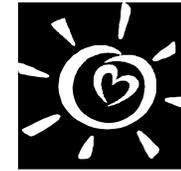


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – November 18, 2021

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



L.A. Care
HEALTH PLAN

Members

Stephanie Booth, MD, *Chairperson*
Al Ballesteros, MBA
Hilda Perez
G. Michael Roybal, MD
Nina Vaccaro

Senior Management

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

* *Absent*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth called the meeting to order for the L.A. Care Compliance & Quality Committee and the L.A. Care Joint Powers Authority Compliance & Quality Committee at 2:03 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Roybal and Vaccaro)

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	No public comment was submitted.	
APPROVAL OF MEETING MINUTES	The August 19, 2021 meeting minutes were approved as submitted.	Approved by roll call. 4 AYES (Ballesteros, Booth, Perez, and Vaccaro) 1 Abstention Roybal
CHAIRPERSON REPORT	Chairperson Booth commended the work of L.A. Care staff. L.A. Care is a great organization and she is happy to be able to sit on its Board. It is an amazing group of people and she is very happy to be involved. She wished everyone a Happy Thanksgiving and encouraged everyone to get vaccinated to help avoid a surge in cases. Things can always be better, and some places are really infected with COVID-19 at the moment.	
COMMITTEE REPRESENTATION ON EXECUTIVE COMMITTEE	<p>Chairperson Booth stated that she is on the Executive Committee as Secretary. There is a seat on the Executive Committee for the Compliance & Quality Committee Chairperson. She asked the committee what their preference would be regarding the Executive Committee seat. The committee can ask Chairperson De La Torre to assign someone on Executive Committee, she could step down as Chairperson, or leave the situation as is.</p> <p>Board Member Nina Vacarro asked what is the restriction of her serving on the Executive Committee as both Chairperson of Compliance and Quality Committee and Secretary of the Executive Committee. Chairperson Booth responded that there is no restriction, but normally there are six people on the committee, and right now there are five members. She asked Board Member Vaccaro if she is interested. Board Member Vaccaro stated that she has assumed the role as Interim Chief Executive Officer at Community Clinic Association of Los Angeles County, and the timing may not be ideal for her.</p> <p>Board Members Al Ballesteos and G. Michael Roybal, MD, both deferred to Board Chairperson De La Torre to decide whether to assign a Board Member to the sixth seat on the Executive Committee.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, presented the Chief Medical Officer report (<i>a copy of his written report can be obtained from Board Services</i>).</p> <p>COVID-19 Update</p>	

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	<p>Globally, there have now been more than 246 million reported cases and 5 million deaths from COVID-19. After more than a month long declining trend, cases and deaths are starting to increase in Europe, with trends remaining stable or declining in the rest of the world, including in the United States. Case rates in the South and Upper Midwest regions of the U.S. continue to improve, while rates in parts of Colorado and California are increasing, including in Los Angeles where transmission rates remain substantial. The Centers for Disease Control published a study in September 2021 reporting findings that case rates for unvaccinated individuals are reported at more than five times the rate of fully vaccinated individuals, and hospitalization and death rates are reported more than ten times higher in the unvaccinated.</p> <p>COVID-19 Vaccine Update</p> <p>By the first week of November, just over 62% of L.A. Care members ages 12 and over had received at least one dose of a COVID-19 vaccine. This compares to over 82% of all Los Angeles County and 80% for State residents 12+, a gap which is also seen statewide when comparing Medi-Cal beneficiaries to the community at large. In response, the Department of Health Care Services (DHCS) has committed \$350 million to a statewide effort to close this gap. The program offers \$250 million to Medi-Cal Managed Care Plans statewide to fund communications, outreach, vaccine administration and provider incentives, and another \$100 million to fund member incentives up to \$50 for members getting their first dose of COVID-19 vaccine before the end of February 2022.</p> <p>L.A. Care received approximately \$9 million after the submission and approval of a COVID-19 Vaccine Response Plan, and will have the opportunity to receive additional funding based on the extent to which we are able to close the gap in vaccination rates.</p> <p>The State has identified the following targeted populations:</p> <ul style="list-style-type: none"> • Homebound • 50 – 64-year-old with one or more chronic conditions • American/Indian- Alaska Native • Black/African American • 12-25-year-old <p>L.A. Care’s response plan builds upon previous funding and a communications campaign which included \$2 million in grant funding to 26 Federally Qualified Health Centers to support COVID-19 outreach, education and vaccination, and targeted communications campaigns focused on homebound and high risk members. Between now and February 2022, plans include offering member, provider and pharmacy incentives, additional COVID-19 vaccination clinics at or near our Community Resource Centers,</p>	

