



AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, September 21, 2023, 2:00 P.M.

L.A. Care Health Plan, 10th Floor, CR 1017,1018, 1055 W. 7th Street, Los Angeles, CA 90017

Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=m82b4b9000fe5487c97b355dd8fcfc52e>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting number: 2483 965 3767 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., September 21, 2023, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME

Stephanie Booth, MD, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve August 17, 2023 Meeting Minutes P.4 *Chair*
4. Chairperson's Report *Chair*
 - Education Topics
5. Chief Compliance Officer Report P.14 *Thomas Mapp
Chief Compliance Officer*
 - Prevention, Detection, and Correction P.16
 - Operational Readiness P.23
 - Report on Plans for Notice of Non-Compliance/CAP Management Update P.30
6. Chief Medical Officer Report *Sameer Amin, MD
Chief Medical Officer*
7. Access & Availability P.32 *Priscilla Lopez
Manager, Quality Improvement Accreditation,
Quality Improvement*
8. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

9. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
10. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Five potential cases
11. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
 - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
 - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on October 19, 2023 at 2:00 p.m.

Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org. **AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT** the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

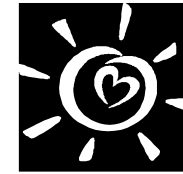
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Summary – August 17, 2023

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
G. Michael Roybal, MD *

* Absent ** Via Teleconference

Senior Management

Augustavia J. Haydel, *General Counsel*
Thomas Mapp, *Chief Compliance Officer*
Terry Brown, *Chief of Human Resources*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*
Felix Aguilar-Henriquez, MD, *Medical Director, Quality, Health Services*
Mike Sobetzko, *Senior Director, Risk Management and Operations Support*
Miguel Varela Miranda, *Senior Director, Regulatory Compliance*
Magdalena Marchese, *Senior Director, Audit Services*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:06 p.m.</p> <p>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.</p>	
APPROVAL OF MEETING AGENDA	<p>The Meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Perez)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The June 15, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topic 	<p>Chairperson Booth gave the following report:</p> <p>Member Booth encouraged committee members to share ideas for further learning. Member Booth highlighted the historical context of the separation of powers in government, emphasizing the principles of checks and balances. Member Booth drew attention to a shift away from this separation of powers, especially in the healthcare field, where certain entities possess the authority to both create rules and enforce them, raising concerns about fairness. Member Booth's report encompassed a range of topics, from educational needs within the committee to broader concerns about the consolidation of powers and the challenges of a multi-faceted role in the healthcare system.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report: <i>(a copy of the full written report can be obtained from Board Services)</i>.</p> <p>Mr. Mapp introduced Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance, Compliance</i>, and Magdalena Marchese, <i>Senior Director, Audit Services, Compliance</i>, to the committee.</p> <p>Mr. Sobetzko gave a an Issues inventory Update and Risk Management Update. Mr. Sobetzko stated that there were four new issues added to the inventory, and are currently in the vetting process to confirm the validity. There were two ongoing open items, along with two previous issues that had been closed but were still being monitored. The new issues primarily revolved around the transition of work related to the member reimbursement process from the field agreements unit to the provider dispute resolution unit. This transition raised questions about workflows and data automation, which were being investigated to ensure a smooth transition. Another issue concerned the electronic data interchange file, specifically what provider data needed to be submitted via this file. Conversations with plan partners were ongoing to resolve this matter. Another issue pertained to network data validation timeliness, aligning with regulations like the No Surprises Act and senate bill requirements. It was likely that meeting all validation timeliness thresholds might be challenging. Mr. Sobetzko also introduced a tracking item regarding physician-administered drug payments, emphasizing its importance and the need to ensure correct compensation, particularly for providers like Planned Parenthood. Lastly, there was an open issue regarding notice of non-compliance for call center timeliness, stemming from a CMS timeliness study conducted in Q1 2023. The study revealed a disconnection rate slightly above the 5% target, leading to an ongoing effort to address the non-compliance and improve preparedness for future open enrollment periods.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Risk Management Update</p> <p>Mr. Sobetzko first discussed an assessment of ongoing work related to various monitoring reports. The target date for completion and moving into production by July 27 is currently under reassessment, with plans to potentially align it with the next system update. The timeline remains "to be determined," and efforts are underway to evaluate the updates as part of a validation project within the next two months., Mr. Sobetzko mentioned that progress had been made regarding the Compliance Program Effectiveness since the issue was opened. Several corrective actions had been taken to address observations from the compliance program audit conducted in late 2021. While some observations had been resolved, there were a few issues to be addressed. The plan is to close them out in 2023 and initiate a new compliance program effectiveness audit, likely with the same consultant. In the Provider Quality area, there was a focus on addressing the issue of untimely processing. Substantial work had been carried out to resolve this issue, including changes to the organization chart, monthly monitoring of aging reports, and efforts to understand and reconcile missing cases. An issue related to insufficient automation causing manual email typing for case transitions had also been identified and addressed with reporting and monitoring. While automation prospects from the system were limited, further updates on the situation would be provided at a later date.</p> <p>Dr. Amin addressed two key points from Mr. Sobetzko's report. Firstly, he clarified that the backlog issues identified earlier had been addressed, and the team had taken measures to ensure such backlogs would not recur. Secondly, he provided an update on the email issue, stating that the team was actively seeking a platform that would facilitate improved synchronization and operational efficiency for both the team and the internet platform. Dr. Amin indicated that the late stages of the RFP (Request for Proposal) process were underway, with the expectation of implementing a new system by or in 2024.</p> <p>Mr. Sobetzko described the risk item related to staffing and talent assessment. He noted that a substantive change had been implemented in staffing processes, which had improved the situation significantly. He mentioned that the risk item was closely tied to an internal audit focusing on the timeliness of hiring processes, and the final staffing and talent assessment report from internal audit had been drafted and was currently under review.</p> <p>Todd Gower, <i>Consultant</i>, gave an Internal Audit Update. Mr. Gower provided an overview of the audit plan for 2023, which extends into the fiscal year and calendar year. He discussed the audits currently underway and highlighted that several audits were initiated and follow-up audits from the previous year were being reviewed for completeness of corrective actions. Mr. Gower also shared a slide illustrating the audit schedule, emphasizing efforts to align the scheduling and accommodate potential adjustments. He mentioned that a couple of audits were on hold due to specific circumstances.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Ballesteros asked for clarification about the Internal Audit process. He asked if the audit looks at the reviews Compliance makes or looking at the work itself. Mr. Mapp responded that it looks at the work as whole.</p> <p>Chrstitine Chueh, <i>Senior Manager, Provider Quality, Quality Improvement</i>, and Rhonda Reyes, <i>Quality Improvement Program Manager III, Quality Improvement</i> gave an update on the Provider Quality Review (PQR) Risk Assessment (<i>the written report can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • Backlog Updates Risk: Low The second backlog of 503 cases that was delivered to the PQR team, as a result of PQI being routed incorrectly from grievances PCT system, is 87% complete, with 65 cases remaining open. A single 30 day extension will be granted to complete these cases which will then become due in September, 2023. The assigned nurses are on target to close them by the September due date. • Open Aging continues to increase due to our monthly intake volume exceeding our monthly team capacity Risk: Moderate <ul style="list-style-type: none"> ○ Weekly aging reports are prepared by assigned RN and forwarded to PQR leadership team to address any concerns, provide assistance or reassign cases if needed. ○ A single 30 day extension may be granted for cases approaching due date. ○ New positions approved in June are mostly starting in August 2023. The orientation period is estimated for at least 2 weeks for internal transfers and up to 4 weeks for staff hired from outside of L.A. Care Health Plan. • Increasing PQI referrals continue month over month Risk: High <ul style="list-style-type: none"> ○ In June 2023, the team received 815 PQI referrals (see slide #3), ~200% increase compare to same year last year. ○ A noticeable increase in inappropriate referrals from A&G has been observed (see slide #4). Examples were shared with A&G leadership in an effort to mitigate findings and provide teaching opportunities. ○ Additional staffing request has been submitted to HR for RRB review August 2023. ○ The PQR and A&G leadership plan to meet at least bi-weekly to review mitigation progress and explore additional opportunities to manage the PQI volume. <p>Summary</p> <ul style="list-style-type: none"> • PQR leadership continues to leverage help from HRBP to expedite the recruiting process and fill approved positions as soon as possible. • If an effort to reduce inappropriate PQI referrals (triage 0), PQR continues to provide feed back to grievances for additional staff training on what constitutes a PQI. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Continue to think outside the box to mitigate risk while staffing up: <ul style="list-style-type: none"> ○ Reduced meeting times ○ Postponement of selected meetings and internal oversight review of grievances and CSC cases until October, 2023 ○ Paired up Specialists to work with Triage RNs to identify inappropriate referrals early in the process ○ PQR leadership assistance with the identification of PQI referrals deemed inappropriate not requiring clinical review ○ “All hands on deck” to encourage staff working extra cases as possible 	
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Amin presented the August 2023 Chief Medical Officer Report <i>(the written report can be obtained by contacting Board Services.)</i></p> <p>Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action). UM has made extraordinary progress in this area!</p> <ul style="list-style-type: none"> • Compliance Scorecard measures – Q2 2023 most recent available <ul style="list-style-type: none"> ○ Overall performance for all Lines of Business <ul style="list-style-type: none"> - 38/46 measures > 95% - 43/46 measures > 90% - Three measures between 85-89% are for member notification timeliness. Corrective actions in flight include: • Reducing delays due to foreign language translations with a solution between SyntraNet and translation vendor to automate multiple steps in the process. UpHealth is reviewing requirements. • In April we established a dedicated letter team with subject matter expertise and focus on letter timeliness. • In August we will start additional pick-ups and mailing by our fulfillment vendor. The three times per day schedule should help reduce untimely notices. • Letter automation went into production 7/28. With approval letters automated, the letter team will be able to more quickly process the lower volume of adverse determination notices. <ul style="list-style-type: none"> ○ Direct Network only (Medi-Cal subset) <ul style="list-style-type: none"> - 15/20 measures > 95% - 17/20 measures > 90% - 3 measures between 75%-80%, all member notifications - Corrective actions same as above (Direct Network is a subset) 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly undertakings. <p>UM Team Development Since January 1, 2023, 42 new FTEs have been hired</p> <ul style="list-style-type: none"> • Nearly all Leadership positions are filled • Physicians <ul style="list-style-type: none"> ○ In May the RRB approved five additional positions to address volume of work as well as to address numerous clinical gaps identified during the DHCS audit. A new Medical Director started July 31 and recruitment continues for the remaining positions. ○ Our Medical Director with pediatric and CCS expertise returned from maternity leave in July and will provide subject matter expertise in development of pediatric-focused efforts. ○ Recruitment is ongoing for the Senior Medical Director position • The Quality team now has seven auditors (five clinical, two nonclinical), two clinical trainers, a policy nurse and is recruiting for two nonclinical trainers and a program manager. • The ER/Admit team phone queue went live in mid-May, but has three openings which are difficult to fill, especially evening and night shifts. This has also been a tough team to keep staffed as the calls can be challenging. Maintaining management coverage for nights and weekends has also been difficult and may require creative thinking to solve. • The Discharge planning team has been slow to staff but will have 5/6 positions filled by August. Because this team will handle both inpatient and outpatient requests, the training is extensive. Our goal is for a soft-opening in the Fall with limited hours that will expand to 7-day a week coverage as additional staff complete training. • The PDR team that handles the clinical portion of claim disputes is fully staffed. They will soon take over adjacent work to provide documents and analysis in support of claims disputed via litigation, previously worked by UM Quality team. • A UM-focused data analyst came on in June and is already helping to assess productivity, projecting staff capacity and will soon start on enhancing metrics and developing over/under utilization assessments. <p>DHCS Audit Focus Areas</p> <ul style="list-style-type: none"> • Coordination between UM and Grievance & Appeals <ul style="list-style-type: none"> ○ The two teams along with the Quality Medical Director have been having at least monthly collaboration meetings since March of this year. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ A new process was developed for Medical Directors to review grievances that appear to have quality of care concerns ASAP after receipt; Medical Director training to be scheduled. ○ The Medical Directors will be receiving training in the PCT system so that their appeals work will be submitted directly to the A&G team where other appeals documentation is housed. ○ A new Medical Director starts July 31 and will increase physician capacity to support A&G functions. ○ A framework for metrics and reported was developed to track denials rates, appeal rates, uphold/overturn rates and break down by entity (e.g. LAC, PPG). The business case is under review with the IT reporting team. ○ The Appeals nurses will be training on MCG with the UM team and will participate in the annual Inter-rater Reliability exercise this Fall. ● Developing and implementing audit tools and protocols. Tools have been developed for all functional areas (inpatient, outpatient, nonclinical) On the clinical side, the emphasis is on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions ● Letters for Continuity of Care are being configured with expected deployment of Mid-August. ● With the hiring of UM data analyst, work will resume in the following areas <ul style="list-style-type: none"> ○ Unused authorizations ○ Auth tracking, trending ○ Enhanced reporting to Utilization Management Committee ○ Expansion of over/underutilization ● Under/overutilization <ul style="list-style-type: none"> ○ We have been actively working to monitor and address overutilization of hospice. This has been an ongoing effort among our clinical analytics department in collaboration with the SIU, PNM and Legal. The bulk of the work has focused on claims data and we recently expanded to include prior authorizations. Medical Directors and prior auth nurses have received several trainings to identify suspicious hospice referrals and to redirect OON requests to contracted agencies. A cross-functional team meets weekly to review results of data analysis and determine next steps. The efforts of this group have already resulted in a number of recovery letters delivered to hospice agencies for repayment of fees inappropriately billed. ○ In April, we asked to discuss our concerns with DHCS and had a meeting in mid-June. Given that our findings matched those found by a 2022 State Auditor report, we used those for context. We presented L.A. Care data from 2022 and explained that our preliminary analysis for 2023 suggests continued trends in the wrong direction. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
HEDIS RESULTS	<p>Thomas Mendez, <i>Director, Quality Performance Informatics, Quality Performance Management</i>, presented information about L.A. Care’s HEDIS Results (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Mendez presented a report on L.A. Care's Healthcare Effectiveness Data and Information Set (HEDIS) results for the year 2022. He explained that this report summarized the final HEDIS results for the California Department of Health Care Services (DHCS), Medicare Managed Care and Cal MediConnect, which transitioned to CalAIM for measurement year 2022. He highlighted L.A. Care's efforts to improve HEDIS performance, address challenges, and enhance data analysis and reporting. Mr. Mendez highlighted several key findings, noting improvements in various rates compared to the previous year, although performance was still below pre-pandemic levels. He also mentioned an increase in the usage of telehealth visits, which presented challenges in capturing certain services comprehensively. The report covered both administrative and hybrid measures, highlighting significant declines in areas such as cervical cancer screening, childhood immunizations, and weight assessment and counseling for nutrition. Mr. Mendez emphasized the need to explore self-referral options for certain screenings to address these issues. The presentation included highlights of goals met, including improvements in several measures such as blood pressure control for diabetics and childhood immunization status. However, he acknowledged that performance was still below the baseline of measurement year 2019. Mr. Mendez discussed areas of low performance and recurring issues, including measures that did not meet the minimum performance threshold. He noted improvements in some measures that had not met the threshold in the previous year. The presentation also covered root cause analysis, actions taken to support data analysis, and provider outreach and education on HEDIS requirements. Mr. Mendez outlined various data and reporting enhancements, such as developing dashboards and prospective provider opportunity reports. Additionally, he mentioned plans to evaluate point-of-care tools to assist providers more effectively.</p>	
MEDI-CAL MANAGED CARE ACCOUNTABILITY SET (MCAS)	<p>Betty Santana, <i>Senior Manager, Quality Improvement Initiatives, Quality Improvement</i>, gave a presentation on L.A. Care’s Medi-Cal Managed Care Accountability Set (MCAS) (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Ms. Santana provided an informative report on L.A. Care's MCAS measures. She began by explaining that MCAS comprises core measures that come from CMS and HEDIS to assess performance. Last year, there were 39 measures, and this number continues to grow incrementally each year. In the previous year, six out of the 15 measures did not meet the minimum performance level. Ms. Santana delved into the reasons behind these declines, citing the lingering effects of the pandemic on children's health measures, issues with late immunizations, and data gaps. She acknowledged challenges in measures related to cervical cancer screening and follow-up after mental illness. Despite these challenges, there were positive outcomes, with many children's measures showing improvement, and 9</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>measures meeting the minimum performance threshold. Additionally, two out of three measures that previously fell short displayed significant improvements. Ms. Santana highlighted ongoing investigations into data gaps and challenges, emphasizing a commitment to member outreach, provider engagement, and intervention design to boost performance in these measures. Addressing access to care remained a priority, with plans to expand mobile and at-home services. Ms. Santana outlined the strategies aimed at enhancing performance in MCAS measures. These strategies involve collaboration with members and providers, an increased focus on data accuracy, and initiatives to improve access to care.</p> <p>Dr. Amin mentioned that there are ongoing efforts to ensure the reliability of the quality metrics used. He expressed the complexity of the data flow involved in quality metrics, highlighting that data moves through multiple channels from providers to vendors to the state and back to their organization. One aspect of their focus is conducting a forensic analysis of their measures to ensure that data is consistently transferred without any gaps. Dr. Amin also raised the issue of encouraging on-ground providers to effectively utilize the opportunity reports provided to them. These reports cover various aspects such as risk adjustment, quality, and UM processing. He emphasized the importance of integrating these reports into the workflow of providers and simplifying the process to make it as convenient as possible for them. Dr. Amin acknowledged that adapting providers to meet evolving standards and requirements could be challenging but assured that foundational processes were being improved to address these issues effectively.</p> <p>Member Ballesteros raised concerns about the challenges faced by FQHCs (Federally Qualified Health Centers) and their role in the safety net. He mentioned turnover issues within these centers, particularly noting a significant turnover among medical assistants in recent years. Member Ballesteros emphasized that these medical assistants often play a crucial role in identifying and flagging various issues within the healthcare system. Additionally, he touched upon the broader issue of provider shortages in the community healthcare sector.</p> <p>Dr. Amin responded to Member Ballesteros by acknowledging the challenges associated with turnover and provider shortages, particularly in FQHCs. He emphasized the need for practical solutions to address these issues. He explained that the sheer volume of opportunity reports provided to healthcare providers can be overwhelming, making it unrealistic to expect medical assistants to manage them effectively. Instead, he proposed prioritizing and consolidating these reports to make them more manageable for medical assistants. He highlighted the importance of integrating these reports into the provider's workflow to streamline the process. He emphasized that expecting medical assistants to manually collate and organize reports for every patient is impractical, given their busy schedules. Dr. Amin stressed the need to support healthcare providers in a more efficient and effective manner to</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	ensure that quality measures and appropriate coding are not overlooked. He mentioned that these discussions are ongoing within the organization, and he expressed optimism about the team's response to these challenges at L.A. Care.	
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Two potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	The meeting was adjourned at 4:37 p.m.	

Respectfully submitted by:

APPROVED BY:

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

Stephanie Booth, MD, *Chairperson*
Date Signed: _____

Compliance & Quality Committee

Open Session



L.A. Care
HEALTH PLAN®

For All of L.A.



