AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, August 19, 2021, 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 listen to the meeting via videoconference please register by using the link below:
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Members of the Compliance and Quality Committee or staff may also participate in this meeting via teleconference and videoconference. ***The public may listen to the Compliance and Quality Committee's meeting by teleconference and videoconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send 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 Agenda item to which your comment relates.
Comments received by voicemail, email or text by 2:00 pm on August 19, 2021 will be provided in writing to the members of the Board of Governors that serve on the Compliance and Quality Committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, 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 Agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.
If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act ("ADA") please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME		Stephanie Booth, *MD, Chair*
1.	Approve today's meeting Agenda	*Chair*
2.	Public Comment (*please see instructions above)*	*Chair*
3.	Approve May 20, 2021 Meeting Minutes P.3	*Chair*
4.	Chairperson Report	*Chair*
5.	Chief Medical Officer Report P.19	Richard Seidman, *MD, MPH, Chief Medical Officer*
6.	2020 HEDIS Results P.24	Thomas Mendez, *Director,*

Quality Performance Informatics, Quality Performance Management

7. Chief Compliance Officer Report P.37
   - Risk Report P.49

Thomas Mapp, *Chief Compliance Officer*
Serge Herrera, *Senior Manager, Privacy*
Chelsea Hertler, *Manager, Regulatory Affairs, Compliance*
Margaret Ngo-Lee, *Senior Director, Risk Management and Operations Support*

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

8. THREAT TO PUBLIC SERVICES OR FACILITIES
   Consultation with Augustavia J. Haydel, *JD*, General Counsel, Thomas Mapp, *Chief Compliance Officer,* and Serge Herrera, *Senior Manager, Privacy, Compliance*

9. REPORT INVOLVING TRADE SECRET
   Pursuant to Welfare and Institutions Code Section 14087.38 (n)
   Discussion Concerning Program, Business Plan
   Estimated date of public disclosure: August 2023

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

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

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on September 23, 2021 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.

BOARD OF GOVERNORS
Compliance & Quality Committee Meeting
Meeting Minutes – May 20, 2021

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

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

** Absent ** Present, but doesn't count towards quorum*

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*, opened the meeting without a quorum, and a quorum was subsequently reached. Member Booth 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 2:04 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. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)**

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	No Public comment was submitted.	
APPROVAL OF MEETING MINUTES	Chairperson Booth stated that there are corrections that needs to made to the meeting minutes. Linda Merkens, *Senior Manager, Board Services*, asked that she please state the corrections for the record. Chairperson Booth stated that under the Chief Medical Officer report, where it states "CalAIM brings additional funds and services" and "L.A. Care will be better able to meet the needs of its members." She noted that it does not seem that the State will be providing enough money at this point. She wonders if Dr. Seidman would like to change the wording. Richard Seidman, *Chief Medical Officer*, responded that it is a matter of interpretation the statement can stand as written from his perspective. The fact that the State is providing an additional set of services, that's new money. Whether it's enough is a different question. Chairperson Booth stated that under the Chief Medical Officer report, where it's reads "people will not be scaled to by the State." She does not understand what it means. Augustavia J. Haydel, General Counsel, responded that she believes it was a grammatical error and the intent of the sentence was that the State will not be weighing individuals they will instead rely on individuals to self-attest. Chairperson Booth noted that on page 14, under Quality of Care, the fourth bullet point, it should read, "member, provider, vendor, and employees." The March 18, 2021 meeting minutes were approved with the corrections mentioned above.	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)**
CHAIRPERSON REPORT	Chairperson Booth reported	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	Richard Seidman, *MD, MPH, Chief Medical Officer,* reported the following from his Chief Medical Officer report (*a copy of his written report can be obtained from Board Services*). **COVID-19 Update** By early May, 2021, there were more than 150 million cases and nearly 3.2 million deaths from COVID-19 worldwide. Following a 6-week decline in cases after the winter surge, a nine-week long increase in global cases has pushed the number of new cases worldwide to the highest weekly average since the beginning of the pandemic. These increases have been driven by the surge in India, accounting for 90% of the cases in Southeast Asia, 46% of cases and 25% of deaths globally.	

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	As vaccination counts continue to rise and increasing cases in hot spots throughout the country declined, the United States has seen a 27% reduction in the 14-day average case rate and a 4% reduction in deaths. California and Los Angeles are seeing a sustained reduction in cases and deaths. Los Angeles County moved into the Yellow Tier of the Blueprint for a Safer Economy on Thursday, May 6 after meeting the thresholds in our adjusted case rate and percent positivity for COVID tests for two weeks in a row. The Los Angeles County Department of Public Health press release on May 6th declares "Los Angeles County's case rate remains low and stable." Cases in Los Angeles have dropped from more than 15,000 per day down during the winter surge to less than 300 a day in late April, a 35% reduction since late March. Over the same period of time, hospitalizations dropped 37% and deaths dropped by 87%. L.A. Care has identified over 120,000 cases, 20,000 hospitalizations, and over 4,000 deaths (16% of LA County total) among our members. The demand for vaccinations has dropped nationwide to 2.1 million per day, down from a peak of over 3 million per day. Los Angeles County experienced a 30% reduction in vaccine administration in the last week of April. Despite these declines, more than 550k L.A. Care members have received at least one vaccine, accounting for more than 10% of the nearly 5 million L.A. County residents vaccinated to date. L.A. Care staff are working closely with the Department of Public Health to identify and confirm populations for targeted outreach to improve vaccination coverage in demographic (65+ for example), geographic (SPAs 1 and 6) and race and ethnic groups (African Americans) where we are seeing lower vaccination rates. L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine. Member Hilda Perez asked how many L.A. Care members have been vaccinated. She noted that there was much being done to outreach to members and people in the community. Dr. Seidman asked Member Perez if she would like to know how many L.A. Care members were vaccinated at the vaccine clinics or the total number of members that have been vaccinated. Member Perez asked if she can receive both figures. Dr. Seidman responded 640k L.A. Care members are partially vaccinated. The numbers that are being shared were updated for the meeting today. L.A. Care receives weekly updates. Member Al Ballesteros thanked Dr. Seidman for his effort. He asked Dr. Seidman what L.A. Care is doing to outreach to members. Dr. Seidman responded that it is a multi-faceted approach to	

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	communication. L.A. Care is using social media, robocalls, live calls, and member newsletters. L.A. Care is trying to use multiple communication channels and several strategies. Dr. Seidman noted that there are several billboards across the county and they have received much media coverage. The Communications team has been busy working on that. Certainly at the immunization events, they have had ongoing coverage from the media and they continue to work on those efforts. He noted that there are changes frequently and as guidelines and recommendations change, L.A. Care has been doing its best to work with Public Health officials to be consistent in the messaging. It has been identified that if enough trusted sources of truth say the same message over and over again it helps. Member Ballesteros asked Dr. Siedman what his stance is on the delivery system. He asked if it is better or more effective in getting to members. He asked about the community center's role in this opposed to private providers. He asks because the community health centers have gotten so much capacity from the State and federal government, I know there is access that is not all being used necessarily. His clinics have capacity to take patients that aren't members to help them get vaccinated and they promote that. Dr. Seidman responded that early in the pandemic the community health centers played a critical role in getting vaccines administered to the most vulnerable communities in the county. The addition of the federal direct supply local Department of Public Health. that was prioritizing even when supply was short. They were sure that Federally Qualified Health Centers received as much of the supply as possible. Now that supply outstrips demand in most settings, he doesn't have a great answer, one of efforts being made is to increase supply to most providers. Excess capacity is a reality. **Televideo Education and Dietician Support** Due to the Covid-19 pandemic, the Health Education team of registered dietitians and health educators have been providing over the phone consulting and group appointments have been suspended. Working with the IT security department, the Health Education team is now able to offer both group appointments and individual consulting using both video and audio on following patient education services: diabetes, healthy heart, weight management, asthma, self-care during pregnancy, etc. WebEx offers a visual component not available telephonically. This visual component greatly enhances the personalization and effectiveness of the education experience. These include: • The ability to show visual cues or written material which can assist hard of hearing members • Demonstration food portion sizes which can assist cognitively challenged members • Exhibit portion sizes with plate, cup, and measuring spoon demonstrations which can assist members with low health literacy, particularly those with difficulty understanding numbers such as 6oz or 1/3 cup	