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	<p>communications campaigns targeting American Indian and Alaska Native populations and funding outreach efforts.</p> <p>Board Member Roybal stated that it is tough to get 5 to 11-year-old vaccinated, he asked Dr. Seidman if L.A. Care is offering any incentives in its efforts to get this age group vaccinated. Dr. Seidman responded that in terms of member incentives, L.A. Care does not have plans to offer financial incentives. Incentive funds are specifically for individuals that are 12 and over. L.A. Care is also not planning member incentives. There are a large number of school based mobile vaccine efforts being planned, including at the elementary school level to catch 5 to 11 year-olds.</p> <p>Board Member Vacarro stated that the Los Angeles Unified School District (LAUSD) will be rolling out a vaccination plan for students. It is quite effective for kids that are on campus. She said Community Clinic Association of Los Angeles County has been talking to LAUSD, but she doesn't know if they are replicating that process for younger children.</p> <p>Lead Screening</p> <p>Another state priority is to improve lead screening. The L.A. Care Quality Improvement (QI) Department conducted an analysis looking at the geographic distribution by zip code of increased lead levels among its members. This led to identifying a lead "hotspot" in a community in the 90011 zip code in Southeast LA. Based on the information, QI reached out to the Los Angeles County Department of Public Health (DPH) Childhood Lead Poisoning Prevention Program. DPH runs a lead abatement, case management and education program called Lead Free Homes in LA. As a result of this analysis and outreach, L.A. Care will be collaborating with DPH on social media to promote their hotline and lead abatement program in high risk zip codes, including 90011. L.A. Care also sends a list of members not yet screened for lead to their doctors, to encourage efforts to get patients to visit their doctor for lead screening and routine care they may need such as Well Child Care visits and immunizations.</p> <p>Chairperson Booth asked if the data gathered has any patient information. Dr. Seidman responded that at the plan level L.A. Care does have that information for patients. The Protected Health Information for patients was not shared with the DPH.</p> <p>Medication Adherence – Comprehensive Adherence Solutions Program</p> <p>Medication adherence, the extent to which people take their medications as directed, is important to achieving optimal outcomes. Effective patient education and satisfaction with their provider can increase adherence and control of chronic conditions including diabetes, high blood pressure and high lipid levels. The L.A. Care Pharmacy Department, including its pharmacy interns, technicians and a staff clinical pharmacist, have been outreaching to non-adherent or at-risk members to offer mail order service, 90-day prescription conversion, and medication education to overcome any potential hurdles the members may be</p>	

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	<p>facing which prevent them from taking their medications on a regular basis. Getting 90-day supplies and converting to mail order pharmacy services can make it more convenient to get and refill medications, reducing the risk of running out of medication between refills. Since June 2021, the team has successfully reached over 550 members to provide education, convert them to 90-day supplies and/or mail order services, synchronize the timing of their medications, promote all recommended vaccinations, and refer them to services such as the Medication Therapy Management Program, Managed Long Term Support and Social Services.</p>	
<p>MEMBER EXPERIENCE</p> <p>Linda Carberry</p>	<p>Linda Carberry, <i>Manager, Quality Data, Quality Performance Management</i>, reported on L.A. Care Member experience (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Member experience survey goals</p> <ul style="list-style-type: none"> • To provide actionable feedback to help improve member experience • To aim for, become and maintain a 4 Star Rating – or above! <p>This presentation uses results from:</p> <ul style="list-style-type: none"> • Center for the Study of Services (CSS) • Centers for Medicare & Medicaid Services (CMS) • National Committee for Quality Assurance (NCQA) • Consumer Assessment of Healthcare Providers & Systems (CAHPS) <ul style="list-style-type: none"> – Medicare Advantage and Prescription Drug (MAPD): CMC – Medi-Cal • Qualified Health Plan Enrollee Engagement Survey (QHP EES) <p><u>Other Terms</u></p> <ul style="list-style-type: none"> • Health Plan Rating (HPR) • Quality Rating System (QRS) <p>Medi-Cal CAHPS Consumer Assessment of Healthcare Providers & Systems Timeline</p> <ul style="list-style-type: none"> • February 20, 2021 – May 13, 2021 <p>Response Rates Children</p> <ul style="list-style-type: none"> • 6,819 members received the survey, 1298 completed it • Response rate: 26.56% 	