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
— SINCE 1997 —

September 21, 2023

Chief Compliance Officer Overview

Presenter(s): Thomas Mapp

- Prevention, Detection and Correction-Closing the loop on Compliance Issues- Michael Sobetzko
- Operational Readiness- Miguel Varela
- Report on Plans for Notice of Non Compliance/CAP Management Update- Richard Rice

Prevention , Detection & Correction Closing the loop on Compliance Issues



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Michael Sobetzko

Seven Core Compliance Program Requirements

The foundation of effective compliance programs

- 1) Written Policies, Procedures, and Standards of Conduct** - These articulate L.A. Care's commitment to comply with all applicable federal and state standards and describe compliance expectations according to the Code of Conduct.
- 2) Compliance Officer, Compliance Committee, and High-Level Oversight** – L.A. Care must designate a compliance officer and a compliance committee accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program. L.A. Care's senior management and governing body must be engaged and exercise reasonable oversight of the compliance program.
- 3) Effective Training and Education** - This covers the elements of the compliance plan as well as preventing, detecting, and reporting FWA.
- 4) Effective Lines of Communication** - Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good faith compliance issues reporting at L.A. Care and with our delegates and vendors.
- 5) Well-Publicized Disciplinary Standards** – L.A. Care must enforce standards through well-publicized disciplinary guidelines.
- 6) Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks** - Conduct routine monitoring and auditing of L.A. Care's and our delegates and vendors operations to evaluate compliance with requirements as well as the overall effectiveness of the compliance program.
- 7) Procedures and System for Prompt Response to Compliance Issues** - L.A. Care must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

Prevention, Detection and Correction

Applying the 7 core requirements to the Compliance “Lifecycle”

Issues and risks are part of our dynamic business environment

- The seven core requirements of a Compliance program offers a guide to building the program itself and align to form the fundamentals of prevention, detection and correction.
- The work of the Compliance department and the overall Compliance program is to prevent, detect and correct issues and risks, and to improve the plans compliance.
- These elements create a closed loop approach to managing compliance.

The Compliance Officer and Compliance Committee drive every aspect of prevention, detection and correction. Through guidance and oversight they steer actions and align the organization.

Prevention, Detection and Correction

Prevention

Written Policies, Procedures, and Standards of Conduct – Annual review of all policies; Creation of policies and procedures to align with changing business requirements; Publication of policies and procedures to employees; Distribution of applicable policies to delegates.

Effective Training and Education – New hire and annual training of core compliance material; Provider training; Review of outgoing materials.

Effective Lines of Communication – Communication of issues and risk through appropriate committees; Communication of new requirements; Clarification of requirements; Compliance hotline and ethics hotline.

Well Publicized Disciplinary Standards - Access to policies and guidelines; Internal investigations; Conflict of interest process.

Prevention, Detection and Correction

Detection

Effective system for routine monitoring, auditing, and identifying compliance risks

- Operational controls; reporting and oversight by functional leadership.
- Compliance monitoring of controls; performance and past noncompliance.
- Issues inventory – Capture, analyze and track.
- Fraud, Waste and Abuse – Special Investigation Unit
- Delegation Oversight/Audit – Performance monitoring; contractual compliance; delegate audit.
- Internal Audit – Annual audit plan; validation audits; targeted focus areas.
- Risk assessment – Assess broad organizational risk based on all risk related information from the organization: risk surveys and key leader interviews, past findings, operational metrics, issues inventory

Prevention, Detection and Correction

Correction

Procedures and Systems for Prompt Response to Compliance Issues

- Regulatory Audit – Remediation of issues, root cause analysis, corrective action plans and monitoring.
- Issues Inventory – Root cause analysis; corrective action plans (CAPs); verification of CAP execution and validation of outcomes.
- Risk assessment - Corrective actions assigned to risk owners. Validation and reassessment of risk level.
- Internal Audit – Corrective action plans.
- Program Audit – Compliance program effectiveness
- Tracking of CAPs; escalation processes; clear roles and responsibilities.

What are the 3 Lines of Defense

First Line: Risk and Lines of Business owners (i.e. Quality, UM, Finance, Claims)

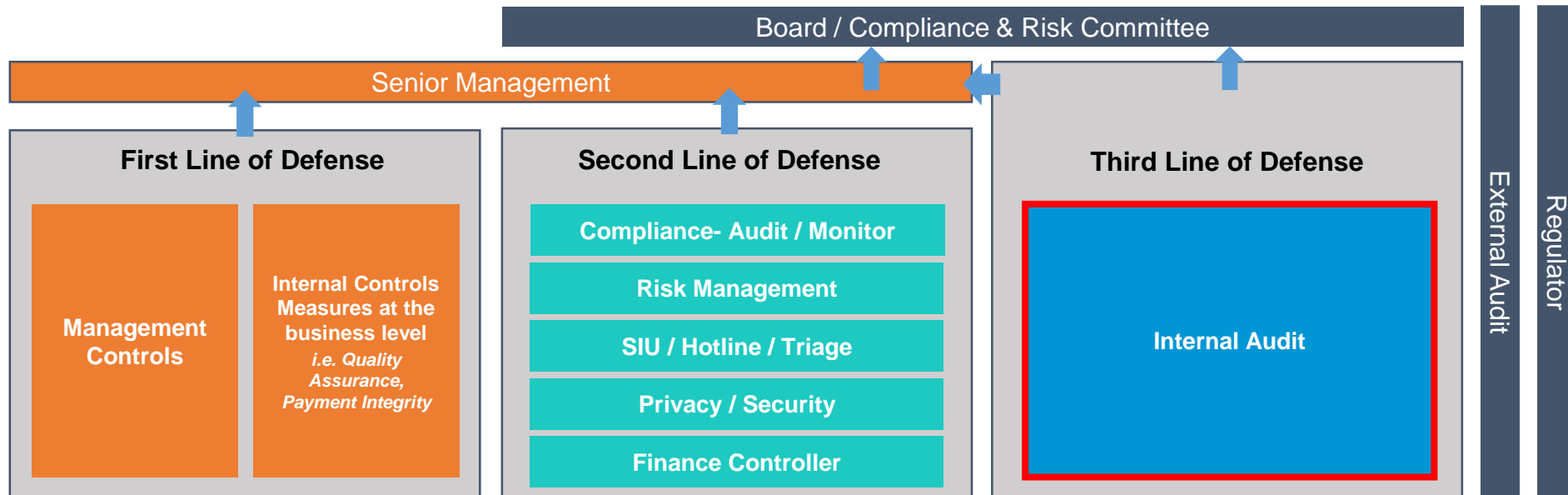
- The first line of defense (1LOD) is provided by front line staff and operational management. The systems, internal controls, control environment and culture developed and implemented by these business units is crucial in anticipating and managing operational and non-financial risks.

Second Line: Risk and Compliance Oversight

- The second line of defense (2LOD) is provided by the risk management and compliance functions. These functions provide the oversight and the tools, systems and advice necessary to support the first line in identifying, managing and monitoring risks. Issuing corrective actions and monitoring progress.

Third Line: Risk assurance (Internal and External Audit/Regulators)

- The third line of defense (3LOD) is provided by the internal audit function. This function provides a level of independent assurance that the risk management and internal control framework is working as designed.



Operational Readiness



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Miguel Varela & Marie Grijalva

2024 DHCS Operational Readiness Updates

Presenter: Marie Mercado Grijalva

- **On 9/1/2023, DHCS approved L.A. Care to go live on 1/1/2024.**
 - The go-live decisions are based upon DHCS' assessment of key deliverables, including network adequacy, delegation oversight, continuity of care, and certain California Advancing and Innovating Medi-Cal (CalAIM) components.
 - L.A. Care will still be conducting implementation oversight activities for both internal business units and Plan Partners.
- DHCS released a new draft of the 2024 contract to plans on 7/7/2023.
 - This updated boilerplate has been revised with applicable contract requirements executed in amendments for calendar years 2021, 2022, and 2023, which the MCPs have seen through already executed contract amendments.
 - DHCS may make additional updates based on feedback from the MCPs, as well as based on any final feedback that comes from the final Executive review cycle.
- L.A. Care is also collaborating with other Medi-Cal managed care plans to identify and ensure any necessary filings with the Department of Managed Health Care (DMHC) that may be needed as a result of the 2024 DHCS Contract.

2024 DHCS Operational Readiness Updates

- L.A. Care has submitted a total of 213 artifacts.
 - All deliverables submitted prior to April 2023 have been approved.

Current Status	Total To-Date
Additional Information Request (AIR)	4
Approved	194
DHCS – Review in Progress	15
Grand Total	213

as of 8/30/2023

2024 DHCS Operational Readiness Updates

Future Dates & Deliverables*:

Due Date	# of Deliverables
9/1/2023*	1
9/28/2023	3
10/1/2023*	1
12/29/2023	10
TBD	20
Total Remaining	35

**Please note deliverables for 9/1/2023 and 10/1/2023 will be submitted to DHCS as well as DMHC via Contract Manager*

D-SNP Pre-Annual Enrollment Period

D-SNP Pre-Annual Enrollment Period (AEP) Call

Presenter: Miguel Varela

- AEP Overview:
 - Annual call with CMS to discuss any significant changes in the organization in the following areas for Plan Year 2024:
 - Operational
 - Leadership
 - Membership
 - Benefits
 - Structural Design
- Met with CMS representatives on Wednesday, September 13th.
 - Preparation call with CMS prior to the opening of the marketing season (October 1, 2023)

D-SNP Pre-Annual Enrollment Period (AEP) Call

- **Enrollment Projections:**

- Steady Net Growth at +6% for Membership and Enrollments
- Projected Increase in Involuntary Disenrollment due to Redetermination
- Projected decrease in Voluntary Disenrollment due to being past the CMC to DSNP transition period

- **Pharmacy:**

- No change in PBM for CY2024
- L.A. Care's PBM will continue to be Navitus Health Solutions.

- **System Changes:**

- No foundational changes to overall application or systems infrastructure.
- IT will be configuring any new regulatory requirements for Benefit Year 2024 into the existing systems/processes.

- **Staffing:**

- Primary Product and functional teams are currently adequately staffed.
- Maintain relationships with temporary staffing agencies to rapidly increase staff for temporary increases in operational needs



Report on Plans for Notice of Compliance / CAP Management Update



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Richard Rice Jr.

Notices of Noncompliance/CAP Management

- Enterprise Performance Optimization Department will add the tracking of any CAPs issued to delegates by LA Care Business Units to our current process of tracking Notices of Non-Compliance issued by LA Care.
- This will allow the Compliance Department to have line of sight of any issues that potentially need to be escalated to Sanctions Committee.
- These trackers will be presented both to ICC and C&Q.
- EPO will follow up with Business Units on a monthly basis to ensure CAPS have been closed or on track for closure.
- Future State:
 - EPO is working to re-establish Delegation Oversight Committee to review Delegates' performance based on oversight conducted by LA Care's Business Units.



L.A. Care
HEALTH PLAN®

For All of L.A.

Timely Access to Care MY2022 Survey Results to Compliance & Quality Committee (C&Q)



September 21, 2023

Priscilla Lopez

Manager, Quality Improvement Accreditation



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Today we will review:

Access to Care

1. Regulatory Guidelines
 - a) Standards
 - b) Performance Goals
2. Deep Dive
 - a) Performance by PPG/PP/DN and Line of Business
 - i. PCP
 - ii. SCP
 - iii. After Hours
3. Remediation Plans
 - a) Prior and Current Enforcement
 - b) Communication
4. Improvement Plan

Regulatory Guidelines

Regulations, Standards, and Goals

Regulatory Guidelines

DHCS	DMHC	NCQA	CMS
<p>DHCS' External Quality Review Organization (EQRO) conducts an annual Timely Access Survey of all Medi-Cal managed care health plans (MCPs) to ensure compliance with provider availability and wait time standards for urgent and non-urgent appointments among network provider types.</p> <p>Updates to Timely Access requirements are reflected in APLs (All Plan Letters).</p>	<p>The Provider Appointment Availability Survey (PAAS) Methodology was developed by the Department of Managed Health Care, pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The PAAS Methodology, published under the authority granted in Section 1367.03, subd. (f)(3), is a regulation in accordance with Government Code section 11342.600.</p> <p>DMHC also sets the Medi-Cal Timely Access to Care Standards.</p>	<p>Network Management: The organization establishes mechanisms to provide access to appointments for primary care services, behavioral healthcare services and specialty care services.</p> <p>Element A: Access to Primary Care Element B: Access to Behavioral Care Element C: Access to Specialty Care</p> <p>The standards also call for evidence of network adequacy and quantitative and qualitative analysis to identify and act on opportunities for improvement.</p>	<p>Employ written standards for timeliness of access to care and member services that meet or exceed such standards as may be established by CMS, make these standards known to all first tier and downstream providers, continuously monitor its provider networks' compliance with these standards, and take corrective action as necessary. These standards must ensure that the hours of operation of the plan's providers are convenient to, and do not discriminate against, enrollees. The plan must also ensure that, when medically necessary, services are available 24 hours a day, 7 days a week. This includes requiring primary care physicians to have appropriate backup for absences. The standards should consider the enrollee's need and common waiting times for comparable services in the community.</p>

Regulatory Guidelines

Accessibility Standards				
Primary Care Provider (PCP)	DHCS	DMHC	NCQA	CMS
Routine Primary Care Appointment (Non-Urgent)	<10 Business Days	<10 Business Days	N/A	N/A
Urgent Care Appointment	<48 Hours	<48 Hours	<48 Hours	N/A
Specialty Care Provider (SCP)				
Routine Specialty Care Appointment (Non-Urgent) (including Behavioral Health Physician)	<15 Business Days	<15 Business Days	N/A	N/A
Urgent Care Appointment	<96 Hours	<96 Hours	N/A	N/A
Preventive Health Examination (Routine)	N/A	< 10 Business Days (Pediatrics) < 30 Business Days (Adults)	N/A	N/A
First Prenatal Visit	N/A	< 10 business days of request	N/A	N/A
Ancillary Care				
Routine Ancillary Appointment (Non-Urgent)	<15 Business Days	<15 Business Days	N/A	N/A

Cont. Regulatory Guidelines

Accessibility Standards

Behavioral Health Care	DHCS	DMHC	NCQA	CMS
Routine Behavioral Care Appointment (Non-Urgent)	<15 Business Days (Physicians) <10 Business Days (Non-Physicians)	<15 Business Days (Physicians) <10 Business Days (Non-Physicians)	<10 Business Days (Non-Physicians)	<15 Business Days (Physicians) <10 business days of request (Non-Physicians)
Routine Follow-Up Appointment (Non-Urgent) - with a non-physician mental health care or substance use disorder provider	<10 Business Days (Non-Physicians)	<10 Business Days (Non-Physicians)	<10 Business Days (Non-Physicians)	<10 Business Days (Non-Physicians)
Urgent Care Appointment - Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	<96 Hours	<96 Hours	<48 Hours	< 5 Business Days
Non Life Threatening Emergency	N/A	N/A	< 6 Hours of request (Physicians & Non-Physicians)	< 5 Business Days
After-Hours Care Standards				
After Hours Care - Physicians (PCPs or covering physicians) are required by contract to provide 24 hours a day, 7 days per week coverage to members.	N/A	<ul style="list-style-type: none"> Automated systems must provide emergency 911 instructions. Automated system or live party (office or professional exchange service) answering the phone must offer a reasonable process to connect the caller to the PCP or covering practitioner. Offer a call-back from the PCP covering practitioner or triage/screening clinician within 30 minutes. <p>If process does not enable the caller to contact the PCP or covering practitioner directly, the “live” party must have access to a practitioner or triage/screening clinician for both urgent and non-urgent calls.</p>	N/A	N/A

Cont. Regulatory Guidelines

Regulators Accessibility Standards

Practitioner Telephone Responsiveness	DHCS	DMHC	NCQA	CMS
In-Office Waiting Room Time - The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.	N/A	< 30 minutes	N/A	N/A
Missed Appointments - The time after a missed appointment that a patient is contacted to reschedule their appointment.	N/A	< 48 hours	N/A	N/A
High Volume Specialty Care	N/A	N/A	L.A. Care identifies, at a minimum, the top five high volume specialties based on encounter data for a 12-month period of the measurement year. OB/GYNs are always included in the top five high volume specialties.	N/A
High Impact Specialty Care	N/A	N/A	A type of specialist who treats specific conditions that have serious consequences for the member and require significant resources.	N/A

Access to Care: Performance Goals

QI-030 Policy: Assessment of Appropriate Access to Covered Services

PERFORMANCE GOALS:

L.A. Care Performance Goals:

QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: **Goals will always be set to a minimum of 80% compliance rate.**

1.1 The starting point is the rate and sample size from the prior year.

1.2 It is assumed that the sample size is the same for the current year, and the goal rate demonstrates a statistically significant improvement from the prior year.

