AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS
Thursday, August 20, 2020, 2:00 P.M.
L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20 and N-29-20, which, among other provisions, amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

To join the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/onstage/g.php?MTID=e873d8d2053c54aa393299c7d1725398b

To join the meeting via teleconference please dial:
+1-415-655-0002
Meeting Number: 1467986923

Members of the Board of Governors or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

The text, voicemail, or email 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.

Comments received by voicemail, email or text by 2:00 pm on August 20, 2020 will be provided in writing to the members of the Committee at the meeting.

Once the meeting has started, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over for the item.

Public comments will be read for up to 3 minutes at the meeting.

All votes in a teleconferenced meeting will 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 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,
Chairperson

1. Approve today’s meeting Agenda
2. Public Comment (please see instructions above)
3. Approve May 21, 2020 meeting minutes P.3
4. Chairperson Report
5. Chief Medical Officer Report P.20
6. Quality Performance Management P.27

Katrina Miller Parrish, MD, MPH,
Chief Quality and Information Executive, Health Services

Thomas Mendez,
Director, Quality Performance Informatics,
Quality Performance Management
ADJOURN TO CLOSED SESSION (Est. time 10 minutes)

8. REPORT INVOLVING TRADE SECRET
   Pursuant to Welfare and Institutions Code Section 14087.38(r)
   Discussion Concerning Program, Business Plan
   Estimated date of public disclosure: August 2022

9. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
   Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act
   One Potential Case

10. PEER REVIEW
    Welfare & Institutions Code Section 14087.38(o)

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on September 17, 2020 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.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR 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 Bi-Monthly ON THE THIRD THURSDAY AT 2:00 P.M.

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/committee-meetings and can be requested by email to BoardServices@lacare.org.

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.
## Call to Order
Stephanie Booth, MD, Committee Chairperson, called the meeting to order at 2:06 pm. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.

## Approval of Meeting Agenda
The Agenda was approved as submitted.

## Public Comment
Text message submitted May 18, 2020, 4:57 p.m., from Carolyn Navarro
Public comment for 5-21-2020 Carolyn (Navarro, “Compliance and Quality Meeting “ to be verified pursuant to Brown Act: )START > When are enrollees affected by Synermed going to be notified they were affected, an online article I saved a copy of

<table>
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<tr>
<th>AGENDA ITEM/PRESENTER</th>
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<tbody>
<tr>
<td><strong>CALL TO ORDER</strong></td>
<td>Stephanie Booth, MD, Committee Chairperson, called the meeting to order at 2:06 pm. 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.</td>
<td>Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Vaccaro)</td>
</tr>
<tr>
<td><strong>APPROVAL OF MEETING AGENDA</strong></td>
<td>The Agenda was approved as submitted.</td>
<td></td>
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<tr>
<td><strong>PUBLIC COMMENT</strong></td>
<td>Text message submitted May 18, 2020, 4:57 p.m., from Carolyn Navarro Public comment for 5-21-2020 Carolyn (Navarro, “Compliance and Quality Meeting “ to be verified pursuant to Brown Act: )START &gt; When are enrollees affected by Synermed going to be notified they were affected, an online article I saved a copy of</td>
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*Absent  ** Teleconference

California Governor Newsom issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email, or text.
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<td></td>
<td>shows an LA Care agent Acacia Reed stating 60,000 (I believe more) LA Care enrollees were affected in some way by Synermed, why is LA Care not notifying people that their care was denied or even possibly denied, why is LA Care in denial that people actually were harmed like my autistic child was by denial of access to specialists, it’s confirmed in LA Cares own multiple records that I saved that LA Care had a contract with Synermed even had an “e consult “ arrangement that I also located. Why wasn’t LA Care paying attention to the many red flags enrollees tried to alert them to, in our case going back to 2014? Also why aren’t public comments allowed by phone? See attachments</td>
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<td>PS, I know Synermed is the same as EHS, good try.</td>
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**OF GOVERNORS**

**x & Quality Committee Meeting**

**Issues – February 6, 2018**

**MOTION / MAJOR DISCUSSIONS**

**ACTION TAKEN**
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<td>I don’t appreciate the denial the was a contract with Synermed after I complained when your own board notes clearly state there was, I don’t care about blue shield or Care 1st, I’m talking about LA Care. There was( typo) Contract or not, people were harmed!</td>
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<td>Member feels that on page 48 it should read, “L.A. Care does not instead of does.” The November 16, 2017 meeting minutes were approved as amended.</td>
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<td>John Rosales, Chief Executive Officer, reported that L.A. Care has cancelled the contract with Employee Health Services (EHS) in the middle of November because of their association with St. Mary’s Hospital. There was a huge overlap with providers between EHS and other groups with which L.A. Care contracts. In mid-December, the State issued a directive for all plans to cancel their contracts with EHS because they discovered additional issues. All time health plans who were involved have requested for the EHS contracts to be terminated immediately. The decision to terminate the contract was with another L.A. Care group and that is in good standing with the</td>
<td>APPROVED</td>
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<td>The cease-and-desist order is not directed at EHS or SynerMed, but rather the health plans that contract with EHS. Those health plans include Adventist Health Plan Inc., Aetna Health of California Inc., Blue Cross of California Inc., Care 1st Health Plan, Cigna Health Care of California Inc., Health Net of California Inc. and Molina Healthcare of California Inc. The order also names Fresno-Kings-Madera Regional Authority and Local Initiative Health Authority for L.A. County, which are public agencies that provide regional health care coverage. Acacia Reed, executive director of provider network management at the Local Initiative for L.A. County’s L.A. Care plan, said EHS provided service for about 80,000 L.A. Care plan members. An estimated 68 percent will be able to keep their primary care physicians, she said in an email. Aetna spokesperson Shelly Bendit said approximately 3,800 Aetna members will be affected by the order, but most will be able to keep their primary care physicians. Anthem and Molina representatives declined to comment for this story. The other plans did not immediately respond to requests for comment. “While investigations and audits by regulators are underway, health plans will continue to provide covered services to all affected enrollees as quickly and as seamlessly as possible,” said Mary Ellen Grant, vice president of communications at the California Association of Health Plans. She said the health plans</td>
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Compliance & Quality Committee
March 19, 2020 Page 6 of 17
Text message received May 19, 2020, 9:04 a.m. from Carolyn Navarro

I don’t believe LA Care ever investigated or did any peer review (as claimed) regarding the harm to my daughter, seeing the defensive, untrue response to my complaints that there “was no contract” affirms to me your agency is a waste of taxpayer money and your management needs to be investigated and fired!

