



AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, November 16, 2023, 2:00 P.M.

L.A. Care Health Plan, 1st Floor, CR 100, 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=mcf8cb1ad5560c402b8cd582679e70f65>

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

Meeting number: 2489 213 7216 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., November 16, 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 October 19, 2023 Meeting Minutes P.3 *Chair*
4. Chairperson's Report *Chair*
 - Education Topics
5. Committee Charter Review P.16 *Committee*
6. Chief Compliance Officer Report P.19 *Todd Gower*
 - Provider Training Status Report P.21 *Interim Chief Compliance Officer*
 - Annual Update P.25
 - Privacy Update P.29
 - Issues Inventory Update P.31
7. Chief Medical Officer Report (*Verbal Report*) *Sameer Amin, MD*
Chief Medical Officer
8. Quality Oversight Committee (QOC) Update *Edward Sheen, MD*
Senior Quality, Population Health and Informatics Executive
9. Member Experience Survey Results P.39 *Linda Carberry,*
Manager, Quality Performance Management
Brigitte Bailey,
Quality Improvement Program Manager III,
Quality Improvement
10. Population Health Management (PHM) P.64 *Elaine Sadocchi-Smith*
Director, Facility Site Review
Director, Population Health Management
11. Transform LA and Provider Engagement Efforts P.77 *Cathy Mechsner,*
Manager, Practice Transformation Programs,
Quality Improvement
12. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

13. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
14. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four potential cases
15. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957

Consultation with: Todd Gower, Interim Chief Compliance Officer, Serge Herrera, Privacy Director, and Gene Magerr, Chief Information Security Officer

16. 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 January 18, 2024 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.

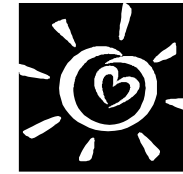
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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 – October 19, 2023



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*

Al Ballesteros, MBA

G. Michael Roybal, MD**

Senior Management

John Baackes, *Chief Executive Officer*

Augustavia J. Haydel, *General Counsel*

Sameer Amin, MD, *Chief Medical Officer*

Terry Brown, *Chief of Human Resources*

Todd Gower, *Interim Chief Compliance Officer*

Linda Greenfield, *Chief Product Officer*

* Absent ** Via Teleconference

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 2:02 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 Roybal)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	
APPROVAL OF MEETING MINUTES	<p>The September 21, 2023 meeting minutes were approved as submitted.</p>	<p>Approved unanimously by roll call.</p>

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<p>Chairperson Booth gave the following report:</p> <p>She said it has been wonderful to approach Compliance from a different angle for the last few months. She went over documentation and how to present information that is important to the Board. There are many changes being made. Some of them are still in progress. She would like Committee Members to reach out to Board Services if they are finding meeting materials difficult to read or whatever their comments are as long as they are constructive. There have been a couple of times when she has offered to provide some perspective from her point of view, obviously that's going to be from her point of view and offer some perspective about what the committee needs to see and everyone is really open to hearing. Staff might not be able to do what she asks, but they'll always give her a reason or they tell her why they can't when they can't. It has been going on now and she really appreciates that.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Todd Gower, <i>Interim 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. Gower stated that there will be five units responsible for reporting in Chief Compliance Officer report on their respective areas. He also informed the committee about receiving an exit conference recently from the Department of Health Care Services (DHCS), where they received some observations and information, which they are adjusting and planning to follow up on. He noted that once they receive the final report, there will be a 15-day window to respond with necessary information and address findings and observations. Additionally, there will be about four weeks to review the received information, and by January, they expect to have the final report ready.</p> <p>Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, gave an Issues Inventory Update. Mr. Sobetzko provided an issues inventory report, focusing on matters from August. He mentioned that there are currently three open issues, all of which have been reviewed. These issues revolve around call center metrics and the line of business's performance, which has faced some challenges due to a phone line that was kept open after a conversion on January 1. After conversing with the contact center, it was decided that this matter would be closed, as the line of business no longer needed it to meet regulatory requirements.</p> <p>Part D Auto-Forwards Timelines The Part-D Auto-Forwards for Coverage Determination Appeals report has had timeliness reporting issues for five consecutive months. The root cause revolves around high Prior Authorizations volume and limited staff available at Navitus due to their staffing turnovers. Item is still open.</p> <p>Long Term Care Discharge Process Letter Usage</p>	

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	<p>Long Term Care area inquired about regulatory guidance for the usage of the Last Covered Day (LCD) and Notice of Medicare Non-Coverage (NOMNC) letters to members when they no longer qualify for skilled services. Issue is still open.</p> <p>Direct Network Utilization Management (UM) Decision Notification Timeliness Report The UM decision notification timeliness July scorecard had an internal calculation issue. The issue was fixed prior to publishing the report. The error was, the last provider notification letter for in patient concurrent admissions was reported instead of the initial notification letter to provider. Closed on August 25, no issue to remediate; regulatory guidance only.</p> <p>UM authorizations quality controls Special Investigation Unit's (SIU) feedback of UM referral cases for potential Fraud Waste and Abuse (FWA) review. This issue was closed on August 2. The SIU cases identified were researched by UM Quality Assurance. The staff were trained on the quality deficiencies findings.</p> <p>Member Roybal said that he has a general question involving the street medicine member, access, and the provider network. He said he can see where this could be an area where there could have been? some FWA by people trying to recruit folks who are homeless and providing things that they shouldn't be in efforts to bill for that. He asked if L.A. Care credentials folks specifically for street medicine? Or is that something that anyone who's in the L.A. Care provider network can do. Dr. Amin responded that he is glad that he brought that up. He would actually tell him that only L.A. Care is leading on this issue. It is actually creating this within its Community Health Department. That's the department led by Charlie Robinson, <i>Senior Director, Community Health, Safety Net Initiatives</i>, and Michael Brodsky, <i>Senior Medical Director, Community Health, Behavioral Health</i>, they are working together on social services, behavioral health housing initiatives, and community supports as part of the CalAIM initiatives that are aligned to community health. One of the things they're working on is street medicine. They have actually created a framework around street medicine called field medicine that he thinks incorporates a lot of the concern they have. It's not just how to do street medicine, by appropriately credentialing people to make sure there's not FWA occurring, but also tie those people back to longitudinal care with their primary care doctor, to whom they were originally assigned or attributed and so there is a system by which they have broken out the county into regions. They've got anchor providers that are the Primary Care Provider group that could take new assignment. They also have the traditional provider that could get the patient back to to longitudinal care. L.A. Care has a street medicine sort of Main Street medicine person for that region. Along the lines of people providing street medicine as an urgent care, they would just bill on a fee-for-service basis. There's a very intense plan around this. L.A. Care has got Health Net on board and a number of other health plans that they've talked to about it so they are coordinating and leading on this topic. It's the first real infrastructure built around on street</p>	

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	<p>medicine in the county, and he is extraordinarily proud of what they've been doing and he believes, at some point either during the Board of Governors meeting or an Executive Committee meeting, they're going to have a whole presentation on this. Mr. Gower stated that they will be monitoring this closely.</p> <p>Mr. Sobetzko gave a Risk Assessment update (<i>a copy of the written report can be obtained from Board Services.</i>). C13 - Compliance Program Effectiveness With the Plan winning new contracts and past CAPs, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.</p> <p>Mitigation Activities</p> <ul style="list-style-type: none"> • Engage third-party to conduct Annual Compliance Program Effectiveness (CPE) assessment • Reorganize Compliance Department (Implemented June 2023) • Complete Corrective Action Plan (CAP) Validation after CPE assessment <p>Status Update</p> <ul style="list-style-type: none"> • 2023 CPE Audit Kickoff September 2023; Material Collection and Field work scheduled through November 2023. • Regarding the findings from the 2021 CPE Audit: <ul style="list-style-type: none"> – Additional CAPs accepted for a portion of Condition three (concerning the delegation oversight (DO) program)-the remaining portion is under review with Compliance, Observation two (concerning SIU reporting structure/specialized training), and Observation four (concerning the formal FWA risk assessment and risk rating). – Compliance is coordinating with other units in the reorganized Compliance Department to finalize additional responses and CAPs for Conditions three– four and Observations three and five, ahead of the 2023 CPE Audit. <p>Maggie Marches, <i>Senior Director, Audit Services, Executive Services</i>, gave an Internal Audit (IA) Plan Update. She began by announcing that the Internal Audit team now reports to Mr. Baackes to ensure some independence for some of the work that is being done. They will still continue to work with Compliance.</p> <ul style="list-style-type: none"> • Ten Active projects with 1 completed and three in final report QA, with 6 in progress. One project was split into two phases to support IT Data Management Audit • 10 other Projects are either being considered, on hold or being assessed by a 3rd party. • Four Projects that relate to support Risk Management in Compliance, Annual Risk Assessment, Compliance Operations support and IA Annual Planning • Two Prior Year Follow-up Reviews. Moved 1 to the 2024 IA Plan due to other priority audits and support for Risk and Compliance. 	