1.3 Statistical significance is determined using a two-tailed z-test of proportions where the critical alpha is .05.

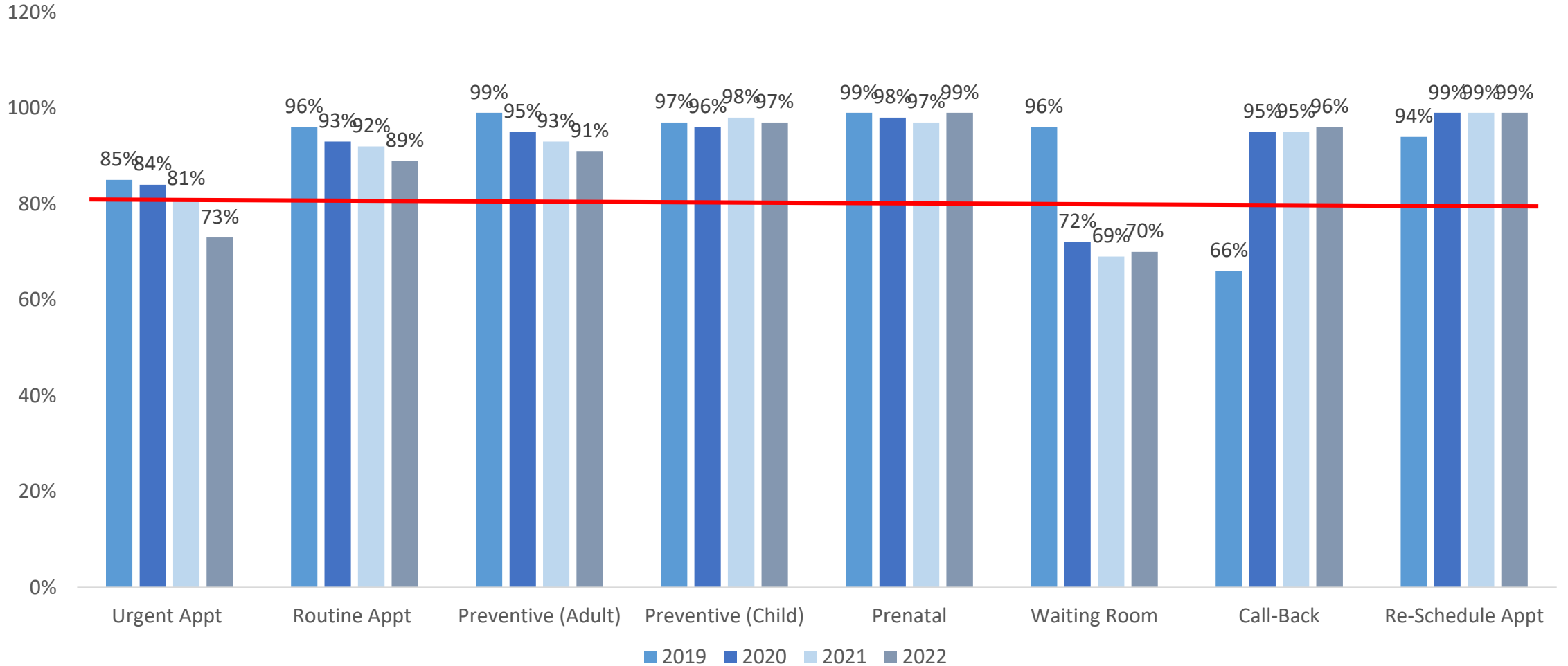
Access to Care: MY 2022 Performance Goals

	MY 2022 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Variance
Primary Care			
Urgent	73%	84%	11%
Routine	89%	94%	5%
Preventive (Adult)	98%	98%	0%
Preventive (Child)	91%	94%	3%
Prenatal	97%	98%	1%
In-Office Waiting	99%	98%	-1%
Call Back	70%	80%	10%
Reschedule	96%	96%	0%
No Show Process	99%	99%	0%
Specialist			
Urgent	56%	80%	24%
Routine	70%	80%	10%
Prenatal	84%	96%	12%
In-Office Waiting	96%	97%	1%
Call Back	51%	80%	29%
Reschedule	92%	91%	-1%
No Show Process	98%	99%	1%
After Hours			
Access	76%	81%	5%
Timeliness	65%	80%	15%

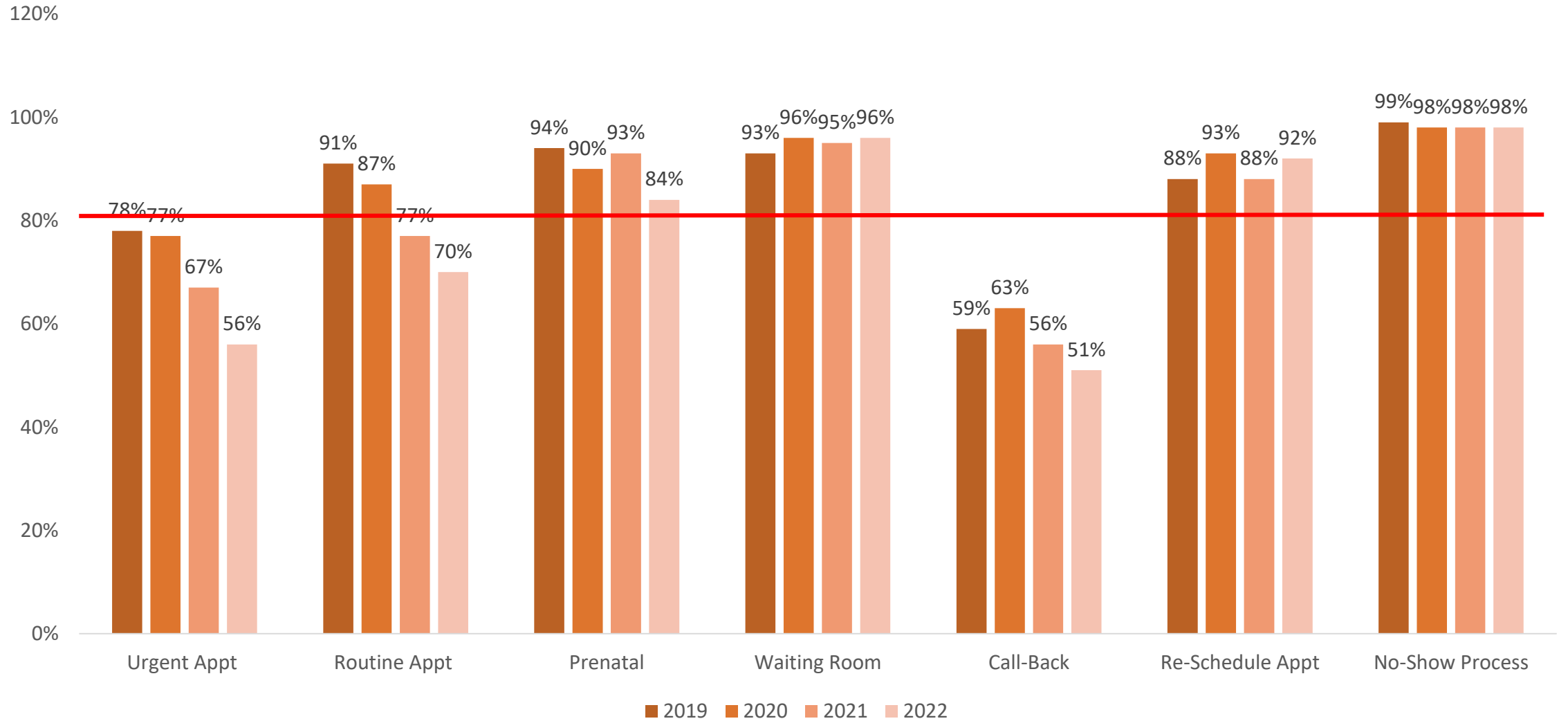
Aggregate Results

Historical Performance MY 2019-2022 by Line of Business

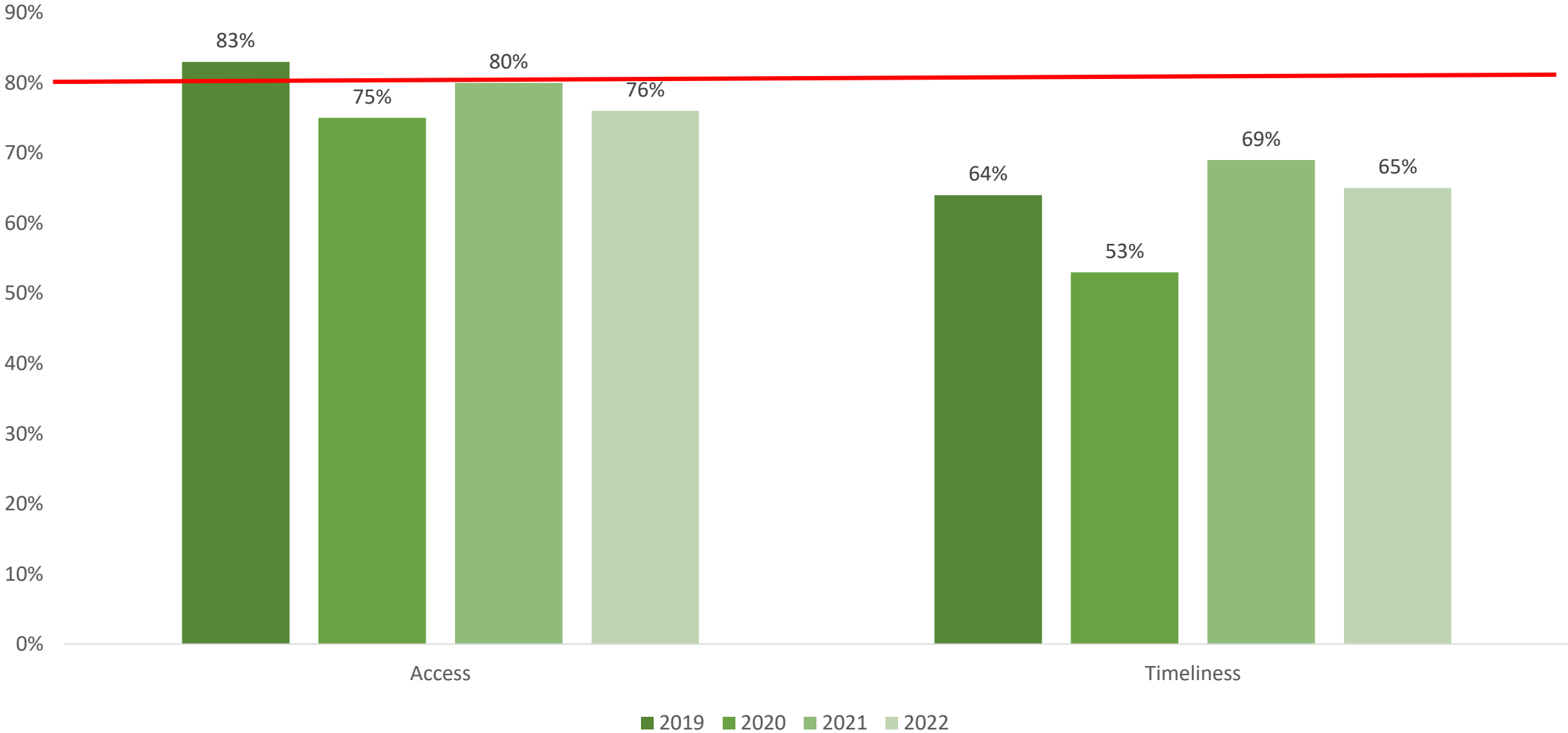
Aggregate (PCP) Compliance Trend Medi-Cal



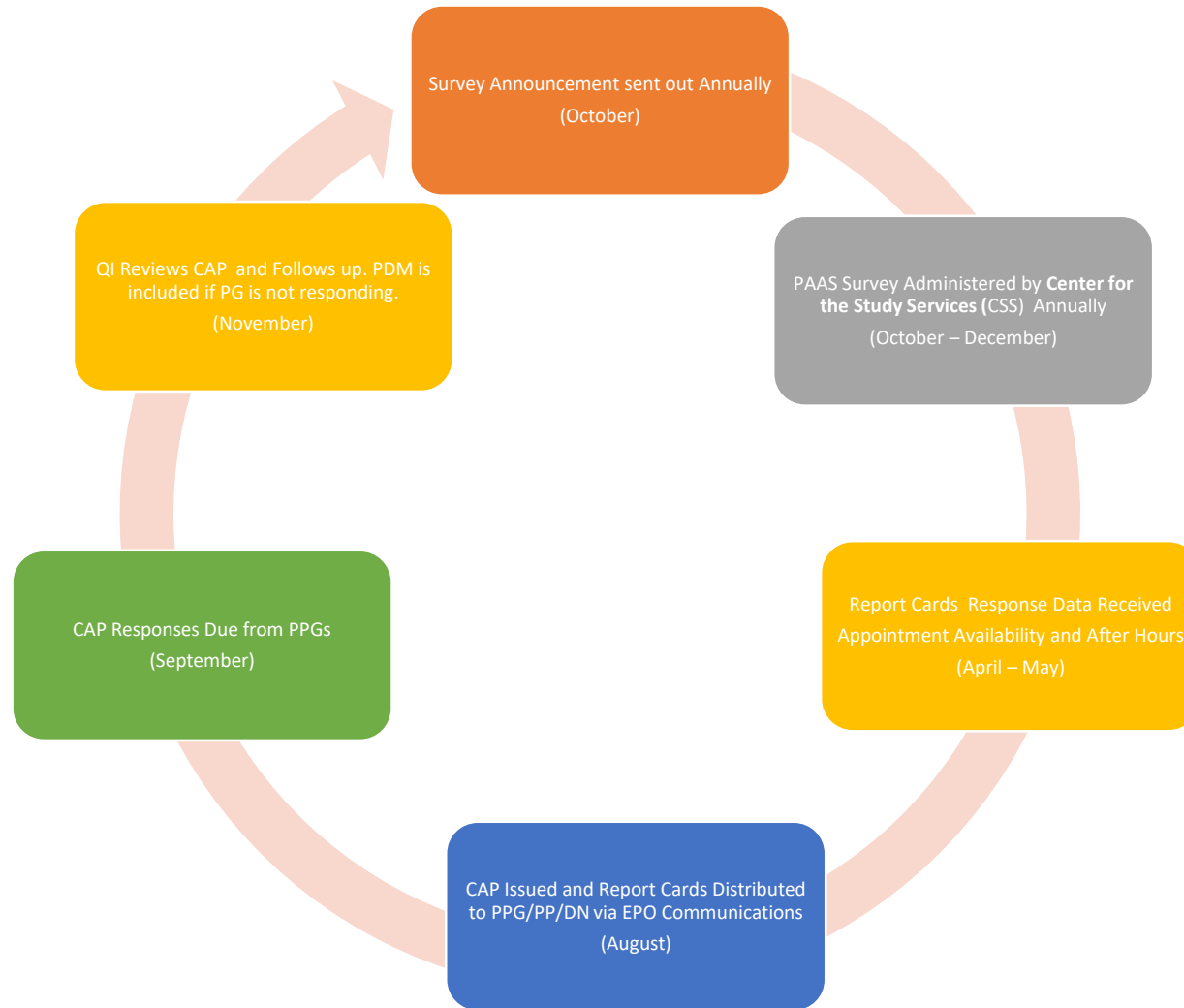
Aggregate (SCP) Compliance Trend Medi-cal



Aggregate (After Hours) Compliance Trend Medi-Cal



Provider Appointment Availability Survey/After Hours Oversight & Monitoring Cycle




Key Findings (Carelon Behavioral Health)

Highlights Goals **Met** and **Not Met** for Appointment Availability:

Non-Physician Mental Health (NPMH)

Appointment Type	Standard	2021	2022	Variance±	L.A. Care Goal	Goal Met
Urgent Appointment	96 Hours	75%	73%	-2%	80%	NO
Routine Appointment	10 Business Days	73%	86%	+13%	80%	YES
Follow Up Routine Visit	10 Business Days	96%	89%	-7%	80%	YES
Waiting Room Time	30 Minutes	99%	99%	0%	80%	YES
Business Hours Call-Back	30 Minutes	59%	53%	-6%	80%	NO
How Long to Reschedule Missed Appts	48 Hours	97%	98%	+1%	80%	YES
Process for Rescheduling No-Shows	Yes	100%	99%	-1%	80%	YES

±Variance Compares 2021 and 2022 scores

 2 out of 7 did not meet the L.A. Care Goal

 5 out of 7 met the L.A. Care Goal


Key Findings (Carelon Behavioral Health)

Highlights Goals **Met** and **Not Met** for Appointment Availability:

PSYCHIATRY

Appointment Type	Standard	2021	2022	Variance±	L.A. Care Goal	Goal Met
Urgent Appointment	96 Hours	69%	70%	+1%	80%	NO
Routine Appointment	15 Business Days	88%	83%	-5%	80%	YES
Waiting Room Time	30 Minutes	100%	99%	-1%	80%	YES
Business Hours Call-Back	30 Minutes	74%	65%	-9%	80%	NO
How Long to Reschedule Missed Appts	48 Hours	96%	96%	0%	80%	YES
Process for Rescheduling No-Shows	Yes	99%	100%	+1%	80%	YES

±Variance Compares 2021 and 2022 scores

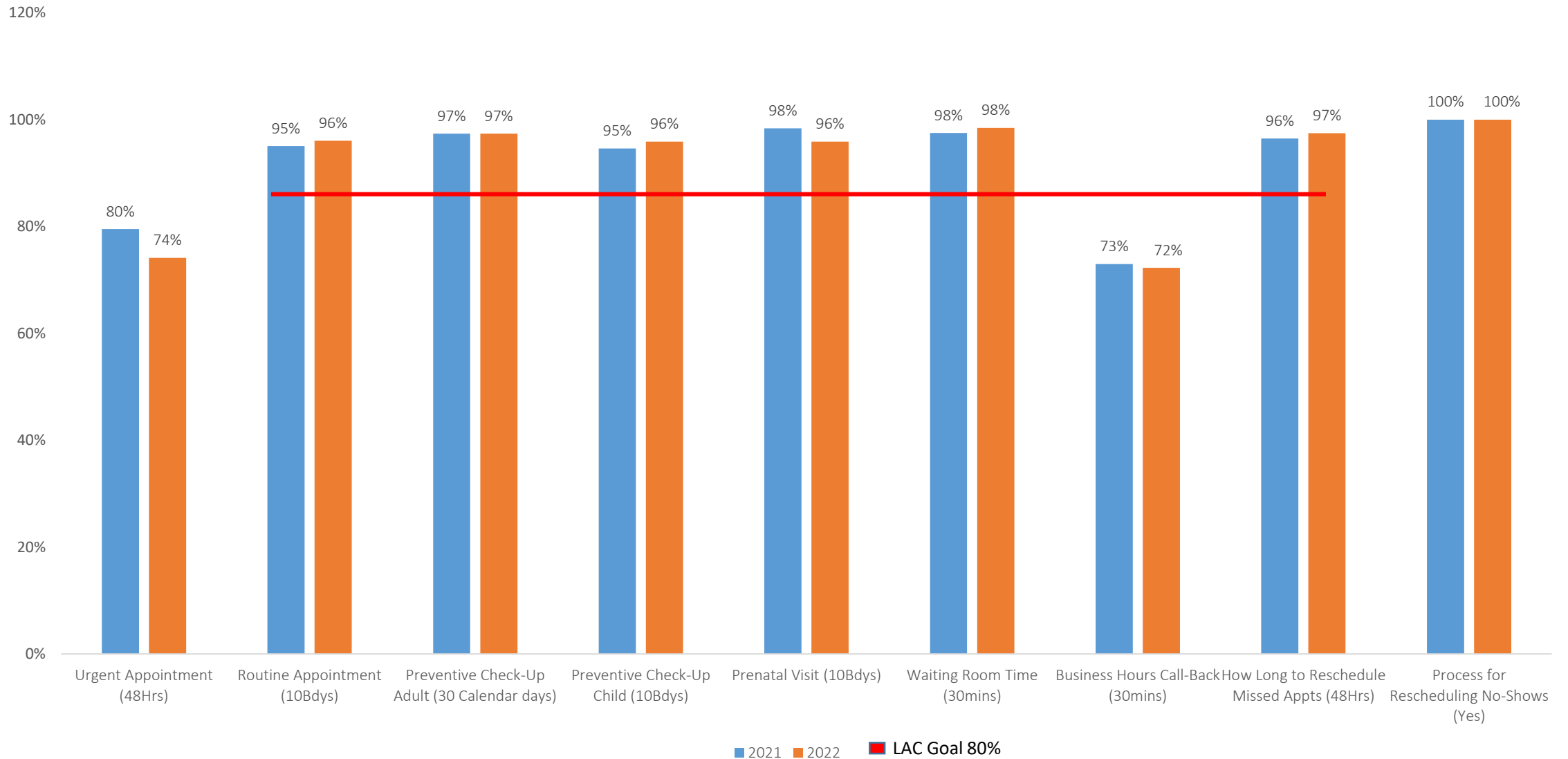
 2 out of 6 did not meet the L.A. Care Goal