Text message received May 21, 2020, 12:08 p.m. from Carolyn Navarro

Public comment ref compliance: I will be listening to meetings, I find it very odd that when I complain about Synermed, Mr. Baackes brings us Care 1st who later became...
Blue Shield to discredit my comment based on the fact that LA Care did have a contract with Synermed based on your own board minutes. Think I comment too much? I didn’t ask to have my child harmed and have her discriminated against when I approached LA Care to get help for her, I believe she might still be alive if I had gotten that help for her. I will be verifying my comments are read for me because I’m not being allowed to make them myself which is also a violation.
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<td>APPROVAL OF MEETING MINUTES</td>
<td>The March 19, 2020 meeting minutes were approved as submitted.</td>
<td>Approved unanimously. 4 AYES</td>
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<td>CHAIRPERSON REPORT</td>
<td>Chairperson Booth thanked Board members for participating and staff for facilitating the videoconference capability so everyone can maintain physical distancing. She stated that she understands there are concerns from the public and they will be addressed as best as possible.</td>
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| CHIEF MEDICAL OFFICER REPORT | Richard Seidman, MD, MPH, *Chief Medical Officer*, provided update on the COVID-19 pandemic. The World Health Organization website for many weeks showed that the pandemic curve was relatively flat. He is beginning to see a concerning trend in certain parts of the world as the pandemic curve is beginning to inch upwards. Nationwide, cases and deaths continue to increase even as the country begins to relax stay at home orders in some areas. In Los Angeles, there is a decline in cases in the 7-day average and hospitalizations have declined 15% over the past week. Ventilator needs have increased by 35%. Contact tracing is in effect in Los Angeles County, and the county has the tracing capacity for 100% of newly identified cases within 24 hours. L.A. Care is addressing social needs and disparities through:  
  • Food program that provides up to two meals a day, and includes medically tailored meals for homebound members  
  • Tents and hygiene kits  
  • COVID-19 testing for members and people in interim housing  
  • Project Room Key to provide as many as 15,000 temporary shelter beds in hotels and motels  
  • L.A. Care launched the Community Link platform where members can find information about assistance programs and resources  
  Health Equities and Disparities Taskforce is an internal group that works to:  
  • Assure leadership support and explicit effort in procurement to increase the extent minority owned businesses are contracted  
  • Meet social needs and improving quality score for communities with known and persistent disparities  
  • Address disproportionate burden of the disease on minorities  
  • Reach out to high risk members with an information campaign starting with high risk African American members (over 65 and with chronic health conditions). Over 30,000 members were identified, and L.A. Care connected with over 10,000 members. |              |
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<td>Member Perez asked Dr. Seidman for a written report so it can be shared with members. Dr. Seidman responded that he will have a full written report for the upcoming Board meeting. Chairperson Booth asked about L.A. Care’s efforts to assist providers. Dr. Seidman responded that there is ongoing work to acquire respirators. (Member Shapiro joined the meeting.)</td>
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<td>POPULATION HEALTH MANAGEMENT</td>
<td>Katrina Miller Parrish, MD, FAAFP, Chief Quality and Information Executive, and Matthew Pirritano, PhD, MPH, Director, Population Health Informatics, Population Health Management, presented information about the Population Health Management program at L.A. Care (<em>A copy of the presentation can be obtained from Board Services.</em>).</td>
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|                        | L.A. Care’s Population Health Management (PHM) strategy:  
  - Addresses National Committee for Quality Assurance (NCQA) standards through the PHM Program Description and Population Assessment  
  - Ensures services are provided to members through a patient-centered model of care, engaging members regardless of where the member lies on the continuum of health  
  - Provides a continuum of coordinated, comprehensive care using evidence-based practice guidelines to improve members’ quality of life and meet members’ diverse care needs by improving quality of care and sustainably lowering cost  
  The PHM Program Description is L.A. Care’s strategy to conduct coordinated, collaborative population health programs along the continuum of care by keeping members healthy through early detection, identifying emerging risks, providing care management, addressing Social Determinants of Health, managing care transitions and patient safety.  
  Scoring/Enterprise Goals  
  - Goal Methodology: Healthcare Effectiveness Data and Information Set (HEDIS) 2020 goals are to improve to the next percentile from the 2019 benchmarks, other goals set are improvements from 2018 rates  
  - Goal Scoring and incentive pay out if goal was met for at least one line of business for each metric (total of 15)  
    - Minimum 10 of 15 – rewards 80% of incentive amounts  
    - Mid 11 of 15 – rewards 100% of incentive amounts  
    - Max is greater or equal to 12 of 15 – rewards 110% of incentive amounts |                          |
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| • Many of the differences between demographic groups confirm prior findings  
• Many of the top diagnoses confirm prior findings and are already supported by existing programs  
• Some key differences between demographic groups are being investigated to identify or develop initiatives or programs to address  
**Summary**  
• L.A. Care continued to develop a coordinated PHM program addressing members’ needs across the continuum of care and coordinating across departments and services throughout the organization.  
  - The PHM program focused on linking the 2018 population assessment findings to existing programs and identifying gaps to enhance programs or services.  
  - The PHM program focused on collaboration of programs and initiatives to meet the PHM Index, meeting nine out of twelve in 2019.  |

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<th>CHIEF COMPLIANCE OFFICER REPORT</th>
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| **Text submitted on May 21, 2020 at 2:40 P.M. from Carolyn Navarro**  
“Compliance comment, I question how the board minutes are not posted in a timely manner so the public can see them, looking back on the unprofessional conduct we observed from LA Care agents across the board, I believe it’s deliberate to throw people who wish to comment off and delay their comments since they can’t see what was noted and not noted. Also odd, how I was able to call in public comment before but now when it would be practical you have people reading my statements for me.  
Compliance comment, it’s suggested your board members actually look into the harm Synermed/EHSs did to people, read “United States v. Synermed “online. LA Care isn’t telling you or enrollees how these barbaric people who LA Care enabled blocked patients access to care but board members are on the hook for LA Cares conduct.”  
Thomas Mapp, Chief Compliance Officer, referred to the written report included in the meeting packet (a copy of the written report can be obtained from Board Services).  
**COVID-19 Update**  
• Roadway to Return Initiative. No immediate changes after May 15 (end of current Stay at Home Order). Additional communications planned as decisions are made by Leadership, |
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with advanced notice to employees. Coordination with landlords to ensure safe environment for employees (ingress/egress in building, masks, cleaning and other new procedure).
- COVID-19 Testing Guide under development
- Transportation to testing sites. Effective, May 11, Call the Car began supporting trips to recommended walk-up COVID-19 testing centers. No wait time fees are necessary, as trips will be drop-offs and pick-ups to/from walk-in testing centers.

