BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – November 19, 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 **

** Absent ** Teleconference*

Management

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*
Sabrina Coleman, *Senior Director, Delegation Oversight*
Marie Mercado Grijalva, *Manager, Regulatory Analysis and Communications, Compliance*
Carla Quevedo, *Compliance Advisor III, Compliance*

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	Stephanie Booth, *MD, Committee Chairperson*, called the meeting to order for the L.A. Care Compliance and Quality Committee and the L.A. Care Joint Powers Authority Compliance and Quality Committee at 2:01 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.	**Approved unanimously. 4 AYES (Ballesteros, Booth, Shapiro, and Vaccaro)**
PUBLIC COMMENT	*(Member Perez joined the meeting.)*	

APPROVED

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	Submitted on November 8, 2020 at 8:34 am via text from Carolyn Navarro *Public comment for advisory committee meeting 11-11-2020 OR 11-19-2020 compliance meeting LA Care posted grievance emails I wrote to them and Dept of Managed Care, everything I said is true but I did not request /or authorize these grievance emails be posted publicly in LA Cares Board packet referencing the 9-3-2020 "regular" meeting, these emails contain sensitive and HIPAA protected subject matter related to my child's exploited "healthcare", only emails obviously sent to board services or their text number have my consent to be posted publically and you have violated my privacy posting anything else, I also note and saved copies showing my email wording was altered with "I" repeatedly , this 11-11-2020 meeting is not listed online , if I have the wrong date please put my comment aligned with the correct date or read them at the 11-19-2020 compliance meeting , read them at both!* **Submitted on November 8, 2020 at 1:00 pm via text by Carolyn Navarro** *Public comment for 11-11 and 11-19 committee meeting , why was my emailed grievances posted in the minute of LA Care 9-3 meeting with "I" replacing "LA Care" in the transcript of my email that I didn't consent to have posted publicly? What business do you have changing what I wrote!?* **Submitted on November 9, 2020 at 3:09 am via text by Carolyn Navarro** *Public comment for 11-11 and 11-19, to anyone else following these meetings , their reading out comments for us is unnecessary and I have proof (saved copies) my words have been changed and edited, please demand the public be able to comment live by phone or zoom, they are using the pandemic as an avenue to read our comments in advance and control them when we have the right to make comments they have no prior knowledge of!* Member Booth stated that the public comment is managed for this meeting in the same manner that they are managed at all other Board, Board committee, and advisory committee meetings.	
APPROVAL OF MEETING MINUTES	The August 20, 2020 meeting minutes were approved as written.	**Approved. 5 AYES (Ballesteros, Booth, Perez, Shapiro, and Vaccaro)**

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CHAIRPERSON REPORT	Chairperson Booth stated that she hopes everyone is getting ready for the upcoming holidays. She noted that these are tough times and hopes everyone is healthy and safe. She stated that it can be hard to follow recommendations being made by health officials, and encouraged everyone to keep safe. She wished everyone the best.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman*, MD, MPH*	Richard Seidman*, MD, MPH, Chief Medical Officer,* reported: (*A copy of the report can be obtained from Board Services*). COVID-19 Update Close to 50 million cases of COVID-19 were reported worldwide with more than 1.2 million deaths. There are now a reported 54 million cases worldwide. The number of new infections reported are at the highest levels worldwide and in the United States since the beginning of the pandemic, and cases are increasing at rates as high as during the peak of the summer surge. Los Angeles remains in Tier 1, the most restrictive tier of the State's Blueprint for a Safer Economy. He stated that he will be providing a verbal update highlighting the current numbers and trends during the upcoming Board and Committee meetings. Influenza (Flu) Update Dr. Seidman stated that the flu season in Los Angeles typically ramps up in October, peaks sometime in January, and tails off by the end of March. The Los Angeles County Department of Public Health (DPH) recommends that everyone get their flu shot before the end of October. Due to the COVID-19 pandemic this year, it is widely recognized that the Fight the Flu efforts must be more effective than ever. DPH has also noted the relatively light flu season in the Southern Hemisphere and the potential benefit of widespread masking and social distancing due to the COVID-19 pandemic. L.A. Care has successfully partnered with the DPH and other Medi-Cal managed care health plans in Los Angeles County to collaborate on efforts to Fight the Flu and lay the groundwork for successful COVID-19 vaccination efforts, once we have a licensed, safe and effective COVID-19 vaccine. Collaborative projects include a co-branded vaccine hesitancy provider education material created by Health Net, a flu myths buster video developed by L.A. Care, and a clinician's flu guidance letter by DPH. Flu Vaccine Clinics After months of planning in collaboration with multiple stakeholders, drive through flu clinics got underway in October to provide free flu vaccines to L.A. Care's communities. The primary goal is to maximize flu vaccine uptake this year to reduce the number of flu cases and avoid the potential risk of overwhelming the health care delivery system with both influenza and COVID-19 at the same time. Free flu shots were provided to all members of the community who showed up, regardless of insurance status or health insurance plan. As of November 2, there have been 186 vaccines administered during the first seven events of the season, with two additional events currently scheduled and more being planned.	