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	• And the ability to visually demonstrate the correct use of medical devices, such as glucometers during diabetes education. • The team plans to measure member satisfaction, participation levels, and education effectiveness using WebEx. L.A. Care continues its robust COVID-19 communication plan including the COVID-19 resource page on L.A. Care's website and frequently asked questions (FAQs) document available to our Call Center and Nurse Advice Line vendor staff. These resources are updated frequently, including information to address vaccine hesitancy and information to help them find and schedule appointments for COVID-19 vaccinations. Provider communications efforts have included a QI Webinar focused on vaccine hesitancy and communication tips for talking with patients and a COVID-19 CME event. **California Advancing and Innovating Medi-Cal (CalAIM)** Work is in full swing throughout the organization led by a cross functional team to manage preparation for the implementation of CalAIM deliverables by 1/1/22. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the LA County administered Whole Person Care Program (WPC) into a combined set of benefits called Enhanced Care Management (ECM) and in Lieu of Services (ILOS). L.A. Care is well positioned to meet the Population Health Management (PHM) goals included in CalAIM because the requirements are aligned with the NCQA PHM requirements. L.A. Care has provided comments to the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) and continues to work closely with the L.A. County Department of Health Services and the Department of Health Care Services (DHCS) regarding the State's proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program. Member Perez stated that she is proud and honored to be part of this Board and organization. She thanked L.A. Care for listening to the community in regards to the food pantries/security and for being inclusive of members and for the development of the new Equity Council Steering Committee. She noted that these difficult times have challenged us in many different ways. She remembers that she was begging to get additional resources to the RCAC 6 region due to the number of cases in that area and there not being enough emergency rooms, medical supplies, and protective equipment. It is really overwhelming to see the organizations make the commitment, partnership and providing a way for other organization to advocate for vaccines and more testing. She mentioned that the 'Flu vaccine clinics, COVID-19 vaccine clinics, and food pantries, are opening up more and more. She noted that even the interpreters do their part at the community resource center events to help the community get vaccinated.	

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	She also noted that L.A. Care is making great efforts in reaching out to members including using its social media pages to get the message out. She thanked Mr. Baackes for being open to all petitions and requests made by members. Dr. Seidman thanked Member Perez, as you know, and can imagine, your comments and support of our board, comments, means an awful lot to our staff. He appreciates very much her comments, quite a few staff benefit from hearing from her directly. It has been tough year for everyone. Helps to plan for the next efforts. Finally planning back to school events now.	
QI INCENTIVES: PAY-FOR-PERFORMANCE UPDATES Henock Solomon	Henock Solomon, *Senior Manager, Incentives, Population Health Management*, gave an update on L.A. Care's Quality Incentives: Pay-For-Performance (P4P) Program (A copy of the presentation can be obtained from Board Services.). • Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. - L.A. Care incentives programs are currently all no-risk or "up-side" • The programs promote provider accountability and offer a business case for quality improvement. - Performance measurement and reporting - Peer-group benchmarking - Value-based revenue • Designed to align the quality improvement goals of Plan Partners, Independent Physician Associations (IPA), clinics and physicians. - Aim to foster systematic process improvements and better care coordination - Reduce variation and promote consistency Accomplishments & Updates • In response to COVID, L.A. Care advanced MY 2019 P4P payments to solo physicians and clinic organizations (Q2 2020) • MY 2019 Medi-Cal final results and payments (Q4 2020) - L.A. Care paid the difference to those earning more than the advancement, and not asking for dollars back from those earning less. - Over 900 Physician payments, totaling $12.4 million. - Over 60 Clinic payments, totaling $12.2 million. - Over 50 IPA* payments, totaling $15.9 million. • MY 2019 L.A. Care Covered (LACC) and Cal MediConnect (CMC) VIIP for IPAs (Completed Jan 2021) - Incentive payments included for LACC.	

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	- Example incentive payments for CMC (payouts to begin MY 2020). • MY 2020 P4P Programs - IPA Final Action Plan results completed. - Updated measures and performance targets shared with network. - Reports and payments will be completed Q4 2021. IPA Action Plan Results and Analysis 2020 Action Plan Submissions • Member experience focus • Medi-Cal: 40/48 • LACC: 20/20 • CMC: 15/15 2019 Action Plan Analysis (18 IPAs requested to complete action plans) • 13 out of 18 IPAs (72%) showed an improvement in their selected Action Plan measure(s): - Healthcare Effectiveness Data and Information Set (HEDIS): 8 out of 8 (100%) IPAs improved - Utilization Management: 1 out of 1 (100%) IPA improved - Encounters: 1 out of 3 (33%) IPAs improved - Member Experience: ▪ 2 IPAs did not receive CG-Consumer Assessment of Healthcare Providers and Systems (CAHPS) results due to small sample sizes ▪ 3 out of 4 (75%) IPAs improved Chairperson Booth asked that since 2019 there were only 18 IPAs that had issues and needed to submit an action plan. Mr. Solomon confirmed that there were only 18 IPAs that needed to submit an action plan. He noted that the methodology was changed to select the groups that required an action plan in 2020. L.A. Care wanted most groups to submit an action plan related to member experience given that it was a high area of focus. Chairperson Booth asked if using these scores would help bring L.A. Care's overall scores up. Mr. Solomon responded that he believes they do. Everything here will contribute to overall scores. He has seen improvement within these domains.	

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Domain	Measure	2018 VIIP Measure Rate	2019 VIIP Measure Rate	Difference
Encounters	Encounter Timeliness	57.42%	80.81%	23.39%
HEDIS	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	58.51%	65.53%	7.02%
HEDIS	Childhood Immunization Status – Combo 10	8.70%	13.85%	5.15%
HEDIS	Diabetes Care – Eye Exam	48.07%	51.87%	3.80%
Member Experience	Timely Care and Service	45.84%	50.05%	4.21%
Utilization Management	Plan All-Cause Readmissions	19.54%	15.95%	3.59%

Member Nina Vaccaro asked if there was an explanation or anything done differently for encounter timeliness. Mr. Solomon responded that he does not have a response, but he can go back and review data and provide an answer after the meeting.

Katrina Miller-Parrish, *MD, FAAFP*, stated that L.A. Care has many more opportunity reports that will be shared given the data to see exactly where they are this moment in time.

Dr. Seidman stated that what is seen in the presentation is the QI method. What is not measured can't be included. They measured, shared the results, brought it to the provider network's attention, and captured their engagement. In some cases, L.A. Care requested action plans and as a result they figured out how to make improvements.

Mr. Solomon stated that L.A. Care does share best practices by meeting with groups to talk about their scores. Back and forth and engagement utilizes this program to enhance their performance payments.

Program Results

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

Physician Pay-for-Performance (P4P) Program

- Solo Payments PMPM*: Min: $0.00, Med: $1.07, Max: $3.28
- Clinic Payments PMPM*: Min: $0.46, Med: $1.37, Max: $2.90
- Performance Score Trends:

Solos		MY2018	MY2019
Performance Sores	Average	28.61%	33.32%
	Median	25.47%	30.27%
	Max	93.33%	93.33%

Clinics		MY2018	MY2019
Performance Sores	Average	34.50%	38.63%
	Median	32.75%	38.95%
	Max	80.50%	82.63%

Value Initiative for IPA Performance + Pay-for-Performance (VIIP+P4P) Program

- IPA Payments PMPM*: Min: $0.29, Med: $0.86, Max: $1.93
- Performance Score Trends:

IPAs		MY2018	MY2019
Performance Sores	Average	29.61%	33.11%
	Median	26.99%	30.48%
	Max	77.97%	68.73%

Future Direction

- Development of MY 2021 P4P Programs
- Testing new measures and domains.
  - Massachusetts Comprehensive Assessment System (MCAS) and NCQA updates
  - Continue testing Utilization Management (UM) and Member Experience domains in Physician P4P (*started reporting MY 2019*)
- Aiming to announce new programs towards end of Q1 2021.
- VIIP Rank Transparency
- *Started unbinding rankings MY 2019/RY 2020*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Explore additional forms of performance transparency. Incentive Programs/Reports Surveys • Added more questions to the Provider Satisfaction Survey • Focus Groups/surveys on reporting Development of MY 2021 P4P Programs • Testing new measures and domains. - MCAS and NCQA updates - Continue testing UM and Member Experience domains in Physician P4P (*started reporting MY 2019*) • Aiming to announce new programs towards end of Q1 2021. VIIP Rank Transparency • *Started unbinding rankings MY 2019/RY 2020* • Explore additional forms of performance transparency. Incentive Programs/Reports Surveys • Added more questions to the Provider Satisfaction Survey • Focus Groups/surveys on reporting • The 3rd annual event occurred February 25, 2021 - L.A. Care, Anthem Blue Cross and Blue Shield of California Promise Health Plan jointly recognize excellent performance in our networks - Expanded award winners with new categories! - Recognized LACC and CMC top IPA performers for first time - Adapted to COVID-19 ▪ Online event with more invitees ▪ Thank you cards for entire network ▪ Put up billboards for winners	
CHIEF COMPLIANCE OFFICER REPORT Thomas Mapp	Thomas Mapp, *Chief Compliance Officer*, introduced Margaret Ngo-Lee, *Senior Director, Risk Management and Operations Support, Compliance*, and Cagla Ozden, *Senior Director, Operational Assurance*, to the committee. Thomas Mapp and his team presented the Chief Compliance Officer report *(a copy of the written report can be obtained from Board Services).* Chelsea Hertler, *Manager, Regulatory Affairs, Compliance,* presented information about the Department of Healthcare Services (DHCS) Medical Audit.	