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<th>5/19/20</th>
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<tr>
<td># Positive COVID-19 tests among members</td>
<td>2,248</td>
<td>2,740</td>
<td>+492</td>
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<tr>
<td># Hospital admissions associated with COVID-19 among members</td>
<td>1108</td>
<td>1,328</td>
<td>+220</td>
</tr>
<tr>
<td># COVID-19 related deaths</td>
<td>142</td>
<td>183</td>
<td>+41</td>
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Sylvona Boler, *Senior Manager, Risk Management, Compliance*, presented information on member utilization of services (*a copy of the presentation can be obtained from Board Services.*). Customer Solution Center Highlights for the week ending in May 17, 2020:
- Notice from DPSS regarding a fake COVID letter circulating on social media
- Member’s request for COVID home test kits, and blood work to be done at home in order to avoid exposure
- Report of Nursing facility COVID outbreak
- Inquiries regarding COVID test results
- Report on convalescent home alleged negligence and unprofessional behavior
- Transferred a total of 44 L.A. Care Covered subscribers to Sales & Marketing for information and assistance with Medi-Cal application

Health Navigator Assistance
- Assistance with Testing Sites – 34.97% (121 Calls)
  - COVID Test Scheduled By Agent (7 Calls)
- Transportation to Testing Sites – 9.25% (32 Calls)
- Medication Assistance – 69.94% (242 Calls)
- Food Supply Assistance – 93.35% (323 Calls)
- Was this Information Useful? – 82.08% YES (284 Calls)
- Shelter/Housing Assistance – (2 Calls)
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<td>• Delegation Oversight Department &amp; L.A. Care Monitoring Program Update</td>
<td>Sabrina Coleman, Senior Director, Delegation Oversight, and Elysse Palomo, Director, Regulatory Affairs, Compliance, presented information about Delegation Oversight <em>(A Copy of the presentation can be obtained from Board Services).</em></td>
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**Program Model**
The future state of Delegation Oversight is a centralized department with three specialized verticals: Audit, Monitoring, and Account Management.

**Audit:**
- Centralized SME Auditors
- Standardized Processes
- Direct lines of accountability

**Monitoring:**
- Centralized Analysts, with dotted lines to SME Monitors
- Aggregation of delegate data, tracking, and trending
- Support regulatory audits
- Delegation Oversight monitors the performance of 46 entities delegated to perform healthcare and administrative services on behalf of L.A. Care and in line with contractual, regulatory, and operational policies.
- Compliance, Regulatory Affairs determines regulatory priorities and monitors internal performance of all business units to ensure compliance with contractual, regulatory, and operational policies

**Account Management**
- Centralized Account Managers
- Streamline communications: single point of contact
- Facilitate audits

**June 2020 – December 2020**
- Absorb remaining performance related communications from organization.
- Execute monitoring, monthly proactive reminders and communication with delegates to retrieve all performance data/reports, reactive follow up on late/deficient submission; technical assistance.
- Newsletter communicating regulatory updates and policy changes, privacy reporting obligations, Department of Managed Care Services/Department of Health Care Services priorities, health plan priorities, performance scores, and upcoming deliverables.
### AGENDA ITEM / PRESENTER
Chairperson Booth stated thanked the presenters for their report.

### MOTIONS / MAJOR DISCUSSIONS

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<th>PUBLIC COMMENT</th>
<th>Carolyn Navaro, submitted on May 21, 2020 at 4:06 P.M.:</th>
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<td></td>
<td>“Public comment: the emails I posted that was mentioned today for me like I need an interpreter were from 2014 between me and LA Care and Synermed and they document I told LA Care Synermed/EHS was engaging in fraud, the Dept of Managed Care determined I was right and fined LA Care $350,000, why aren’t enrollees being notified they are crime victims, I only know because of my own investigation? Glad DMHC is auditing you, you should be audited of business and stop ripping off the public!”</td>
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### ACTION TAKEN

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<th>CLOSED SESSION</th>
<th>PEER REVIEW</th>
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<td>Welfare &amp; Institutions Code Section 14087.38(n)</td>
<td>This agenda item was not discussed.</td>
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| ADJOURNMENT | The meeting was adjourned at 3:45 p.m. |

Respectfully submitted by:

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

APPROVED BY:

Stephanie Booth, MD, Chairperson

Date Signed: 

Below are public comments that were not read during the meeting:

Carolyn Navaro, submitted on May 21, 2020 at 12:08 P.M.:

*Bringing up Blue Shield in response to complaint about Synermed having contract with LA Care and abusing enrollees.*

*In your own board notes and online article stating LA Care cancelled contract affecting 60,000 people (I believe more people were harmed and affected).*
The cease-and-desist order is not directed at EHR or SynerMed, but rather the health plans that contract with EHR. Those health plans include Adventist Health Plan Inc., Aetna Health of California Inc., Blue Cross of California Inc., Care 1st Health Plan, Cigna Health Care of California Inc., Health Net of California Inc. and Molina Healthcare of California Inc. The order also names Fresno-Kings-Madera Regional Authority and Local Initiative Health Authority for L.A. County, which are public agencies that provide regional health care coverage.

Aetna News, executive director of provider network management at the Local Initiative for L.A. County’s L.A. Care plan, said EHR provided services for about 80,000 L.A. Care plan members. An estimated 80 percent will be able to keep their primary care physicians, she said in an email. Aetna spokesperson Shelly Bendt said approximately 3,800 Aetna members will be affected by the order but most will be able to keep their primary care physicians.

Aetna and Molina representatives declined to comment for this story. The other plans did not immediately respond to requests for comment.

“We will continue to provide covered services to all affected enrollees as quickly and as seamlessly as possible,” said Mary Ellen Grant, vice president of communications at the California Association
Background
L.A. Care Health Plan has been leading in health information technology, health information exchange, and telehealth projects in Los Angeles County. Together, all three support patient-to-provider and provider-to-provider communication, and provide for total care coordination towards achieving a patient-centered medical home.

In response to the limited human and financial resources in the clinic community, L.A. Care is working closely with the Los Angeles County Department of Health Services, Health Care LA Independent Practice Association, and the Community Clinics Association of Los Angeles County to develop a single eConsult platform for Los Angeles clinics in order for providers to have a single workflow.

This partnership expands eConsult to multiple safety-net clinics and will improve specialty care access for insured, uninsured, and complex care populations.

In 2009, L.A. Care engaged SyneosHealth and Partners in Care Foundation and launched an 18-month eConsult pilot. The purpose of L.A. Care's eConsult pilot was to demonstrate the successful consultation and collaboration that results in a PCP's acquiring enough diagnostic input from the specialist to inform and/or treat the patient prior to a visit to a specialist and/or eliminate the need for a referral to the specialist. Preliminary results indicated about half of the eConsults, 83% of which were directed to primary care physicians, resulted in 24% to 48% of visits to specialists eliminated with those other physicians.

In June 2010, SyneosHealth and Partners in Care Foundation expanded the eConsult platform to all L.A. Care health plans. SyneosHealth and Partners in Care Foundation continue to oversee and operate the eConsult platform.