 4 out of 6 met the L.A. Care Goal

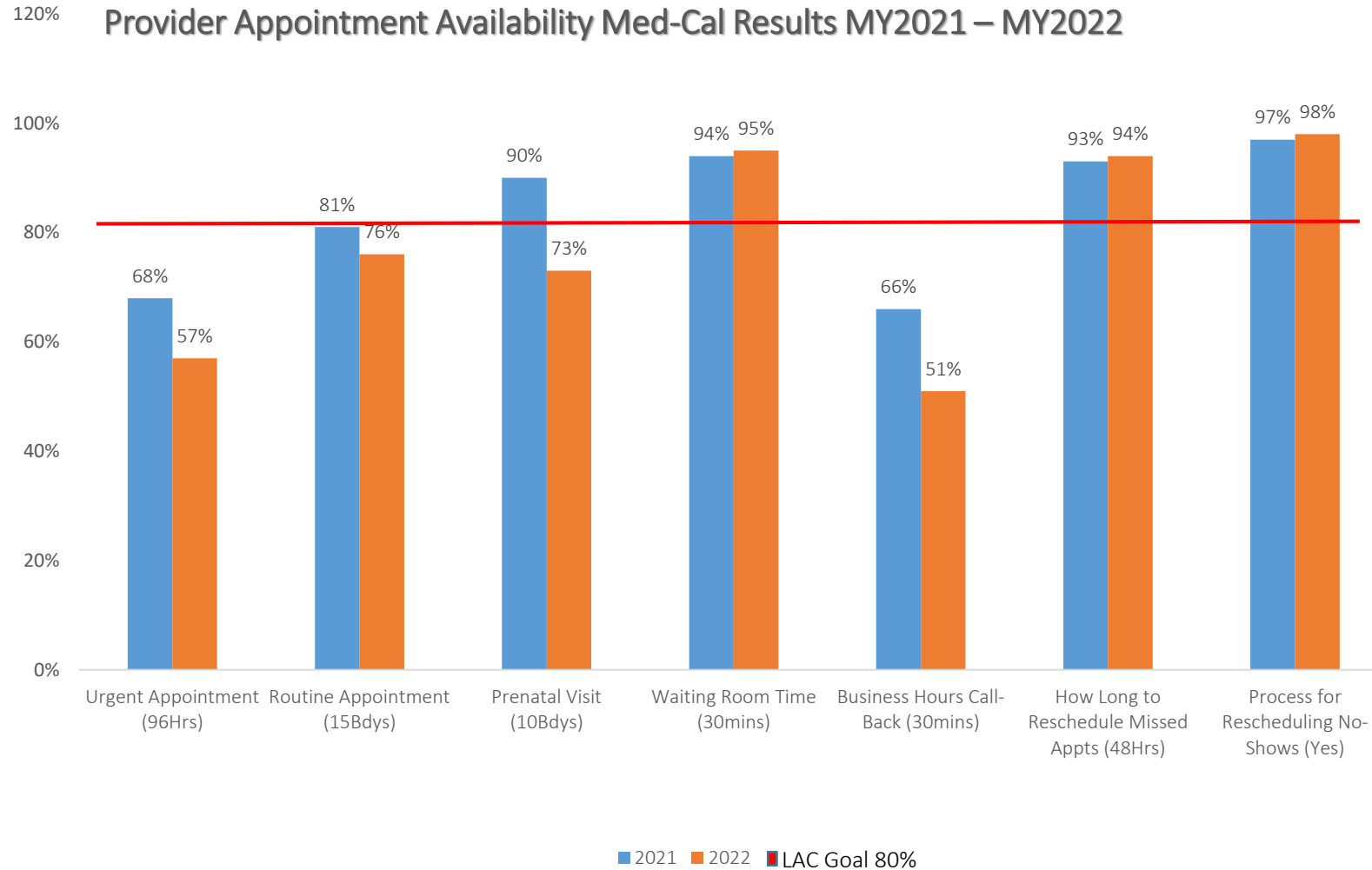
MY2022 PAAS and After Hour
KEY FINDINGS for
L.A. Care Direct Network

L.A. Care Direct Network (PCP)

Provider Appointment Availability Medi-Cal Results MY2021 – 2022

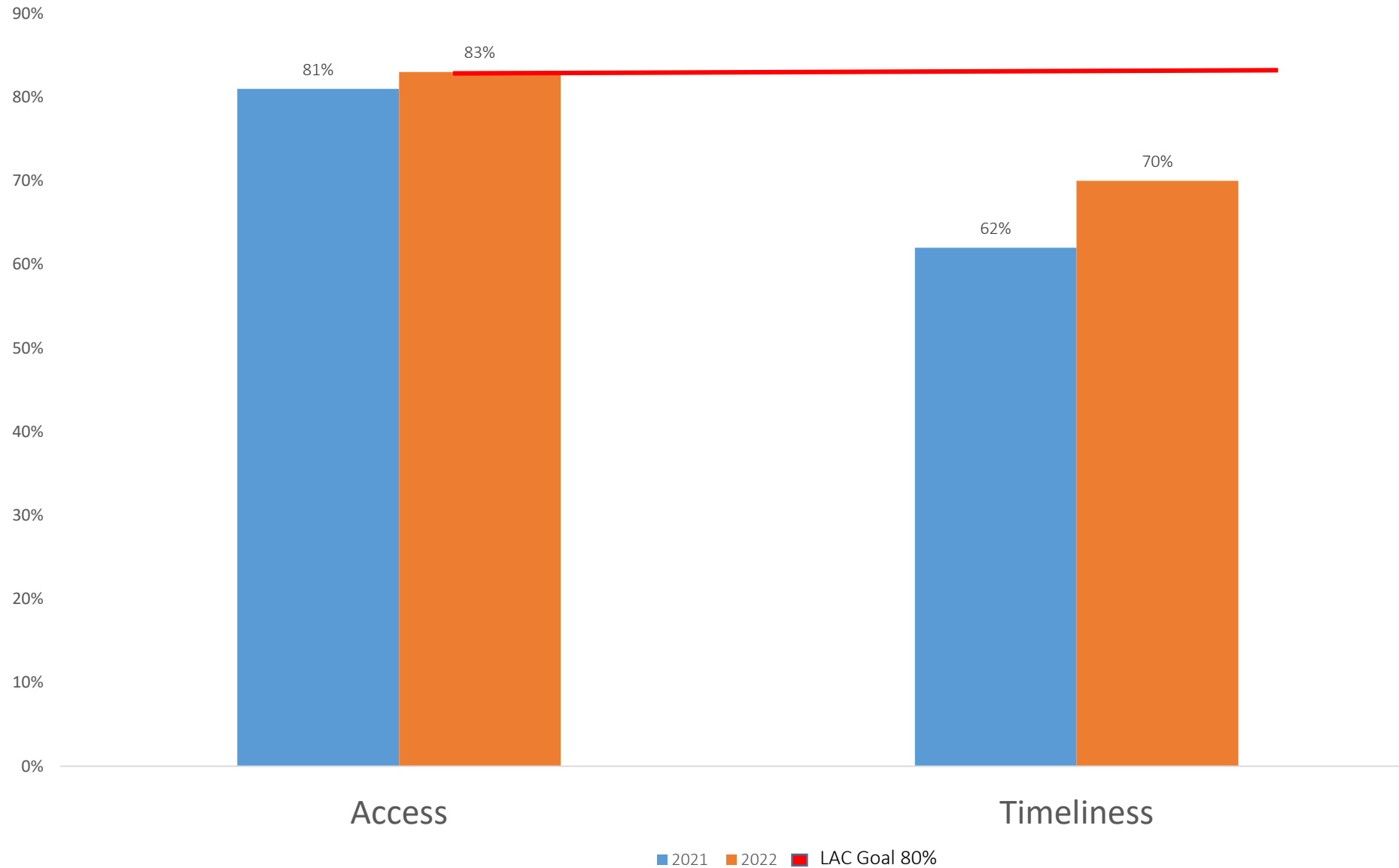


L.A. Care Direct Network (SCP)



L.A. Care Direct Network

After Hours PCP Medi-Cal Results MY2021 – 2022



Actions Taken: Direct Network

Opportunity	Status (Complete, New, Ongoing)	Root (s) Cause	Action(s) Taken	Effectiveness of Intervention/ Outcome
<p>Improve PAAS survey participation: Low response rate from DN providers</p>	<p>Ongoing</p>	<p>We have yet to determine the root cause of this gap but based on preliminary findings, it is likely related to provider staff education.</p>	<ul style="list-style-type: none"> • Assigned project manager specifically to DN • Identified top 18 practices holding 60% of membership • Coordinated with CRM to engage and educate providers • Participate in weekly multi-disciplinary workgroup to maximize effort coordination 	<p>Effectiveness to be determined by the results of the MY2023 Provider Appointment Availability Survey.</p> <p>Monitored bi-annually through oversight and monitoring workbooks where non-compliant providers are resurveyed by our consultant, CSS.</p>

Deep Dive

Performance broken down by PPG, Plan Partner, and Direct Network

Primary Care – Low-Performance Areas

Urgent Appointment

Lowest Performing PPGs	Most Affected Zip Codes
OPTUM HEALTH PLAN OF CALIFORNIA	90250 (Hawthorne)
PREFERRED IPA OF CALIFORNIA	90404 (Santa Monica)
REGAL MEDICAL GROUP	90044 (Los Angeles- West Athens)
LAKESIDE MEDICAL GROUP	91801 (Alhambra)
ALLIED PACIFIC IPA	90255 (Huntington Park)

Call Back

Lowest Performing PPGs	Most Affected Zip Codes
OPTUM HEALTH PLAN OF CALIFORNIA	90404 (Santa Monica)
LAKESIDE MEDICAL GROUP	90250 (Hawthorne)
REGAL MEDICAL GROUP	91754 (Monterey Park)
PREFERRED IPA OF CALIFORNIA	90255 (Huntington Park)
ALLIED PACIFIC IPA	90033 (Los Angeles- Boyle Heights)

Primary Care – Low-Performance Areas

After Hours- Timeliness

Lowest Performing PPGs	Most Affected Zip Codes
OPTUM Health Plan of California	90033 (Los Angeles- Boyle Heights)
REGAL MEDICAL GROUP	90255 (Huntington Park)
Allied Pacific IPA	90250 (Hawthorne)
Preferred IPA of California	90022 (East Los Angeles)
Health Care LA IPA	91790 (West Covina)

Specialist – Low-Performance Areas

Urgent Appointment

Lowest Performing PGs	Most Affected Zip Codes
LA CARE DIRECT NETWORK	90027 (Los Angeles)
OPTUM HEALTH PLAN OF CALIFORNIA	90241 (Downey)
ALTAMED HEALTH SERVICES CORPORATION	91767 (Pomona)
REGAL MEDICAL GROUP	91105 (Pasadena)
ALTAMED HEALTH NETWORK INC	90262 (Lynwood)

Routine Appointment

Lowest Performing PGs	Most Affected Zip Codes
LA CARE DIRECT NETWORK	90027 (Los Angeles)
OPTUM HEALTH PLAN OF CALIFORNIA	91767 (Pomona)
ALTAMED HEALTH SERVICES CORPORATION	90806 (Long Beach)
REGAL MEDICAL GROUP	90712 (Lakewood)
CAREMORE HEALTH PLAN	90262 (Lynwood)

Specialist – Low-Performance Areas

Prenatal Appointment

Lowest Performing PGs	Most Affected Zip Codes
LA CARE DIRECT NETWORK	90240 (Downey)
REGAL MEDICAL GROUP	90027 (Los Angeles-Glendale)
ALTAMED HEALTH SERVICES CORPORATION	90011 (Los Angeles)
HEALTH CARE LA IPA (MEDPOINT MGMT)	90262 (Lynwood)
LAKESIDE MEDICAL GROUP	91205 (Glendale)

Call Back

Lowest Performing PGs	Most Affected Zip Codes
LA CARE DIRECT NETWORK	90033 (Los Angeles- Boyle Heights)
CAREMORE HEALTH PLAN	90241 (Downey)
OPTUM HEALTH PLAN OF CALIFORNIA	90017 (Los Angeles)
ALTAMED HEALTH SERVICES CORPORATION	90027 (Los Angeles- Glendale)
REGAL MEDICAL GROUP	91105 (Pasadena)

MY 2022 Access to Care Survey Results

MY 2022 Provider Appointment Availability & After Hour Survey Results by PPG/Plan Partner/Direct Network + CAP History	Primary Care										Specialist						After Hours		
	Urgent	Routine	Adult Preventive	Child Preventive	Prenatal	In Office Waiting	Call Back	Reschedule	No Show Process		Urgent	Routine	Prenatal	In Office Waiting	Call Back	Reschedule	No Show Process	Access	Timeliness
	84%	94%	98%	94%	98%	98%	80%	96%	99%		80%	80%	96%	97%	80%	91%	99%	81%	80%
PPG, Plan Partner, Direct Network																			
L.A. Care GOAL	84%	94%	98%	94%	98%	98%	80%	96%	99%		80%	80%	96%	97%	80%	91%	99%	81%	80%
Adventist Health Physicians Network	63%	88%	100%	100%	100%	100%	38%	88%	100		50%	50%	0%	100%	0%	100%	100%	38%	38%
Allied Pacific	76%	93%	99%	93%	98%	98%	69%	96%	99%		67%	77%	89%	98%	52%	88%	95%	73%	64%
Altamed Health Network Inc	75%	88%	99%	86%	97%	99%	69%	95%	100%		53%	69%	79%	95%	55%	94%	98%	76%	68%
Altamed Health Services	75%	89%	99%	87%	97%	99%	68%	95%	100%		58%	74%	75%	96%	51%	93%	98%	76%	67%
Angeles IPA	83%	92%	99%	93%	100%	98%	74%	97%	100%		60%	62%	80%	96%	58%	97%	96%	78%	67%
Anthem	78%	92%	100%	94%	100%	100%	68%	91%	100%		100%	50%	NR	100%	100%	100%	100%	75%	65%
Blue Shield	75%	89%	98%	91%	96%	98%	69%	95%	99%		55%	65%	NR	96%	48%	85%	98%	75%	64%
Carelon Behavioral Health (Bi-Annual, Sub 2 & 4)	73%	86%	N/A	N/A	N/A	99%	53%	98%	99%		70%	63%	N/A	99%	65%	96%	100%	N/A	N/A
Citrus Valley Physicians Group	72%	93%	100%	90%	100%	100%	67%	100%	96%		72%	82%	100%	96%	60%	89%	94%	73%	53%
Community Family Care	81%	93%	98%	95%	97%	99%	64%	94%	100%		50%	79%	67%	92%	45%	93%	96%	79%	69%
Exceptional Care Medical Group	73%	86%	98%	97%	95%	99%	72%	97%	99%		51%	79%	92%	95%	61%	98%	95%	72%	64%
Heritage: High Desert Medical Group	88%	100%	100%	100%	100%	100%	88%	100%	100%		58%	58%	NR	100%	67%	82%	100%	93%	86%
Heritage: Lakeside Medical Group	77%	95%	99%	92%	98%	99%	68%	96%	99%		68%	80%	81%	99%	59%	94%	100%	78%	65%
Heritage: Regal Medical Group	77%	93%	99%	92%	95%	98%	70%	96%	100%		66%	78%	81%	97%	59%	94%	98%	78%	65%
Heritage: Sierra Medical Group	55%	64%	71%	86%	50%	100%	33%	88%	100%		55%	91%	NR	100%	73%	90%	100%	85%	55%
L.A. Care Direct Network	74%	96%	97%	96%	96%	98%	72%	97%	100%		57%	76%	73%	95%	51%	94%	98%	83%	70%
L.A. County Department of Health Services	54%	76%	100%	88%	100%	100%	100%	100%	100%		77%	69%	95%	98%	74%	98%	100%	92%	67%
MemorialCare Select Health Plan	80%	96%	94%	89%	100%	94%	73%	96%	98%		83%	94%	100%	88%	78%	89%	100%	72%	58%
MSD-MedPoint: Bella Vista IPA	83%	96%	100%	100%	100%	100%	68%	92%	100%		63%	73%	100%	91%	68%	100%	97%	64%	69%
MSD-MedPoint: El Proyecto Del Barrio Inc.	100%	100%	100%	100%	100%	100%	100%	100%	100%		62%	74%	100%	97%	32%	89%	97%	75%	75%
MSD-MedPoint: Family Care Specialists IPA	56%	56%	62%	62%	83%	100%	40%	93%	93%		18%	47%	50%	100%	27%	94%	88%	86%	91%
MSD-MedPoint: Global Care IPA	72%	89%	99%	88%	100%	96%	65%	93%	99%		66%	80%	94%	96%	56%	91%	98%	76%	68%
MSD-MedPoint: Health Care LA, IPA	61%	74%	91%	70%	89%	100%	52%	91%	98%		62%	79%	87%	94%	51%	89%	98%	68%	59%
Omnicare Medical Group (AMHN)	78%	95%	100%	92%	100%	100%	70%	91%	100%		51%	67%	100%	97%	51%	92%	98%	82%	60%
Omnicare Medical Group Inc	76%	94%	100%	89%	100%	100%	71%	90%	100%		48%	71%	100%	97%	45%	92%	98%	85%	63%
Optum Care Network- AppleCare Select (Bi-Annual, Sub 2 & 4)	73%	89%	100%	95%	97%	99%	69%	97%	100%		64%	57%	80%	100%	64%	85%	100%	78%	69%
Optum Care Network-LA Family Community (Bi-Annual, Sub 2 & 4)	72%	91%	100%	95%	97%	99%	69%	97%	100%		64%	64%	86%	100%	55%	85%	100%	77%	65%
Optum Health Plan of California (Bi-Annual, Sub	70%	82%	97%	90%	92%	99%	63%	94%	99%		54%	69%	80%	97%	58%	95%	99%	71%	59%
PIH Health Physicians	54%	87%	89%	60%	80%	100%	54%	93%	93%		67%	71%	NR	100%	17%	86%	100%	19%	54%
Pomona Valley Medical Group	68%	86%	98%	79%	88%	98%	62%	95%	98%		63%	75%	94%	98%	50%	88%	95%	79%	50%
Preferred IPA of California	82%	95%	98%	94%	100%	99%	69%	98%	100%		70%	75%	100%	95%	63%	100%	100%	80%	74%
Prospect Medical Group	76%	91%	99%	94%	97%	99%	72%	96%	100%		57%	78%	93%	90%	53%	94%	98%	77%	63%
Serendib Healthways Inc.	96%	96%	NR	89%	100%	100%	85%	100%	100%		100%	100%	NR	100%	100%	100%	100%	97%	74%
South Atlantic Medical Group	69%	91%	96%	88%	92%	97%	82%	100%	97%		78%	89%	0%	100%	57%	83%	75%	77%	72%
St Vincent IPA	73%	93%	97%	84%	95%	95%	67%	95%	100%		75%	90%	NR	100%	61%	85%	93%	74%	67%
Superior Choice Medical Group Inc.	77%	88%	94%	94%	100%	98%	76%	96%	100%		42%	79%	100%	100%	53%	94%	94%	89%	68%

Remediation Plans

Prior and Current Enforcement Strategies

Remediation Plans

QI Accreditation currently issues noncompliant provider groups:

- Report Cards (annually)
- Corrective Action Plan (annually)
- Oversight and Monitoring (quarterly)

Report Card (Example)



ADVENTIST HEALTH PHYSICIANS NETWORK

L.A. Care HEALTH PLAN MY2022 Appointment Availability Report Card - Medi-Cal

L.A. Care Health Plan surveyed a sample of network practitioners to assess appointment availability.