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	L.A. Care is preparing for the upcoming annual audit, which is reviewing Medi-Cal including Senior Persons with Disabilities (SPDs) and Cal MediConnect (CMC) with a 2-year audit review period (2019 through 2021). The virtual onsite will occur on July 12, 2021 – July 23, 2021. The Internal Audit team is in the process of conducting a pre-audit assessment to validate all corrective action plans (CAPs) were implemented and issues identified in 2019 were remediated. The internal audit also focused on All Plan Letter (APL) regulatory change implementation validation. L.A. Care is preparing pre-audit deliverable due to DHCS in May. Post-public health emergency planning/adjustments to regulatory requirements. We are developing strategies to prepare for health plan operations for the anticipated end of the public health emergency. As the COVID-19 pandemic was escalating in March 2020, L.A. Care adjusted various processes in order to help members get access to care and to support providers in their efforts to support our members. That included developing daily update meetings to response to member/provider needs, such as: • moratorium on enrollment eligibility redeterminations, • streamlining access to medications by removing refill too soon restrictions, • scaled back delegation oversight audits of PPGs, • encouraging access to telehealth services; • conducting virtual facility site reviews and • compliance with various new requirements and reports from regulatory agencies. Compliance is preparing plans for how to resume, where advisable, pre-pandemic operations, to continue certain processes (such as telemedicine) that have demonstrated benefits to our members and providers and to advocate for permanent regulatory changes based on the experience of serving members during the public health emergency. Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*, presented information about the Utilization Management system update. The Utilization Management (UM) Module of our new health management documentation platform, SyntraNet, went live on April 6, 2021. No significant issues occurred during initial implementation. However, we are investigating situations in which certain requests for authorization have not been completed in accordance with regulatory timeframes. This includes researching the volume of authorizations that were not completed timely. Mitigation efforts in processing overdue authorization requests included managing staff assignments daily to prioritize work; and the use of overtime, temporary labor, and workforce assistance from other business units. The Utilization Management staff has identified the following root causes: • Prior to go-live: Significant hours of lost production time due to extensive testing and training	

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	• After go-live: Some staff working in two systems, lack of system proficiency, and natural learning curve of new system functionality and workflows • Ongoing: High volume of inbound waste (such as authorization requests that were misdirected to L.A. Care, but should have been sent to delegated PPGs), inadequate number of staff, and other priority projects. Ms. Ozden presented the following information about Consolidation for Enterprise-Wide Efficiency. With the recent departure of Sabrina Coleman, Sr. Director of Delegation Oversight, John Baackes has authorized consolidation of two functions, Operational Assurance and Delegation Oversight, to achieve efficiency. This will include the following: Examining progress on all departmental functions and projects to be able to report the status of the department's current state. Reviewing all processes to identify opportunities for improvement and to remediate gaps. Meeting with stakeholders across the Enterprise to ensure collaboration on core functions and clear lines of accountability. • The Operational Assurance (OA) and Delegation Oversight (DO) departments were created to answer complementary needs: OA to strengthen internal requirements-based and operational performance and DO to strengthen external performance. • The OA and DO teams were consolidated into a new, scaled up Enterprise Performance Optimization (EPO) organization in April of 2021. • Currently performing a work force analysis to strategically integrate the teams into one coherent, efficient organization. • Meeting with stakeholders across the Enterprise to ensure collaboration on building joint processes and to ensure clear lines of accountability. • Examining all departmental functions to identify opportunities for improvement, remediate gaps, and streamline processes. • That the two departments serve certain common core functions renders this a productive exercise in gaining efficiencies. Mr. Mapp stated that Ms. Ozden will be back to continue reporting on monitoring activities. Member Perez thanked Ms. Ozden for her presentation. She stated that she appreciates the diagrams, because it's helps visualize her work. Todd Gower, *Consultant, Compliance Internal Audit,* gave the following presentation about L.A. Care's Internal Audit Plan (*A copy of the presentation can be obtained from Board Services.*).	

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	Executive Summary • The FY21 Internal Audit Plan consists of 3 main projects, 2 contingent projects, in addition to annual activities such as testing 3 closed Corrective Action Plans, Annual Risk Management Assessment and Annual IA Planning. • The FY21 Internal Audit Plan has been developed with consideration of alternate coverage provided by other assurance functions, such as Information Security, Regulatory, Ethics and Compliance Organization. • Projects can be delivered internally and may need Subject Matter Resources. Internal Audit Planning Process • LA Care's Internal Audit Plan is driven by the information gathered through the Compliance and IT Security. • Recognizing the importance of being fully operational and effective the projects which make up the Internal Audit Plan were identified and prioritized based on a number of key inputs. Mr. Mapp stated that there was a decision made to remove two of the items from the approval of the audit plan. Compliance removed two of the activities for approval. Compliance decided to remove Financial activities and other audit review activities by other consultants that are not needed. The final plan will have the ten initiatives under Information Technology, Regulatory and Compliance, Correction Action Plan follow up and others. He asked Ms. Haydel how he can move that forward. Ms. Haydel responded that it can be submitted "As Amended" and the revised version can be place on the consent agenda for the next Board meeting. **<u>Motion COM 100.0621</u>** **To approve the 2021 Internal Audit Services Work Plan, as amended.** **The Committee voted to place the motion on the consent agenda for the next Board meeting.**	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)** **Approved unanimously by roll call. 4 AYES**

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		(Ballesteros, Booth, Perez, Vaccaro)
APPROVE REVISED LEGAL SERVICES POLICY LS-005	Augustavia J. Haydel, *General Counse*l, introduced Nadia Grochowski, *Associate Counsel III Senior Director Health Care Legal Services, Health Care Legal Services,* to discuss Revised Legal Services Policy LS-005 *(A copy of the document can be obtained from Board Services.)* Ms. Grochowski noted that she has been with L.A. Care since 2012 and stated that she appreciates the opportunity to speak to the Committee. Legal Services is bringing Legal Services Policy LS-005, Fair Hearing for Competency Decision to the Committee because whenever a policy change is made, it is brought back to the Board as a matter of course. Legal Services has made a change to the responsibilities of the Board. The Policy is one of a pair of policies that's triggered when the plan takes a negative action against a provider. Policy LS-005 applies when a provider terminated for quality reasons and therefore is entitled to the process of and protections that is enumerated in the Business and protections code (Section 809). The other policy that deals with administrative termination for business reasons is Policy LS-011, which will be brought to the Committee in the next few months. The new policy that was created a number of years ago to enable L.A. Care to provide statutorily compliant hearing process for these providers. Terminating a provider for quality reasons is very serious and requires reporting to various agencies like the Medical Board and the National Practitioner Data Bank. The process is very complicated and expensive. L.A. Care's in house Counsel as well as outside Counsels reviews the policy. She noted that Chairperson Booth has reviewed the policy and made substantial suggestions which have been implemented. The main issue with revising the policy was cleaning minor inconsistencies and streamlining the process while maintaining and further explaining the requirements that are set out in the business professions code and other statutory protections that needed to be present. The main reason it is being brought to the Committee is because there have been several internal discussions with Dr. Siedman, Mr. Mapp and others and it was determined to change the entity to which the arbitrator will make the final decision. The way the policy was written previously was the arbitrator will report the decision to the Compliance & Quality Committee. After meeting with outside counsel, it was determined that that is not a normal part of the process. L.A. Care decided to change the reporting entity and L.A. Care from Compliance & Quality Committee to its Internal Sanctions Committee. That was the primary revision. She pointed out that this change does not negatively impact providers hearing rights or the way in which the hearing rights are provided. It simply removes the Compliance & Quality Committee from the process. Providers can still make comments to the Board via public comments. If the Board wishes to become involved in a particular provider matter they can do so and direct staff to review or revisit the matter.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Booth noted that it begins on page 83 of the packet. She asked if Committee had questions. She noted that was is being asked is pretty reasonable. **<u>Motion COM 101.0621</u>** **To approve Legal Services Policy LS-005 (Fair Hearing for Competency Decision), as submitted.** **The Committee voted to place the motion on the consent agenda for the next Board meeting.**	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)** **Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)**
ADJOURN TO CLOSED SESSION	The meeting of the Joint Powers Authority Board of Directors was adjourned. Augustavia J. Haydel, *General Counsel,* announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:03 p.m.	
	THREAT TO PUBLIC SERVICES OR FACILITIES Consultation with Augustavia J. Haydel, *JD*, General Counsel	
	REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38 (n) Discussion Concerning Program, Business Plan Estimated date of public disclosure: *March 2023*	
	CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Three Potential Cases	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PEER REVIEW Welfare & Institutions Code Section 14087.38(o)	
RECONVENE IN OPEN SESSION	The committee reconvened in open session at 4:17 p.m. There was no report from closed session.	
ADJOURNMENT	Member Perez asked why all advisory committees are not connected to one another. She would like to see if there could be a connection between them. She noted that it is more of a suggestion. The meeting was adjourned at 4:30 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: _____