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	<ul style="list-style-type: none"> Medicaid Average Response Rate 24.18% <p>Adults</p> <ul style="list-style-type: none"> 4,059 members received the survey, 739 completed it Response rate: 20.75% Medicaid Average Response Rate 16.21% <p>Medi-Cal CAHPS Survey Languages</p> <p>Children</p> <ul style="list-style-type: none"> English 48.5% Spanish 51.5% <p>Adults</p> <p>Medi-Cal CAHPS</p> <p>Race and Ethnicity Response Rates</p> <table border="1" data-bbox="443 716 1694 1317"> <thead> <tr> <th colspan="2"></th> <th>Rating of Health Plan</th> <th>White</th> <th>Black or African American</th> <th>Asian</th> <th>Native Hawaiian/Other Pacific Islander</th> <th>American Indian or Alaskan Native</th> <th>Other</th> <th>Hispanic or Latino(a)</th> </tr> </thead> <tbody> <tr> <td colspan="2">L.A. Care</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Children</td> <td>% Answered</td> <td>100%</td> <td>48%</td> <td>9%</td> <td>13%</td> <td>1%</td> <td>3%</td> <td>41%</td> <td>77%</td> </tr> <tr> <td>Rating of Health Plan</td> <td>70%</td> <td>69%</td> <td>62%</td> <td>60%</td> <td>73%</td> <td>67%</td> <td>72%</td> <td>72%</td> </tr> <tr> <td rowspan="2">Adults</td> <td>% Answered</td> <td>100%</td> <td>42%</td> <td>13%</td> <td>19%</td> <td>2%</td> <td>3%</td> <td>30%</td> <td>54%</td> </tr> <tr> <td>Rating of Health Plan</td> <td>52%</td> <td>54%</td> <td>50%</td> <td>35%</td> <td>46%</td> <td>55%</td> <td>55%</td> <td>59%</td> </tr> </tbody> </table> <p>Medi-Cal HPR</p> <p>Included in HPR: Clinical Quality + Member Experience</p> <p>Getting Care</p> <ul style="list-style-type: none"> Getting Needed Care 										Rating of Health Plan	White	Black or African American	Asian	Native Hawaiian/Other Pacific Islander	American Indian or Alaskan Native	Other	Hispanic or Latino(a)	L.A. Care										Children	% Answered	100%	48%	9%	13%	1%	3%	41%	77%	Rating of Health Plan	70%	69%	62%	60%	73%	67%	72%	72%	Adults	% Answered	100%	42%	13%	19%	2%	3%	30%	54%	Rating of Health Plan	52%	54%	50%	35%	46%	55%	55%	59%	
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	<p>Chairperson Booth asked about those that are enrolling in L.A. Care Covered. Ms. Carberry responded that it's difficult to determine why they are joining. She asked if any L.A. Care staff were able to answer that question. Katrina Miller Parrish, MD, FAAFP, Chief Quality and Information Executive, stated that QI is working closely with the product team for L.A. Care Covered. They are looking at breaking down root cause analysis to identify why that member experience is so low.</p> <p>Board Member Ballesteros asked if L.A. Care will be doing a preliminary survey before the next CAHPS survey in February 2022. Ms. Carberry responded that there will be a preliminary survey. Board Member Ballesteros asked if there will be sufficient time between the preliminary survey and the CAHPS survey to provide feedback. Ms. Carberry responded that L.A. Care will review the survey in 2022 to prepare for 2023.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and the Compliance Department presented the Chief Compliance Officer Report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Elyse Tarabola, <i>Senior Director, Regulatory Compliance, Compliance</i>, reported on the Enterprise-wide compliance monitoring program. During 2021, the Regulatory Audits and Monitoring unit continued to develop and expand the enterprise-wide monitoring program. The framework and process uses best practices from regulatory audits and allows L.A. Care to see compliance performance across all lines of business, delegates, and functional areas. This year L.A. Care developed and implemented monitoring of several high-priority areas including Initial Health Assessments and California's Children's Services, both stemming from previous audit findings with Department of Health Care Services (DHCS). L.A. Care is also implemented monitoring of call classification and call handling, which has now expanded to include the three major lines of business, Medi-Cal, L.A. Care Covered, and Cal MediConnect. Another area of focus was development and implementation of Sales & Marketing CMC Enrollment call monitoring, which began with Q2 2021 and continues to occur on a monthly basis. Compliance will continue to expand the monitoring program through 2022.</p> <p>Audit management and preparedness</p> <p>The Regulatory Audits & Monitoring unit managed and provided support for seven regulatory audits, including two California DHCS and two Department of Managed Health Care (DMHC) audits that are currently underway. In preparation for the DMHC Routine Survey on-site interviews, Compliance Department developed an audit readiness work plan that will assess the current status of findings from 2018 DMHC Routine Survey. Other audit readiness activities include continuous and frequent monitoring of the performance of various high-risk areas through the Enterprise-Wide Monitoring Program. The Regulatory Audits & Monitoring unit also worked closely with business units throughout the enterprise to develop corrective action plans and strategies to mitigate deficiencies identified through the 2021 audits.</p>	