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	<p>Member Booth asked if the second item related to the Health Risk Assessment was on hold, because of D-SNP and now it's status is "further notice." Mr. Gower responded the focus is on the corrective mitigation activities related to the audit process. He mentioned that they were working on assessing risk mitigation and ensuring that controls are in place and effective. Their goal is to have a good understanding of their processes and have an aligned plan for risk assessment. They are also looking at a 2023 year outlook for their internal audit plan to gain a comprehensive understanding of their operations. Member Booth asked if it would be good to see an explanation as to why it was on hold and it isn't any longer. Mr. Gower highlighted their efforts to improve the audit and assessment process. They are working on transitioning from manual methods to a more streamlined digital system that can store decisions and audit plans effectively. Their goal is to retain this valuable information for reference, ensuring that it remains accessible and serves a purpose for their operations.</p> <p>Marita Nazarian, <i>Director, Delegation Oversight, Executive Services</i>, gave Delegation Oversight Audit Update.</p> <ul style="list-style-type: none"> • Total of 42 Delegates Audited <ul style="list-style-type: none"> - All 42 audits completed = CAPs Accepted • 2022 Audit Areas included: <ul style="list-style-type: none"> - Credentialing - Compliance Program Effectiveness - Cultural & Linguistic - Health Education - Provider Network - Critical Incidents - Utilization Management - Special Investigation Unit - Quality Improvements <p>2022 Delegation Oversight CAP Validation</p> <ul style="list-style-type: none"> • CAP Validation occurs 60 days after CAPs are accepted. • CAP Validation from 42 Annual Audits: <ul style="list-style-type: none"> - Completed/closed: 33 - To occur/or in progress: 9 <p>2023 Delegation Oversight Annual Audits</p> <ul style="list-style-type: none"> • What entities will be audited? <ul style="list-style-type: none"> - Plan Partners 	

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	<ul style="list-style-type: none"> - Participating Physician Groups (PPGs) - Specialty Health Plans (SHPs)/Vendors <p>33 Audits are scheduled from April 2023 - January 2024.</p> <ul style="list-style-type: none"> - Audit areas will be the same as 2022 audits with exception of Credentialing (CR). Credentialing Department will conduct CR audits of delegates. <p>2023 Delegation Oversight Pre-Delegation Assessments Completed Pre-Delegation Assessments:</p> <ul style="list-style-type: none"> • Serra Community Medical Clinic (MCLA, LACC) • Western Dental (DSNP) • Liberty Dental (DSNP) <p>In-Progress:</p> <ul style="list-style-type: none"> • Serra Community Medical Clinic (DSNP) • Exceptional Care Medical Group (DSNP) • Family Care Specialist (DSNP) • Superior Choice Medical Group (DSNP) <p>Pending Contracting:</p> <ul style="list-style-type: none"> • Welcome Health- (New PPG) • Full Circle (Enhanced Care Management Provider) <p>Member Booth asked what items listed are Medicare. Ms. Nazarian responded that four items are contracted with L.A. Care through Medi-Cal lines of business, but are trying to contract through D-SNP. Mr. Baackes stated that they may have not been contracted with the Cal-MediConnect line of business.</p> <p>Richard Rice, Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization</i>, gave a Notice of Non- Compliance/CAP Tracker Oversight Monitoring-update.</p> <ul style="list-style-type: none"> • Enterprise Performance Optimization (EPO) Department has added the tracking of any CAPs issued to delegates by L.A. Care Business Units to our current process of tracking Notices of Non- Compliance issued by L.A. Care. • EPO is still working with all Business Units to pull in any CAPs that have been sent out to the delegates. • The tracker is being updated and will be sent out at the next C&Q. • Summary: 	

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	<ul style="list-style-type: none"> - Corrective Action Plans (CAPs) Total – 16 - Notices of Non-Compliance (NONCs) Total – 28 - Total: 44 	
<p>CHIEF MEDICAL OFFICER REPORT</p> <ul style="list-style-type: none"> • Quality Oversight Committee 	<p>Dr. Amin gave a Chief Medical Officer Report.</p> <p>Dr. Amin expressed his gratitude for the opportunity to address topics close to his heart in his Chief Medical Officer report. The report was divided into two parts: the first part focused on preliminary audit results and ongoing work, while the second part addressed over and underutilization. He discussed the need for improvements in the appeals and grievances process. He acknowledged the effectiveness of the current system but emphasized the importance of making it even better. This includes detailed categorization of grievances for better analytics, expedited review by medical directors, and closing agreements within 30 days, particularly for quality of care issues. The process of thorough investigation and notification to members to prevent systemic issues was also a key focus. Collaborative efforts with Acacia Reed, <i>Chief Operating Officer</i>, were underway to enhance this process. He highlighted efforts to tackle over and underutilization. Dr. Amin mentioned the collaboration between various departments, including operations, finance, and fraud waste and abuse. Advanced analytics and a dedicated medical director were being incorporated into the team. He shared a successful case in the hospice space where claims and authorization data analysis revealed concerns of fraud. Investigations, recovery letters, site visits, and member outreach were some of the measures taken. Dr. Amin mentioned that findings aligned with the 2022 California auditor report, and efforts were made to engage with law enforcement to address issues. He highlighted that more work would be carried out with the integration of a medical director and advanced analytics in 2024 to identify both overutilization and underutilization issues and ensure that members receive appropriate care.</p> <p>Dr. Amin introduced Edward Sheen, <i>MD</i>, to the committee. Dr. Sheen provided a comprehensive update on the Quality Oversight Committee meeting held in July. While he was not present at the meeting, he focused on four major highlights from the meeting.</p> <ul style="list-style-type: none"> • There was presentation on potential quality issue updates for 2022-2023. The presentation highlighted significant backlogs in grievance cases, with a backlog of 1560 cases from August 2021 to March 2022, which was closed in March. Another backlog of 500 cases from grievance referred in February was closed in September. The monthly volume of cases remained high, averaging about 700 cases per month, which raised concerns about timely review. Dr. Sheen emphasized the need to address the root causes of this issue, such as evaluating high volume causes, hiring additional staff, improving coordination between different departments, and enhancing training to reduce inappropriate referrals. 	

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	<ul style="list-style-type: none"> • There was a report on the utilization of language services. The report showed an increasing trend in the utilization of all language services, with a nearly 15% increase in translation requests compared to the previous year. Face-to-face interpreting requests exceeded pre-pandemic levels by approximately 25% for medical appointments and increased by 68% for non-medical appointments. Telephonic interpreting utilization was 43% higher than the previous year. Member grievances related to language services were discussed, including concerns about providers not having staff who speak the members' language, members not being offered interpreting services, and member dissatisfaction with material received. Dr. Sheen highlighted the overall small number of staff complaints and the high member satisfaction levels with language services. • There was information presented about the 2023-2025 Health Equity and Disparities Mitigation Plan. The plan aims to address health disparities and promote health equity. It is organized into four health equity zones, each with specific objectives and performance metrics. These zones focus on addressing key health disparities, leading change in the community, moving towards equitable care, and embracing diversity, equity, and inclusion. The plan seeks input from members, providers, and the community, alignment of resources with community initiatives, and evaluation of efforts to advance equitable health for all. • Dr. Sheen concluded the meeting by accepting the minutes and reports from various committees, including the Credentialing, Utilization Management, Pharmacy, Population Health Management, Quality Performance Management, and additional committees. He encouraged the committee members to access the detailed minutes from each committee meeting for reference. 	
QUALITY IMPROVEMENT PROJECTS UPDATE	<p>Rachel Martinez, <i>Supervisor, Quality Improvement</i>, gave a Quality Improvement Projects Update (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>There are four types of quality improvement projects that can be required of us by our regulators:</p> <ul style="list-style-type: none"> • Quality Improvement Projects (QIPs): These have unique, product line specific, requirements and last from 9 months to 3 years. All product lines may issue a QIP but typically Medi-Cal does not. • Performance Improvement Projects (PIPs): PIPs are typically 18-month long projects with the first half spent on identifying areas of need, causal analysis, and planning interventions then followed by testing of interventions. • Plan-Do-Study Act (PDSA). PDSA projects are done in much shorter timeframes with interventions being tested in 30-90 day cycles. Typically these have two cycles of interventions and are required by our regulators due to low performance on a measure. • Strengths Weakness Opportunities and Threats (SWOTS) An analysis project of strengths, weakness, opportunities and threats among existing resources for a particular area of focus. 	