Chief Medical Officer Report

August 2021

COVID-19 Update

After encouraging trends before the run up to the June 15 broad reopening in California, we are now seeing increasing trends worldwide with over 200 million reported cases of COVID-19 and over 4.2 million deaths. With the combination of lagging vaccination numbers and the rapid emergence and spread of the delta variant, COVID-19 numbers are increasing nationwide as well, now reaching over 100,000 cases per day, most notably in the southern states with low vaccination rates. LA County is reporting increased cases, hospitalizations and deaths over the past 4-6 weeks with hospitalizations still at lower rates than during the fall and winter surge, but doubling in the past 2 weeks to over 1,400 per day. Notably, the current surge is impacting adults under 50 at higher rates than other age cohorts, and African Americans at the highest rates compared to other race/ethnic groups. The vast majority of cases are in the unvaccinated and the data continue to demonstrate the safety and efficacy of the COVID-19 vaccines, particularly in preventing serious disease and death.

Among L.A. Care members, there have been over 140,000 cases and 4,200 deaths reported since the beginning of the pandemic. Despite reporting over 950,000 L.A. Care members having received at least one dose, vaccination rates among our members are below Countywide rates, consistent with what other Local Initiative Health Plans are reporting across the state. The Department of Health Care Services (DHCS) announced a new program requiring Plans to submit a COVID-19 response plan and funding for member incentives to further encourage our members to get vaccinated. We are still learning the details of this just-announced program and will keep the Board informed.

COVID-19 outreach efforts to date include the development of a robust communication plan and social media campaign. We have mobilized our care teams and Community Health Workers (CHWs), made live calls and robocalls to targeted member cohorts, shared information about the safety and efficacy of the vaccines, and information encouraging members to get vaccinated will be included in our annual member mailing. We have also participated in many media requests and produced a series of L.A. Care Medical Director videos to address COVID-19 vaccination. Our Communications Department developed the Jaime Camil campaign, a celebrity vaccine campaign as well as the Leonard Nimoy billboard campaign. L.A. Care is also collaborating with the Los Angeles County Department of Public Health (LAC DPH) and the California Medical Association (CMA) to further expand the network of COVID-19 vaccine providers.

California Advancing & Innovating Medi-Cal (CalAIM)

- Our Safety Net Initiatives (SNI) department is working on the Enhanced Care Management (ECM)/ In Lieu of Services (ILOS) Model of Care (MOC) development to be submitted to DHCS by September 1, 2021 that outlines how L.A. Care and Plan Partners will transition existing members being served by Whole Person Care (WPC)-LA and the Health Homes Program over to

CalAIM. These detailed questions cover provider capacity, managed care plan systems and processes, contracting and ensuring equitable access to services.

- Staff across the organization are working to develop foundational systems to administer the various new benefits coming into the Plan including ECM/ILOS, the new major organ transplant program being transitioned from the State to the Plans, and the new population health management requirements effective in January 2023.

Population Health Management (PHM)

- The PHM team is working on the 2021 PHM Program Description to guide our quality improvement efforts throughout the year across the continuum of care needs of our members.
- The PHM team submitted all documents for the baseline evidence for the National Commission on Quality Assurance (NCQA) PHM requirements for initial review of the 2023 accreditation process and is addressing feedback from the consultants as it is received.
- DHCS plans to contract with a vendor to provide a PHM platform. We will need to learn more about the details on what the State is planning and how this would impact Health Plans with data platforms who are already pulling data for the population, segmentation and stratification of members.
- The PHM team is co-facilitating the Inpatient Workgroup which is working to improve oversight and management of inpatient utilization and to mitigate risks to patient care. Currently talking with Participating Provider Groups (PPGs) about HIE platforms being used and how to best connect them.

National Committee for Quality Assurance (NCQA)

- While the full accreditation cycle is a 3-year cycle, accreditation compliance requires constant monitoring throughout the entire cycle. We are in the process of completing our baseline assessment of compliance now that we are in Year 1 of the look back period which we will be accountable for during our next triennial accreditation survey in 2023.
- NCQA has announced that it is moving from their current Multicultural Health Distinction (MCH) recognition of Health Plans to a new Health Equity Accreditation offering. L.A. Care provided input during the public comment period for the new program and will retain our current MCH Distinction until 2024 at which time we plan to undergo a survey under the new Health Equity standards. The primary differences between the two programs are the addition of standards addressing organizational readiness, the inclusion of sexual orientation and gender identity (SOGI) data, and a requirement to report HEDIS results stratified by race and ethnicity.

Quality and Equity

- Dr. James Kyle, L.A. Care's Medical Director for Quality, Diversity, Equity and Inclusion and team conducted an Equity Strategic Planning retreat and completed an initial SWOT analysis to identify opportunities to ensure that equity, diversity and inclusion are considered in all of our work at L.A. Care.
- Co-Chaired Inaugural Strategic Partnership meeting to amplify LA vs. Hate program.
- L.A. Care is participating in the Institute of Medicaid Innovation (IMI) National Grant for State Learning Collaborative on Improving Birth Outcomes using Midwives
- Dr. Seidman, Dr. Kyle and Dr. Parrish are responding to multiple media requests to address vaccine hesitancy and the need to continue doing more to promote COVID-19 vaccination among those not yet vaccinated. Dr. Kyle participated in a community panel discussion on vaccine hesitancy.
- Discussions at L.A. Care's Technical Advisory Committee (TAC) and with Community Clinics Association of Los Angeles County (CCALAC**)** to explore opportunities to address underlying issues including structural racism, to better understand their contribution to and opportunities to address social determinants of health (SDOH) and health outcomes.

- Dr. Seidman is on the Integrated Healthcare Association Board with a broad cross sector group of stakeholders which has added Health Equity to their agenda. Dr. Seidman and Dr. Kyle are on the IHA Equity Committee that will hold its first meeting in September. Dr. Seidman is also on the Executive Committee of the Board of the California Quality Collaborative, the quality improvement organization led by the Purchasers Business Group on Health which is also committed to collaborating with other organizations to push an equity agenda with broad support.
- Dr. Kyle and team met with Vincent Holmes, Principal Analyst for the County CEO Service Integration Branch, Dr. Scorza, Executive Director of Racial Equity for Los Angeles County, and Derek Steele, ED for Social Justice Learning Institute to begin planning for a partnership to support minority youth diversion programs aimed at high school aged young people.
- L.A. Care's Member Equity Council heard a presentation from our Behavioral Health department on LGBTQ+ Cultural Competency and Health Equity. Overall, the Member Equity Council is on track to meet its goals including:
  - Ensure effective member input
  - Focus on social determinants of health (housing, food security)
  - Establish and build community partnerships
- Consumer Health Equity Council (CHEC) meeting to occur on July 22. Members will provide feedback on telehealth services at L.A. Care. Operations and QPM will provide an overview of services and data and lead a discussion on member experience with telehealth. This activity meets Member Equity Council's Component 1 metric, Member Voice.
- L.A. Care creating a Provider Equity Recognition Award to be rolled out in 2021. Components include disparities focused around Healthcare Effectiveness Data and Information Set (HEDIS) metrics, and SDOH with a focus on food security.
- Ongoing efforts in creating a Medical Legal Partnership at L.A. Care with local law schools focused around eviction and tenant rights. Currently drafting a revised plan for a post-pandemic environment.
- Currently analyzing Appeals & Grievances and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data with a health equity lens to see if data illuminates any disparity trends. (In line with department goals)

Quality Improvement-Initiatives

In our ongoing efforts to improve member experience (CAHPS) and quality performance (HEDIS) scores, the following are examples of some of the work we are doing to improve our outcomes and scores:

- In response to the increased focus on lead screening from the State Legislature and DHCS, reports of assigned members due for screening are now going out to providers to inform their outreach efforts.
- Health Education's initiatives involving identifying members with diabetes and high-risk pregnancies are being refined and reports are being generated on a monthly basis.
- In addition to the technical assistance and practice coaching offered by our internal Transform L.A. team, provider coaching will be offered to low-performing Direct Network providers through a contracted vendor to offer a resource to help them improve patient-provider communication and establish a culture of patient-centered care and exceptional service.
- Healthy Baby Brochures will go out to ages 0 to 6 months on a monthly basis to inform parents of the benefits of regular well child visits and routine childhood immunizations.
- A memo informing providers that no prior authorizations are required for obstetrical care, breast cancer screenings and cervical cancer screenings

Stars and Quality Strategy

- Work is underway to build the infrastructure, systems and processes to achieve a 4 Star rating for the D-SNP product we will be implementing in January 2023. Member experience which includes member touchpoints as they receive care and service from their Plan, provider groups, and from our contracted provider network, contributes a significant amount to our overall rating and will require the strategic focus of the entire organization.
- Inpatient Workgroup: Both Anthem Blue Cross and Blue Shield Promise expressed interest in joining the plan quality collaborative to oversee and monitor network hospital quality and safety. Molina, Health Net and L.A. Care have initiated discussions on establishing a collaborative that includes standardizing metrics, scorecards, and incentives to increase the focus on efforts to improve inpatient quality and safety.