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	<p>Regulatory reports quality assurance program The Regulatory Reporting unit continues to focus on building an effective quality assurance program to ensure data and reports are complete and accurate. This includes enhancing and streamlining the report implementation and submission end-to-end process, collaborating with report owners, and developing data validation audit tools and processes. The unit continues to work with the Monitoring unit to integrate regulatory reports and data into the enterprise-wide monitoring program.</p> <p>Risk Management and Business Continuity</p> <p>Annual Disaster Recovery Test In October 2021, Compliance and Information Technology Departments successfully planned and executed the annual disaster recovery exercise with significant support from the leadership team members who participated in remote work test activity. The test was conducted virtually due to the current work from home status and it focused on L.A. Care’s ability to continue critical functions if a disaster occurred during a pandemic or other emergency that prevents employee access to the traditional disaster recovery site in Cypress, California. The overall test was successful and was completed in under five hours; with 10 departments participating and 67 participants who conducted the testing. The disaster recovery team is completing an after-action analysis and strategies to improve readiness.</p> <p>Business Continuity Enterprise required annual training of the Business Continuity Management Program was deployed to all staff to provide information on L.A. Care’s emergency and disaster response protocol. Compliance staff assisted business units in enhancing business resumption plans to address continuity processes and a business impact analysis (BIA) to assess system and application criticality. The BIA allows us to identify, prioritize and restore mission critical systems and applications and resume normal business operations timely and effectively.</p> <p>The Business Continuity team continues to have reoccurring Covid-19 meetings with the leadership team and critical function units to provide updates on the pandemic and how each essential function is being impacted. Meetings will continue until the pandemic has ended.</p> <p>Risk Management Risk Management staff performs an annual risk assessment to identify, rank, and calibrate the risks faced by L.A. Care, inclusive of evaluating existing controls and procedures in an internal audit plan tailored to L.A. Care’s unique risk profile. The Risk Management team has launched an enhanced Annual Risk Assessment process for 2022 to increase awareness and visibility of the Organization’s risks to support the outcome of establishing a stronger foundation for future risk assessment and internal control environment activities.</p>	

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	<p>Regulatory Change Management The Regulatory Analysis and Communications (RAC) team developed and launched an improved Regulatory Change Management Program which provides comprehensive and proactive oversight and management of regulatory changes across all lines of business. The intent of this program is to formalize and streamline the implementation of regulations and improve quality assurance for consistent, high-quality regulatory submissions. RAC collaborated with key stakeholders to revamp the Regulatory Implementation Oversight Committee, created criteria to better categorize regulatory guidance and provide clear lines of accountability, and identified primary business unit point of contacts who can act as the Assigned Lead or decision maker/advisor for implementations. Additionally, as part of the efforts to increase efficiencies in the enterprise-wide compliance monitoring program, the regulatory change implementation form was revised to integrate other compliance functions and handoffs to better support the program.</p> <p>Policy Management Continuing on the success of improved oversight and monitoring efforts of last year, the enterprise wide policy management program focused on the training and Compliance 360 (C360) enhancement efforts. An online training on policy management was developed and launched on L.A. Care’s Learning Management System in early 2021. This makes training more accessible to all employees and policy writers. The RAC team also partnered with key stakeholders to review and improve the existing policy review workflow in C360. In September 2021, C360 was upgraded into a new and improved cloud-based environment that better supports the new workflow and functions. The unit continued to streamline Policy Management communications for Operations and Strategy Areas through Enterprise Performance Optimization to ensure alignment with additional Operations-driven policy management efforts.</p> <p>Research and Requirements Due to the increase in regulatory research requests throughout the organization, the RAC team developed a regulatory research guide and training to instruct business units on the basics of regulatory research. In FY 2020-2021, the RAC team completed 191 research requests and inquiries. A Regulatory Research Form and Inventory was also created and developed in SharePoint to better track requests.</p> <p>Material Review The Compliance, Material Review (CMR) Unit successfully implemented a streamlined material review process for Plan Partner Medi-Cal member materials. As a result, Plan Partner materials approved by DHCS Contract Manager in a different county (e.g., San Diego) can be approved at the Plan level. That is, if those approved materials are also intended for use in Los Angeles County, the CMR staff does not need to submit to the L.A. Care DHCS Contract Manager. This new streamlined process has significantly reduced the review/wait time for our Plan Partners. The Plan Partners are able to implement and/or</p>	

