BOARD OF GOVERNORS
Compliance & Quality Committee Meeting
Meeting Minutes – May 21, 2020
L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

Members
Stephanie Booth, MD, Chairperson **
Al Ballesteros, MBA **
Hilda Perez **
Ilan Shapiro, MD, FAAP **
Nina Vaccaro **

Management
Richard Seidman, MD, MPH Chief Medical Officer
Augustavia J. Haydel, General Counsel
Thomas Mapp, Chief Compliance Officer
James Kyle, MD, Medical Director, Quality, Quality Improvement
Katrina Miller Parrish, MD, FAAFP, Chief Quality and Information Executive
Elysse Palomo, Director, Regulatory Affairs, Compliance,
Sabrina Coleman, Senior Director, Delegation Oversight
Marie Mercado Grijalva, Manager, Regulatory Analysis and Communications, Compliance

* 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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<tr>
<th>AGENDA ITEM / PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
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<td>CALL TO ORDER</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>
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<td>APPROVAL OF MEETING AGENDA</td>
<td>The Agenda was approved as submitted.</td>
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<tr>
<td>PUBLIC COMMENT</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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<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 Care’s 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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PS, I know Synermed is the same as EHS, good try.
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!
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| [Image]                 | Member noted that on page four it should read, L.A. Care does not instead of does. The November 16, 2017 meeting minutes were approved as recorded. John R. Baekes, Chief Executive Officer, reported that L.A. Care has canceled the contract with Employee Health Services (EHS) in the middle of November because of their association with TurboMed’s fraudulent activities. 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 direction for all plans to cancel their contracts with EHS because they discovered additional issues. All nine health plans who were involved have requested for the EHS contract to be restored. It was agreed that the plans restored. Plans restored.

**APPROVED** | }
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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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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
### MOTIONS / MAJOR DISCUSSIONS

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, <em>Chief Quality and Information Executive</em>, and Matthew Pirritano, PhD, MPH, <em>Director, Population Health Informatics, Population Health Management</em>, 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>). 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</td>
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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.

CHIEF COMPLIANCE OFFICER REPORT | PUBLIC COMMENT
--- | ---
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 Care’s 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,
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>Element</th>
<th>5/12/20</th>
<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>
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<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, <em>Senior Director, Delegation Oversight</em>, and Elysse Palomo, <em>Director, Regulatory Affairs, Compliance</em>, 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 Health Care /Department of Health Care Services priorities, health plan priorities, performance scores, and upcoming deliverables.
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<td>Chairperson Booth</td>
<td>stated thanked the presenters for their report.</td>
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<td>PUBLIC COMMENT</td>
<td>Carolyn Navaro, submitted on May 21, 2020 at 4:06 P.M.: “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 the 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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<td>PEER REVIEW</td>
<td>Welfare &amp; Institutions Code Section 14087.38(n)</td>
<td>This agenda item was not discussed.</td>
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<td>ADJOURNMENT</td>
<td>The meeting was adjourned at 3:45 p.m.</td>
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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  
Signed By: Victor Rodriguez  
Date Signed: November 5, 2020

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).*