Pharmacy Update

The pharmacy team continues to develop and expand the Comprehensive Medication Management Program in affiliation with the USC School of Pharmacy which has been funded by the California Right Meds Collaborative. The program provides technical assistance and support to practices to identify and better manage members with poorly controlled diabetes, and has shown promising results in improving outcomes and reducing disparities in measures such as glycosylated hemoglobin (HgbA1c) and blood pressure. The Clinical Pharmacy Program continues to provide an L.A. Care Pharmacist to partner with three different FQHCs to date to manage members with Diabetes assigned to these clinics, with notable reductions in A1c levels. Both programs include academic detailing to build capacity within our network to improve care and outcomes.

Medication Adherence – Comprehensive Adherence Solutions Program (CASP)

As we prepare for the DSNP transition, the pharmacy team is prepared to launch a comprehensive medication adherence outreach program. Intern pharmacists and a staff clinical pharmacist will be outreaching to non-adherent or at-risk members to offer mail order service, 90-day prescription conversion, and medication education to overcome any potential hurdle members may be facing to become adherent.

- Outreach started June 14, 2021, and below is the current status as of July 19, 2021:
  - Total attempts: 130
  - Total successful calls: 49
  - Total interventions: 102, including patient education, 90-day supply conversion, mail order referral, medication synchronization, vaccine education, and medication therapy management (MTM) program referral.
- We are working with CSC to restart and revamp IVR medication refill reminder calls later this year. This call campaign was on pause in mid-2020 as a result of Telephone Consumer Protection Act (TCPA) guidance. We are also adding medication adherence and mail order pharmacy advertisement as part of the on-hold message for general phone queues for all LOBs.
- L.A. Care pharmacists provided a pharmacy in-service presentation to Community Resources Center (CRC)/Family Resource Center (FRC) staff on July 13, 2021 and July 15, 2021 to educate member-facing staff of our pharmacy services, such as our free mail order pharmacy program and how to look up our formularies.
- In an effort to promote our mail order pharmacy service and medication adherence, the pharmacy team added a message about mail order on both lacare.org and calmediconnectla.org home page carousels.

Transitions of Care Program (TCP)

As of July 12, 2021, there are 61 completed cases in which the pharmacist has completed the medication reconciliation and provider clinical notice. If eligible, members will also be referred to the CRMC program for continued chronic disease state management (see above). Thus far, three TCP members have been identified as eligible for CRMC, and one TCP member has been enrolled into the CRMC program.

Medication Therapy Management (MTM)

As a result of the findings from the SDoH survey implemented by MedWiseRx (formerly SinfoníaRx), we have also successfully referred 63 members to Social Services to address potential SDoH-related needs and concerns.

Starting January 1, 2022, Medication Therapy Management (MTM) services will be provided by our Pharmacy Benefit Manager, Navitus. With Navitus performing MTM for L.A. Care members, we will be able to leverage the member's familiarity with Navitus to streamline communications in hopes of improving the MTM completion rate, optimizing D-SNP readiness, and addressing more gaps in care.

HEDIS Measurement Year 2020 Presentation to Compliance and Quality Committee

August 19, 2021

L.A. Care HEALTH PLAN
For All of L.A.

Quality Performance Management

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Final Measurement Year (MY) 2020 Rate Review

Medi-Cal Final MY2020 Rate Review

Rate Review Overall Trends:

- Visit and Screening based measures trended behind in MY2020 from MY2019 final rate
- Pharmacy/Adherence measures performed better than last year, highlighting that members are getting and following up with their medications.
- Telehealth Visits helped offset the drop in Office Visits.
  - Next steps: continue to leverage Telehealth for HEDIS!

Measure Highlights:

- Comprehensive Diabetes Care (CDC A1C Testing): Rates Dropped (even on admin eligible population rates) and so did other lab related measures. In our Plan Partner debriefs we are focusing on pushing Lab measures improvement.
- Well-Care for Children & Adolescents: Became Admin only measures (Medical Record Review is no longer allowed). 2 new measures now include all ages from 15 months up to 21 years. However, we aren't able to do an apples to apples comparison for 16-30 months and 3-11 years old due to the measure changes.

Note: MY=Measurement Year, HEDIS=Healthcare Effectiveness Data and Information Set

Managed Care Accountability Sets (MCAS)/ Minimum Performance Level (MPL) Summary

How many measures did not meeting 50th percentile for?

- 7 of the 13 measures (AMR, CBP, BCS, CDC Poor Control, PPC (Prenatal/Postpartum), and SSD)

				MY2020 FINAL						
Reporting Populatio	Measure I	DESCRIPTION	Measure Ty	DENOMINATOR	NUMERATOR	RATE (%tile)	25th	50th	75th	90th
MEDI-CAL	AMM2	Effective Acute Phase Treatment	Administrative	19,612	11,746	59.89% (75th)	MET	MET	MET	863
	AMM3	Effective Continuation Phase Treatment	Administrative	19,612	8,002	40.8% (50th)	MET	MET	451	1,680
	AMR0	Asthma Medication Ratio - Total	Administrative	19,405	12,083	62.27% (25th)	MET	32	1,138	2,156
	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (Total)	Administrative	1,512	654	43.25% (50th)	MET	MET	16	198
	BCS	Breast Cancer Screening	Administrative	109,525	63,247	57.75% (25th)	MET	1,176	6,915	12,566
	CBP	Controlling High Blood Pressure	Hybrid	411	252	61.31% (25th)	MET	2	26	47
	CCS	Cervical Cancer Screening	Hybrid	371	229	61.73% (50th)	MET	MET	21	41
	CDC2**	HbA1c Poor Control (>9.0%)	Hybrid	411	185	45.01% (25th)	MET	-31	-50	-70
	CHL0	Chlamydia Screening - Total	Administrative	58,343	38,250	65.56% (50th)	MET	MET	408	3,419
	CIS19	Combination 10 (DTap IPV MMR HiB Hep B VZV PCV Hep A RV Influenza)	Hybrid	411	147	35.77% (25th)	MET	7	37	67
	IMA5	Combination 2 (Meningococcal Tdap HPV)	Hybrid	411	179	43.55% (75th)	MET	MET	MET	30
	PPC1	Timeliness of Prenatal Care	Hybrid	411	362	88.08% (25th)	MET	4	20	32
	PPC2	Post Partum Care	Hybrid	411	313	76.16% (25th)	MET	1	19	33
	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative	14,648	10,543	71.98% (<25th)	978	1,482	1,876	2,334
	WCC0A	Weight Assessment and Counseling - BMI Percentile - Total	Hybrid	288	238	82.64% (50th)	MET	MET	13	23
	WCC0B	Weight Assessment and Counseling - Counseling for Nutrition - Total	Hybrid	288	224	77.78% (50th)	MET	MET	7	21
	WCC0C	Weight Assessment and Counseling - Counseling for Physical Activity - Total	Hybrid	288	220	76.39% (75th)	MET	MET	MET	13

** - Reverse Calculated Measure, i.e. Lower is Better

Measures bolded in **BLACK** are newly added measures to the MCAS MPL Measure Set for MY2020. Measures were not part of MY2019 MPL measure set.

L.A. Care provided feedback to the CA Department of Health Care Services (DHCS) and Local Health Plans of California (LHPC):

- Not hold MCAS MPL requirements and impose sanctions to allow Health Plans time to get back to baseline (MY2019).
- Do not add Lead Screening for children (LSC) as an MCAS MPL measure. This measure is performing low and it will take time to reach the 50th percentile.
- Continue monitoring performance and provide feedback/input to DHCS and LHPC.