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	<p>* PDSAs or SWOTs are issued by Medi-Cal only when L.A. Care does not meet the minimum performance level (MPL) for Managed Care Accountability Sets (MCAS) measures.</p> <p>SWOT & PIPs from DHCS for 2023-2026</p> <ul style="list-style-type: none"> • DHCS issued all health plans in California two PIPs to begin in September of 2023 through 2026. • The first PIP is based on disparity, specifically Black/ African American Children who will be turning 15 months in 2023. The measure's focus is the Well-Child Visits in the First Thirty Months of Life: 0-15 months (W30 6+). • The second non-clinical PIP will be focusing on behavioral health needs around Emergency Department Use for Substance Use Disorder and Severe Mental Illness. DHCS is requesting plans choose an area of focus to improve the coordination of care with the members' provider for follow-up visit. • One active SWOT issued in the prior year in the Children's Health Domain. • Two PIPs closed this year. <p>Member Roybal acknowledged that healthcare organizations, including his own, have encountered significant challenges in recruiting and retaining medical assistants and nurses. He noted the difficulties faced in hiring these essential staff members. He explained that many medical professionals have chosen to work as travelers due to the lucrative opportunities they offer. This trend has made it tough for healthcare facilities to attract and retain their workforce, as these traveling professionals often receive higher pay. Member Roybal pointed out that the rates offered to traveling professionals have risen dramatically. Hospitals are willing to pay higher rates to secure the services of these professionals, making it challenging for healthcare organizations to compete. He mentioned that this recruitment and retention challenge has been ongoing for an extended period, persisting for at least a year, and possibly up to 18 months. Member Roybal emphasized the importance of making healthcare operations as efficient as possible. He suggested that healthcare facilities should minimize their reliance on nurses and medical professionals for tasks that can be delegated to other staff or automated processes.</p> <p>Mr. Baackes emphasized that the staffing challenges discussed by Member Roybal have significant implications for the organization's interactions with state authorities. He pointed out that these challenges have led to specific feedback provided to the state. He mentioned that the state has been introducing additional requirements for healthcare organizations, which include mandates for increased staffing. Mr. Baackes explained that the requirement for additional staffing puts healthcare organizations, including his own, in direct competition with others, referring to "you guys," likely indicating other healthcare providers or facilities. He noted that the organization has been requesting the state to provide clearer justifications for these additional staffing requirements. The intention</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>behind this request is to gain a better understanding of the necessity and rationale behind the imposed rules. Mr. Baackes emphasized that these requirements not only result in increased expenses but also hinder the organization's ability to effectively staff its operations due to the competition for qualified personnel. Dr. Booth stated that they already knew that staffing was going to be an issue. She said that she can't think of anything that L.A. Care can choose in terms of PIPs that already has an answer. She said Ms. Martinez and her team do a great job of putting them together. It's very frustrating to see efforts that she feels are a waste. Ms. Martinez mentioned that they had previously built a custom report for PIP several years ago, which they are currently using in the enhanced version. She highlighted that the team's work may not always result in immediate, tangible changes, but it's essential to note that they have been consistently working on improving various aspects. Ms. Martinez discussed recent projects such as the development of Flu Vaccine brochure and the vaccine uptake project for young kids. These initiatives demonstrate the team's commitment to addressing important healthcare issues. She agreed with Member Booth's perspective on the significant workload but emphasized that they are actively trying to enhance their efforts. The team is expecting to take on six more projects on top of the two existing PIP projects, further demonstrating their commitment to improvement. Ms. Martinez pointed out that the projects involve various components that come together over time. She shared that they are hoping to gain some flexibility with the two upcoming projects. She expressed her desire to share what they have learned and how it can be applied in the future, indicating a commitment to continuous learning and improvement.</p> <p>Dr. Amin mentioned that there are two components to their work, one being the interventions they implement, and the other being the lessons they learn. He acknowledged that some of the lessons learned were already known, but this doesn't diminish the value of the interventions being carried out. He emphasized that even though the patient populations affected by these interventions might be small, the outcomes of these efforts often lead to the development of more efficient processes that can benefit a much larger member base in the future. These broader improvements may not be immediately reflected in the specific performance improvement project (PIP) under discussion. Dr. Amin mentioned the challenges they face in terms of the administrative burden imposed on their provider network and the competition for nurses and other healthcare staff. This competition has been significant. He shared a positive development in their advocacy efforts with the Department of Health Services (DHS). A new Public Health Management (PHM) guide was published to address concerns raised by their organization. This guide eases some requirements, particularly for lower and medium-risk populations, allowing for a more member-centric approach. Dr. Amin highlighted that the changes in the PHM guide mean less pulling away from medical practices, with more services housed at L.A. Care. This shift aims to reduce duplicative work and promote better coordination, which aligns with their objectives. Dr. Amin suggested that their organization played a role in helping craft some of the</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>language and content in the new PHM guide, indicating their active participation in shaping the guidelines.</p> <p>Mr. Baackes emphasized that the dialogue with DHS was led by clinicians, with Dr. Amin representing all the medical plans for Los Angeles County. This approach involved medical directors and clinicians, rather than non-clinical personnel engaging in clinical discussions. The interaction between clinicians, both from the medical plans and the DHS medical director, was instrumental. This clinician-to-clinician communication made a substantial difference in the outcome and contributed to the success of their advocacy efforts. Mr. Baackes noted that, in many instances with other agencies, discussions on clinical issues often involve non-clinicians. In this case, having clinicians at the forefront of the dialogue was a key factor contributing to their success.</p>	
FACILITY SITE REVIEW	Elaine Sadocchi-Smith, <i>Director, Facility Site Review, Director, Population Health Management</i> , gave a presentation on Facility Site Review (<i>a copy of the full presentation can be obtained from Board Services.</i>).	
INITIAL HEALTH APPOINTMENT (IHA), ANNUAL COGNITIVE HEALTH ASSESSMENT (ACHA) OVERVIEW AND UPDATES	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review, Director, Population Health Management</i>, gave a presentation about Initial Health Appointment (IHA), Annual Cognitive Health Assessment (ACHA) Overview and Updates (<i>a copy of the full presentation can be obtained from Board Services.</i>).</p> <p>Member Roybal stated that for the IHA he knows that there are certain laboratory tests that they want done. He asked if that was correct. Ms. Sadocchi-Smith responded that she does believe so. Member Roybal stated that L.A. Care sends out children to see their doctor to get credit for the HEDIS (Healthcare Effectiveness Data and Information Set) survey, he asked if the same thing was being done for IHA. Ms. Sadocchi-Smith responded that Quality Performance Management (QPM) team does gaps in care report. She is not sure how often that report goes to the provider, but can provide an update at the next meeting. Dr. Amin clarified that the health plan's primary focus has been on facilitating and ensuring that people attend their healthcare visits. The plan tracks various elements related to quality metrics, with a particular emphasis on measures like HEDIS and STAR ratings, which are critical in Medicare. Specifically, they monitor getting members into these visits. Dr. Amin also mentioned that the information provided to the provider portal centers more on whether the appointment was scheduled or not. He suggested that the system's tracking might focus on the completion of the appointment. He asked that Ms. Sadocchi-Smith provide a more accurate update at the next meeting. Ms. Sadocchi-Smith said she will confirm and provide an update at a future meeting.</p>	
ADJOURN TO CLOSED SESSION	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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</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 4:20 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 4:20 p.m.</p>	

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: _____

**L.A. Care Health Plan
Board of Governors
Compliance & Quality Committee**

CHARTER

I. *General.*

The Compliance & Quality Committee (“the committee”) of the L.A. Care Health Plan Board of Governors (“the board”) shall be comprised of Board members, none of whom is an employee of L.A. Care Health Plan. The number shall be determined by the Board. Committee members should be independent of management and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment as a Committee member. The Committee shall meet at least four times annually and more frequently, as necessary. It shall make recommendations to the Board periodically, in consultation with the Chief Executive Officer or his designee, and the Compliance Officer of Regulatory Affairs & Compliance, on those findings and matters within the scope of its responsibility. The Committee shall maintain minutes of all its meetings to document its activities and recommendations.

II. *Committee Goals.* The primary goals of the Committee are to:

1. Monitor and oversee the quality management of L.A. Care Health Plan, its plan Partners and any contracted or subcontracted entities.
2. Assist the Board in fulfilling its fiduciary responsibilities relating to L.A. Care Health Plan's legal and financial compliance with applicable laws, regulatory requirements, industry guidelines, and policies;
3. Ensure that all applicable solvency standards are met with respect to L.A. Care Health Plan's Plan Partners and any contracted or subcontracted entities;
4. Monitor the solvency and claims payment timeliness of any organization that is contracted or sub-contracted with L.A. Care Health Plan; and
5. Provide a vehicle for communication between the Board and management of L.A. Care Health Plan to ensure proper operations and performance of L.A. Care Health Plan and its stakeholders.