The tables below display ADVENTIST HEALTH PHYSICIANS NETWORK's measurement year (MY) 2022 overall compliance rates by Primary Care Physicians and Specialty Care Physicians, along side L.A. Care Health Plan's overall Medi-Cal results.

MY2022 Primary Care Physician

# of Eligible Surveys*	# Non-Responders**
22	47

Appointment Availability Measure	Standard	# of Survey Responses	Compliance Rate		MY 2022 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Goal Met
			MY 2021	MY 2022			
Urgent Appointment	48 Hours	22	81%	68%	73%	84%	No
Routine Appointment	10 Business Days	22	100%	91%	89%	94%	No
Preventive Check-Up, may include Well-Woman Exam (Adult)	30 Calendar Days	11	83%	100%	98%	98%	Yes
Preventive Check-Up, may include Well-Child Exam (Child)	10 Business Days	13	67%	92%	91%	94%	No
Initial Prenatal Visit	10 Business Days	7	100%	86%	97%	98%	No
In-Office Waiting Room Time	Within 30 minutes	21	100%	100%	99%	98%	Yes
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	Within 30 minutes	22	43%	41%	70%	80%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	Within 48 hours	22	100%	95%	96%	96%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	22	100%	100%	99%	99%	Yes

MY2022 Specialty Care Physician

# of Eligible Surveys*	# Non-Responders**
5	21

Appointment Availability Measure	Standard	# of Survey Responses	Compliance Rate		MY 2022 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Goal Met
			MY 2021	MY 2022			
Urgent Appointment	96 Hours	5	NR	60%	56%	80%	No
Routine Appointment	15 Business Days	5	NR	40%	70%	80%	No
Initial Prenatal Visit	10 Business Days	1	NA	0%	84%	96%	No
In-Office Waiting Room Time	Within 30 minutes	5	NR	100%	96%	97%	Yes
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	Within 30 minutes	5	NR	0%	51%	80%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	Within 48 hours	5	NR	100%	92%	91%	Yes
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	5	NR	100%	98%	99%	Yes

NA = Not applicable; NR = No respondents

* Number of providers in the PPG's network included in L.A. Care's Appointment Availability Survey

** Number of providers who did not respond to the survey within the 48 hour time frame

CAP: Notice of Noncompliance



[9/1/2023]

[Adventist Health Physicians Network]

Subject: Notice of Noncompliance with Appointment Availability (AA) and After Hours (AH) Standards and Request for a Corrective Action Plan (CAP)

Dear [Adventist Health Physicians Network]:

L.A. Care Health Plan (L.A. Care) measures its Primary Care Physician (PCP) and Specialty Care Physician (SCP) network for appointment availability on an annual basis as required by the Department of Managed Health Care (DMHC). The results of measurement year (MY) 2022 survey were received and reviewed by L.A. Care.

L.A. Care found that in MY 2022 [Adventist Health Physicians Network] did not meet one or more AA or AH standards as required by Title 28 California Code of Regulations Section 1300.67.2.2. The associated Quality Findings are found in the attached document titled [AA_AH_CAP Form_Adventist Health Physician Network_MY2022].

L.A. Care is requesting that [Adventist Health Physicians Network] review the Quality Findings. For the Quality Findings which indicate that a CAP is required, please ensure that you complete all required fields, including the Root cause(s), Actions, Implementation documents, Completion Date/Expected Completion Date, Responsible Party and CAP Owner.

In addition, the L.A. Care provider network consistently yields a low response rate to the AA survey. In MY2022 your group had a <69%> and <78%> Non-response rate for Primary Care Providers and Specialty Care Providers, respectively.

Non-responsiveness to this survey impacts L.A. Care's ability to oversight and monitor the network for compliance with appointment availability standards. Non-Responders included providers that did not answer the survey phone call after three call attempts or requested to take the survey at a different time and did not complete the survey by the third call attempt. L.A. Care is requesting a Corrective Action Plan that explains why providers were unresponsive to the Provider Appointment Availability Survey (PAAS).


The CAP is due to L.A. Care by [October 02, 2023]. Reference the "Instructions" tab in the [AA_AH_CAP Form_Adventist Health Physician Network_MY2022] for additional information.

L.A. Care appreciates your continued commitment to providing the best timely access to care to our members. If you have any questions, please email the Enterprise Performance Optimization EPOcommunications@lacare.org.

Sincerely,

Maria Casias, RN, BSN, MPH
Senior Director, Quality & Accreditation
L.A. Care Health Plan

CAP: Access to Care (Example)

 Appointment Availability (AA) and After Hours(AH) Finding(s)		Fields highlighted in yellow to be completed by the <PPG>					
Corrective Action Plan (CAP) Form for <PPG>							
	CAP Required(Yes/No)	CAP Due Date	Root cause(s)	Actions	Implementation Documents, if applicable	Completion Date/Expected Completion Date	Responsible Party
Primary Care Providers(PCPs)							
EXAMPLE 8% of Primary Care Providers did not meet the 48hr standard requirement for Urgent Appointment Availability	Yes	1/1/2023	EXAMPLE Lack of knowledge of access standards. High demand for in-person office visits (instead of telehealth visits) due to Covid/re-opening.	EXAMPLE 1. Distribution of the Timely Access to Care standards to provider practices. 2. Onboarding includes distribution of Timely Access to Care standards during Orientation. IPA provider onboarding includes a review of access standards. Initial onboarding visits are done in-person and includes a review of the IPA Provider Manual and DMHC's access standards. 3. Annual Quality Compliance Training includes Appointment Availability and After-Hours training through Learning Management System. Training module is also available on-demand. 4. Group and IPA Operations are requested to assist with education of provider offices on access standards annually and as necessary. Education and tools are available to all providers via provider portal. 5. Access policies are available to all providers via portal.	EXAMPLE Quick Reference Guide to Access Standards Training material and tools given to Providers. Memorandum - Availability Survey - Action Required Timely Access to Care Standards Policy	EXAMPLE 3/15/2023	EXAMPLE Director Name

Corrective Action Plan History MY2019-MY2022

MY 2022 Provider Appointment Availability & After Hour Survey Results by PPG/Plan Partner/Direct Network + CAP History	CAP Issued	Date Issued	PPG/PP/IDN Response Date	CAP	Date Issued	PPG/PP/IDN Response Date	RCA	Date Issued	PPG/PP/IDN Response Date	RCA	Date Issued	PPG/PP/IDN Response Date
PPG, Plan Partner, Direct Network	MY 2022	MY 2022	MY 2022	MY 2021	MY 2021	MY 2021	MY 2020	MY 2020	MY 2020	MY 2019	MY 2019	MY 2019
L. A. Care GOAL												
Adventist Health Physicians Network	Yes	8/4/2023	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Allied Pacific	Yes	8/4/2023	Pending	Yes	9/9/2022	12/16/2022	Yes	9/3/2021	No Response	Yes	7/17/2020	8/20/2020
Altamed Health Network Inc	Yes	8/4/2023	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Altamed Health Services	Yes	8/4/2023	Pending	Yes	9/9/2022	10/10/2022	Yes	9/3/2021	11/24/2021	Yes	7/17/2020	No Response
Angeles IPA	Yes	8/4/2023	9/6/2023	Yes	9/9/2022	10/3/2022	Yes	9/3/2021	3/18/2022	Yes	7/17/2020	8/18/2020
Anthem	Yes	8/8/2023	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Blue Shield	Yes	8/15/2023	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Carelon Behavioral Health (Bi-Annual, Sub 2 & 4)	Yes	8/4/2023	Pending	Yes	9/14/2022	12/9/2022	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	Exempt
Citrus Valley Physicians Group	Yes	8/4/2023	Pending	Yes	9/9/2022	10/5/2022	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	8/19/2020
Community Family Care	Yes	8/4/2023	Pending	Yes	9/9/2022	10/10/2022	Yes	9/3/2021	12/14/2021	Yes	7/17/2020	8/21/2020
Exceptional Care Medical Group	Yes	8/4/2023	9/6/2023	Yes	9/9/2022	11/9/2022	Yes	9/3/2021	No Response	N/A	N/A	N/A
Heritage: High Desert Medical Group	Yes	8/4/2023	9/6/2023	Yes	12/22/2022	2/6/2023	Yes	9/3/2021	9/21/2021	Yes	7/17/2020	8/18/2020
Heritage: Lakeside Medical Group	Yes	8/4/2023	9/5/2023	Yes	9/9/2022	10/17/22	Yes	9/3/2021	10/1/2021	Yes	7/17/2020	8/18/2020
Heritage: Regal Medical Group	Yes	8/4/2023	9/5/2023	Yes	9/9/2022	10/17/22	Yes	9/3/2021	10/1/2021	Yes	7/17/2020	8/18/2020
Heritage: Sierra Medical Group	Yes	8/4/2023	9/7/2023	Yes	9/9/2022	10/7/22	Yes	9/3/2021	10/1/2021	Yes	7/17/2020	8/18/2020
L. A. Care Direct Network	Yes	7/14/2023	8/14/2023	Yes	N/A	N/A	N/A	N/A	N/A	Yes	7/17/2020	No Response
L. A. County Department of Health Services	Yes	8/4/2023	Pending	Yes	10/24/2022	10/24/22	Yes	10/1/2021	10/15/2021	Yes	7/17/2020	Exempt
MemorialCare Select Health Plan	Yes	8/4/2023	Pending	Yes	9/9/2022	9/29/22	Yes	9/3/2021	No Response	Yes	7/17/2020	No Response
MSO-MedPoint: Bella Vista IPA	Yes	8/4/2023	Pending	Yes	9/9/2022	10/11/22	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	8/21/2020
MSO-MedPoint: El Proyecto Del Barrio Inc.	Yes	8/4/2023	Pending	Yes	9/9/2022	10/11/22	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	8/21/2020
MSO-MedPoint: Family Care Specialists IPA	Yes	8/4/2023	Pending	Yes	2/17/2023	2/28/23	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	8/21/2020
MSO-MedPoint: Global Care IPA	Yes	8/4/2023	Pending	Yes	9/9/2022	10/11/22	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	8/21/2020
MSO-MedPoint: Health Care LA, IPA	Yes	8/4/2023	Pending	Yes	9/9/2022	10/11/22	Yes	9/3/2021	9/29/2021	Yes	7/17/2020	8/21/2020
Omnicare Medical Group (AMHN)	Yes	8/4/2023	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Omnicare Medical Group Inc	Yes	8/4/2023	Pending	Yes	9/9/2022	10/10/2022	Yes	9/3/2021	11/24/2021	N/A	N/A	N/A
Optum Care Network- AppleCare Select (Bi-Annual, Sub 2 & 4)	Yes	8/4/2023	9/6/2023	Yes	9/9/2022	11/11/22	Yes	9/3/2021	No Response	Yes	7/17/2020	8/18/2020
Optum Care Network-LA Family Community (Bi-Annual, Sub 2 & 4)	Yes	8/4/2023	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Optum Health Plan of California (Bi-Annual, Sub	Yes	8/4/2023	9/6/2023	Yes	9/9/2022	10/10/2022	Yes	9/3/2021	10/1/2021	Yes	8/19/2020	9/3/2020
PIH Health Physicians	Yes	8/4/2023	Pending	N/A	N/A	N/A	Yes	9/3/2021	10/1/2021	Yes	7/17/2020	Exempt
Pomona Valley Medical Group	Yes	8/4/2023	9/5/2023	Yes	9/9/2022	12/15/2022	Yes	9/3/2021	No Response	Yes	7/17/2020	8/21/2020
Preferred IPA of California	Yes	8/4/2023	9/7/2023	Yes	9/9/2022	12/15/2022	Yes	9/3/2021	10/5/2021	Yes	7/17/2020	No Response
Prospect Medical Group	Yes	8/4/2023	9/5/2023	Yes	9/9/2022	10/10/2022	Yes	9/3/2021	No Response	Yes	7/17/2020	8/21/2020
Serendib Healthways Inc.	Yes	8/4/2023	Pending	Yes	9/9/2022	10/21/2022	N/A	N/A	N/A	N/A	N/A	N/A
South Atlantic Medical Group	Yes	8/4/2023	Pending	Yes	9/9/2022	1/24/2023	Yes	9/3/2021	No Response	Yes	7/17/2020	No Response
St Vincent IPA	Yes	8/4/2023	Pending	N/A	N/A	N/A	Yes	9/3/2021	10/22/2021	Yes	7/17/2020	8/21/2020
Superior Choice Medical Group Inc.	Yes	8/4/2023	8/18/2023	Yes	9/9/2022	12/7/2022	Yes	9/3/2021	10/4/2021	Yes	7/17/2020	8/20/2020

Root Cause Analysis for Areas of Poor Performance

Most frequent responses to CAP root causes

Appointment Availability:

- Providers' offices are overbooked/near capacity.
- Providers have limited office capacity due to:
 - staffing issues
 - closures/retirement
 - overall, burdens brought on by the pandemic
- Specialty Care Providers have not established a process for rescheduling cancelled or missed (no-show) appointments.

After Hours:

- Providers' staff not aware of after hours/access to care standards.
- Providers do not communicate with the exchange company how to reach them in the case of urgent matter or voicemail is outdated.
- Providers have limited office capacity due to staffing issues.

Oversight & Monitoring (O&M):

Monitor provider non-compliance through 4 submissions throughout the year.

MY2022 Oversight & Monitoring Timeline (Appointment Availability & After Hours)

	Due Date	PPG Audit
Submission 1	August 18, 2023	Appointment Availability & After Hours
Submission 2	November 17, 2023	Appointment Availability & After Hours
Submission 3	February 16, 2024	Appointment Availability & After Hours
Submission 4	May 17, 2024	Appointment Availability & After Hours

Improvement Plan

Next Steps

1. Further define problems and priorities
 - Continued investigation to further understand where and why access challenges exist
2. Internally: strengthen management and oversight processes
 - Enhance coordination across Quality Improvement, EPO, and PNM teams
 - Reinforce joint oversight systems
 - Develop more individualized improvement plans for provider groups
3. Externally: acknowledge the many variables and factors that shape access to care and practice performance
 - Expand multi-disciplinary provider support to help address root causes of access to care challenges

- **Improvement Goal:** Increase provider group compliance with access to care standards by 20% by MY 2024.
- **Potential Next Steps:**
 - Deeper data analysis
 - Strengthen internal management and oversight processes
 - Develop provider group-specific improvement plans
 - Expand multidisciplinary support for addressing access to care challenges



- Develop provider group-specific improvement plans
- Capture progress via MY2023 and MY2024 PAAS and After Hours Surveys (Oct-Dec) as well as quarterly Oversight and Monitoring tracking.

- Share reflections with stakeholders
- Determine whether to adapt, adopt, or abandon the actions taken

- Analyze PAAS survey data
- Evaluate performance and trends
- Document lessons learned: what worked, what did not have impact.

Discussion and Feedback

- Which access to care standard gaps are the most significant?
- What ideas and resources do you have for deepening provider engagement around Access to Care?
- How can we better support practices and providers in these efforts?
- What ideas and resources do you have for helping practices to expand access to care?

Questions?



Appendix

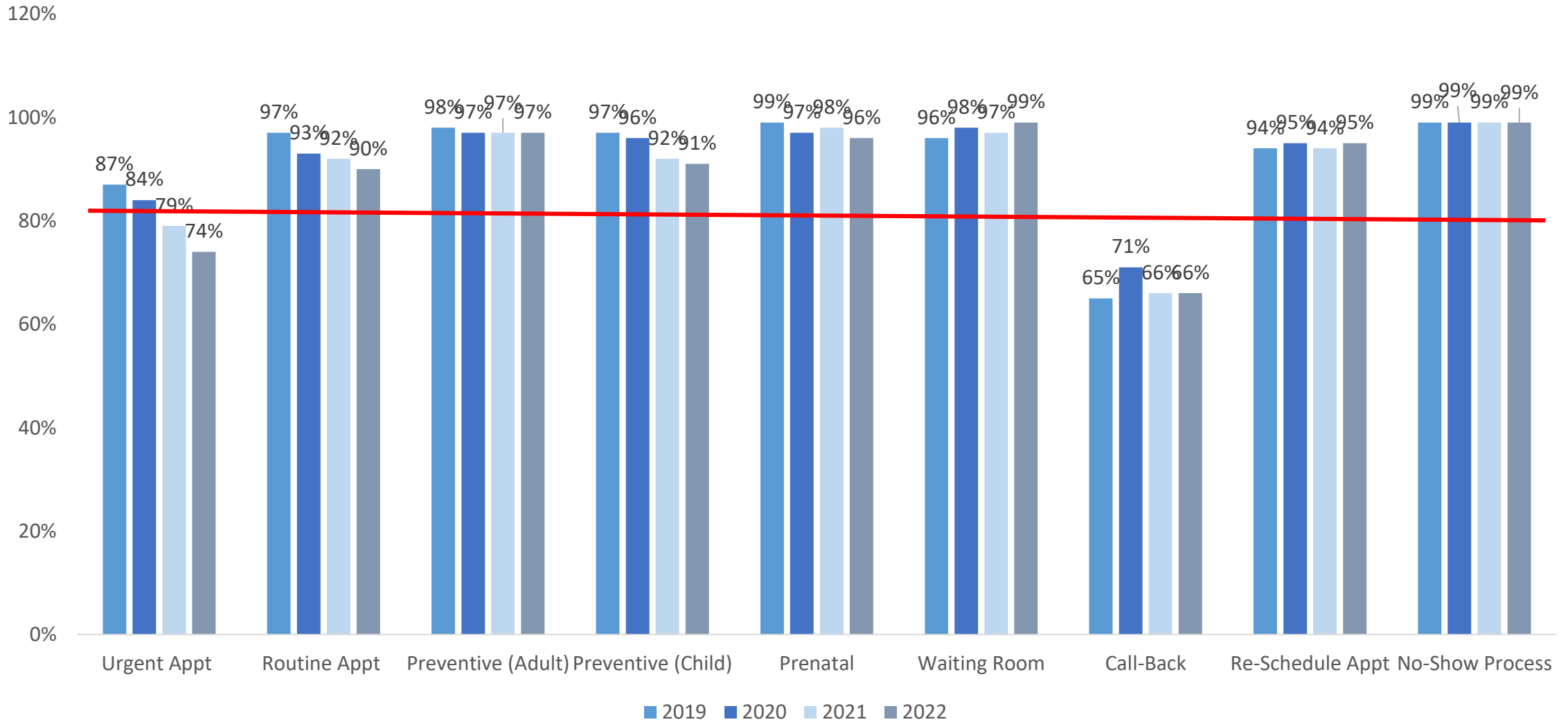
Appendix

- Historical Performance MY 2019-2022 by Line of Business
- MY2022 Aggregate PAAS Results
- Survey Refusal Rates
- MY2022 Submission 1- Quarterly Oversight and Monitoring Results