L.A. Care Covered (LACC)
Quality Rating System (QRS) Measures - Highlights

Declines:

- Annual Dental Visit (ADV) – ~5% decrease. Low volume of dental visits can be attributed to Covid-19.
- Antidepressant Medication Management (AMM) – Slight decline in Continuation phase (0.30%) although the Acute phase increased slightly by ~2%.
- Breast Cancer Screening (BCS) – ~1% decrease. This decline is across all LOBs and screening measures (Breast, Cervical, Colon).
- Chlamydia Screening in Women (CHL) – ~1% decrease. This decline is across all LOBs with regards to Lab measures.

Increases:

- Follow-Up After Hospitalization for Mental Illness (FUH) – ~5% increase for FUH 7 day follow up. This is due to the concentrated efforts with BH department working closely with QPM.
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) – ~10% increase for the Initiation Phase. ~3% increase for the Continuation Phase.
- Proportion of Days Covered (PDC) – ~2-4% increase across different sub measures. This measure is trending similarly with adherence measures across all LOBs.
- Appropriate Testing for Pharyngitis (CWP) - ~2% increase. The increase is across all LOBs.

Cal MediConnect (CMC)
Health Plan Rating (HPR) Measures - Highlights

Declines:

- Follow-Up After Hospitalization for Mental Illness (FUH) – ~9% decrease for 30 day (FUH30) and ~2% decrease for 7 day (FUH7). FUH30 rates are below the 56% Quality Withhold benchmark. The team is currently doing root cause analysis to identify process improvement opportunities.
- Pharmacotherapy Management of COPD Exacerbation (PCE) – ~9% decrease for Bronchodilator and ~6% decrease for Systemic Corticosteroids. This measure has a small denominator which can contribute to higher rate increases.
- Breast Cancer Screening (BCS) – Seeing declines across all LOBs with regards to screenings (Breast, Cervical, Colon).

Increases:

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) – ~17% increase for the Initiation Phase and ~4% increase for the Engagement Phase. The rate increase is attributed to new data source with big influx of data for substance abuse treatment. Team will continue monitoring to ensure that improvements are sustainable.
- Statin Therapy for Patients with Cardiovascular Disease (SPC) – ~4% increase for Statin Therapy and ~2% increase for Adherence portion. Both statin therapy and adherence highlights increase in rates YOY.
- Statin Therapy for Patients With Diabetes (SPD) – ~3% Increase for the Adherence sub measure. We're seeing consistent increases in rates across Adherence based measures.
- Antidepressant Medication Management (AMM) – ~4% increase YOY for both Acute and Continuation Phases. This trending highlights that members are receiving and following up with their medications.

Medical Record Review

Medical Record Review Summary

- This year's Medical Record collection and abstraction was completed without using vendor staff which resulted in a cost savings $ compared to last year.
- Medical Record Review Validation (MRRV) passed both audits with 0 errors for the 3rd year in a row. Over the 3 years, 520 records passed with no issues.
- As expected, most of the hybrid rates for MY2020 are below last year's rates. Of the 44 reportable Hybrid numerators, only 6 ended up above MY2019

➢ Screening measures – Cervical Cancer Screening (CCS), Comprehensive Diabetes Care (CDC) A1c and A1c Control, CDC Eye Exams, Colorectal Cancer Screening (COL) are all significantly down for all Lines of Business

  ➢ Some of the measures are multi-year measures so rates will likely be affected for MY2021 and beyond

➢ For Controlling Blood Pressure (CBP) and CDC Blood Pressure Control – nearly all visits from March to December 2020 were Telehealth visits with no Blood Pressure recorded.

➢ Weight Assessment and Counseling for Children and Adolescents (WCC) – nearly all of the visits that qualified the member for the measure were Telehealth sick visits with no Height and Weight documented and many with no Physical Activity and Nutrition Counseling.

Looking Ahead

- For Childhood Immunization Status (CIS) and Immunizations for Adolescents (IMA), the timeframes to get vaccines have already passed and/or members need to catch up on vaccines. Prospective rates, especially for those measures will need to be closely monitored as there may be rate drops for MY2021. During Medical Record Review, we saw a number of members, especially those with birthdays late in the year that were missing their final doses of Dtap (Diphtheria, Tetanus, Pertussis) and PCV (Pneumococcal Conjugate Vaccine)
- Telehealth visits appear to be here to stay. Provider Outreach will focus on education during Telehealth Visits, such as services that are allowed during the visits, member reported Blood Pressure readings, member/parent reported height and weight so Body Mass Index (BMI) percentiles can be calculated, providing well services during sick visits such as Counseling for Physical Activity and Nutrition, documenting history of services such as Paps, Mammograms, Colonoscopies etc.
- Abstraction staff is using Clinical+ to review records collected by Risk Adjustment (mainly CMC Annual Wellness Exams) for HEDIS gaps in care. So far approximately 700 records have been reviewed and 1,466 gaps will be closed. For MY2020 we closed 4,559 gaps.

Lead Screening for Children (LSC)

- DHCS is proposing adding the HEDIS LSC measure as an MCAS measure and not requiring custom reporting of members outside of the LSC Eligible population (members up to 6 yrs old). It is not yet clear when it will be added, and CAHP (CA Association of Health Plans) is recommending that PIPs and sanctions be delayed until at least HEDIS MY2022 due to low rates due to COVID.
- MPL is based on the National 50th percentile, and fewer than 10% of California plans reached the 50th percentile in MY2020. LSC is a 2 year measure and the Eligible Population is the same as CIS

➢ 50th Percentile is 73.11%--L.A. Care's final rate was 61.08% for MY2020 and 64.03% in MY2019

  ➢ Rate drop due mainly to fewer in-person visits from March to Dec. 2020

➢ Current Prospective rate as of 7/19/2021 is 49.35% which is 9.19% below the 7/24/2020 rate of 58.54%.

  ➢ LSC can be a Hybrid measure, however, typical improvements from medical record review are in the 2% to 5% range. If we choose to collect LSC hybrid, the sample would be for the same members as the CIS measure.

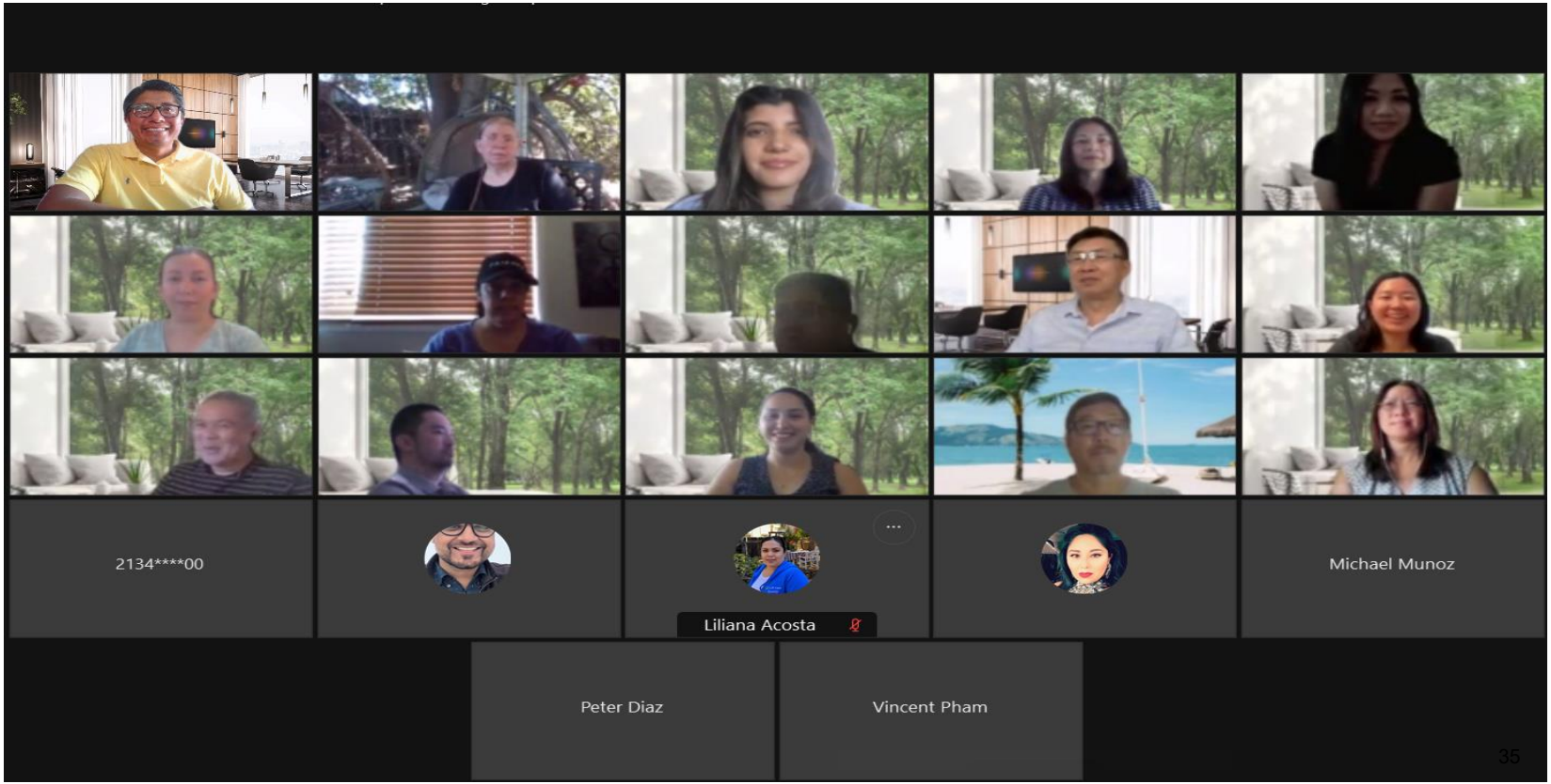
Where Do We Go Now?