III. *Committee Responsibilities.* The responsibilities of the Committee, on behalf of the Board, shall include:

1. Ensuring L.A. Care Health Plan adopts and monitors the implementation of policies and procedures and performance standards that require L.A. Care Health Plan and its employees, the Plan Partners and the providers to act in full compliance with all applicable laws, regulations, and contractual requirements; and
2. Maintaining communication between the Board, the internal or external compliance auditors and management of L.A. Care Health Plan

3. Ensuring that L.A. Care Health Plan addresses and reviews matters concerning or relating to L.A. Care Health Plan's Compliance Program and Plan Partner performance.
- IV. *Committee Duties.* In carrying out its responsibilities, the Compliance & Quality Committee shall include, but not limit performance of its duties, to the following:

Compliance Duties:

1. Provide oversight of the implementation and continuance of L.A. Care Health Plan's Compliance Program (and recommend any revisions thereto, as appropriate) relating to the conduct of business to ensure adherence to L.A. Care Health Plan's Compliance Program policies, the Code of Conduct, governmental rules, regulations and contractual agreements.
2. Ensure that L.A. Care Health Plan's mission, values, and Code of Conduct are properly communicated to all employees on an annual basis.
3. Review, revise as necessary, and recommend approval, at least annually, of the Code of Conduct and submit it to L.A. Care Health Plan's Board for approval.
4. Present to L.A. Care Health Plan's Board, as appropriate, such measures and recommend such actions as may be necessary or desirable to assist L.A. Care Health Plan in conducting its activities in full compliance with all applicable laws, regulations, contractual requirements, policies, performance standards and L.A. Care Health Plan's Code of Conduct.
5. Regularly assess and monitor the operational performance of each of the Plan Partners to ensure they maintain the standards and requirements set forth in their contracts with L.A. Care Health Plan and set forth in all other applicable laws, procedures, and standards.
6. Make recommendations to the full Board to impose appropriate sanctions, extend or renew contracts, establish policies, procedures and performance standards, impose additional conditions of participation, and review corrective action plans for any organization that is either directly or indirectly contracted with L.A. Care Health Plan.
7. Serve as a hearing committee in connection with recommendations to impose sanctions on any individual or organization that is either directly or indirectly contracted with L.A. Care Health Plan, if required under applicable law or L.A. Care's policies and procedures

Audit Duties:

1. Provide sufficient opportunity for the Compliance Officer to meet with the Compliance & Quality Committee to provide the Committee with appropriate evaluations of L.A. Care Health Plan Plan Partners' and other contracted or subcontracted entities' compliance with legal, regulatory, and financial solvency standards.
2. Provide oversight of the internal compliance audit functions of L.A. Care Health Plan and external compliance audit functions in connection with the Plan Partners and those entities for

which L.A. Care Health Plan has oversight responsibilities, including reporting obligations, the proposed annual audit plans and the coordination of such plans.

Quality Assurance Duties:

1. Provide oversight of the quality management activities of L.A. Care Health Plan and its contracted entities including review of the QM Program, monitoring activities, corrective action plans and improvement activities.
2. Quality Improvement Plan (QIP) and the QIP Annual Work Plan for submission to L.A. Care Health Plan's Board of Governors for approval.

Execute the authority delegated by the Board to the Compliance & Quality Committee to review and approve the following annual Quality Improvement (QI) and Utilization Management (UM) program documents:

- QI Program Document
- QI Workplan
- QI Annual Report/Evaluation
- UM Program Document
- UM Annual Report/Evaluation

Executive summaries, with key findings and highlights from the documents shall be submitted to the Board for its information and pursuant to requirements by the State Department of Health Services and other regulatory bodies.

3. Receive periodic reports from the Chief Medical Officer and the Quality Assurance/Quality Improvement Committee

General Duties:

Perform other duties as assigned by the Board of Governors.

Reviewed and Approved by:

L.A. Care Health Plan
Board of Governors

Alexander K. Li, MD, Board Secretary
Date: _____



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To: Compliance & Quality Committee of the Board of Governors
From: Todd Gower, Chief Compliance Officer (Interim)
Subject: Chief Compliance Officer Report
Date: November 16, 2023

COMPLIANCE OFFICER OVERVIEW

The Compliance Officer Overview contains the following reports and status updates:

1. Compliance Officer Report – Todd Gower
2. Provider Training Status Report – Theresa Moore
3. Annual Compliance Training Update – Deborah Leatherman
4. Privacy Update – Serge Herrera
5. Issues Inventory Update – Mike Sobetzko

Compliance & Quality Committee Compliance Officer Report



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Presenter(s): Todd Gower

November 16, 2023

Key Performance Indicator Provider Training for September & October 2023



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DIRECT NETWORK PROVIDER TRAINING

September & October 2023

Presenter: Theresa L. Moore

Month	#of New PCPs/Specialists	# of Compliant Providers	Training Compliance Percentage
September	16	16	100%
October	7	7	100%

Month	#of New Ancillary Providers	# of Compliant Providers	Training Compliance Percentage
September	2	2	100%
October	3	3	100%



PPG NETWORK PROVIDER TRAINING

September 2023

Presenter: Theresa L. Moore

Month	#of New PCP/Specialists	# of Compliant Providers	# of Monthly Reports Received	Training Compliance Percentage
September	121	121	32	100%

Month	#of New Ancillary Providers	# of Compliant Providers	# of Monthly Reports Received	Training Compliance Percentage
September	87	87	32	100%



PPG NETWORK PROVIDER TRAINING

Corrective Action Plan Monitoring

Presenter: Theresa L. Moore

- CORRECTIVE ACTION PLANS ISSUED:
 - Emanate Health (EIPA) – Received two Warnings of Non-Compliance
 - July – 1 PCPs reported, 1 PCP trained late; 2 mid-level providers reported and 2 non compliant (*missing supporting documentation*)
 - August – 8 PCPs/Specialists reported, 1 Specialist compliant and 7 PCPs unable to validate training completion (*missing effective date supporting documentation*); 4 mid-level providers reported, 4 mid-level providers non compliant (*missing supporting documentation*)
 - September – 4 PCPs reported, 4 PCPs compliant
 - 90 Day monitoring is implemented once CAP has been approved



Compliance Training Update



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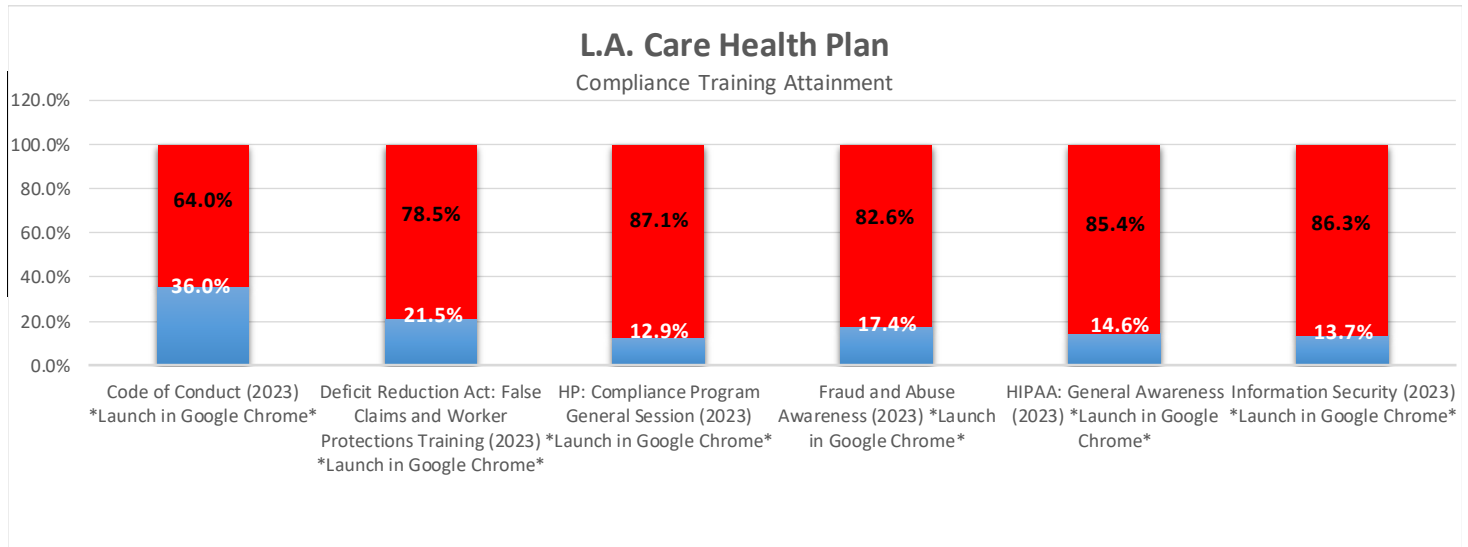


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2023 Annual Compliance Training for L.A. Care Employees as of 11/1/2023

L.A. Care Staff (LAC)			
2023 Annual Compliance Training:	Completed	Incomplete	Attainment
Code of Conduct (2023) *Launch in Google Chrome*	678	1,205	36.0%
Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google C	406	1,480	21.5%
HP: Compliance Program General Session (2023) *Launch in Google Chrome*	244	1,642	12.9%
Fraud and Abuse Awareness (2023) *Launch in Google Chrome*	328	1,554	17.4%
HIPAA: General Awareness (2023) *Launch in Google Chrome*	275	1,608	14.6%
Information Security (2023) *Launch in Google Chrome*	258	1,623	13.7%
			19.4%