In 2012, L.A. Care and SyneosHealth expanded the eConsult platform to 31 health centers in Los Angeles County. In 2013, L.A. Care and SyneosHealth expanded the eConsult platform to 100 health centers in Los Angeles County. In 2014, L.A. Care and SyneosHealth expanded the eConsult platform to all health centers in Los Angeles County. In 2015, L.A. Care and SyneosHealth expanded the eConsult platform to all health centers in Los Angeles County.

In 2016, L.A. Care and SyneosHealth expanded the eConsult platform to all health centers in Los Angeles County. In 2017, L.A. Care and SyneosHealth expanded the eConsult platform to all health centers in Los Angeles County. In 2018, L.A. Care and SyneosHealth expanded the eConsult platform to all health centers in Los Angeles County. In 2019, L.A. Care and SyneosHealth expanded the eConsult platform to all health centers in Los Angeles County.
COVID-19 Update
There are now nearly 20 million reported cases of COVID-19 worldwide and over 700,000 deaths, with the highest rates of new infections in the United States, Brazil and India. In the United States, there are nearly 5 million reported cases and over 160,000 deaths, with the highest rates of new infection in Texas and Oklahoma, extending all the way to the east coast through the Southeast. Los Angeles County is now reporting over 200,000 cases (38% of cases reported in CA) and nearly 5,000 deaths (50% of deaths reported in CA). The highest rate of new infections in CA is now occurring throughout the Central Valley. In contrast to the surge in cases and hospitalizations we were experiencing in Los Angeles in late June into July when the Department of Public Health had to re-close higher risk activities such as indoor dining, fitness centers and personal care providers, Los Angeles is now seeing decreased rates of hospitalizations (-18%) and deaths (-16%).

Our local Health Department is now expressing cautious optimism about the progress we have made together since late June, and is continuing to stress the importance of compliance with the current preventive measures and restricted activities. Preparations are now underway for the upcoming flu season as vaccine trials, clinical trials and research continues to try to develop new and more effective ways to prevent and treat COVID-19.

L.A. Care has completed telephonic outreach to more than 250,000 members at increased risk for COVID-19, including target outreach to African Americans, LatinX, Alaskan/Hawaiian/Native Americans/Pacific Islanders and is now developing outreach to members 18-40, the age cohort within which we are now seeing the highest rate of new infections.

Initial Health Assessments (IHA)
• Work is underway to revise the reports, enhance training and create a coordinated monitoring program with Clinical Assurance (CA), Facility Site Review (FSR), Delegation Oversight (DO), and L.A. Care’s internal audit team to address the Corrective Action Plans (CAPs) identified in the Summer 2019 Department of Health Care Services (DHCS) audit. The State has temporarily suspended the IHA requirement during the Covid-19 Emergency and the DHCS audit scheduled for this summer has been postponed until summer 2021. Despite the current suspension of the requirement, IHAs meet an important clinical need and will eventually need to be completed. DHCS has asked Plans to encourage members and Providers to continue to offer routine care including IHAs.
L.A. Care’s IHA monitoring process is in place and we are encouraging providers to complete IHA encounters through virtual methods as much as possible and we will re-start monitoring of delegates in late August/early September 2020.

Routine Visits and Prevention

A new Provider Opportunity Report, “Missing Vaccines Report”, is now available to help providers identify which shots kids need before the recommendation is past due. A webinar tutorial on how to use the new Missing Vaccine(s) Report will be shared with providers and posted on our website.

There were four social media campaigns conducted in June and July encouraging children under two years old to get vaccinated during the COVID-19 outbreak and fax blast campaigns encouraging teens to be screened for chlamydia infection as recommended.

Facility Site Review (FSR) Update

All FSR audits scheduled for March, April, May and June were cancelled. The team began conducting virtual site audits for Initial FSRs for the Direct Network, Relocations and Corrective Action Plan (CAP) Follow Up visits on July 1. In partnership with all of the other Medi-Cal Managed Care Plans in Los Angeles County, L.A. Care’s FSR Leadership developed a process to ensure a smooth virtual audit experience and went live on a new FSR documentation system on July 1. This new system will enable better coordination and data sharing with the Los Angeles FSR Collaborative.

Population Needs Assessment (PNA)

L.A. Care’s 2020 Population Needs Assessment (PNA) fulfills DHCS requirements and was submitted in June, 2020. The PNA was a collaborative effort led by the Health Education, Cultural and Linguistics team with support from Population Health Management, Quality Improvement, and Community Outreach and Education. The PNA report captures information on member demographics, health disparities, health status and disease prevalence, access to care, stakeholder engagement and an action plan. Required metrics to track health plan performance and identify and track health disparities include HEDIS and CAHPS data sets. The report also includes member input on the PNA findings. Noteworthy member feedback includes:

1) members are largely satisfied with care provided by L.A. Care; 2) members expressed a desire for more information regarding community services, particularly around food banks; 3) members wanted more education on flu vaccination, specifically that the vaccination does not cause flu and 4) members were unsure whether all L.A. Care members are made aware of language access services. The PNA concluded with an action plan targeting performance goals and supporting activities in the areas of flu, postpartum care, and asthma.

Video Remote Interpreting Pilot with Plan Partners

As 40% of L.A. Care members indicate a primary language other than English, and in response to increasing member requests for interpreting services at medical appointments, L.A. Care is partnering with Anthem Blue Cross and Blue Shield Promise of California to pilot Video Remote Interpreting (VRI) at select clinics. Clinics with a high number of Limited English Proficient (LEP) and American Sign Language (ASL) members will be selected for this pilot. VRI pilot goals include:

• Increase member access to qualified face to face interpreting services
• Reduce wait times by implementing real time requests
• Eliminate known barriers for accessing face to face interpreting services including:
  o 10-day advance notice for requesting a face to face interpreter
  o limited interpreter availability for certain languages including ASL
  o limited interpreter availability in some regions of L.A. Care’s service area
• Eliminate concerns over the increasing cost of face to face interpreting services despite the best negotiated pricing with vendors
• Increase member and provider satisfaction by offering a convenient language access option
• Improve compliance with Title VI and Title 28 and other regulations while simultaneously improving member experience scores
• Optimize L.A. Care resources
Healthy Pregnancy and Healthy Heart Pilot—supporting telehealth services
In order to support L.A. Care’s Direct Network and the Los Angeles County Department of Health Services providers offering telehealth services during the pandemic, L.A. Care Health Plan launched the Healthy Pregnancy and Healthy Heart Program. The Program is designed to reduce the frequency with which these members need to see their doctors in a face to face setting. The program eliminates the need for prior authorization to obtain low cost monitoring devices, blood pressure cuffs and weight scales, to members who are pregnant or who have been diagnosed with congestive heart failure (CHF). Providers eligible for the pilot were informed about the availability of the DME, member selection criteria, and how to request the DME. The need for prior authorization was removed to simplify the referral process and quick delivery of the DME. L.A. Care’s contracted vendor is responsible for verifying member eligibility, confirming member address, delivering the equipment, and reporting fulfilled orders to L.A. Care. Since the program launch, L.A. Care has provided the blood pressure monitor cuff and weight scale to 13 eligible members.