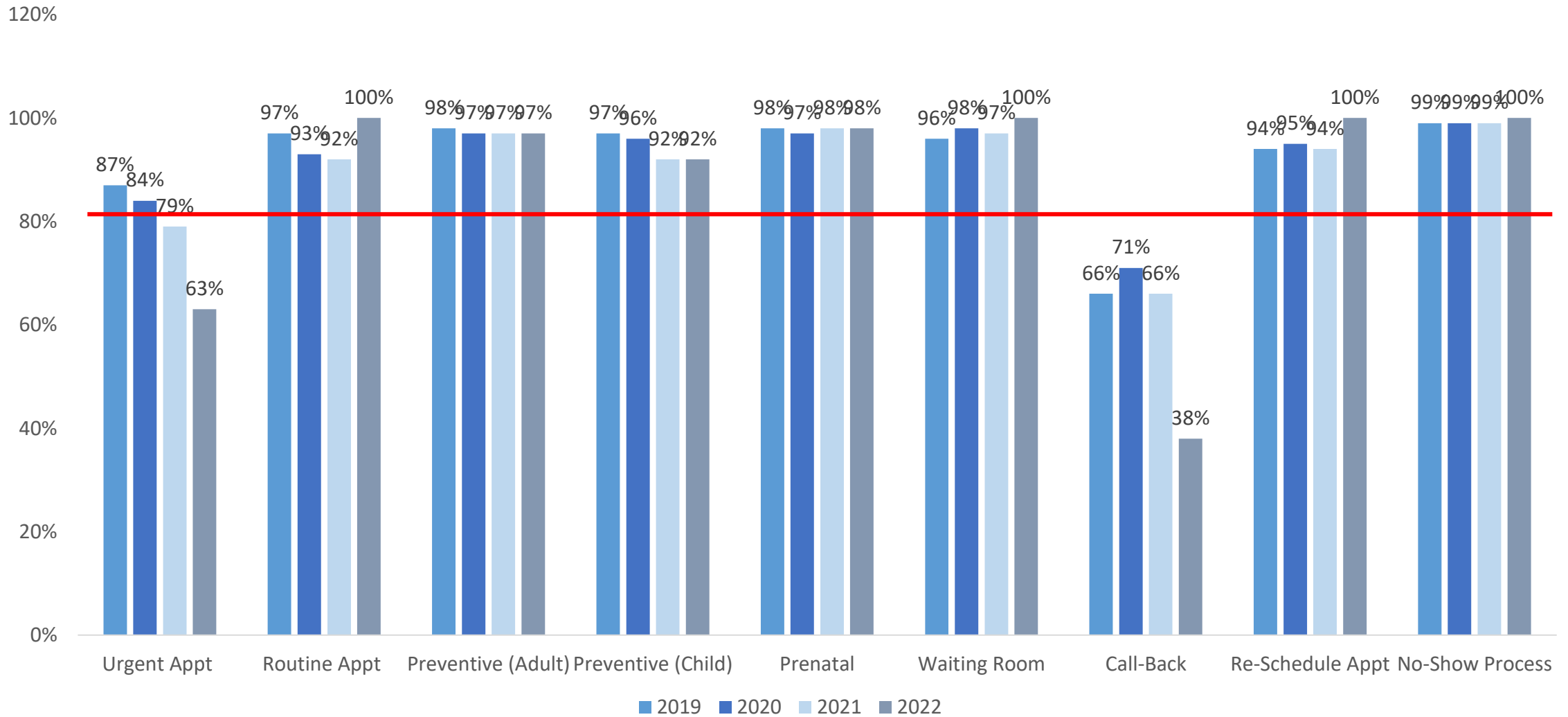
Aggregate Results

Historical Performance MY 2019-2022 by Line of Business

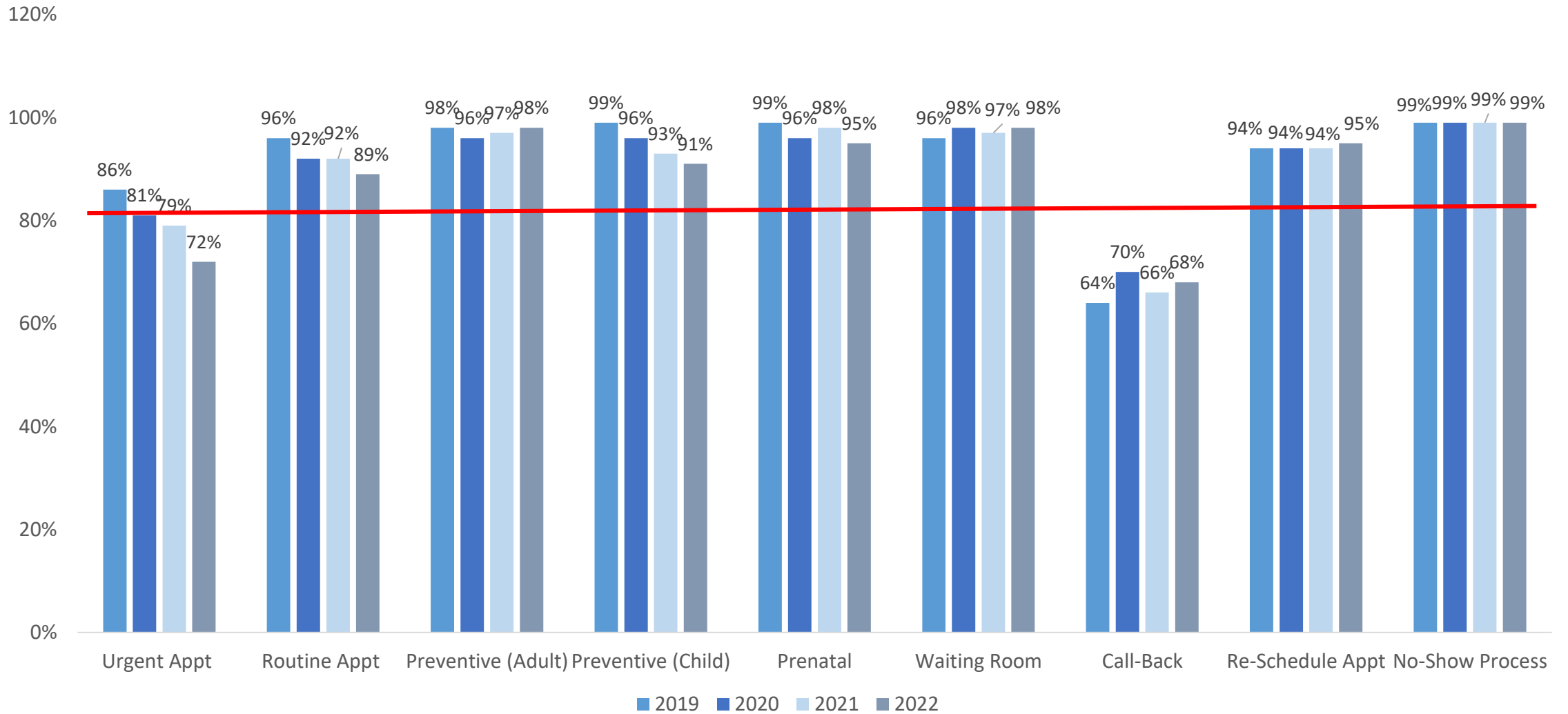
PCP Compliance Trend LACC



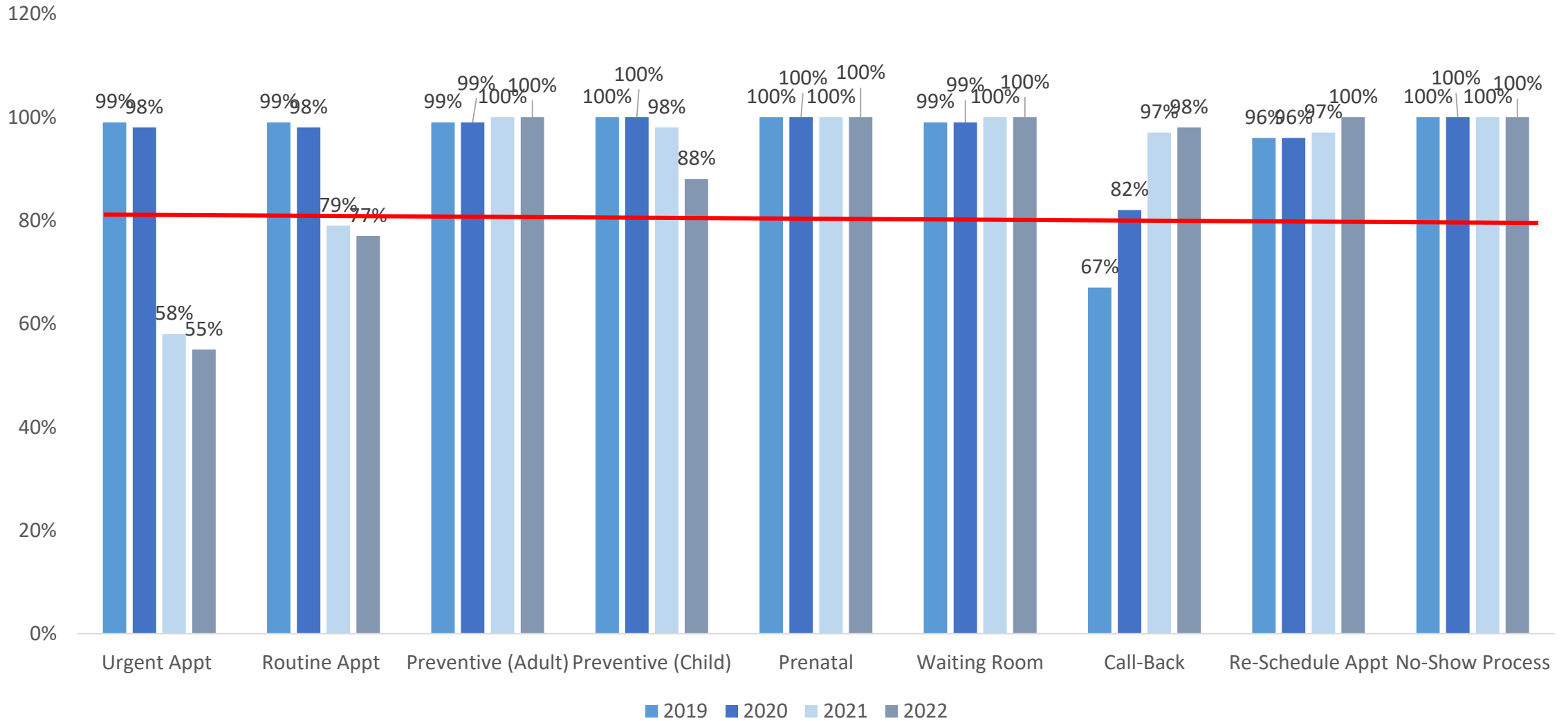
PCP Compliance Trend LACCD



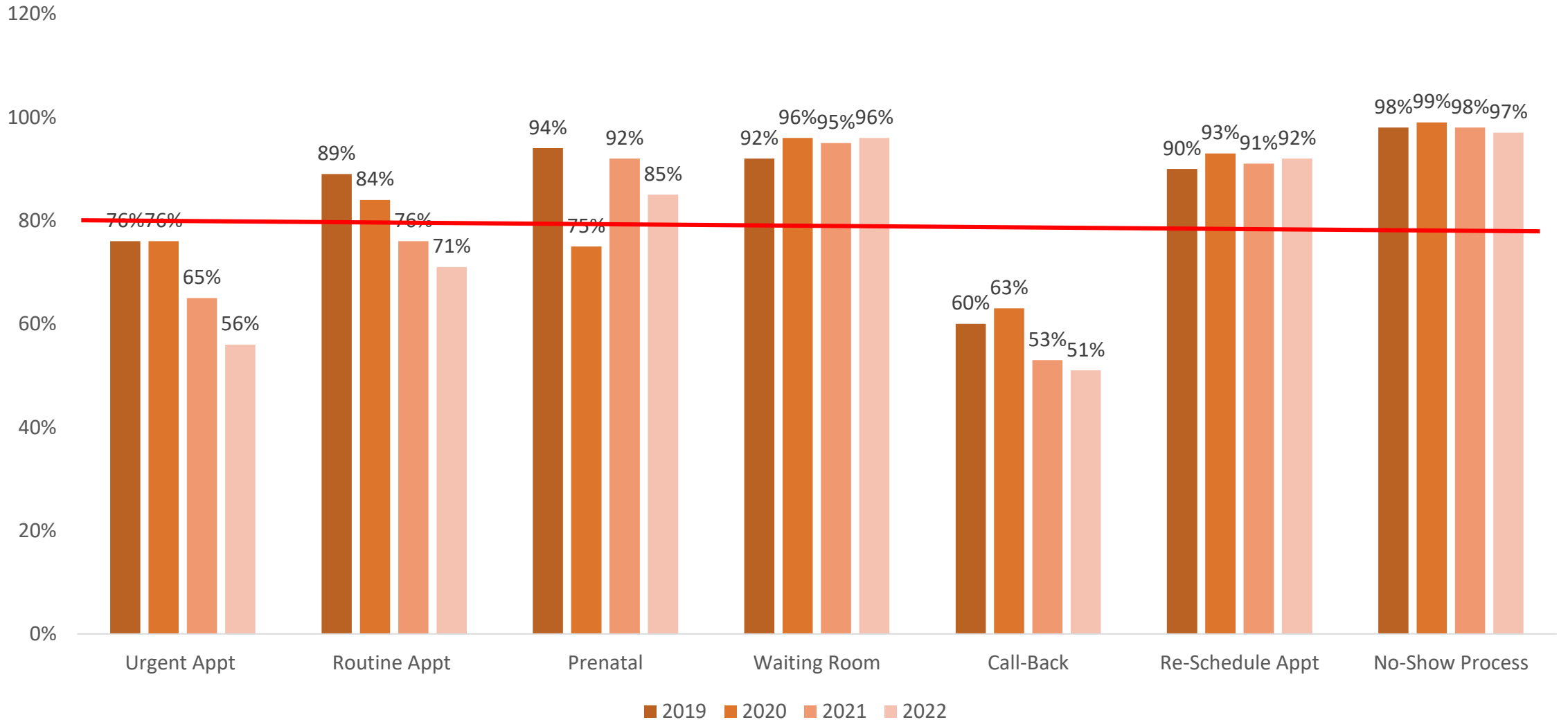
PCP Compliance Trend Cal MediConnect



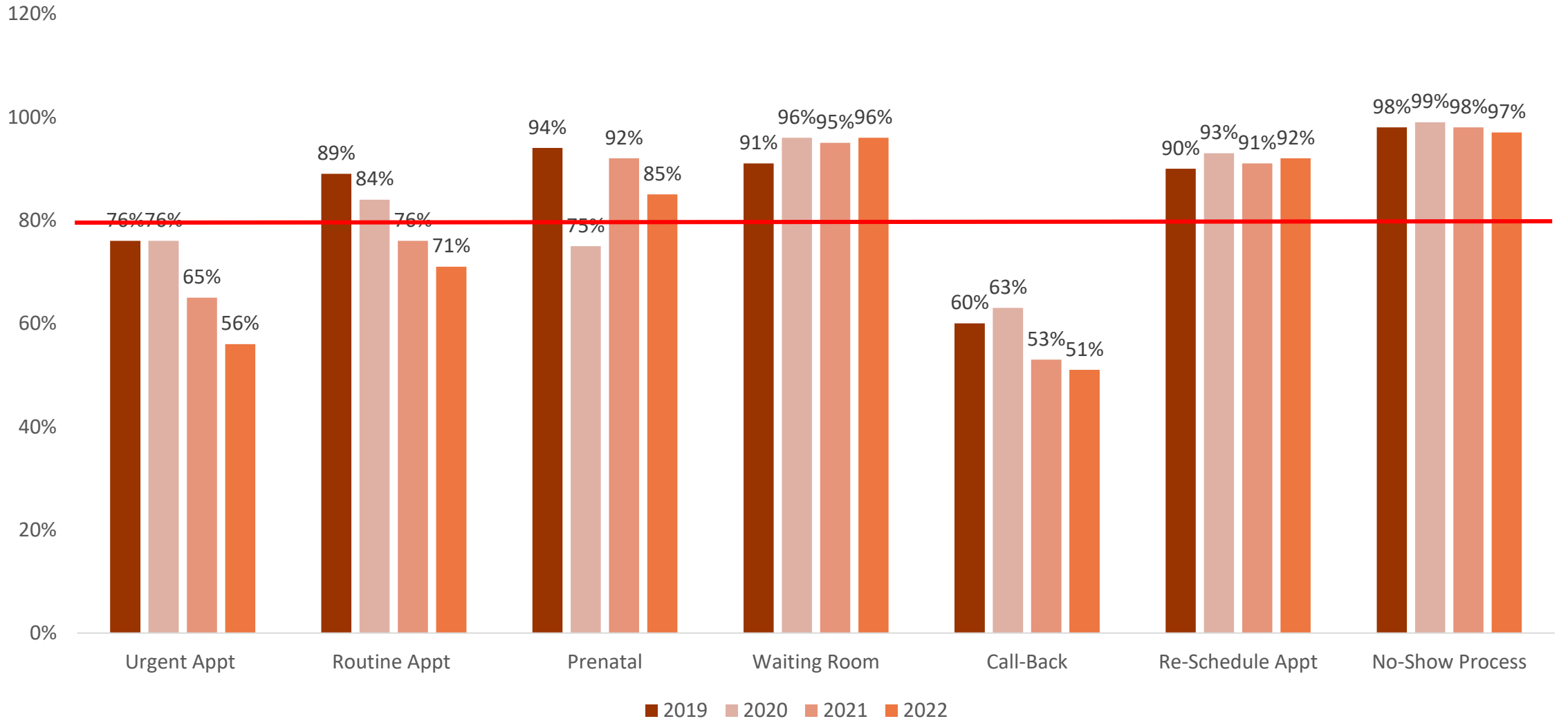
PCP Compliance Trend PASC



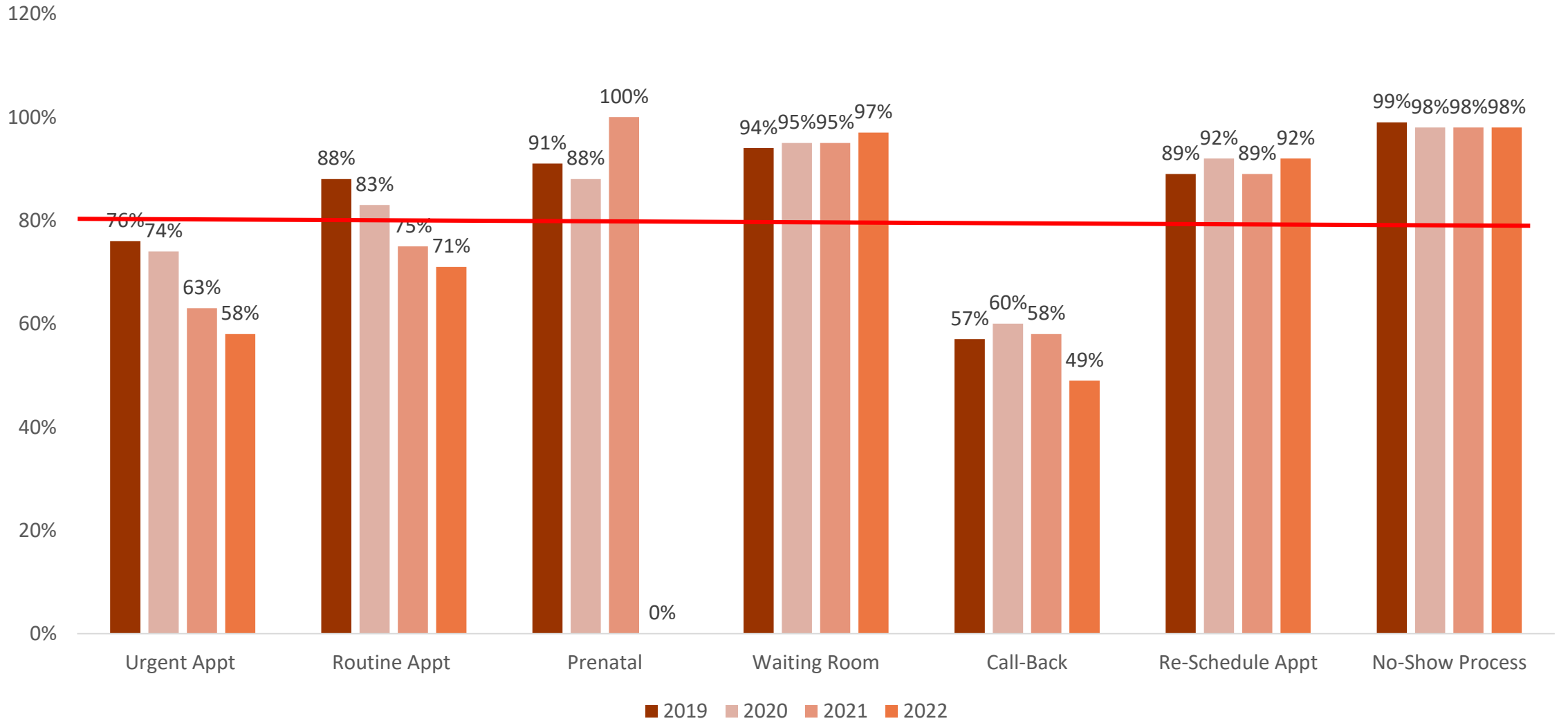
SCP Compliance Trend LACC



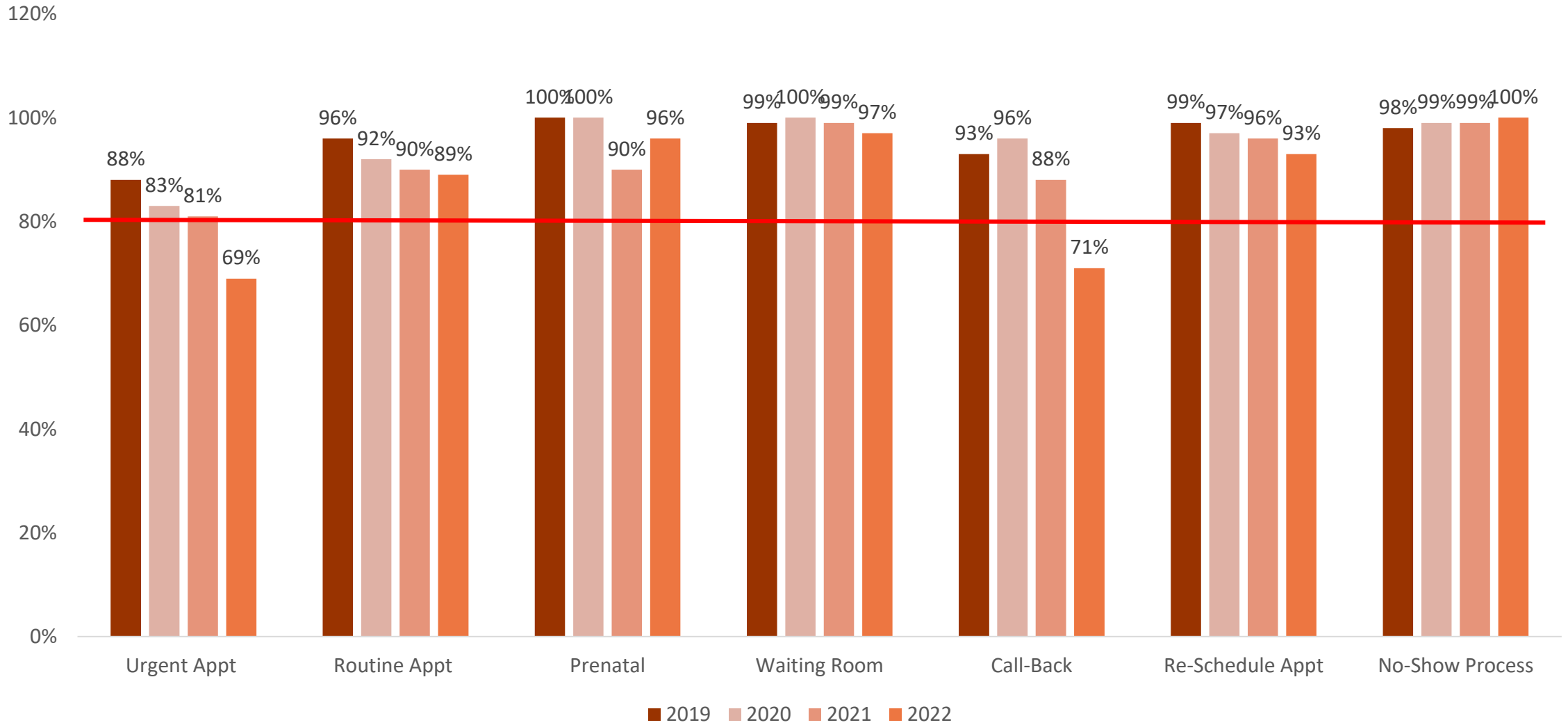
SCP Compliance Trend LACCD



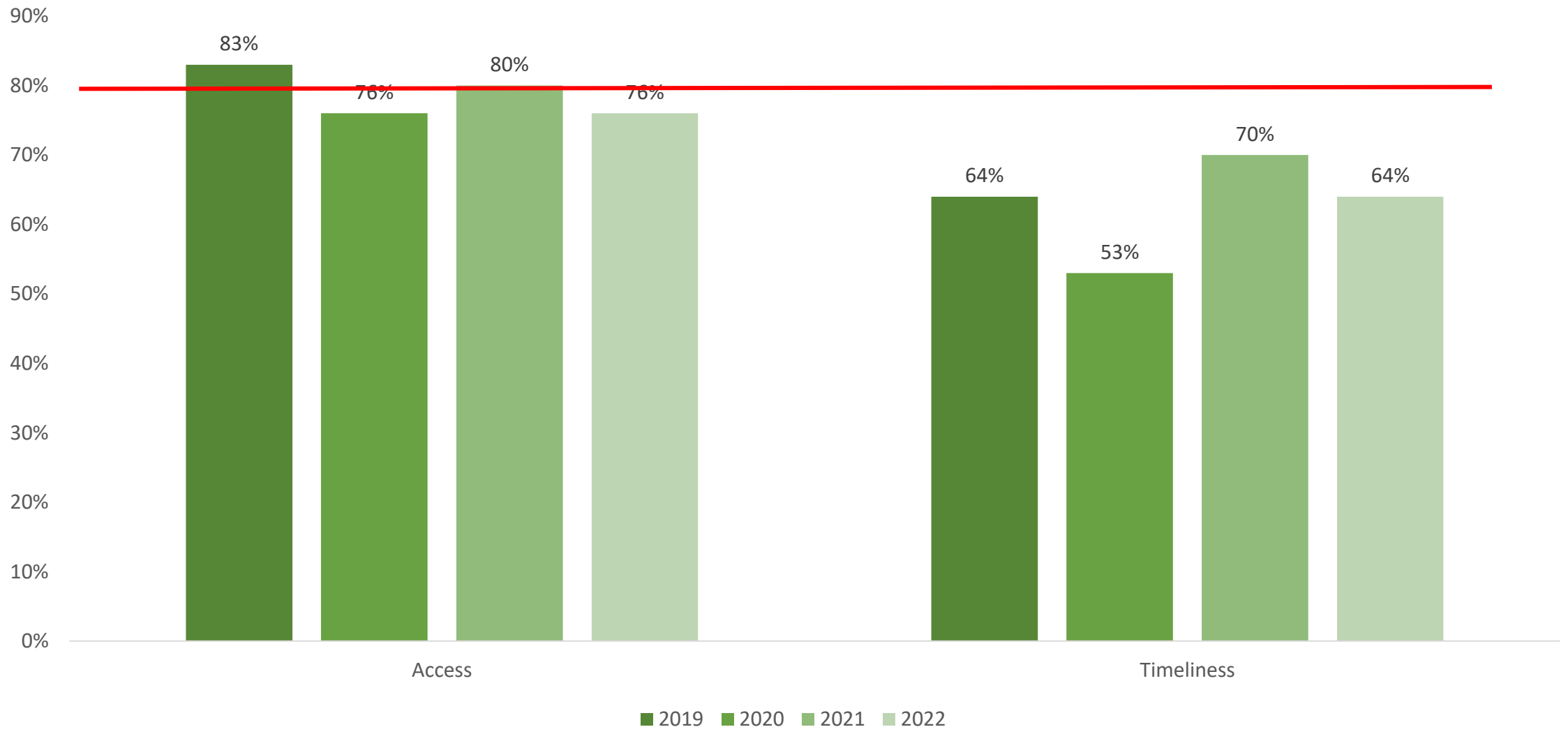
SCP Compliance Trend Cal MediConnect



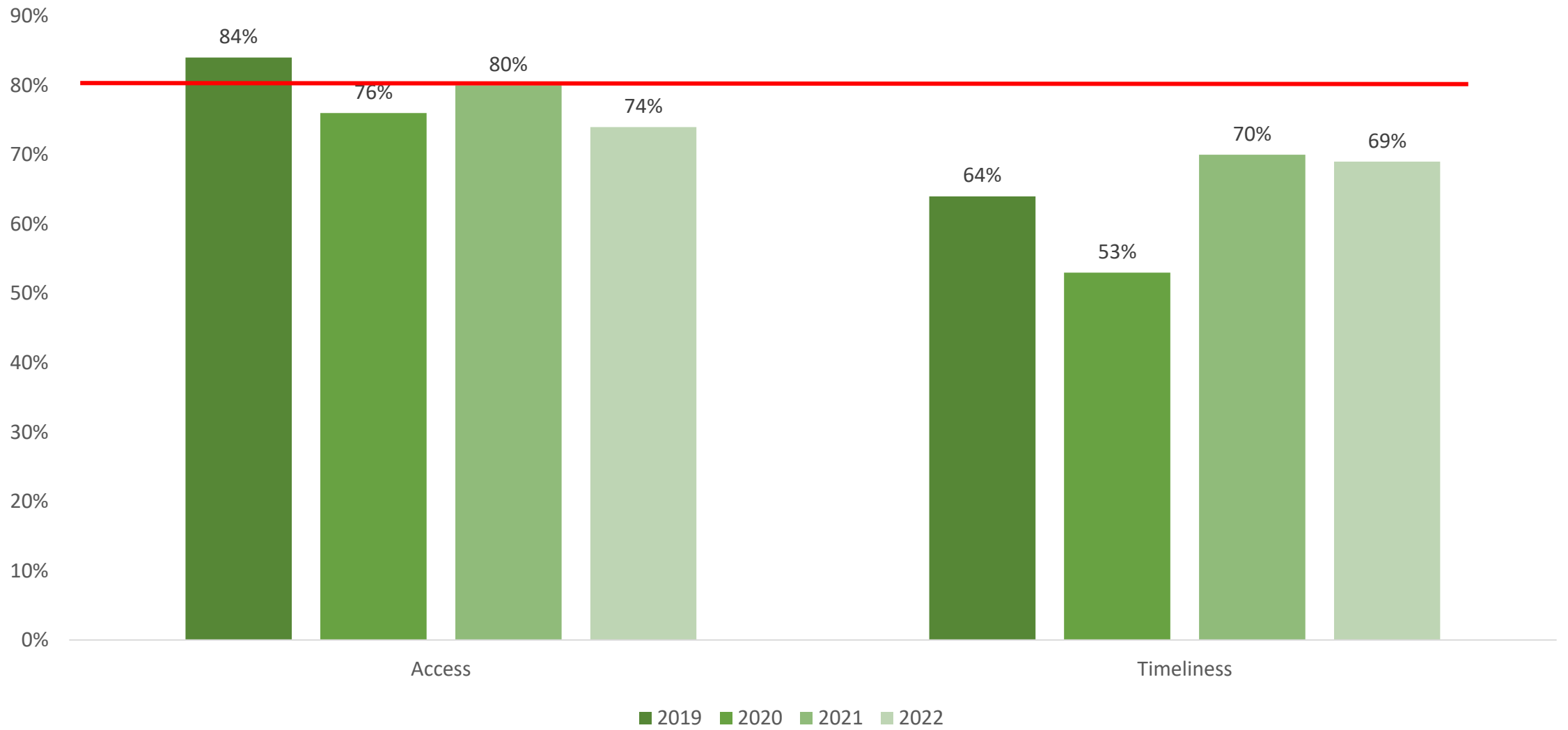
SCP Compliance Trend PASC



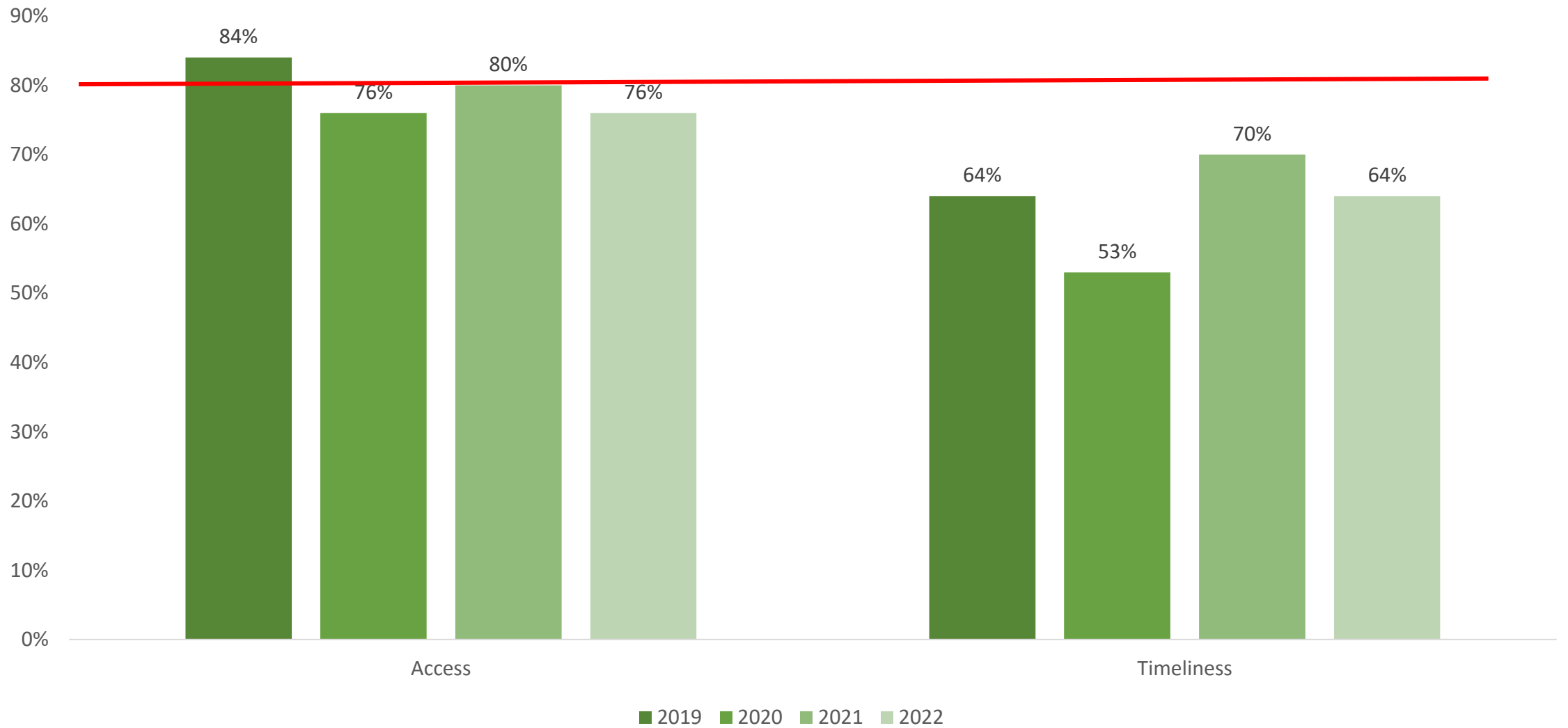
After Hours Compliance Trend LACC



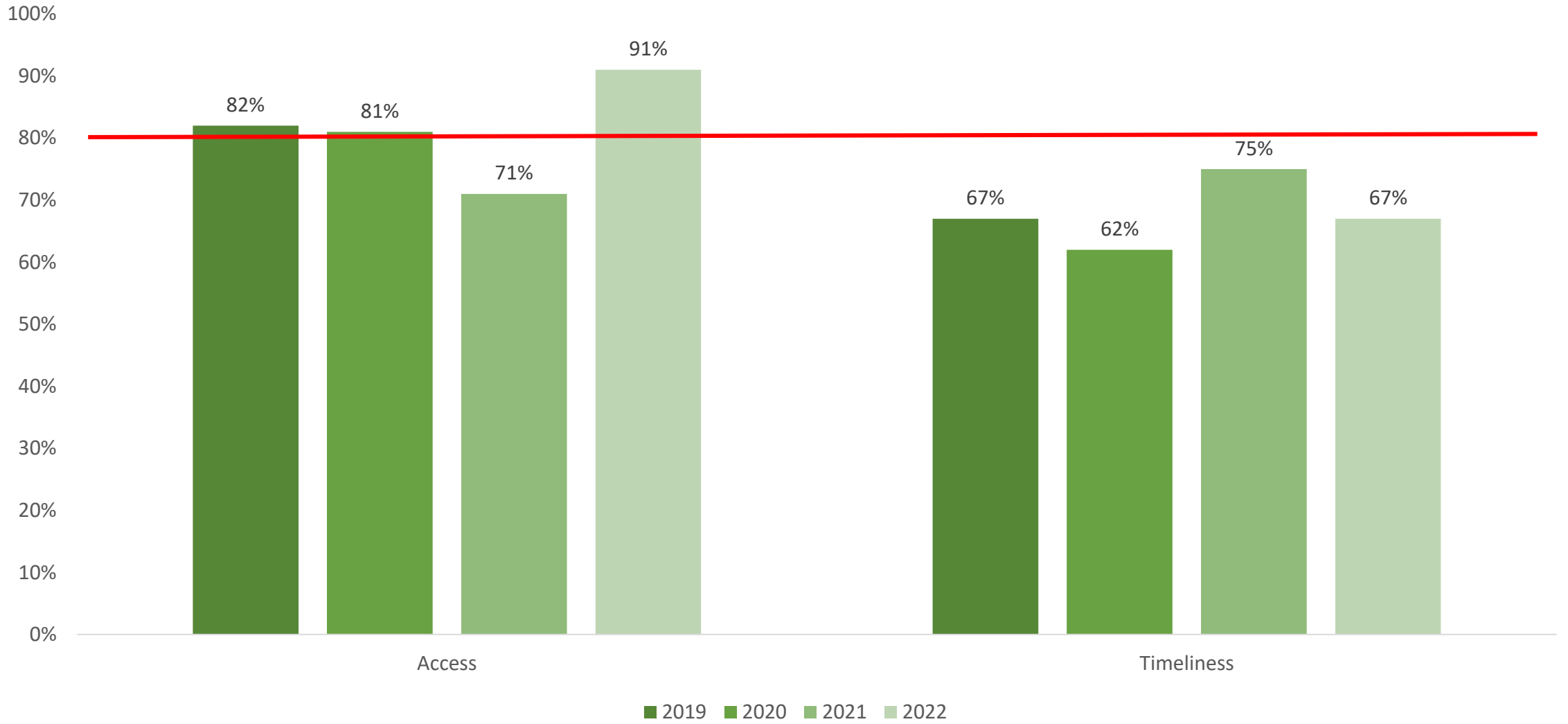
After Hours Compliance Trend LACCD



After Hours Compliance Trend CMC/DSNP