Training Attainment **19.4%**

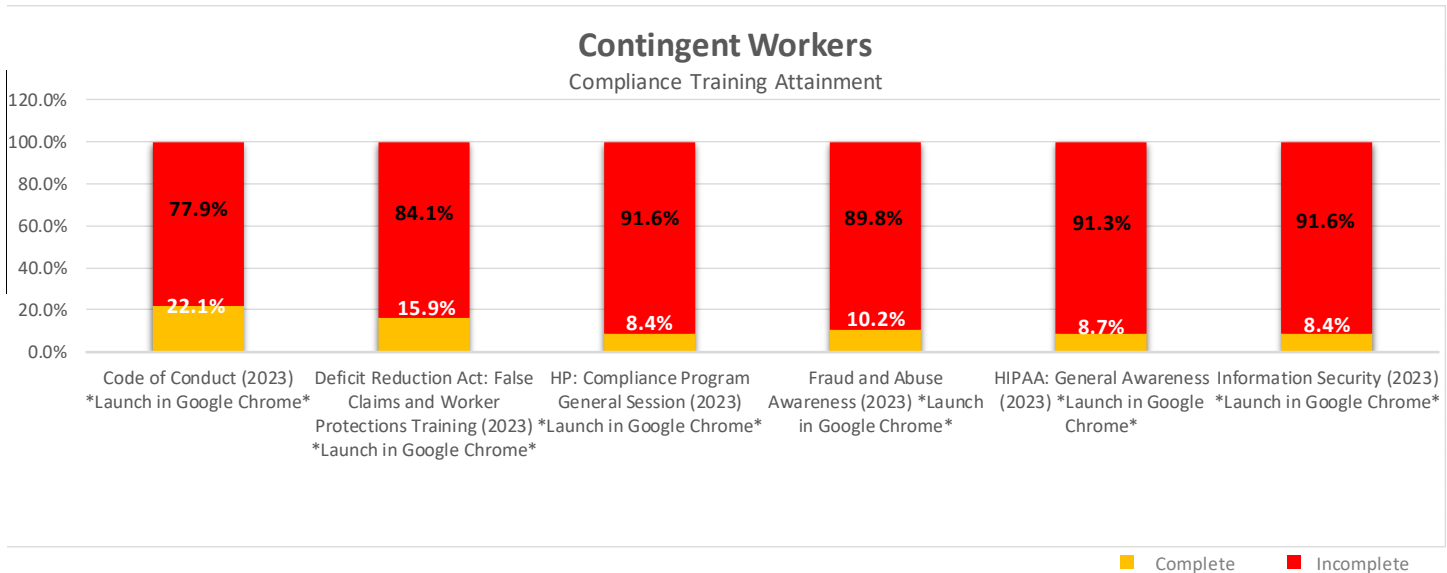


Complete Incomplete

2023 Annual Compliance Training for Contingent Workers as of 11/1/2023

Contingent Workers (CW)			
2023 Annual Compliance Training:	Completed	Incomplete	Attainment
Code of Conduct (2023) *Launch in Google Chrome*	89	314	22.1%
Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google Chrome*	64	339	15.9%
HP: Compliance Program General Session (2023) *Launch in Google Chrome*	34	369	8.4%
Fraud and Abuse Awareness (2023) *Launch in Google Chrome*	41	362	10.2%
HIPAA: General Awareness (2023) *Launch in Google Chrome*	35	368	8.7%
Information Security (2023) *Launch in Google Chrome*	34	369	8.4%
			12.3%

Training Attainment **12.3%**



2023 Annual Compliance Training for the Board of Governors

Presenter(s): Deborah Leatherman

2023 – 2024 Annual Training for **Board of Governors** was rolled out on 9/25/2023. Due to an issue within DocuSign, the roll out was delayed until 10/20/2023. The integrated compliance training materials consist of;

- 1) General Compliance Information
- 2) Fraud, Waste and Abuse
- 3) L.A. Care's Code of Conduct.

We currently have **4 out of 13 signed attestations** from the Board. We will continue to educate our employees, governing body members, delegates and vendors to satisfy the annual general compliance training requirements.



Privacy Update



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Incidents and Breaches

2023 PRIVACY VIOLATIONS											
L.A. CARE											
L.A. CARE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTALS
Events	2	0	0	0	0	1	1	3	1	1	9
Incidents	0	0	0	0	4	0	0	1	3	0	8
Breaches	1	0	0	0	0	0	0	0	0	0	1
BUSINESS ASSOCIATES											
Business Associates	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTALS
Events	0	0	1	0	0	0	0	4	0	0	5
Incidents	3	1	1	2	4	1	5	5	1	6	29
Breaches	1	0	1	1	0	0	1	2	1	3	10

- **L.A. Care:** Violations decreased during October with 1 event reported. The event involved 2 unencrypted emails to the correct recipient. Regulatory reporting was not required and the case has been closed.
- **Business Associates:** Violations increased during October with 6 incidents and 3 breaches reported. The incidents involved unauthorized disclosures (2) and misdirected information (4). The 3 breaches all involved security attacks, 2 of which were part of Progress Software’s MOVEit breach. The attacks were reported by Blue Shield (2) and Independ Living Systems (ILS)(1). All 3 cases are still open and under investigation as they were reported during the end of October.

Issues Inventory



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Issues Inventory Update | Summary

Presenter(s): Michael Sobetzko

- **Issues Reported in 2022 and 2023**

- **173** items are listed in the Issues Inventory as of October 31, 2023⁽¹⁾
- **12** issue items were added to the inventory
 - 7 newly added issues are in New/In Review Status
 - 4 newly added issues are in Open Status
 - 1 newly added issues are in Closed Inventory Status
- **53** issues require remediation
 - **7** in New/In Review status:
 - **46** in Open status:
- **5** Issues Remediate
- **2** Issues Closed to Inventory
- **1** Issue Deferred

- **Issues Reported Prior to 2022**

- **21** issues are in Open status. Actively monitoring CAP development and implementation to ensure remediation progress is occurring.

(1) Includes issues reported in 2022 and 2023

Issue Status	As of 08/31/2023	As of 10/31/2023
New	3	7
Open	46	46
Total New & Open Issues	49	53
	+	
Deferred	16	17
Remediated	92	97
Closed to Inventory (duplicates/not an issue)	4	6
Total Inventory Count	161	173

Issues Inventory Update | Open Issues

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Business Unit	Status
<p>Notice of Non-Compliance (NONC) for Call Center Monitoring-2023 Accuracy and Accessibility Interpreter Availability</p> <p>The Plan did not meet the The Accuracy and Accessibility study measures Part C and Part D for prospective beneficiary phone lines to determine (1) the availability of interpreters for individuals, (2) TTY functionality, and (3) the accuracy of plan information provided by customer service representatives (CSRs) in all languages. (1508)</p>	10/25/2023	Sales Operations, Cultural Linguistics, STARS, Health Education	Open
<p>QNXT Replication Latency</p> <p>The QNXT system experienced a replication latency major incident on October 16, 2023. The replication latency issue impacts all systems enterprise wide. The root-cause is attributed to a QNXT Product defect that the Cognizant team is researching. (1507)</p>	10/25/2023	IT	Open
<p>Independent Medical Review Forms - Appeals & Grievances Medi-Cal Cases</p> <p>An internal review was conducted to confirm the Independent Medical Review (IMR) form from Department of Managed Health Care (DMHC) as of January 2023 was included in the resolution of Medi-Cal beneficiaries Appeals & Grievances cases. Several templates were found to be non compliant with regards to IMR form. (1506)</p>	10/20/2023	Material Review. Appeals & Grievances	Open

Issues Inventory Update | Open Issues

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Business Unit	Status
DHCS D-SNP Network Alignment Assessment Submission Medicare Product inquired if DHCS had questions regarding the revised Q12023 DHCS D-SNP Network Alignment Assessment report. DCHS requested clarification with some of the content of the report specifically the Network Alignment template and the total number in the "Overall Physicians". (1503)	10/10/2023	Medicare Product	Open
LA Care Main Phone Line 213-694-1250 The main LA CARE phone line 213-694-1250 is currently experiencing an intermittent busy signal message. This line is used to reach L.A. Care Service Desk, internal staff and for transfer to other lines. The issue does not impact any of our member/provider phone lines. (1498)	9/21/2023	IT	Open
Flu Postcard Error - DSNP Incorrect area code Postcard LA1664 was sent out to 18,000 DSNP members with the incorrect area code from September 1st-September 6th. (1495)	9/11/20203	Material Review	Open



Issues Inventory Update | Deferred Issue

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Contract Procurement Turnaround Time</p> <p>The process for contracting and procurement is lengthy and has the potential to cause delays with execution and/or strategy risks. (1292)</p>	9/13/2022	Procurement David Inglese	The issue is deferred due to difficulty in gathering and synchronizing timelines across multiple systems. Reanalyzing this issue after the implementation of Ariba system.	9/22/2023

Issues Inventory Update | Closed Issues

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Timely Payment of Claims and Interest</p> <p>L.A. CARE is analyzing how to implement DHCS APL 23-020 "Requirement for Timely Payment of Claims" for Medi-Cal managed care plans (MCPs) which states timely claim payment to providers for covered services to MCP members is to be made with in 30 days of receipt for clean claims. The Plan has concerns with DHCS's interpretation of timely claims payment for MCPs which is in conflict with both federal and state regulation of 45 days. (1494)</p>	8/15/2023	Claims; Finance Erik Chase Jo Shonnie Davis	DHCS has revised it's APL and no longer requires interest payment as of 31 st day.	10/2/2023
<p>Long Term Care Discharge Process Letter Usage</p> <p>Long Term Care area inquired about regulatory guidance for the usage of the Last covered day (LCD) and Notice of Medicare Non-Coverage (NOMNC) letters to members when they no longer qualify for skilled services. (1487)</p>	8/11/2023	UM, Long Term Care	Regulatory guidance - no issue.	9/22/2023