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	<p>distribute the member communications in a timelier manner. Plan Partners have expressed their satisfaction with this new approach to having L.A. Care member materials reviewed and approved.</p> <p>Material Repository In 2021, the unit continued to compile and upload an inventory of member facing letter templates into the letter repository. There are currently over 700 templates housed in the repository. These letter templates are compliant with regulations, contract requirements, etc. Several business units have been socialized with the repository and presented with an overview of this platform. Next step is identifying gatekeepers for business units that will be responsible for ensuring templates are up to date and compliant.</p> <p>SyntraNet/Platforms The team assisted the Enterprise Configuration Team (ECT) with review and validation of member letter templates specific to Appeals & Grievances and Utilization Management. These Business Units had ongoing resource challenges and required additional ECT support. New templates were developed and approved letters provided to ECT for configuration in SyntraNet, PCT and/or CCA.</p> <p>Promoting the Medi-Cal Program – Annual Certification Training This annual training program is a DHCS contract requirement. The Unit successfully collaborated with Human Resources to coordinate and conduct five WebEx training sessions during October. Internal and external Plan Partners were required to attend. At the time of this writing, a total of 157 participants completed the two-hour training session.</p> <p>Cagla Ozden, <i>Senior Director, Operational Assurance</i>, presented information about Compliance Departments Delegation Oversight.</p> <p>Audit Program Due to COVID-19, annual audits were placed on hold from March 24, 2020 to August 31, 2020 and again from December 23, 2020 to March 31, 2021. The audits resumed in April of 2021. To make up for the eight months of time lost due to the moratorium, the Enterprise Performance Optimization Audit Team has been conducting both 2020 and 2021 annual audits simultaneously. To date, the Team has completed 22 annual audits, and has also performed five pre-delegation assessments to ensure that providers meet standards required to serve L.A. Care members. The Team has initiated 15 annual audits which are still in progress, and will be adding five more before the year is out. Despite the challenges posed by the public health emergency, the Team has achieved a significant reduction in the lifecycle of annual audits from 12 to 18 months down to four to nine months, with most audits taking approximately six months in total.</p> <p>Delegation Oversight Monitoring Program The enterprise-wide monitoring program that launched in collaboration with Compliance has just concluded the third quarter of the program. In Q1 and Q2, the program included Utilization</p>	

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	<p>Management measures for member notification for the Cal-MediConnect Line of Business, which included 23 delegates. In Q3, the program was expanded to include Utilization Management measures for decision time, member notice, and provider notice across all lines of business, and now includes to 37 delegates. Also in Q3, the monitoring program was expanded to include Care Management measures for Core 3.2, the measurement of care plan completion times within 30 days, 60 days, and 90 days for Cal Medi-Connect members.</p> <p>The program uses automated scoring and score cards to track compliance and escalate repeated deficiencies. Scorecards are provided to the delegated groups on a monthly basis, and a notice of non-compliance and request for corrective action plan is sent to delegated groups with at least two consecutive quarters of noncompliance. Information is requested from the delegated group regarding training, compliance follow up, operational changes, if applicable, and feedback is provided through direct communication with the providers and technical calls, if needed.</p> <p>Delegation Oversight Monitoring Program for Qualitative Review: In the fall of 2020 when qualitative case file review began in collaboration with Compliance department, the qualitative review for Utilization Management focuses on denial cases and the appropriateness of clinical decision making as well as member notification. The review included 36 delegates for all applicable line of business with denial cases. The activity continued and the results were included in the automated scoring and score cards provided to the delegates. In the spring of 2021 the qualitative case file review was expanded to include Initial Health Assessment (IHA) and California Children’s Services (CCS). The IHA qualitative review focuses on timeliness and the IHA components based on age group. The CCS qualitative case file review focuses on care coordination and transition planning for members aging out of CCS. Both IHA and CCS includes around 30 delegates depending on applicable cases per quarter and both reviews are included in the automated scoring and scorecards are provided to the delegates on a quarterly basis.</p> <p>Aside from the activities mentioned above, ICE reports are being monitored quarterly. Reviews were conducted on 39 delegates, including plan partners. Quarterly feedback on ICE reports were provided, including opportunities for improvement, and follow-ups wherever warranted. A National Committee for Quality Assurance-driven semi-annual monitoring of COC-TOC reports where conducted. 2021 Q1 and Q2 reports were reviewed for 39 delegates, including plan partners. Case file reviews were conducted for nine delegates with reported COC/TOC events. The first cycle of semi-annual COC TOC review was completed at the beginning of October 2021.</p> <p>The New Enterprise and Network Performance Optimization Programs were formed in April of 2021. The Enterprise Performance Optimization Department has consolidated and scaled up oversight for both delegated and non-delegated Plan functions. The Department has developed a comprehensive Oversight and Monitoring Framework designed to ensure performance excellence for the Plan and for all entities in</p>	