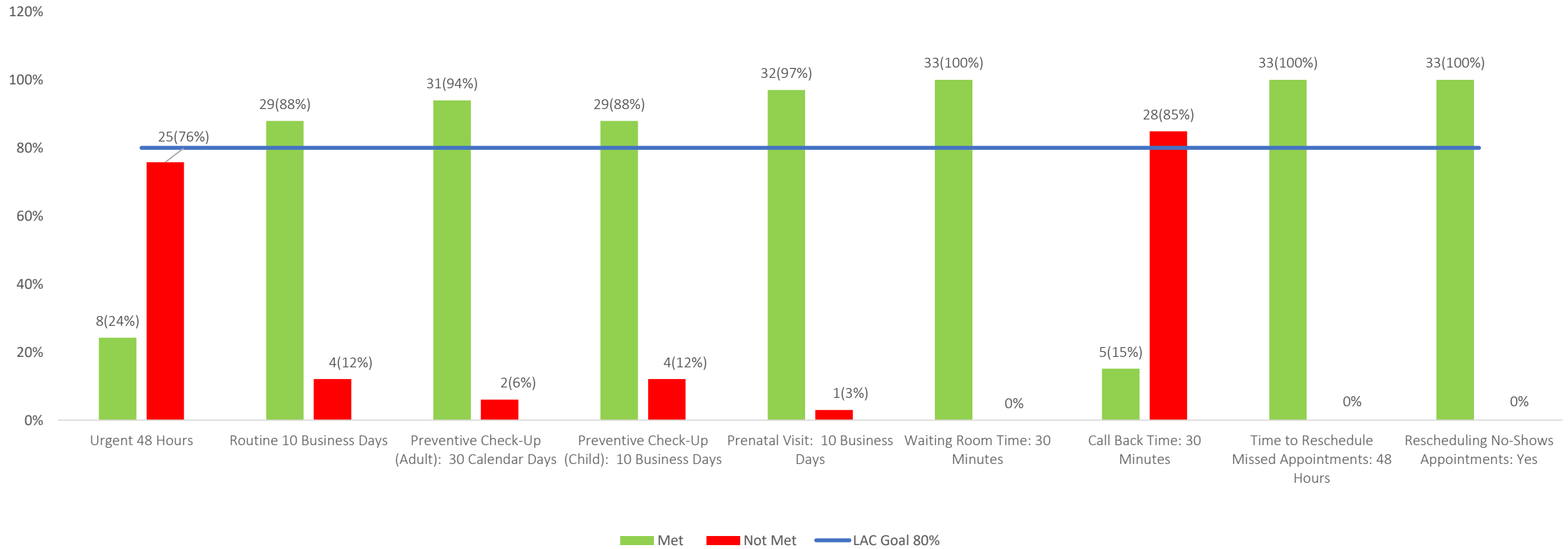


After Hours Compliance Trend PASC

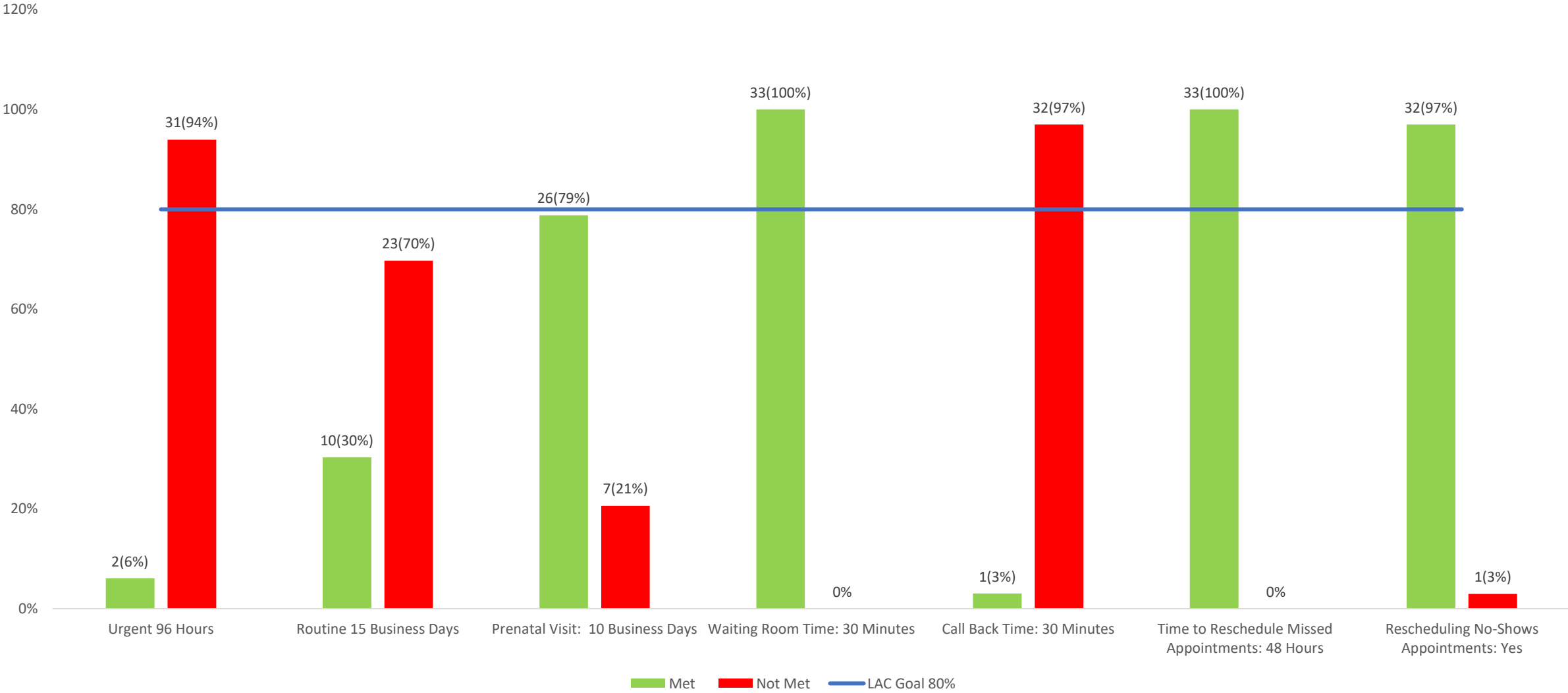


MY2022 Aggregate PAAS Results Graphs

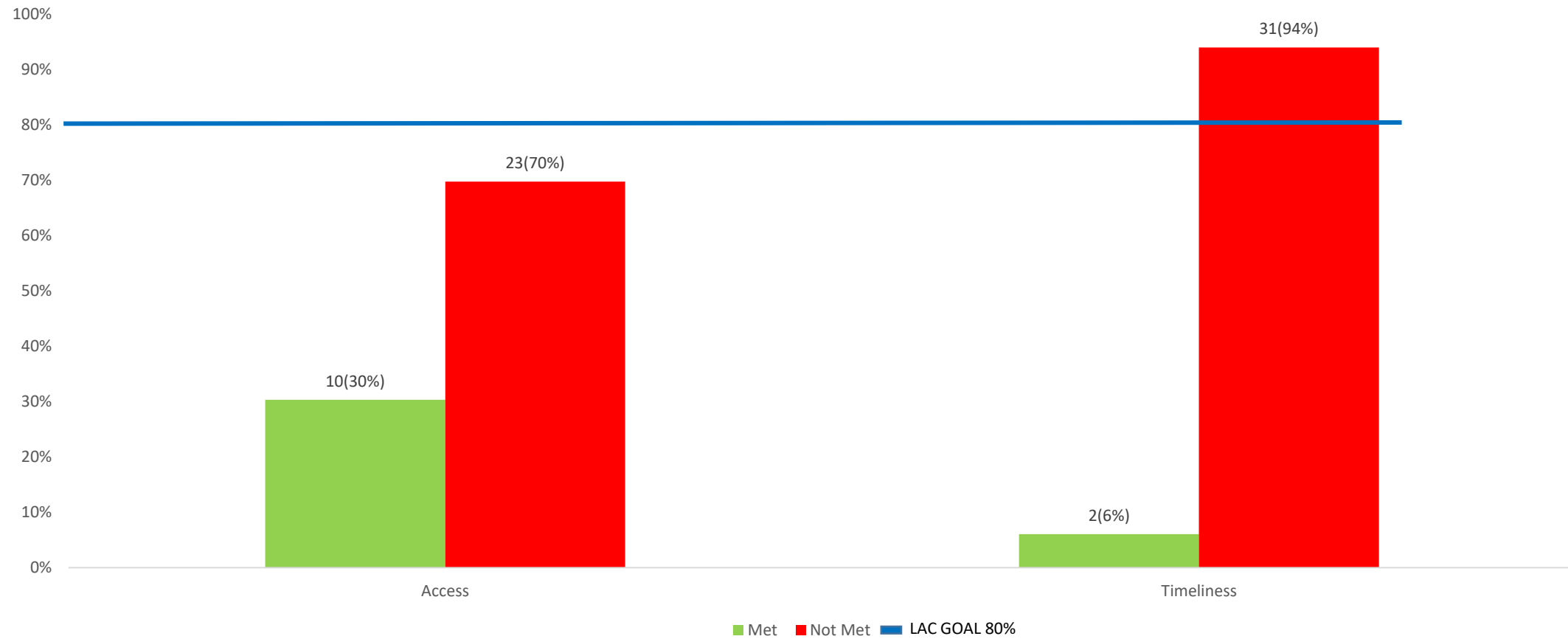
Aggregate MY2022 PAAS Results: Primary Care Physician (PCP) by Access to Care Standard



Aggregate MY2022 PAAS Results - Specialist (SCP) by Access to Care Standard



Aggregate MY2022 Results for AFTER HOURS Primary Care Physician (PCP) Only



Survey Refusal Rates

Reoccurring Issue(s) Appointment Availability

- Providers who **Refused** to Participate in the Surveys: Aggregate

Appointment Availability (AA) Refusal Rate [Refusal to Participate / Eligible Provider Sample Size]	Primary Care Physician (PCP)	Specialist (SCP)	Behavioral Health (BH)	Overall	Summary
2021	286/4,195 = 6.8%	302/2,933 = 10.3%	162/2,703 = 6%	750/9,831 = 7.6%	MY2022 had a higher overall refusal rate of 10.8% compared to MY2021's 7.6%, reflecting a variance increase of +3.2% .