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	Other interventions to remind members include: 1. Flu shot reminder postcards 2. Live-agent member calls 3. Instagram and Facebook campaigns Member Booth asked about homelessness issues in housing with Brilliant Corners. She noted that the numbers reported in October 2020 are strange compared to the numbers reported in October 2019. That report lists 301 households enrolled, 252 housing people in housing, and 193 L.A. Care members (73% of people being housed). Dr. Seidman responded that he is not familiar enough with the numbers to respond and offered to have someone more familiar with the program provide a response. Member Booth asked Dr. Seidman about the quality improvement projects for COVID-19. Katrina Miller Parrish, *MD, FAAP, Chief Quality and Information Executive, Health Services,* responded that the Quality Improvement department is addressing issues caused by COVID-19 such as a decrease in preventive visits and immunizations. Messages have been sent to encourage members to access those services.	
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS Thomas Mendez	Thomas Mendez*, Director, Quality Performance Informatics, Quality Performance Management,* presented the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey (*a copy of the presentation can be obtained from Board Services*): CAHPS surveys by product line: • Medi-Cal: National Committee for Quality Assurance (NCQA) Medicaid CAHPS L.A. Care uses NCQA-approved survey firms and protocols for CAHPS. • Surveys are in English or Spanish • Three email communications were launched in February 2020 and completed in May 2020 • Maintained response rates despite COVID-19 • Ratings are single-question measures rating services on a scale from 0 (worst) to 10 (best) services possible: – *Rating of Health Plan* – *Rating of Health Care Received* – *Rating of Personal Doctor* – *Rating of Specialist Seen Most Often.* • Composites are measures calculated from multiple questions on CAHPS: – *Getting Care Quickly* – *Getting Needed Care*	

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	– *Coordination of Care* – Provider Communication – Shared Decision-making – Health Plan's Customer Service – Health Promotion and Education *Items in italics* are NCQA measures that are eligible for Accreditation points for Medicaid and Medicare in the 2020 cycle. • Medi-Cal CAHPS: – Those completed as mail-only were submitted to NCQA, NCQA is reporting 2020 scores as "Not Determined". • Medicare CAHPS 2020: – Centers for Medicare & Medicaid Services (CMS) stopped all surveys at the telephone wave, and will not be issuing scores for 2020. Cal-MediConnect (CMC) will be rated on 2019 scores. – For CMC in 2018 and 2019, Rating of Pharmacy Plan was a strength, while ease of getting prescription medications was a weakness. • Medicare Health Outcomes Survey (HOS) 2020: – HOS was postponed from April to August 2020 and leaves the field in early November. Per the normal calendar, scoring for this two-year panel survey is not expected until 2021 and 2023. • Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey (EES) 2020: – Covered California is reporting L.A. Care Covered (LACC) as having 2 Stars for Member Experience for 2020, based on scores in 2019. – Most Covered California Plans were similarly rated based on 2019. – For LACC in 2018 and 2019: No scores improved, while rating of primary care physicians and getting needed care (authorizations) declined, along with provider communication and access to information. • Tailoring 8+ surveys to guide continuous quality improvement – Medi-Cal CAHPS (Adult, Child). – Medicare CAHPS (CMC). – Medicare Health Outcomes Survey (HOS) for CMC. – Marketplace QHP EES (CAHPS for LACC). – Personal Assistance Services Council-Service Employees International Union QHP EES. • QPM Survey Work Group. – Engaging department owning touch-points with providers or members.	