Health Information Technology
- L.A. Care and First 5 LA are entering into a partnership to help medical practices improve child development by implementing developmental screening tools and increasing access to community resources.
- eManagement is implemented with 94 providers serving 75,000 MCLA members.
- Transform L.A. works remotely with eight practices representing 61 providers, 2,200 Direct Network members, and 22,000 L.A. Care members.

Health Equity
- L.A. Care has been accepted into the Disparities Leadership Program, which is part of Disparities Leadership Center by Massachusetts General Hospital and Harvard Medical School. L.A. Care staff will participate in this year-long program to learn about new opportunities to continue to address inequity and disparities.

Quality Improvement-Initiatives
- DHCS officially closed the 2019-2021 Medi-Cal Performance Improvement Projects due to COVID-19. DHCS plans to reinstate the process in late summer after a new contract is initiated with an External Quality Review Organization.
- Webinars for PPGs and providers were re-launched July 15th.
- ADD Evaluation of Beacon ADHD Outreach Calls intervention was completed. Overall, members that were outreached via Beacon calls did not show significantly higher ADD measure compliance (Initiation and Continuation) compared to members that were not reached.

National Committee for Quality Assurance (NCQA) -- Standards + HEDIS + CAHPS:
- NCQA Triennial Standards Audit: L.A. Care provided the required submission to NCQA for our triennial standards audit in June 2020. This submission includes evidence of compliance including program documents, evaluations, policies and procedures, meeting minutes, and other types of documentation. The file review portion of the audit typically takes place on site, but this year was conducted virtually on August 3rd and 4th with NCQA. Overall, the feedback from NCQA was positive. Some additional files will be reviewed later in August, after which L.A. Care will receive preliminary results from NCQA.
The Healthcare Effectiveness Data and Information Set (HEDIS) 2020 rates for all lines of business were reported to NCQA, Medicare was not required this year, Medi-Cal allowed the rotation of final HEDIS 2019 rates if performed better than HEDIS 2020. L.A. Care chose not to rotate any HEDIS 2020 measures with HEDIS 2019 as there were no significant drops!

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2020 surveys for Medi-Cal were submitted to the National Committee for Quality Assurance (NCQA) and attested by L.A. Care Health Plan. NCQA will likely release Medicaid CAHPS scores in September 2020, but with notation indicating COVID-19 impact on response rate and scores. The Centers for Medicare and Medicaid Services (CMS) will not release Medicare CAHPS 2020 scores. The Center for the Study of Services (CSS) will prepare unofficial CAHPS reports for Medicaid, Medicare, and L.A. Care Covered (LACC).

Provider Incentives

- All Measurement Year (MY) 2020 Program Descriptions have been released with the exception of the LACC VIIP Program Description which should follow soon.
- A new Direct Network Incentive Program has been approved which will measure and report Direct Network performance as any other contracted IPA and distribute incentive payments to physicians contracted in the Direct Network proportionate to their individual membership and performance.
- The teams are prepping code for processing data for all MY 2019/RY 2020 final P4P reporting and payments.
- MIPS payments were calculated and sent to out-of-network CMC providers. This gets L.A. Care compliant with CMS requirements. The incentives team will now make these payments annually.

Quality Informatics

- Cozeva Bridge: This is a pilot to evaluate the impact on quality and risk adjustment scores in collaboration with Health Net. The Cozeva platform is able to pull clinical data directly from participating providers EHRs. By collecting additional diagnostic and procedure codes, and via the use of natural language processing, the technology has the potential to reduce the amount of time and expenditures required to collect supplemental data and conduct chart audits to identify and document this additional information. The Cozeva team will be conducting onboarding of providers and user training of provider staff.

Pharmacy

Clinical Pharmacy Pilot Program (Ambulatory Care):

- L.A. Care Health Plan’s Pharmacy Department created this program to collaborate with our medical groups and contracted providers by directly assisting in the management of chronic conditions (diabetes, hypertension, hyperlipidemia, etc.). The goal of this program is to improve outcomes and reduce the cost of care by assigning an L.A. care clinical pharmacist to select practice sites. The association of improved clinical outcomes such as improvements in glycosylated hemoglobin (HbgA1c) levels and blood pressure levels resulting in lower costs (decreased complications, and decreased ER and inpatient admissions) has been well documented.
- Results from 90 members receiving Clinical Pharmacy services at the Wilmington Community Clinic indicate high member satisfaction, a reduction in no show rates, and improvements in optimizing drug regimens and dosing, adherence. Outcomes include an average A1c reduction of 2.6%. Baseline A1cs ranging from 8.9 to 13.6%.
Comprehensive Medication Management (CMM) – Telephonic Consult:
- As part of our new CMM Telephonic Consult service, an L.A. Care pharmacist will conduct CMM services for CMC members who are eligible for Medication Therapy Management and meet criteria for the Medication Reconciliation Upon Discharge (MRP) HEDIS measure. As part of this program, an L.A. Care pharmacist will complete both a comprehensive medication review (CMR) and medication reconciliation with the member. A summary of the CMR in the form of a medication action plan (MAP) will be mailed to the member, and any clinical recommendations along with member feedback will be faxed to the provider.
- Pharmacy, Quality Performance Management, and Population Health Informatics have collaborated to generate weekly reporting of members discharged from contracted hospitals via the Health Information Exchange platforms, eConnect and Collective Medical Technologies (EDIE-PreManage), in an effort to complete medication reconciliation within the 30-day turnaround time.
- The Pharmacy department is exploring ways to spread this program including increased integration into our transitions of care program and enhanced collaboration with our contracted provider groups.

Safety Net Initiatives
Health Homes Program
The Health Homes Program now has over 8,400 ever-enrolled members, far exceeding the projected enrollment in the program. Enrolled members are served via a network of 33 Community Based Care Management Entities (CB-CMEs). These entities, mostly L.A. Care network providers, provide the required enhanced care management services to their assigned and enrolled members and are responsible to submit “claims” directly to L.A. Care to document and report the care provided. Over 83,000 claims have been submitted to date. An evaluation of the program is being conducted along with a Year 1 Program Report.