Issues Inventory Update | Remediated

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated
<p>Call Center Metrics - LACC/LACCD</p> <p>The Enterprise Performance Optimization(EPO) monthly progress goal scorecards indicates that calls answered within 30 seconds was below the performance target of 80% and the incoming calls abandonment was above the target of $\leq 3\%$ for the LACC/LACCD Line of business in January 2023. (1492)</p>	8/28/2023	Customer Solution Center Acacia Reed, Robert Martinez Jr.	The Customer Solution Center prepared as much as possible an optimized staffing resources to meet the performance targets. LACC/LACCD targets were met from February – June 2023. The volume of calls are higher in January due open enrollment/new enrollees calls.	10/27/2023
<p>Part D Auto-Forwards Timelines</p> <p>The Part-D Auto-Forwards for Coverage Determination Appeals report has had timeliness reporting issues for five consecutive months. The root cause revolves around high Prior Authorizations volume and limited staff available at Navitus due to their staffing turnovers. (1486)</p>	8/11/2023	Pharmacy Diane Lee, Su Kang	Regulatory Affairs - this issue was closed as it was confirmed by Pharmacy that there were no further issues moving forward. CAP received from Navitus. Monitoring in place.	9/19/2023

Issues Inventory Update | Remediated

Presenter(s): Michael Sobetzko

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated
<p>Notice of Non-Compliance (NONC) for Call Center Monitoring-Timeliness Study Q12023</p> <p>CMS conducted a timeliness study measuring the average hold times and disconnect percentage rates for Part C and Part D current beneficiary customer service phone lines and pharmacy technical help desk phone lines from January 2 - January 27 2023. The study revealed a disconnection rate (abandonment rate) of 5.36% vs the target rate of 5% or less.(1477)</p>	7/4/2023	Customer Solution Center Acacia Reed, Robert Martinez Jr.	Regulatory Affairs corrective action completed and open for on-going monitoring and coaching.	9/18/2023
<p>Incorrect Coding Classification of DSNP Exempt Cases</p> <p>Grievances resolved at the time of the call were not captured in the driver file to Appeals & Grievances for acknowledgment and resolution letter due to Incorrect coding of DSNP Exempt Grievances as an “EG” call type instead of “EGD” call type ” (new code for DSNP grievances resolved at the time of the call) for the reporting timeframe of January 1 - June 20, 2023. (1475)</p>	6/30/2023	Appeals & Grievances, Call Center Demetra Crandall, Victor Montijo Marisol Fernandez, Liliana Bravo	A&G provided evidence and confirmation of the remediation implementation was completed and now this issue is in monitoring	9/26/2023
<p>Member must be able to request Provider by NPI in enrollment</p> <p>L.A. Care does not currently collect or use NPI data for Med-Cal member enrollment. and members are not able to request a specific provider by NPI.(1300)</p>	12/14/2022	Medi-Cal Products Phinney Ahn	Implemented CAP: Add to Risk Assessment, Business Unit/Compliance monitoring,	9/28/2023



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Member Experience Survey Results



Compliance & Quality Committee (C&Q)

Date: 11/16/2023

Presenter: Linda Carberry



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Report Content

Important Results From Regulatory Member Experience Surveys include:

- Medi-Cal HP-CAHPS (Consumer Assessment of Healthcare Providers & Systems) Adult & Child (Health Plan CAHPS) HPR (Health Plan Rating)
- QHP EES (Quality Health Plan Enrollee Experience Survey) QRS (Quality Rating System)
- MAPD CAHPS (Medicare Advantage & Prescription Drug) STAR
Not Fielded in 2023

Report Background

Medi-Cal CAHPS (Consumer Assessment of Healthcare Providers & Systems)

- Adult & Child (Health Plan CAHPS) HPR (Health Plan Rating)
 - Administered between 2/18/2023 and 5/10/2023
 - Final sample included 4,056 members (Adult) and 6,796 members (Child)

Adults completing survey: 652

Children completing survey: 740

NCQA response rates: 16.42% (Adult)
15.14% (Child)

Results Better than last year

Local Initiative Health Authority, dba **L.A. Care**
Health Plan
also known as **L.A. Care** Health Plan



Accredited - Under
Review by NCQA

Medicaid HMO

CA



Same Rating as Last Year

Report Background

QHP EES (Quality Health Plan Enrollee Experience Survey) QRS (Quality Rating System)

- Administered between 2/17/2023 and 5/5/2023
- Final sample included 1,690 members
 - 213 completed survey
 - Response Rate: 18.23%
 - Similar rate as last year

Preliminary Results: 4 Stars for Member Experience

Covered CA line of business

Report Background

MAPD CAHPS (Medicare Advantage & Prescription Drug)

- Not fielded in 2023
- Contract changed from CMC (Cal Medi-Connect) to DSNP (Dual Special Needs Plan) effective 1/1/2023
- Members in the contract join on 7/1/2022
 - 0 DSNP members in the contract (still CMC members)
- We were therefore not permitted to field survey for DSNP in 2023
- Next fielding of survey: 2024

Medicare Advantage – DSNP line of business

Key Findings

- Child scores remain higher than Adult scores
- Adult and Child results have same measures that are scoring at similar levels
 - Same measures are higher and same measures are lower than last year

Highlights Met: Adult & Child HP-CAHPS

Scores for all Listed Measures have increased since 2022

HPR (Health Plan Rating)

- **Satisfaction with Plan Physicians**
 - Rating of Personal Doctor (Adult & Child)
- **Effectiveness of Care**
 - Flu Vaccinations for Adults

- **How Well Doctors Communicate Composite for Adult**
 - Doctor Explained Things
 - Doctor Listened Carefully
 - Doctor Showed Respect
 - Doctor Spent Enough Time

- **Customer Service Composite for Adult**
 - Customer Service Provided Information/Help
 - Customer Service Was Courteous/Respectful

Child Scores Used for Accreditation

Highlights Met: QHP

Scores for all Listed Measures have increased since 2022

QRS (Quality Rating System)

- **Rating of Personal Doctor**
- **Rating of Specialist**
- **Rating of Health Plan**
- **Care Coordination**
 - Doctor Had Information
 - Doctor Discussed Medications

Poor Performance: Adult & Child HP-CAHPS

Measures Needing Improvement

Health Plan Provider Network

- Highly-Rated Personal Doctors
- Highly-Rated Specialists

Member Access to Care

- Having a Personal Doctor
- Getting an Appointment for Urgent Care as Soon as Needed

Ability of Health Plan Customer Service to Provide Necessary Information or Help

Poor Performance: QHP

Focus on these measures for improvement

- CS Gave Needed Info/Help
- Ease of Getting Care
- Got Help Coordinating Care
- Doctor Informed on Specialty Care

Improvement needed in these areas to sustain Improved Scores

- Info on How Plan Works
- Info on Cost Before Service
- Info on RX Costs
- CS Courteous and Respectful
- Forms in Preferred Format
- Did Not Pay for Care
- Paid Out of Pocket
- Delayed Care Due to Cost
- Urgent Care Access
- Routine Care Access
- Test Results Follow Up
- Test Results Timely
- Doctor Discussed RX Meds
- Saw Specialist When Needed

Poor Performing Measures: Adult & Child HP-CAHPS

Scores for all listed measures have decreased since 2022

HPR (Health Plan Rating) Measures

- **Getting Care**
 - Getting Needed Care
 - Getting Care Quickly
- **Satisfaction with Plan and Plan Services**
 - Rating of Health Plan
 - Rating of All Health Care
- **Effectiveness of Care**
 - Advising Smokers and Tobacco Users to Quit Adult

Rating of Specialist

Coordination of Care

Child Scores Used for Accreditation

Poor Performing Measures: QHP

Scores for all Listed Measures have decreased since 2022 (none significant)

QRS (Quality Rating System) Measures

- **Rating of All Health Care**
- **Access to Care**
 - Ease of Getting Urgent Care
 - Getting a Check Up
 - Getting Needed Care
 - Seeing a Specialist
- **Access to Information**
 - Ease of Getting Information on the Plan
 - Ease of Finding Costs for Services
- **Plan Administration**
 - Customer Service was Courteous/Respectful
 - Plan Explained Form

Next Steps

- Provide means to improve Actual Survey Scores
 - Develop action plans from OffSeason Survey DATA Results
 - Regulatory Surveys DO NOT Provide Data Results
 - Review data for providers with members with consistently low scores
- Work with providers to educate and build clear understanding of survey questions
 - Composite questions such as Access to Care, Getting Needed Care, or Getting Care Quickly have associated questions that may not be understood to be associated with Composite Questions or that would be remembered as being addressed during the visit
- Expand virtual outreach (e.g. Webex)
- Encourage movement from answering Sometimes/Never and 0,1,2,3 towards choosing Usually/Always and 9 + 10 (these count towards scores)

Next Steps

- Use MAPD CAHPS/HOS Offseason Survey Data
 - Analyze results for composite questions
 - Build action plans around those measures that make up STAR Scores using responses of Sometimes/Never and 0, 1, 2, 3
 - Share results with providers and members
 - Providers are not aware of the questions; would help in providing supported care, linking practice actions with composite questions
- Communicate action plans
- In 2023 we developed a QHP Offseason Survey
 - Analyze data in the same fashion as above
 - Use similar approach towards improvement for those questions impacting QRS
- Obtain over sample for HP-CAHPS Adult & Child 2024: these selected members will not be included in the true sample to be scored for NCQA purposes
 - We will receive data to analyze in the same fashion as above
 - Similar approach towards improvement for those questions impacting HPR

Questions?