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	• Using CAHPS to evaluate programs and interventions. • Analyses to find CAHPS drivers. Significantly improving scores likely requires focused investment and systems redesign. • Increased focus on member engagement and promoting appropriate utilization of primary care: – Add quality improvement messaging to L.A. Care marketing campaigns. – Stratify member populations and tailor messaging. • Expand member education on navigating the health care system. • Improved communication to and collaboration with PPGs, providers, and Plan Partners: – Offer provider coaching and additional resources for improvement. – Hold consistently low-performing PPGs/providers accountable. – Improve grievances reporting to better target practices with the most complaints. • Internal and systems improvements: – Improve process for paying premiums (LACC), handling billing issues. – Expand access through direct contracting, open access, etc. Design direct network to be the example for best member experience 2020 survey submissions to NCQA and CMS are complete. • NCQA and CMS consider those 2020 results suspect due to COVID-19 impacts on the survey process and on getting care. Fall 2020: • Offseason survey adapted from Medicare CAHPS and Health Outcomes Survey (HOS): November launch to sample of CMC members. Spring 2021 Survey Cycle: • Survey firms are adapted to COVID-19 procedures so can likely complete mail and phone protocols in 2021. • COVID-19 limitations on member access in 2020 may still impact CAHPS 2021 ratings. • QPM has considered adding COVID-19 and Telehealth questions where allowed. Member Booth asked about Mr. Mendez' reference to "tough love" when Dr. Seidman spoke about a member that received help from a pharmacist and was happy that she found a pharmacist that can assist with her prescription. Mr. Mendez responded that "tough love" may not have been the correct phrase to use. He was referring to an approach of nurturing and making sure that members understand the advice that they are getting from the doctor. He will make a note of it so that it aligns with the message that is being communicated.	

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CHIEF COMPLIANCE OFFICER REPORT Thomas Mapp	Thomas Mapp, *Chief Compliance Officer*, introduced LisaMarie Golden, *Director, Customer Solution Center Appeals and Grievances, CSC Appeals & Grievance*. Ms. Golden gave an Appeals & Grievance (A&G) Update *(A copy of the written report can be obtained from Board Services.).* Grievance Update During the September 17 Compliance and Quality committee meeting, the A&G Department provided an update on the numbers of appeals and grievances received, and trends in the types of member concerns reflected in the grievances. The A&G department noted a trend in grievances for the CMC product line. Members were reporting that the pharmacy did not have the medication on hand and members were not being located in the system due to members not having their ID Card on hand. Some members were asked to pay out of pocket if they wanted their medication or were asked to follow up with their health plan. A&G partnered with the Pharmacy department to determine if this was a trend. Based on the utilization rates of 1,000 no ID members Walgreens ranked 1st highest, CVS ranked 2nd and Rite Aid ranked 3rd. They identified that it was not the main trend. Members were happy with their pharmacy benefit coverage, but there were some issues with obtaining their medication at a pharmacy. She took this to the Member Experience workgroup to come up with potential solutions to the apparent trends. Mr. Mapp asked Ms. Golden to provide an update on the work that is being done with CMS regarding grievance rates on the CMC line of business. Ms. Golden reported that they are looking closely at all the data, trends and talking to other health plans to determine possible solutions. L.A. Care has been looked at as an outlier by CMS, because of the activity regarding capturing member dissatisfaction at the time of the call. There has been an increase in volume related to call center issues that used to be captured as inquiries, and now they are being captured as grievances or exempt grievances. When looking at the ratio, 51% of grievances are exempt grievances, which is a significant increase. The data was available, but an occurrence was not being captured as a grievance. She stated that regulators noted the increase and questioned why L.A. Care appeared to be an outlier in comparison to other health plans. She met with other plans to discuss issues that were resolved on the call in their denominator. The response was negative, as they were not asked to do that by CMS. Other health plans are not aware that the resolution should be included in the denominator. The other plans will now be including this data and in the next few months there will be an increase. A&G asked CMS if they can share the data without identifying the data by health plan. This could include data about how many occurrences were resolved at the time of the call and how many would require investigation. A second step is to examine pharmacy, transportation, and grievances related to L.A. Care. Those are the top three areas with which members seem to be dissatisfied. Mr. Mapp noted an ad hoc meeting was held on these issues.	