Community Clinics Unit
- Collective Medical Technologies – As of June 30, Watts Health Corporation and East Valley Community Health Center are now live and actively using the platform to coordinate effective transitions of care, bringing our total to 9 CB-CMEs.
- Physician Leadership Program – Cohort 4 held their final celebration on Thursday, June 11. On June 29, we released the Request for Qualifications to identify a vendor who can transform our current program by offering leadership services for additional provider types such as NPs, PAs, LCSWs, and Dentists.
- CHW Training Program – On June 16, Loma Linda University Health delivered the evaluation report summarizing cohort two activities (26 CHWs), which demonstrated positive CHW growth in knowledge and skills to enhance service delivery under the Health Homes Program.
Programs Development Unit

- SNI worked with LAHSA and Western Drug to launch an expedited DME process for Project Roomkey, now providing temporary shelter for more than 4,000 Los Angeles County residents at increased risk of COVID-19.
- SNI organized a Countywide Benefits Entitlement Services Team (CBEST) webinar for HHP CB-CMEs. CBEST is an SSI / SSDI enrollment advocacy program for people experiencing homelessness.
- SNI is continuing to work with DHS Housing for Health on launching Housing for Healthy CA, and has identified target permanent supportive housing buildings.
HEDIS 2020
Presentation to Compliance and Quality Committee

August 20, 2020
HEDIS 2020 Final Updates
HEDIS Submission

• Due to COVID-19 and issues with collection, the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS) allowed Medicaid plans to use the Healthcare Effectiveness Data and Information Set (HEDIS) 2019 hybrid rates if higher than HEDIS 2020; CMS did not require Medicare plans to report.

• L.A. Care chose to report HEDIS 2020 rates for Medi-cal, Cal-MediConnect (CMC) and L.A. Care Covered (LACC) to demonstrate:
  • L.A. Care Health Plan achieved comparable results even with COVID-19
  • Allows us to maintain accurate year to year results for recommending real opportunities for improvement
  • Unsure of how HEDIS 2020 rates will be used by NCQA going forward, so our rates will be accurately reflected
  • For multi-year measures, allows compliant members to be used as standard data for 2020 Measurement Year (MY)
Medical Record Collection and Abstraction

• Final rates were affected by COVID-19 as nearly all were trending higher through the end of March, then rate increases hit a plateau.
  • Many offices were closed or short staffed due to the pandemic and did not respond to medical record requests. There were 13% of the 8943 hybrid samples where no chart was collected with an additional 14% where we were pursuing another chart but were not successful in retrieving.
  • As of April 1, across all LOBs only 5 numerators out of 53 were trending lower by >1% compared to the same date last year. For the final rates, 15 numerators ended up >1% lower.

<table>
<thead>
<tr>
<th>Reporting Population</th>
<th>Base Measure ID</th>
<th>Measure ID</th>
<th>4/1/2020 Rate</th>
<th>4/1/2019 Rate</th>
<th>YOY Difference</th>
<th>2020 Final</th>
<th>2019 Final</th>
<th>YOY Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>LACC</td>
<td>CDC</td>
<td>A1c &lt;8</td>
<td>59.49%</td>
<td>53.04%</td>
<td>6.45%</td>
<td>60.25%</td>
<td>61.56%</td>
<td>-1.30%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>CDC</td>
<td>BP Control</td>
<td>69.10%</td>
<td>50.61%</td>
<td>18.49%</td>
<td>72.99%</td>
<td>70.80%</td>
<td>2.19%</td>
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<tr>
<td>Medi-Cal</td>
<td>WCC</td>
<td>BMI</td>
<td>83.75%</td>
<td>68.33%</td>
<td>15.42%</td>
<td>85.83%</td>
<td>90.00%</td>
<td>-4.17%</td>
</tr>
<tr>
<td>Medicare-CMC</td>
<td>COA</td>
<td>ACP</td>
<td>46.72%</td>
<td>25.79%</td>
<td>20.92%</td>
<td>48.66%</td>
<td>43.31%</td>
<td>5.35%</td>
</tr>
</tbody>
</table>
Managed Care Accountability Sets (MCAS) Minimum Performance Level (MPL)

For HEDIS Reporting Year (RY) 2020, Medi-cal Line of Business, there are 19 measures from the MCAS held to the MPL 50th Percentile

1) Medi-Cal: 17 measures met MPL; AMR (25th) and W15 (<25th) did not meet MPL.

2) For 2020 MY
   - HbA1c Testing (CDC1, Hybrid) will no longer be held to MPL.
   - 4 additional measures held to the MPL not part of the MY2019 Set;
     - Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose & Cholesterol Total (APM)
     - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
     - Weight Assessment and Counseling – Counseling for Nutrition – Total (WCC)
     - Weight Assessment and Counseling – Counseling for Physical Activity – Total (WCC)
1) Medi-Cal Pharmacotherapy Management of COPD Exacerbation (PCE):
   ➢ Has been fluctuating over the past several reporting years
   ➢ Deep dive analysis identified root cause of drops in PCE indicators
     • Medications are dispensed prior to a members discharge date
     • L.A. Care sent a Policy Clarification Support to NCQA with findings

2) LACC Breast Cancer Screening (BCS):
   ➢ LACC eligible population has significantly increased causing a drop in the rates
   ➢ Newly assigned members will be included on intervention activities.
1) Medi-Cal Follow-Up Care for Children Prescribed ADHD Medication (ADD):
   - Deep dive analysis identified the root cause for poor historical performance; prescribing provider ID / NPI not mapped
   - Services were being provided for the ADD measure by DMH clinic therapists who are not licensed prescribing providers.
   - Received NCQA auditor approval to flag community clinics as prescribing providers.
   - As a result L.A. Care improved on both Initiation and Continuation that historically were below the 25th percentile to the 90th and 75th percentiles, respectively

2) Medicare CMC Follow-Up After Hospitalization for Mental Illness (FUH):
   - L.A. Care was able to meet the Quality Withhold benchmark of 56% for FUH 30 day indicator. Was a result of Quality Performance working closely with the Behavioral Health department and Beacon to improve data collection activities.
HEDIS 2020 and 2021 Measurement Year Changes
Changes from NCQA

- Technical Specifications were released on July 1, 2020 and valid for 2 Measurement Years – 2020 and 2021 to give plans additional time to prepare and to know ahead of time what will be expected.
- There are 40 measures NCQA has updated Telehealth visit guidelines to support increased use of Telehealth caused by the pandemic.
- Member reported services now accepted for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Controlling Blood Pressure (CBP) and Comprehensive Diabetes Care (CDC); Blood Pressure (BP) readings using a digital device.
- Well-Care measures revised to cover for ages that had previously been missed (16-30 months, 7 - 11 years old) and will be reported by Administrative methodology only. L.A. Care stands to see declines in performance due to the changes.
CAHPS 2020 Updates

Member Experience with Quality of Health Care Services (QoS)
I. L.A. Care Member Experience Surveys

Status of 2020 surveys:

- NCQA Medicaid CAHPS (Adult and Child) – completed.
  - Child score had little Covid-19 effect – proposed for NCQA Accreditation.
  - Adult scores went down – likely Covid-19 impact on access.
- CMC Medicare CAHPS – halted by CMS/HSAG.
- LACC QHP EES (CAHPS) – halted by CMS/BAH.
- CMC Medicare HOS – postponed to mid-August.
- PASC-SEIU and LACC-D – postponed to Fall.