2022	337/3,782 = ▲ 8.9%	467/3,412 = ▲ 13.7%	222/2,328 = ▲ 9%	1,026/9,522 = ▲ 10.8%	

▲ Increased
 Numerator = total number of providers who refused to participate
 Denominator = total providers surveyed

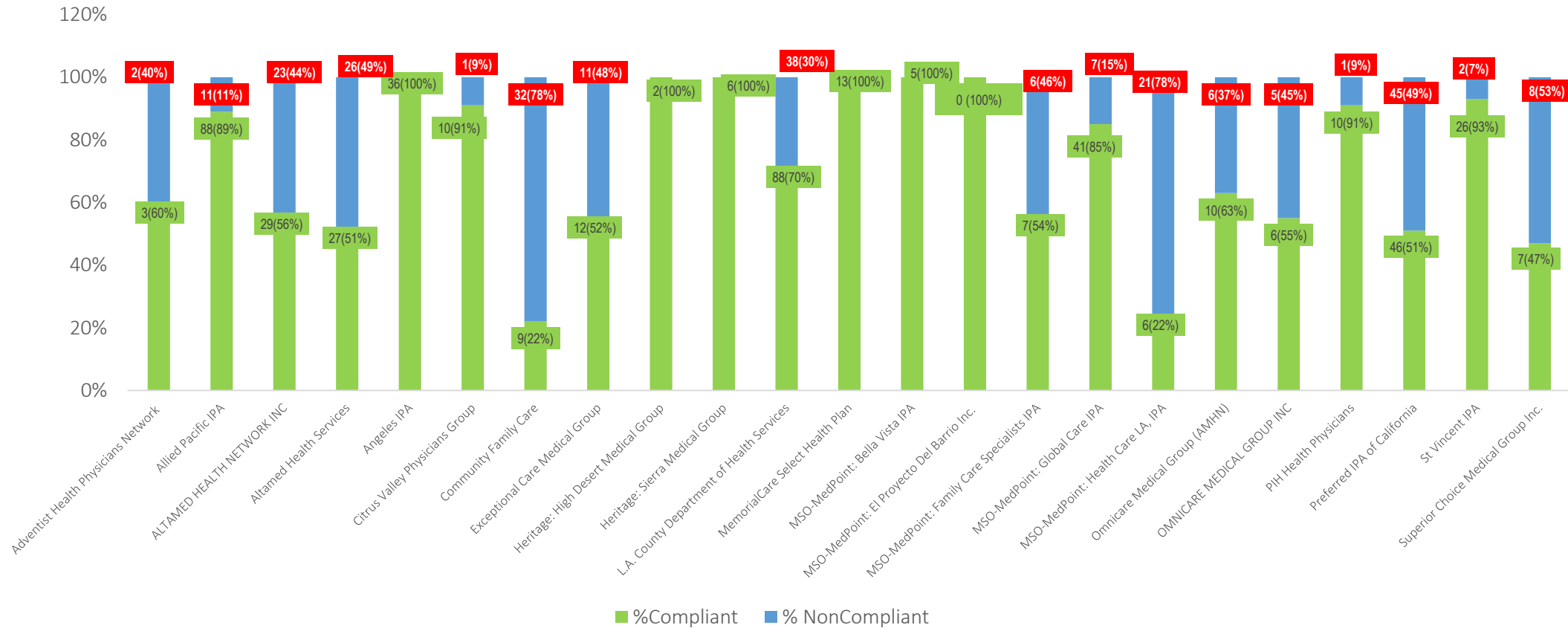
MY2022 Submission 1- Quarterly Oversight and Monitoring Results

The following graphs illustrate MY2022 Submission
1: Appointment Availability (AA) & After Hours
(AH) Compliant Vs Non-Compliant

O&M Submission 1: Appointment Availability (AA) PCP

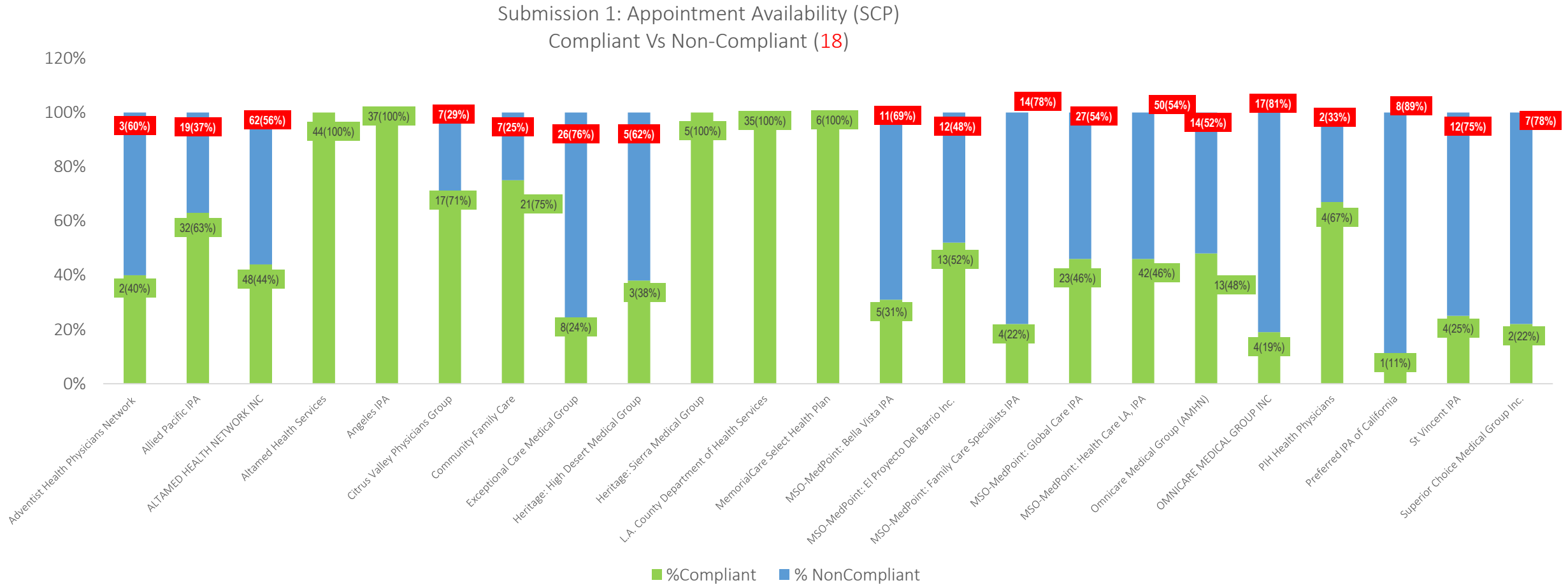
Compliant Vs Non-Compliant: 17/23

Submission 1: Appointment Availability (PCP)
Compliant Vs Non-Compliant (17)



Submission 1: Appointment Availability (AA) SCP

Compliant Vs Non-Compliant: 18/23



Submission 1: After Hours (AH) PCP

Compliant Vs Non-Compliant: 17/22

Submission 1: After Hours (PCP)
Compliant Vs Non-Compliant (17)