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• **Compliance Year-in-Review**	Mr. Mapp reported that the Compliance Department, Delegation Oversight Department and the Special Investigations Unit/Payment Integrity (Fraud Waste and Abuse) Department have been responsible for several significant achievements and milestones in 2020. The collaboration of these business unit partners, resulted in development and implementation of strategies for improving compliance operations within the departments and monitoring activities within various business unit partners. The continued growth and development of the Delegation Oversight program represents a major achievement in 2020. In addition, L.A. Care continues to identify non-compliance and performance challenges with the assistance among business units and is implementing meaningful and measurable corrective action strategies. Amanda Ghattas, *Manager, Regulatory Affairs, Compliance,* provided the following update: Regulatory Inquiry Management and Trend Analysis The Regulatory Affairs unit produces a quarterly report that provides a breakdown of types and volume of inquiries and non-compliance notices that L.A. Care receives from the California Department of Health Care Services (DHCS) and CMS. The quarterly report lists top categories (i.e. member issues, data requests, claims issues, general requests) and further breaks down the top categories into top subcategories (i.e. appeals & grievances, authorization issues, coordination of care, access to care). Business owners are expected to investigate or remediate processes that may be contributing to particular trends in order to reduce avoidable member issues. Carla Quevedo, *Compliance Advisor III, Compliance*, provided the following updates: Annual Disaster Recovery Test In October 2020, Compliance and Information Technology Departments successfully planned and executed the annual disaster recovery exercise with significant support from the leadership team which participated in the remote work test. 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 our traditional disaster recovery site in Cypress, California. The overall test was successful and was completed in under five hours. There will be a subsequent test for the Customer Solution Center in early 2021. The disaster recovery team is completing an after-action analysis and strategies to improve our readiness. Business Continuity In the past year, the business continuity team circulated an enterprise wide Business Continuity Management Program training and education video for all staff to provide information on L.A. Care's emergency and disaster response protocol. This is now an annual required training. Compliance assisted 12 business units in enhancing business resumption plans to address continuity processes, and a business	

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• **2021 Risk Assessment**	impact analysis (BIA) to assess system and application criticality. The BIA will allow us to identify, prioritize and restore mission critical systems and applications and resume normal business operations timely and effectively. In April 2020, the Business Continuity team developed a daily Covid-19 meeting with the leadership team and critical function units to provide updates on the pandemic and how each essential function is being impacted. Meetings are still being conducted and will continue until the pandemic has ended. 2021 Risk Assessment L.A. Care leadership recognizes the importance of a structured, consistent process to facilitate risk-informed decision making throughout the organization. The Enterprise Risk Management (ERM) program in Compliance utilizes processes and tools to effectively align strategy, people, technology and knowledge to evaluate and manage risk across the organization so that goals and objectives of the organization can be achieved. The 2021 Risk Assessment Report outlines the current process and intends to capture and prioritize the strategic, operational, financial, and regulatory risks that L.A. Care will focus on addressing in calendar year 2021. The risk assessment process described is an ongoing effort involving leadership across all functional areas and lines of business, and will continue to evolve to identify, assess, prioritize and manage the internal and external risks impacting the organization. Authority and Responsibility The L.A. Care Board of Directors "the Board" is responsible for the overall performance of the organization, including the management and mitigation of risk. This responsibility is fulfilled through this Compliance and Quality Committee (C&Q), a subcommittee of the Board. The C&Q Committee reviews performance and effectiveness of the ERM program at least annually, and provides direction for action based on risk management findings and recommendations. The governing body's responsibilities are supported through regular verbal and written risk management reports to the C&Q Committee. Methodology The approach to compile potential risks identified across the enterprise, specifically as it relates to an organizational or strategic objective, included, but was not limited to, interviews with business owners, coordination with various departments and review of 2019 and 2020 external audit reports, findings, and corrective action plans. As a result, an initial comprehensive list of potential risks was created as a baseline and preliminarily assigned to business units for further review and evaluation. Risks that impact member care, member enrollment, or provider/practitioner satisfaction are weighted most heavily. However, business leaders will consider competing internal/external factors within each element in the process of assigning risk scores. Risks are evaluated and scored on three aspects: Impact, Likelihood, and Control, to determine a Risk Score.	