Surveys were likely affected by three simultaneous changes:

a. Medicaid CAHPS: Change in survey mode to Mail-Only.
b. COVID-19 impact on survey process (phone centers); response rate; respondent mix, and member access to care and info?
c. Change in survey firm used by L.A. Care (forced Medicaid to be mail-only, but allowed completion of the full survey protocol).

Agencies are still determining how they will handle CAHPS scoring:

- Medicaid: NCQA is assessing Covid-19 effects on survey reliability.
- Medicare: CMS received scores but is assessing survey reliability.
- Covered California: LACC will be rated on QHP EES 2019 scores.
II. L.A. Care Medi-Cal CAHPS Scores 2015-2020

Scores are fairly flat over time, with rises and falls back to baseline.
• Child scores (used for Accreditation) have been slightly rising.
• Adults appeared to show most effect of Covid-19 on access.
• One Child measure rose significantly (↑) while four Adult measures fell (↓).

<table>
<thead>
<tr>
<th>Ratings: (Top 3 Box: “8”+”9”+”10”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan:</td>
</tr>
<tr>
<td>Health Plan: 73.8% 73.2% 69.6% 74.0% 72.9% 70.7% 84.5% 82.8% 79.7% 83.0% 86.7% 87.4%</td>
</tr>
<tr>
<td>All Health Care: 73.9% 70.7% 66.7% 66.3% 71.8% 71.3% 81.4% 82.5% 82.9% 84.1% 82.3% 80.8%</td>
</tr>
<tr>
<td>Personal Doctor: 79.7% 81.2% 75.3% 79.2% 78.4% 74.4% 85.8% 85.8% 86.3% 86.7% 84.2% 86.1%</td>
</tr>
<tr>
<td>Specialist Seen Most: 76.4% -- -- 77.0% 75.2% 74.8% 81.5% -- -- -- -- --</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Composites: (Top 2 Box: “Usually”+”Always”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care: 73.4% 76.3% 74.8% 76.8% 76.6% 71.6% 77.2% 75.6% 78.5% 79.0% 83.9% 83.2%</td>
</tr>
<tr>
<td>Getting Care Quickly: 74.0% 75.7% 75.6% 72.1% 76.8% 72.7% 81.1% 80.8% 82.5% 84.0% 80.4% 82.3%</td>
</tr>
<tr>
<td>Health Plan Customer Service: 84.7% -- -- 87.5% -- 88.8% 81.7% 83.4% 83.4% 85.2% 86.5% 87.3%</td>
</tr>
<tr>
<td>Provider Communic (retired): 88.6% 87.9% 91.2% 88.5% 89.1% 85.5% 86.3% 87.4% 89.6% 88.3% 88.9% 93.1%</td>
</tr>
<tr>
<td>Coordination of Care: 82.2% -- -- 78.4% -- 72.7% -- -- -- -- -- --</td>
</tr>
</tbody>
</table>

Other reportable measures:
Tobacco Cessation (Adults): --
Flu Vaccinations (Adults 18-64): 40.5% 46.3%

Table shows percent of respondents giving favorable answers.

Significance testing: Tests are estimated using NCQA effect size table.
“--” indicates that the measure had fewer than 100 respondents (not scored by NCQA).

Improvement strategy should focus on CAHPS drivers identified in CAHPS actionability analyses, 2006-2019.
Questions ?
TO: Compliance & Quality Committee of the Board of Governors
FROM: Thomas Mapp, Chief Compliance Officer
SUBJECT: Compliance Officer Report
DATE: August 20, 2020

COMPLIANCE OFFICER OVERVIEW

1. **COVID-19 management**
   a. Annual disaster recovery test in COVID-19 environment; September/October 2020
   b. Data trends to regulatory agencies

2. **Issues Log, Risk Remediation and Escalation**
   Compliance-Risk Management and Business Continuity is in the process of meeting with business unit leaders, across the organization, in preparation for the 2021 Annual Risk Assessment. The draft risk assessment will be presented to Leadership in November or December 2020, and brought to the Compliance & Quality in January 2021.

   Below is a list of the issues under review:
   
   1. **Remittance Advice Billing Issue** - A system flaw was discovered that would cause a dollar amount to populate into the Member Responsibility field on RA statements for non-contracted providers, when Medi-Cal members should not be billed for services. An action plan was developed and approved by regulators, and an impact analysis was conducted. A manual system fix was implemented so that erroneous RAs will no longer be produced. A sample of RAs are reviewed quarterly to ensure the issue remains fixed. Additionally, through provider outreach and grievance reviews, L.A. Care continues to identify affected members and ensure reimbursements are made to any members who were balance-billed due to this error.

   2. **Provider Terminations** - On May 11, 2020, L.A. Care received a notice of non-compliance from the Department of Health Care Services (DHCS), regarding untimely notification to DHCS of provider terminations. The notice documented four alleged incidents, between January 2020 and March 2020. L.A. Care is disputing two of the four alleged incidents. A corrective action plan was submitted to DHCS on June 11th. DHCS responded to L.A. Care’s corrective action plan, requesting revisions based on a differing interpretation of the requirement. L.A. Care has responded to DHCS regarding our interpretation, and are awaiting next steps per the state.

   3. **Annual Notice of Change (ANOC)** - On March 5, 2020, L.A. Care submitted to the Centers for Medicare and Medicaid Services (CMS) a self-disclosure, informing that there were inaccuracies in L.A. Care’s ANOC. In error, L.A. Care filed a “yes” for prior authorization and referral requirement, for Medicare Opioid Treatment Program (OTP) services. However, L.A. Care provides OTP services without a requirement for prior authorization and referral,
in order to reduce any delay or barrier to accessing care. The Member Handbook was also mailed to all of the members, with the correct information, OTP does not require prior authorization. CMS allowed L.A. Care to re-file the PBP and issue an ANOC errata. The updated ANOC was posted on L.A. Care’s website on 5/22. A new desktop procedure was created that includes a standard process for completing these materials and quality-checking them prior to submission. Monitoring through CSC, A&G, and Beacon has not identified any issues; monitoring will continue through the end of the year.

COMPLIANCE UNIT UPDATES

REGULATORY AUDITS & MONITORING AND REGULATORY AGENCY MANAGEMENT

1. L.A. Care Monitoring Program Implementation Highlights
   a. Expansion of the UM Monitoring Program this month which includes the creation of a new Authorization Template covering all lines of business. With this new template, we will be able to review & score 26 requirements across all lines of business (Medi-Cal/LACC(D)/CMC/PASC).
   b. The pilot scorecard that was implemented beginning in Q1 2020 and includes 2 UM Timeliness requirements for CMC only, has shown positive outcomes. There has been an increase in compliance. Attached is a mockup of the quarterly scorecard produced by the Monitoring Program and sent to internal business units and delegated entities.