- Focus should be Back to MY2019 baseline performance. Not "Improvement".
- On-board new data sources strategically - bang for the buck. We have a quota with the auditor on how many supplemental sources to use. Exceeding the quota will result in additional fees.

MY2021 Process Improvement Tools:

- Non-Standard Workflow: Will accept nonstandard during the MY which will allow us to reflect the gaps and close them more efficiently. The submitters can also prioritize ones that haven't been closed. Workflow steps have been drafted and implemented.
- Submitter Impact Report: Will include accounting of their files, the impacts and if that matches to submitters' expectations. This will help us monitor how the submitters are doing and to give them feedback accordingly.
- Data Pre-Processing Report: The summarizing of these files will work in parallel to our current process and it will add insights so we can make adjustments and communicate any issues

QPM Team Huddle



Thank You!

Question?

To: Compliance & Quality Committee of the Board of Governors

From: Thomas Mapp, Chief Compliance Officer

Subject: Chief Compliance Officer Report – OPEN SESSION

Date: August 19, 2021

COMPLIANCE OFFICER OVERVIEW – OPEN SESSION

As we move into the 4th quarter of 2021, the compliance department is preparing for completing significant initiatives during the remainder of the year and preparing for 2022:

1. Annual compliance program effectiveness audit by an external auditor hired by L.A. Care as required by CMS
2. Annual compliance week and compliance training for all employees and members of the Board of Governors
3. Complete internal evaluation of the compliance program and develop work plans for 2022 – Fraud Waste and Abuse Program, Internal Audits, Compliance Work Plan; Risk Assessment
4. Preparation for annual Department of Managed Healthcare audit (January 2022)
5. Respond to (a) July 2021 DHCS Medical Audit; (b) January 2021 DHCS focused audit related to DHS and (c) other compliance requirements.

REGULATORY AFFAIRS

1. Enterprise-Wide Monitoring Program

The following Monitoring Program measures were implemented in Q1 – Q2 2021.

- Initial Health Assessment (IHA)
- California Children's Services (CCS)
- Sales & Marketing (CMC only)

Compliance continues to collaborate with internal business units, including Enterprise Performance Optimization (EPO), in implementation of new measures.

2. 2021 DHCS Medical Audit

The Department of Health Services (DHCS) conducted a routine Medical Audit of L.A. Care for both Medi-Cal and CMC lines of business.

- Review periods:
  - 7/1/2019 – 6/30/2021 (Medi-Cal)
  - 7/1/2020 – 6/30/2021 (CMC)
- Participating entities:
  - L.A. Care;
  - Allied IPA;
  - L.A. County Department of Health Services (DHS);
  - Health Care LA IPA;
  - Optum Direct Network (DN); and
  - Regal Medical Group
- General themes observed
  - Oversight of external parties

The final report date has not been determined as of yet.

3. Key Performance Indicators (KPI's):

KPI's - Measures below threshold: Root Cause and Remediation
Reporting Period: ***April 2021 – June 2021***

KPI Measure	Business Unit	04/21 KPI Score	05/21 KPI Score	06/21 KPI Score	Root Cause	Remediation
Claims timeliness ≤ 30 calendar days (CMC)	Claims	93.2%	79.7%	78%	*Pending*	*Pending*
Claims timeliness ≤ 60 calendar days (CMC)	Claims	98%	99.1%	99%	*Pending*	*Pending*
Calls answered within 30 seconds	Member Services	75.8%	76.6%	71.4%	Call Center continues to deploy all hands on deck to help	Call center will be regrouping internally to strategize on process

KPI Measure	Business Unit	04/21 KPI Score	05/21 KPI Score	06/21 KPI Score	Root Cause	Remediation
(Call Center) Medi-Cal					mitigate some of the wait times, but their available resources far exceed the demand to support current call volume.	improvement opportunities that will reduce their average handle time, which will also reduce the overall staffing demand to support current call volume. Call Center is in the process of requesting additional temporary resources to get them through peak periods. If approved, the Call Center will not see the benefits of this ask until September. However, July performance is much stronger and Call Center is on target to meet or come very close.
Calls answered within 30 seconds (Call Center) CMC	Member Services	80.4%	79.6%	76.4%	Call Center continues to deploy all hands on deck to help mitigate some of the wait times, but their available resources far exceed the demand to support current call volume.	Call center will be regrouping internally to strategize on process improvement opportunities that will reduce their average handle time, which will also reduce the overall staffing demand to support current call volume. Call Center is in the process of requesting additional temporary resources to get them through peak periods. If approved, the Call Center will not see the benefits of this ask until September.

KPI Measure	Business Unit	04/21 KPI Score	05/21 KPI Score	06/21 KPI Score	Root Cause	Remediation
						However, July performance is much stronger and Call Center is on target to meet or come very close.
Calls answered within 30 seconds (Call Center) LACC	Member Services	81.4%	80.2%	76.3%	Call Center continues to deploy all hands on deck to help mitigate some of the wait times, but their available resources far exceed the demand to support current call volume.	Call center will be regrouping internally to strategize on process improvement opportunities that will reduce their average handle time, which will also reduce the overall staffing demand to support current call volume. Call Center is in the process of requesting additional temporary resources to get them through peak periods. If approved, the Call Center will not see the benefits of this ask until September. However, July performance is much stronger and Call Center is on target to meet or come very close.
Abandonment Rate (Medi-Cal)	Member Services	4.9%	4.9%	6.7%	Call Center has always had a challenge meeting call center metrics in Q1 as we are not budgeted to staff to peak seasonality and also the extension of this year's OEP has not given them a	Call Center is looking at configuration options to see if they have an opportunity to give members an option to transfer into the center vs. forcing them. At this time they don't have a timeline for implementing such

KPI Measure	Business Unit	04/21 KPI Score	05/21 KPI Score	06/21 KPI Score	Root Cause	Remediation
					break. Regarding the abandonment rate specifically, they are seeing more than half of the abandoned calls coming out of the IVR payment system.	configuration changes, and it is unlikely that we will see marked improvement until then. The call center will provide an update on next steps in the next few weeks.
Abandonment Rate (CMC)	Member Services	3.7%	4.5%	5.4%	Call Center has always had a challenge meeting call center metrics in Q1 as we are not budgeted to staff to peak seasonality and also the extension of this year's OEP has not given them a break. Regarding the abandonment rate specifically, they are seeing more than half of the abandoned calls coming out of the IVR payment system.	Call Center is looking at configuration options to see if they have an opportunity to give members an option to transfer into the center vs. forcing them. At this time they don't have a timeline for implementing such configuration changes, and it is unlikely that we will see marked improvement until then. The call center will provide an update on next steps in the next few weeks.
Abandonment Rate (LACC)	Member Services	6.6%	5.3%	5.7%	Call Center has always had a challenge meeting call center metrics in Q1 as we are not budgeted to staff to peak seasonality and also the extension of this year's OEP has not given them a break. Regarding the abandonment rate specifically, they are seeing more than half of the abandoned	Call Center is looking at configuration options to see if they have an opportunity to give members an option to transfer into the center vs. forcing them. At this time they don't have a timeline for implementing such configuration changes, and it is unlikely that we will see marked improvement until then. The call center will

KPI Measure	Business Unit	04/21 KPI Score	05/21 KPI Score	06/21 KPI Score	Root Cause	Remediation
					calls coming out of the IVR payment system.	provide an update on next steps in the next few weeks.
Calls appropriately categorized and triaged to initiate a service authorization request, coverage determination, appeal, and/or grievance (CMC)	Member Services	98.9%	99.2%	98.2%	Our C3 vendor was removed from taking calls shortly after the 2018 CMS Program Audit. We re-trained the C3 staff shortly after our Re-Validation Clean Period, and it will take some time to ramp up to proficiency.	CSC will continue to monitor C3 call logs and SARs to ensure we identify and address any misclassification. C3 Leadership will continue coaching to the errors to ensure overall improvement in call classification.

