitigation efforts in processing overdue authorization requests included managing staff assignments daily to prioritize work; and the use of overtime, temporary labor, and workforce assistance from other business units.</p> <p>The Utilization Management staff has identified the following root causes:</p> <ul style="list-style-type: none"> • Prior to go-live: Significant hours of lost production time due to extensive testing and training 	

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	<ul style="list-style-type: none"> • After go-live: Some staff working in two systems, lack of system proficiency, and natural learning curve of new system functionality and workflows • Ongoing: High volume of inbound waste (such as authorization requests that were misdirected to L.A. Care, but should have been sent to delegated PPGs), inadequate number of staff, and other priority projects. <p>Ms. Ozden presented the following information about Consolidation for Enterprise-Wide Efficiency. With the recent departure of Sabrina Coleman, Sr. Director of Delegation Oversight, John Baackes has authorized consolidation of two functions, Operational Assurance and Delegation Oversight, to achieve efficiency. This will include the following: Examining progress on all departmental functions and projects to be able to report the status of the department’s current state. Reviewing all processes to identify opportunities for improvement and to remediate gaps. Meeting with stakeholders across the Enterprise to ensure collaboration on core functions and clear lines of accountability.</p> <ul style="list-style-type: none"> • The Operational Assurance (OA) and Delegation Oversight (DO) departments were created to answer complementary needs: OA to strengthen internal requirements-based and operational performance and DO to strengthen external performance. • The OA and DO teams were consolidated into a new, scaled up Enterprise Performance Optimization (EPO) organization in April of 2021. • Currently performing a work force analysis to strategically integrate the teams into one coherent, efficient organization. • Meeting with stakeholders across the Enterprise to ensure collaboration on building joint processes and to ensure clear lines of accountability. • Examining all departmental functions to identify opportunities for improvement, remediate gaps, and streamline processes. • That the two departments serve certain common core functions renders this a productive exercise in gaining efficiencies. <p>Mr. Mapp stated that Ms. Ozden will be back to continue reporting on monitoring activities.</p> <p>Member Perez thanked Ms. Ozden for her presentation. She stated that she appreciates the diagrams, because it’s helps visualize her work.</p> <p>Todd Gower, <i>Consultant, Compliance Internal Audit</i>, gave the following presentation about L.A. Care’s Internal Audit Plan (<i>A copy of the presentation can be obtained from Board Services.</i>).</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Executive Summary</p> <ul style="list-style-type: none"> The FY21 Internal Audit Plan consists of 3 main projects, 2 contingent projects, in addition to annual activities such as testing 3 closed Corrective Action Plans, Annual Risk Management Assessment and Annual IA Planning. The FY21 Internal Audit Plan has been developed with consideration of alternate coverage provided by other assurance functions, such as Information Security, Regulatory, Ethics and Compliance Organization. Projects can be delivered internally and may need Subject Matter Resources. <p>Internal Audit Planning Process</p> <ul style="list-style-type: none"> LA Care’s Internal Audit Plan is driven by the information gathered through the Compliance and IT Security. Recognizing the importance of being fully operational and effective the projects which make up the Internal Audit Plan were identified and prioritized based on a number of key inputs. <p>Mr. Mapp stated that there was a decision made to remove two of the items from the approval of the audit plan. Compliance removed two of the activities for approval. Compliance decided to remove Financial activities and other audit review activities by other consultants that are not needed. The final plan will have the ten initiatives under Information Technology, Regulatory and Compliance, Correction Action Plan follow up and others. He asked Ms. Haydel how he can move that forward. Ms. Haydel responded that it can be submitted “As Amended” and the revised version can be place on the consent agenda for the next Board meeting.</p> <p><u>Motion COM 100.0621</u> To approve the 2021 Internal Audit Services Work Plan, as amended.</p> <p>The Committee voted to place the motion on the consent agenda for the next Board meeting.</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)</p> <p>Approved unanimously by roll call. 4 AYES</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		(Ballesteros, Booth, Perez, Vaccaro)
APPROVE REVISED LEGAL SERVICES POLICY LS-005	<p>Augustavia J. Haydel, <i>General Counsel</i>, introduced Nadia Grochowski, <i>Associate Counsel III Senior Director Health Care Legal Services, Health Care Legal Services</i>, to discuss Revised Legal Services Policy LS-005 <i>(A copy of the document can be obtained from Board Services.)</i></p> <p>Ms. Grochowski noted that she has been with L.A. Care since 2012 and stated that she appreciates the opportunity to speak to the Committee. Legal Services is bringing Legal Services Policy LS-005, Fair Hearing for Competency Decision to the Committee because whenever a policy change is made, it is brought back to the Board as a matter of course. Legal Services has made a change to the responsibilities of the Board. The Policy is one of a pair of policies that's triggered when the plan takes a negative action against a provider. Policy LS-005 applies when a provider terminated for quality reasons and therefore is entitled to the process of and protections that is enumerated in the Business and protections code (Section 809). The other policy that deals with administrative termination for business reasons is Policy LS-011, which will be brought to the Committee in the next few months. The new policy that was created a number of years ago to enable L.A. Care to provide statutorily compliant hearing process for these providers. Terminating a provider for quality reasons is very serious and requires reporting to various agencies like the Medical Board and the National Practitioner Data Bank. The process is very complicated and expensive. L.A. Care's in house Counsel as well as outside Counsels reviews the policy. She noted that Chairperson Booth has reviewed the policy and made substantial suggestions which have been implemented. The main issue with revising the policy was cleaning minor inconsistencies and streamlining the process while maintaining and further explaining the requirements that are set out in the business professions code and other statutory protections that needed to be present. The main reason it is being brought to the Committee is because there have been several internal discussions with Dr. Siedman, Mr. Mapp and others and it was determined to change the entity to which the arbitrator will make the final decision. The way the policy was written previously was the arbitrator will report the decision to the Compliance & Quality Committee. After meeting with outside counsel, it was determined that that is not a normal part of the process. L.A. Care decided to change the reporting entity and L.A. Care from Compliance & Quality Committee to its Internal Sanctions Committee. That was the primary revision. She pointed out that this change does not negatively impact providers hearing rights or the way in which the hearing rights are provided. It simply removes the Compliance & Quality Committee from the process. Providers can still make comments to the Board via public comments. If the Board wishes to become involved in a particular provider matter they can do so and direct staff to review or revisit the matter.</p>	

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	<p>Chairperson Booth noted that it begins on page 83 of the packet. She asked if Committee had questions. She noted that what is being asked is pretty reasonable.</p> <p><u>Motion COM 101.0621</u> To approve Legal Services Policy LS-005 (Fair Hearing for Competency Decision), as submitted.</p> <p>The Committee voted to place the motion on the consent agenda for the next Board meeting.</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)</p> <p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)</p>
<p>ADJOURN TO CLOSED SESSION</p>	<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 4:03 p.m.</p> <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>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PEER REVIEW Welfare & Institutions Code Section 14087.38(o)	
RECONVENE IN OPEN SESSION	The committee reconvened in open session at 4:17 p.m. There was no report from closed session.	
ADJOURNMENT	Member Perez asked why all advisory committees are not connected to one another. She would like to see if there could be a connection between them. She noted that it is more of a suggestion. The meeting was adjourned at 4:30 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: _____

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APPROVED BY:

DocuSigned by:
Stephanie Booth, M.D.
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Stephanie Booth, MD, *Chairperson*

Date Signed: 8/24/2021 | 12:56 PM PDT