2. Regulatory Audits
   a. CMS Performance Measure Validation (PMV) Audit will occur on September 17, 2020. The purpose of this audit is to validate regulatory reports containing health risk assessment (HRA) and care plan data. Compliance is conducting mock audits/live reviews of internal and delegate systems to ensure data reported matches the data in the systems. Mock audits revealed inaccuracies that were corrected prior to the resubmission of data on August 11, 2020. We expect successful outcomes for the upcoming audit, but will work with the business units to improve our reporting processes to avoid last minute corrections moving forward.
   b. CMS Revalidation Audit will occur in January through February 2021. The clean period (audit review period) is October 1, 2020 – December 31, 2020. 7 out of 23 findings from the 2018 CMS Validation Audit remain uncorrected, which will be tested at a Revalidation Audit. The following readiness activities are taking place to address the uncorrected findings:
      i. Timeliness testing for expedited service authorization requests (UM department, delegates), standard grievances, and expedited appeals (A&G department)
      ii. Reviewing all call text to ensure member grievances are appropriately classified and initiated
      iii. Facilitating the transfer of care coordination documentation between PPGs/internal CM to ensure coordination of care management when members transfer enrollment from one PPG to another PPG
      iv. Ongoing care management case file reviews (CM department and delegates)
   c. DHCS Audit has been suspended and will resume tentatively in September 2021 with a 2-year lookback period of July 1, 2019 – June 30, 2021.
3. Agency management trends

Regulatory Requests Received in Q2 2020 by Category (Total Volume = 96 Requests)

![Pie chart showing the distribution of regulatory requests by category for Q2 2020. The categories include Member Issues (40%), Data Requests (33%), Claims Issues (10%), Terminations (7%), Surveys (3%), and General Inquiries (5%).]

Month over Month Trend of Regulatory Requests Received in Q2 2020 (Total Volume = 96 Requests)

![Bar chart showing the monthly trend of regulatory requests in Q2 2020. The months are April, May, and June, with Member Issues, Claims Issues, Terminations, Surveys, Data Requests, General Inquiries, and Policies & Procedures categories represented.]

Note: The General Inquiries category represents questions the Contract Managers at DHCS and CMS may ask about a particular report or business process.
Member Issues Received in Q2 2020 by Category (Total Volume = 23)

- Claims: 4%
- A&G: 17%
- Provider Change: 0%
- Enrollment: 0%
- Authorization Issues: 9%
- Coordination of Care: 13%
- Access to Care: 57%

Month over Month Trend of Member Issues Received in Q2 2020 (Total Volume = 23)

- Compliance has started reporting this data to leadership and key business units quarterly and will request corrective action plans to reduce avoidable member issues future.
SPECIAL INVESTIGATIONS UNIT – FRAUD, WASTE AND ABUSE

1. Savings and Recoveries – FY 2020
   - **Recoveries**: JUNE $256K, FY2020 $3.5M
   - **Savings**: JUNE $714K, FY2020 $8.4M
   - **Total**: JUNE $970K, FY2020 $11.9M

2. Law Enforcement
   a. 44 active criminal investigations (FBI, CA DOJ, LASD HALT)
   b. 3 Undercover Ops
   c. 8 Arrests
   d. 4 Arrests Pending
   e. 8 Pending Prosecution
   f. 8 Convictions

3. SIU FWA Delegation Oversight:
   - Jun  FWA Training for PPG’s
   - Jul  Virtual Audits of PPG’s SIU Capabilities

RISK MANAGEMENT AND OPERATIONS SUPPORT

1. COVID-19 Flexibilities are being monitored through the Regulatory Flexibilities Strike Team. To date, the Regulatory Flexibilities Strike Team has received 55 inquiries: 21 internal and 34 delegate inquiries.
   a. Most of the requests for internal inquiries were extensions, cancellations, or modifications of audits/reporting requirements or changes to business practices in light of COVID-19; all flexibilities were approved and decisions communicated directly to the requesting business unit.
   b. Most delegate inquiries are related to claims or prior authorization; guidance was provided either through network-wide communications or directly to the delegate, if the questions were specific to their organization/provider. L.A. Care also received one delegate self-disclosure which resulted in a corrective action plan.

DELEGATION OVERSIGHT

The Delegation Oversight Program is deploying the L.A. Care Monitoring Program in collaboration with Compliance, Regulatory Affairs. Delegation Oversight will be reviewing Plan Partners, Participating Provider Groups, and Specialty Health Plans against the same metrics and measures as Compliance, Regulatory Affairs will be reviewing internal business units. Currently in its pilot stage, the Monitoring Program is reviewing delegates on priority Utilization Management measures.

As a result of COVID-19, L.A. Care issued an audit moratorium which allowed the Delegation Oversight Audit Team time to build a virtual audit program. The virtual audit program is complete and a new audit schedule has been developed. The Delegation Oversight Audits will resume in September 2020.
1. L.A. Care reported 6 incidents and 6 events during June. The incidents involved misdirected information and unauthorized disclosures to the wrong providers. The events were due to incorrect uploads into the wrong member’s records and two unencrypted e-mails.

2. L.A. Care’s business associates reported 2 incidents and 1 breach during June, which is a significant decrease from the previous months. The breach involved a security/hacking incident which occurred at CodeMetro, which is the owner of an application used by Sage Behavior Services, an L.A. Care contracted entity. Members have been notified and process and system improvements have been implemented by CodeMetro to prevent occurrence.

3. Trending In June; we had a downward trend in cases reported by our business associates, as well as a decrease in the incorrect system uploads that L.A. Care has been experiencing (privacy events) as seen in the chart below.

<table>
<thead>
<tr>
<th>2020 PRIVACY EVENTS, INCIDENTS AND BREACHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCIDENT TYPE</td>
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<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>L.A. CARE</td>
</tr>
<tr>
<td>Unencrypted E-Mail</td>
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<tr>
<td>Unauthorized Disclosure</td>
</tr>
<tr>
<td>Unauthorized Use/Access</td>
</tr>
<tr>
<td>Mis-Sent</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>TOTALS</td>
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<table>
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<tr>
<th>BUSINESS ASSOCIATES</th>
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<tbody>
<tr>
<td>INCIDENT TYPE</td>
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<td>FEB</td>
<td>MAR</td>
<td>APR</td>
<td>MAY</td>
<td>JUN</td>
<td>TOTALS</td>
<td>%TOTALS</td>
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<tr>
<td>--------------------------------------------</td>
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<td>-----</td>
<td>-----</td>
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<tr>
<td>Unauthorized Disclosure</td>
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<td>6</td>
<td>6</td>
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<tr>
<td>Mis-Sent</td>
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<td>9</td>
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<td>12</td>
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<td>16</td>
<td>7</td>
<td>3</td>
<td>58</td>
<td>100.00%</td>
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