Member Experience Improvement Efforts



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Brigitte Bailey, MPH, CHES

Quality Improvement Program Manager III

Clinical Initiatives

Overview

- Elevating Customer Experience Cross-Functional Team.
- SullivanLuallin Group Patient Experience Trainings.
- Meetings with PPGs and Clinics.



Elevating Customer Experience Cross-Functional Team (ECE CFT)

- Launched **February 2022**
 - Convened by Dr. Katrina Miller Parrish.
 - Chaired by Linda Carberry, Manager, Quality Performance Management.
- **Goal:** Bring together stakeholders across the organization to discuss all possible enterprise interventions, activities, and efforts focused on customer experience.
- **Customers** = *Members, Providers, Community.*
- **Efforts:**
 - Fiscal Year 2022-2023 work plan. Drafting FY2023-2024 work plan in September.
 - Various presentations from departments on their customer experience efforts.
 - Vendor presentations on available products to support improvement of member experience.
 - Patient experience trainings



ECE CFT 2022-2023 Work Plan



- **Five Main Priorities**

1. *Improve the office visit experience*
2. *Expand access to care*
3. *Ensure accountability for all network entities inclusive of Plan Partners, IPAs/PPGs, clinics, and provider network to prioritize customer experience*
4. *Improve the member, provider, and community experience when engaging with L.A. Care*
5. *Develop product-line specific strategies*

- **20 Strategies** taking place across the organization identified to accomplish the 5 priorities.

- 16 departments with ongoing efforts

- **Examples of strategies**

- Patient experience trainings
- Improve measures around L.A. Care customer service
- Survey assessing public perception of L.A. Care
- Launch a Direct Network advisory board

Patient Experience Trainings Overview

- L.A. Care Quality Improvement team contracted with SullivanLuallin Group (SLG) in 2019 to deliver patient experience trainings
- Trainings developed for
 - Managers/staff
 - Delivered by Thomas Jeffrey – President of SLG
 - Providers/clinicians
 - Delivered by Dr. Andrew Golden – Consultant with SLG
- In 2020, pivoted in-person model of trainings to webinar series
 - Completed 6 full webinar series (Fall 2020, Spring 2021, Fall 2021, Spring/Summer 2022, Fall 2022, Spring 2023).



Available Trainings

New 2023 Training for entire care team:

Building an Empowered Care Team: Strategies and Tools for Fostering an Engaged Clinical Practice

- **For Providers/Clinicians**

- Leading to a Positive Patient Experience
- Efficient and Effective Patient Encounters
- Motivating Patients to Change Health Behaviors
- Improving Patient Compliance
- Making the Most of the First Few Minutes of a Patient Encounter
- Virtual Visits and the Care Experience

- **For Managers/Staff:**

- Managing for Telephone Service Excellence
- Handling Patient Complaints with H.E.A.R.T.
- A Better Care Experience with A.I.M.
- Managing Access and Flow

Partnerships with Clinics

- The Quality Improvement team continues to partner with provider groups and clinics to offer these trainings directly to clinicians and staff
- In 2023, SullivanLuallin Group and L.A. Care conducted 10 trainings for in-network clinics
 - Four specific to clinicians
 - Six specific to office staff
- The teams are also partnering with Department of Health Services Ambulatory Care Network to offer trainings to primary care physician network
 - Conducting a half-day retreat for primary care physician leadership on January 11th, 2024.

Internal Trainings

- The QI and SLG teams continued working with internal L.A. Care teams to provide these trainings to member-facing departments
- Hosted **four trainings for Customer Solution Center** leadership.
 - Total attendees: 70
 - Net Promoter Score: 79 → “Excellent” rating
 - *“This training was beneficial for not only reps to keep in mind on calls, but with supervisors for providing feedback. I’ll be sure to apply this to my day-to-day duties.”*
 - *“Enjoyed the examples of what NOT to do and what we can do to de-escalate situations with irate members/caller.”*



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Population Health Management (PHM), Overview and Updates



Compliance & Quality Committee (C&Q)
November 16, 2023
Elaine Sadocchi-Smith FNP, MPH, CHES
Director, Population Health Management



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PHM Content & Background

L.A. Care's Population Health Management (PHM) strategy addresses:

- ❖ NCQA's PHM standards and requirements (2023 survey complete)
- ❖ How L.A. Care provides services to members through a holistic patient-centered model of care engaging members regardless of where the member lies on the health continuum.
- ❖ The continuum of coordinated, comprehensive care using evidence-based practice guidelines to improve members' outcomes and quality of life
- ❖ Management of PHM Index for Enterprise with goals for all lines of business across the continuum of care
- ❖ Meeting requirements for Initial Health Appointment (IHA), and Annual Cognitive Health Assessment (ACHA)
- ❖ CalAIM PHM Program to ensure all program requirements are met

PHM Content & Background

Program Description

1. The program description addresses member needs throughout the continuum of care including:

❖ Keeping Members Healthy	❖ Complex Case Management
❖ Early Detection/Emerging Risks	❖ Care Transitional Services
❖ Chronic Condition Management	❖ Patient Safety

Population Assessment

2. The PHM program annually assesses the population and analyzes data.

- ❖ PHM Population Assessment is an annual NCQA requirement
- ❖ PHM Population Needs Assessments is a DHCS requirement (Medi-Cal), but will be every 3-years starting in 2025 with an emphasis on community supports and coordinated with Local Health Department Community efforts.

Cross Functional Team

3. The PHM Program has a monthly Cross Functional Team(CFT) that reviews and connects the Population Assessment findings to existing programs, initiatives and workgroups to address targeted populations, develops new programs/interventions and appropriate expansion of community offerings based on assessment findings.

PHM Content & Background

Program Evaluation

4. The PHM Program conducts an annual Impact Evaluation, including a quantitative and qualitative analysis of each program, intervention, and initiative.

Focus for 2023 includes:

- ❖ Strategic connection of Population Health Management across the organization
- ❖ Integrated system of record for coordination of care
- ❖ Prioritizing programs and connecting programs with line of business and business unit initiatives
- ❖ Tracking goal progress throughout the year and coordinating the implementation of initiatives to align with the PHM areas of focus.

Population Health Management Index (PHMI)

5. PHMI Cycle for 2023-2024 is in development but will include goals and initiatives across the organization:

- ❖ Health Equity measures on a 3-year cycle and plan to continue
- ❖ Preventive Care and Flu (adding Disparity Immunization goal)
- ❖ Colorectal and replacing Breast Cancer with Cervical Cancer Screening
- ❖ ED visit follow-up service-keeping and adding
- ❖ Health Risk Assessment (HRA) and Interdisciplinary Care Plan (ICP)
- ❖ Medication Therapy Management
- ❖ Depression screening
- ❖ Transition of Care measures
- ❖ A/D/T-expand on goal from pilot
- ❖ Member & Provider Experience

PHM Highlights/Goals Met

Population Health Goal Index 2022-203

Total Number of Goals = 16

Reward Ranges: Min: 10-11/14: 62.5%-68.7% Mid: 12-13/16: 75.0%-81.25% Max: >14/16 >87.5%

Currently at Mid range (through August). Trending to meet 13 of the 16 goals; 85.7%.

PHMI Goal Category	Met or Trending to Meet (as of July, 2023):
Keeping Members Healthy	3 of 4
Early Detection of Emerging Risk	0 of 1
Chronic Condition	4 of 5
Care Transitions	3 of 3
Member/Provider Experience	3 of 3
Total	13 of 16

CalAIM PHM New Requirements

❖ **Transitional Care Services (TCS):** L.A. Care has initiated the high-risk TCS program starting January, 2023. October, 2023 DHCS released Embargoed PHM Policy Guide with TCS Updates

❖ **DHCS High Risk: New Populations**

❖ **Original DHCS High Risk Populations for TCS:**

- ❖ LTSS needs
- ❖ Members in CCM or ECM
- ❖ Children with Special Health Care Needs
- ❖ Pregnant individuals
- ❖ High Risk SPD Members

❖ **New Populations introduced by DHCS on 10/24/2023:**

- ❖ SMHS/SUD
- ❖ All Members transitioning to or from a SNF
- ❖ Pregnancy now includes 12-month post-partum period

CalAIM Non-DHCS High Risk (Lower Risk and Medium-Rising): TCS Model

1. Notification and offer of TCS sent to facility* and Member.

2. Facility* or Member contacts LAC TCS Line to request support.

3. LAC TCS Line to identify the team responsible for the member's TCS and refer accordingly.

4. Facility and Member are contacted by the assigned TCS CM.

5. TCS carried out by the assigned TCS CM.

CalAIM Non-DHCS High Risk (Lower Risk and Medium-Rising): TCS Model

TCS Coverage for ALL Members

Main difference between TCS for DHCS High Risk and non-DHCS High Risk:

- ❖ **Assignment vs. Availability**

LAC Model for DHCS High Risk:

- ❖ Hybrid model between LAC and PPG team assignments

LAC model for non-DHCS High Risk in 2024

Agreement and training with hospitals regarding requirements for TCS, including:

- ❖ Risk Assessment
- ❖ Discharge Planning Documents/Summary
- ❖ Coordination
- ❖ Offer of TCS CM to member and facility at admission through FAX/automated notification
- ❖ TCS CM assignment through the Central TCS Intake Team

CalAIM PHM Key Performance Indicators

Plan Reported PHM Monitoring KPIs	Mean (Standard Deviation)	Median (Range Across Plans)	Threshold for Relative MCP Performance (1 Standard Deviation Worse Than Mean)	LA Care Rates
Percentage of members who had more ED visits than primary care w/in 12 mo	10%(6%)	8% (1%-26%)	16%	9.20%
Percentage of members who had at least one primary care visit w/in 12 mo	48%(18%)	49% (8%-77%)	29%	44.10%
Percentage of members with no ambulatory or preventive visit w/in 12 mo	40% (18%)	40% (9%-93%)	58%	43.50%
Percentage of members eligible for CCM who are successfully enrolled in the CCM program	26% (29%)	12% (0%-100%)	N/A	15.20%
Care Management for High-Risk Members after Discharge	12% (17%)	6% (0%-74%)	N/A	0.79%
Percentage of members who received CHW benefit	0.06% (0.18%)	0.00% (0%-0.85%)	N/A	0.00027%
Percentage of contracted acute care facilities from which the MCPs receive ADT notifications	49% (31%)	50% (0%-100%)	17%	74.70%
Percentage of contracted skilled nursing facilities from which MCPs receive ADT notifications	19% (29%)	0% (0%-79%)	N/A	50.00%
Percentage of acute hospital stay discharges which had follow up ambulatory visits within 7 days post hospital discharge	36% (12%)	35% (14%-70%)	25%	38.00%

CalAIM PHM Key Performance Indicators

Key Performance Indicators (KPIs) submitted to DHCS August, 2023 (baseline)

Metrics	L.A. Care Results – Q1 2023	Action Plan to Improve
Percentage of members who had more ED visits than primary care w/in 12 month	9.2%	❖ Call campaigns to high utilizers to use nurse advice line and other resources of care
Percentage of members who had at least one primary care visit w/in 12 month	44.1%	❖ Text campaign and social media to “get back to care” and “get your well care visits”
Percentage of members with no ambulatory or preventive visit w/in 12 month	43.5%	❖ Text campaign and social media to “get back to care” and “get your well care visits”
Percentage of members eligible for Complex Care Management who are successfully enrolled in the Complex Care Management program	15.2%	❖ TBD
Care Management for High-Risk Members after Discharge	0.79%	❖ TBD

The next submission was November 15th using new methodology released by DHCS.

CaAIM PHM Next Steps

CaAIM Program Strategy

Program Strategy: Initial program submitted 10/31/2023 and includes:

- ❖ 2022 NCQA PHM Program Description to be included in program strategy
- ❖ 2022 NCQA PHM Population Assessment to be included in program strategy
- ❖ DHCS template including SMART goal developed in collaboration with all three local health departments and other health plans that serve LA County
 - ❖ Proposed SMART goal as of 10/13: **SMART Bold Goal/Population Indicator:**
 - ❖ We (LA County Health Plans) will work to reduce maternal and infant mortality disparities for Black and Native American persons by 50% in LA County by intentionally/meaningfully supporting (i.e. through funding, collaborative partnership, systems change and data sharing) under-resourced efforts related to the development and implementation of the Community Health Assessments (CHA)/Community Health Improvement Plans (CHIP) in each of the three local health departments (LHDs) in LA County, by December 2025.

CalAIM PHM Next Steps

Priorities for PHM:

- ❖ Better coordinate initiatives to align with PHM Goals
- ❖ Eliminate duplication of effort
- ❖ Align cross-functional efforts around programs and across product lines
- ❖ Integrate PHM programs and metrics with a new system of record
- ❖ CalAIM PHM Requirements
- ❖ Community/health department and health plan collaboration
- ❖ Continued NCQA Accreditation
- ❖ Continue to identify PHM efforts across the enterprise

Questions?





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QI - Transform L.A.



Compliance & Quality Committee Meeting
November 16, 2023
Presenter: Cathy Mechsner, Manager
QI-Practice Transformation Programs



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What is Transform L.A.?

- Transform L.A. is a value added technical assistance program focusing on:
 - Practice-Centered Transformation
 - Data-Driven Quality Improvement
 - Workflow Redesign
 - Practice coach/facilitator model
- Modeled after the successful Transforming Clinical Practice Initiative (TCPI):
 - CMS grant funded innovative quality improvement program, concluded in 2019
- Direct Network Practice Enrollment:
 - 19 primary care practices
 - 102 physicians
 - 12,095 DN members (29% of total DN members)

Program Goals: January-December 2023

- **Transformation Goals:**

<u>Goal</u>	<u>Activity</u>	<u>Status</u>
Monthly reporting of valid HEDIS/CQM data from EHR	15 of 19 practices to report valid data monthly.	On track
	4 of 19 practices to report 2022 baseline data.	On track
QI Sustainability	9 practices to hold monthly QI meetings.	Exceeding 10 practices holding meetings
	Launch Recognition Program	Completed August 2023

- **Clinical Quality Measures/HEDIS: (through September 2023)**

Transform L.A. CQM/HEDIS Measures	Baseline Year	Baseline Rate	2022 Rate	2023 Improvement Percentage ¹	2023 YTD Rate (Sept.)	2023 Goal
Childhood Immunization Status Combo 10	2022	40.07%	40.07%	10%	29.3%	44.07%
Controlling Blood Pressure	2019	50.30%	28.40% ²	10%	60.0%	31.24%
Hemoglobin A1c >9% (Poor Control) Inverse measure	2019	47.00%	34.60%	Decrease by 10%	44.1%	31.14%

1. The improvement percentage is calculated as the average rate across the Aims (goals) established by each enrolled practice.
2. This measure decreased because many practices had to undergo staff training to accurately measure blood pressure due to high staff turnover.

Key Findings

- **Need to strengthen practice engagement**
 - Created Recognition Program to increase practice engagement.
 - Up to \$30K incentive
 - Restructured practice groupings
 - Transitioned from cohorts per enrollment year to levels of program progress: Low, Intermediate and Advanced
 - Established time limit to complete program: 2-3 years
- **Practices continue to have challenges understanding QI**
 - Reporting quality of care data from practice EMR
 - Use of QI tools:
 - Plan, Do, Study, Act (PDSAs) cycles
 - Monthly QI review team meetings

Areas of Poor Performance

- **High staff turnover contributes to poor performance**
 - Care team members, office managers, physicians, etc.
 - Sustaining practice QI knowledge and ongoing improvement is dependent on staff capacity
- **CQM/HEDIS Measure**
 - HbA1C >9% (Poor Control)
 - Working with Office Ally to correct erroneous data mapping.
 - Impacts 8 practices

Root Cause Analysis for Areas of Poor Performance

- **Practices' high staff turnover contributes to poor performance**
 - Low levels of job satisfaction:
 - Lack of provider trust in staff
 - Staff overworked/burnout
 - Practice workflows do not engage technology (lack of EHR, etc.)
 - Lack of effective management
- **Office Ally slow to acknowledge HbA1C >9% (Poor Control) issues**
 - Enterprise-wide reporting issues with data mapping and identification of solution
 - Sale of company and leadership staff turnover has impacted OA's response.

Action Taken

- **High Staff Turnover in Practices**

- Referrals to American Career College for Care team candidates
- Ensure all job descriptions and practice workflow documentation are current
- Encourage expansion of Care teams' skills/knowledge through cross training, new programs, etc.

- **CQM/HEDIS: HbA1C >9% (Poor Control) Reporting**

- Continue to hold Office Ally accountable to resolve data mapping problems
- Ensure reporting workflows and data mappings have been corrected and include completed documentation for corrected reporting solutions

Next Steps for Transform L.A.

- **Education of new TLA Recognition Program**
 - Ensure practices are fully apprised of Incentive program and are focused on achievement of program goals.
- **Leadership of Provider Engagement & Outreach workgroup**
 - Continue cross QI team engagement to improve support of DN practices
 - Solicit and incorporate Provider Advisory Collaborative feedback across QI programs
- **Continue to work closely with the Direct Network Administration team**
 - Weekly meetings with the DNA 2.0 workgroup and CRM leadership to identify areas of partnership and resolve any challenges outside of the TLA program.
 - Complete VIIP + DN Action Plan for improvements in:
 - Domain 1: Adult Member satisfaction
 - Domain 2: Childhood Immunization Series 10 (CIS-10)
- **Continue DN practice recruitment to grow the program**

C&Q Committee Recommendations & Feedback

Questions?