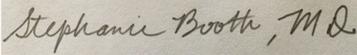
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care’s Service Delivery Model including but not limited to its Plan Partners, Provider Networks (directly contracted and delegated), and Vendors. A key element of this Framework includes two programs—one for the Enterprise and one for the Network—which combine alerting metrics, analytics, and employee attestations to proactively alert the Compliance Department, L.A. Care Leadership, and committees to performance deficiencies. The empirical scores from these programs will enable evidence-based preventative and mitigating action on existing and emerging issues. Through the activities outlined in its Framework and through its programs, the Department will enable the Plan to elevate its internal and external requirements-based and operational performance.</p> <p>Michael Devine, <i>Director, Special Investigations Unit, Payment Integrity</i>, reported on L.A. Care’s Special Investigations Unit.</p> <p>Fraud, Waste and Abuse (FWA)</p> <p>In 2020 and 2021 the Special Investigations Unit (SIU) continues to thrive despite the COVID-19 pandemic. The L.A. Care SIU has become a leader in health care fraud investigations arena. For the first time, L.A. Care SIU personnel have provided training at the regional and annual conferences of the National Healthcare Anti-Fraud Association. SIU personnel also spoke at the Taft-Hartley Benefits Summit. During FY 2020- 2021, the SIU has ramped up the delegation oversight program and has been engaged in ongoing contacts with Plan Partners and Participating Physician Groups (PPG) on matters of healthcare fraud. The SIU has initiated a quarterly healthcare fraud roundtable with Plan Partners and PPG SIU counterparts to facilitate FWA training and provided a forum for the exchange of information regarding suspected FWA matters. SIU continued with L.A. Care’s vigorous FWA plan with a focus on investigations and recovery activities. During FY 2020-2021, the SIU received 757 FWA leads and opened 427 healthcare fraud investigations that involved fraudulent prescribing of opioids, duplicate billings, pharmacy fraud, false billings and provider fraud. Many of these cases have been conducted in collaboration with State and Federal Law Enforcement and have resulted in four arrests and seven convictions. In addition, during FY 2020-2021, the SIU’s efforts have resulted in over \$10 million in savings and recoveries for L.A. Care.</p> <p>Margaret Ngo-Lee, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, gave the Risk Assessment report.</p> <p>L.A. Care continues to work with PPGs, Specialty Health Plans, and Plan Partners on provider data submission. Data submission that reaches an 85% passing threshold will be moved into the production environment and will continue to correct if any errors/issues arise from loading the file. This risk has been moved from high to medium risk pending the implementation date of the Total Provider Management redesign. L.A. Care continues to work with the PPG's on submitting SPF data on a monthly</p>	

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	<p>basis to meet the 85% for ingestion of data into our system. Internally we continue to work on ways to improve the process</p> <p>Provider Network Management is currently working with Enrollment Services on a process to notify members when they are not assigned appropriately to a PCP. Initial focus will be on members as they age out of their PCP age range. Risk was moved from medium to low; interim process is in place while Information Technology business case is finalized.</p>	
ADJOURN TO CLOSED SESSION	<p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Five Potential Cases</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p>	
RECONVENE IN OPEN SESSION	<p>The committee reconvened in open session at 4:11 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	<p>Board Member Perez thanked staff on behalf of L.A. Care’s membership. She thanked them for putting their data together and reporting to the Board.</p> <p>The meeting was adjourned at 4:14 p.m.</p>	

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:

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Stephanie Booth, MD, *Chairperson*
Date Signed: 1/25/2022 | 9:54 AM PST

APPROVED