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• **2021 Delegation Oversight Work Plan**	Marie Mercado, *Manager, Regulatory Analysis and Communications, Compliance*, gave the following update: Regulatory Change Management The Regulatory Analysis and Communications team developed and launched a new Implementation Impact Assessment Form to improve the monitoring and oversight of regulatory changes across all lines of business. The intent of this form is to ensure that all aspects of implementation are being considered for any regulatory changes and enable L.A. Care to be able to better monitor and identify challenges/risks. An instructional template was created to assist business units in populating the form. As part of the improved oversight process, the unit also completed transcription of all three regulatory contracts and assisted in the development of a comprehensive inventory of regulatory requirements to support the enterprise-wide compliance monitoring program. Sabrina Coleman, *Senior Director, Delegation Oversight*, gave the following updates: Delegation Oversight Audit Program The Delegation Oversight Audit program staff spent much of 2020 developing a virtual audit program to meet the needs of a changing work environment caused by the pandemic. During the development of the virtual program, there was a company-wide moratorium on the audits conducted on delegated entities to ensure each delegate had time to develop workforce and operational updates to their programs. The resumption of the 2020 audit program in September of this year resulted in an off-cycle audit program year that will run from September 2020 through May 2021. The revised audit schedule is attached in the meeting materials. A 2021-2022 audit schedule will be presented to the Board mid-2021 for review and approval. In the upcoming calendar year, Delegation Oversight Audit staff will focus efforts on complementing the Delegation Oversight Monitoring Program work to focus audits on high risk delegates and high risk areas. By utilizing the data reviewed by the monitoring team on a monthly and quarterly basis, the audit team will penetrate the data of poor performing delegates during its annual audits to better understand the root cause behind each audit and help delegates close identified gaps. This enhanced audit methodology will efficiently utilize resources and data to better oversee delegate performance and ensure quality care of L.A. Care members. Delegation Oversight Monitoring Program The Delegation Oversight Performance Monitoring Program is developed in collaboration with Compliance, Regulatory Services. The intent of the program is to proactively oversee all ongoing monitoring activities, by receiving monthly and quarterly reports, ensuring a qualitative and quantitative evaluation of delegate performance data, scoring that performance, and escalating performance issues within L.A. Care departments for accountability measures as necessary. Delegation Oversight	

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	Performance Monitoring team works in collaboration with the Compliance department to ensure that delegates perform tasks in compliance with all regulatory, contractual, and accreditation requirements. The Performance Monitoring team will create a monthly scorecard of delegate performance results for real-time feedback and remediation. Performance scores will be evaluated on a quarterly basis by the Delegation Oversight committee, who will closely review each delegate's performance results, identify trends, outliers, and risks, and inform leadership if adverse member impact has been identified and/or whether network changes should be considered. In 2021, the Performance Monitoring program will be scaled to include all delegated tasks. Currently the program includes some Utilization Management measures as it piloted the program and refined its process. In the future the program will include all of Utilization Management, Care Management, Credentialing, Finance, Claims, Health Education, Cultural and Linguistic Services, and Special Investigations. Delegated Entities Manual In 2020 Delegation Oversight published the first L.A. Care Delegated Entities Manual. This manual is intended to transparently communicate performance standards, measures, and requirements to entities as it relates to delegated responsibilities. The manual complements the contractual terms of each delegate in that, for each service delegated to entities, there is a corresponding performance standard that must be met during annual audits, monthly monitoring, and ongoing reporting. The manual serves as a source of truth for delegated performance standards and will be updated bi-annually.	
ADJOURN TO CLOSED SESSION	*The closed session item was not discussed.* 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	
ADJOURNMENT	The meeting was adjourned at 3:49 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:

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Stephanie Booth, MD
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Stephanie Booth, MD, *Chairperson*
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