RISK MANAGEMENT AND BUSINESS CONTINUITY

1. Risk Assessment Report – Exhibit 1

2. Disaster Recovery Testing:

The 2021 Disaster Recovery Test (DR) will be conducted on October 30, 2021. Due to Covid-19 restrictions and to protect the participant's health, the test will be conducted remotely; similar to the remote testing that was conducted last year. Compliance will consider doing a hybrid model for next year's test. The testing will include approximately 14 Business Units participating and will be testing roughly 30 systems and/or applications. The purpose of the test is to ensure LAC's critical Business Units and systems can perform under a disaster in a work-from home environment. We will provide the results of the testing upon completion.

3. Annual Compliance Training:

As part of L.A. Care's compliance program, annual compliance training is required to be completed by our employees and Board members. This year's compliance training will be rolled out in late August and will be due by November 30, 2021. The annual compliance training will include the following:

- Compliance Program General Session
- Deficit Reduction Act: False Claims and Employee Protections Training
- Fraud and Abuse Awareness
- HIPAA: General Awareness
- Information Security
- Code of Conduct

INTERNAL AUDIT

1. Sales & Marketing Correction Action Plan (CAP) Update – Internal Audit portion

Action	Status Update	Responsible Party
Full-scope internal audit • Desktop review • Call recordings	• Report finalized and presented to Sales and Marketing to proceed with remediation efforts. • Provided management action plan activities for Compliance to share with CMS. • IA to plan a follow-up on closure items to start 1st week of September	Internal Audit, Compliance

2. Pre-Assessment to the DHCS Audit – Internal Audit portion

Background:

Internal Audit is to validate the closure of Corrective Actions from the last DHCS Medical Audit in 2019 and All Plan Letter (APL) Implementation. This is to prepare for the upcoming DHCS Audit to start in June and July

The focus of the internal audit will be the following:

- Plan's Compliance with the DHCS contract and regulations in the area of:
  - UM, Case Management, Coordination of Care, Quality Management
  - Provider Availability and Accessibility,
  - Member's Rights,
  - Administrative and Organizational Capacity
  - All Plan Letter (APL) Implementation

Action	Status Update	Responsible Party
Assess L.A. Care's ability to monitor our prospective delegates activities and subcontractors, along with monitoring activities in IHA and CCS.	Draft Report was completed, however, delays in getting information pushed testing and review into actual DHCS audit which provided similar outcomes with more detailed action items. Will work with Compliance on timing of Management Action Plans and focus on follow-up activities to ensure closure along with helping Compliance on monitoring requirements.	All related parties to the IA Project
Ongoing monitoring: Develop and implement Sales & Ensure P&Ps exist for previously released APLs in 2018 and 2019.		All related parties to the IA Project

3. IT Asset Inventory – Internal Audit

Background:

To determine whether adequate and effective IT asset management processes and controls are in place, in order to maintain the integrity of the IT assets while meeting L.A. Care's Asset Management and Security requirements.

The focus of the internal audit will be the following:

The scope of the audit will be limited to L.A. Care procured information technology hardware and software inventories, including IT asset management practices in place as of January 1, 2020 to July 31, 2021. The audit's focus will be on systems and practices used in the governance, management, control and oversight of IT hardware and software assets.

Action	Status Update	Responsible Party
1. Assess IT management governance structures are in place to provide strategic direction for IT asset management.	In process- we are targeting late August to start.	All related parties to the IA Project
2. Assess processes are in place for planning the acquisition of IT assets, as well as the replacement and disposal of IT assets.		All related parties to the IA Project
3. Assess processes and systems are in place to record, track, monitor, and safeguard the IT assets inventory.		All related parties to the IA Project

PRIVACY

1. HIPAA Violations (Events, Incidents, and Breaches)

In June and July 2021, Privacy investigated **9 L.A. Care HIPAA violations** and **16 business associate HIPAA violations**. Violations include events, incidents and breaches. Privacy violations for L.A. Care have remained steady. Privacy violations for L.A. Care's business associates slightly increased which can be attributed to clinical mailings by Navitus Health Solutions. There were no breaches during June or July by L.A. Care or our business associates.

2021 PRIVACY VIOLATIONS

L.A. CARE									
VIOLATION CATEGORY	JAN	FEB	MAR	APR	MAY	JUN	JUL	TOTALS	%TOTALS
Events	5	7	4	5	1	3	3	12	67%
Incidents	3	3	3	4	3	2	1	6	33.33%
Breaches	0	0	0	0	0	0	0	0	0.00%
TOTALS	8	10	7	9	4	5	4	18	100.00%

BUSINESS ASSOCIATES									
VIOLATION CATEGORY	JAN	FEB	MAR	APR	MAY	JUN	JUL	TOTALS	%TOTALS
Events	2	1	1	0	1	1	0	6	11.32%
Incidents	2	5	5	8	6	8	7	41	77.36%
Breaches	2	1	1	1	1	0	0	6	11.32%
TOTALS	6	7	7	9	8	9	7	53	100.00%

SPECIAL INVESTIGATIONS UNIT – FRAUD, WASTE & ABUSE

1. Year-to-Date Recoveries and Savings:

Year	Month	Year-to-date
Recoveries	$ 69K	$1.5M
Savings	$ 530K	$7.3M
Totals	$ 599K	$8.8M

2. Law Enforcement

Active Criminal Investigations (FBI, CA DOJ, LASD HALT)	71
Undercover Operations	1
Arrests	1
Pending Prosecution	20
Convictions	1

3. Fraud, Waste and Abuse – Delegation Oversight

- SIU hosted the CA Office of the Attorney General's quarterly Healthcare Fraud Roundtable in June. This meeting was attended by the FBI, DHCS, CA-OIG, CA Dept. of Justice and several members from area SIU's.

- SIU is coordinating with the Centers for Medicare & Medicaid Services (CMS) on a nationwide health care fraud scheme involving the inflammation drugs Pennsaid, Vimovo and Duexis which are manufactured by Horizon Therapeutics. L.A. Care SIU has investigated several pharmacies based on false pre-authorizations for these drugs and has already recovered over $3M.

	Risk Level
High	Effect on reputation is substantial, causing long-term deterioration in stakeholder value.
Medium	Moderate effect on stakeholder value and reputation; effect on reputation can be mitigated in the near-term.
Low	Negligible effect on stakeholder value and reputation; effects can be observed without major budgetary impact.

Open/Closed	Risk Name	Risk Domain	Description of Risk	Status	Risk Owner(s)	Description of Mitigation/Remediation	Anticipated Remediation Date
Open	Provider Data	Operational	Improving accurate data that will influence regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access and enrollment and disenrollment processes.	Medium	Provider Network Management	7.2021: 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 (TPM) redesign.	TBD
Open	Provider Terminations	Operational Reputational Regulatory Financial Organizational	L.A. Care is improving the provider termination process to ensure the data is communicated appropriately and timely by delegates to meet regulatory requirements for timeliness of provider termination.	Low	Provider Network Management Enrollment Services	Implementation of a revised process to receive requested data timely from delegates are in place. Revisions of the applicable policies are pending approval. 7.2021: With APL 21-003 revisions to the threshold of 2,000 members from 500 members requiring member notice of provider termination, this lowers the risk of timeliness from the delegates. Revised policy was send to DHCS on 6/4/21 and pending approval. Risk moved from medium to low; pending DHCS approval of policy and validation of timely submission by the delegates is improved.	12/31/2021

Open	Enrollment/Dis enrollment: Inappropriate Coverage Cancellation	Regulatory Organizational Operational	L.A. Care is improving the process of receiving the most current 834 files provided by CalHeers to secure appropriate member coverage.	Medium	Enrollment CSC	Provider Network Management (PNM) 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. 7.2021: IT Business Case is being reviewed and timeline of implementation is before the 2022 Open Enrollment.	12/31/2021
Open	Call center Recorded Credit Card Payment for LACC/ LACCD	Operational Financial Reputational	L.A. Care is improving the process for managing credit card payments.	Low	CSC	LAC's application is being reviewed to ensure compliance with PCI (Payment Card Industry) components. IT is working on a timeline for implementation of improvements, and the CSC team is revising its desk policy to include measures to avoid disclosure of member credit card information. The project is tentatively slated for October 2021. 7.2021 Minor issues have been identified by both QA and UAT teams; however, we are still on target to meet our go-live date.	10/31/2021