

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – March 17, 2022



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
 John Raffoul
 G. Michael Roybal, MD
 Nina Vaccaro

Senior Management

Augustavia J. Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*
 Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
 Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*
 Michael Devine, *Director, Special Investigations Unit, Payment Integrity*

* *Absent*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan's employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth called the meeting to order for the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee at 2:03 p.m. She announced a new member, John Raffoul, has joined the Committee. 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. She reviewed the process for submitting public comment.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 4 AYES

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		(Ballesteros, Booth, Roybal and Vaccaro)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The January 20, 2022 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal and Vaccaro)
CHAIRPERSON REPORT	Chairperson Booth thanked everyone for attending and welcomed everyone.. She noted that there were extensive materials distributed for the meeting. She hopes that everyone had a chance to review the materials, including a review of Compliance and Quality programs for the past year and plans for 2022. It is a very complete report. She thanked the staff in Health Services and Compliance departments for their work.	
CHIEF MEDICAL OFFICER REPORT	<p><i>(Member Hilda Perez and Member John Raffoul joined the meeting.)</i></p> <p>Richard Seidman, MD, MPH, Chief Medical Officer, presented the Chief Medical Officer report <i>(a copy of his written report can be obtained from Board Services)</i>. He thanked staff for their work and expressed his thanks to Chairperson Booth for her acknowledgement of that work.</p> <p><u>COVID-19 Vaccine/Incentive Program Update</u></p> <p>L.A. Care continues to encourage health plan members to get vaccinated and boosted as soon as they are eligible. The member vaccine incentive program is ongoing. Building on prior collaborations with the LA County Department of Public Health, in-network pharmacies, Community Clinics and high-volume solo and small group private practices in the network, L.A. Care has expanded provider incentive payments to the Los Angeles County Department of Health Services (DHS) for every L.A. Care member assigned to DHS that gets vaccinated.</p> <p><u>Sustainability Tracking Assessment & Rating System (STARS)</u></p> <p>He commended the product team and quality improvement staff led by Dr. Parrish and the internal steering committee, which held its first meeting recently. This is an important milestone in improving the</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>STARs rating. Given the increased importance of the STARs performance for current California Covered product and for the future D-SNP product and the L.A. Care Covered product, L.A. Care has launched a new, enterprise-wide STARs team. The team includes staff from across the organization and will guide strategic efforts throughout the organization to optimize L.A. Care's STARs performance. A significant portion of the overall STARs score is based on member experience. Higher STARs ratings are an indicator that members are getting better care. STARs ratings are critical to obtaining maximum payments and maintaining preferential member assignment status with CMS. A risk is that for programs with consistently low STARs ratings, it is possible that the contract might not be renewed by CMS for those services. California Covered has announced that new contracts for 2023 will have a performance clause based on STARs ratings. STARs performance is an enterprise-wide effort and a network-wide effort. L.A. Care participates in the California Right Meds collaborative, which is a statewide effort to improve Diabetes outcomes, leveraging the key role that pharmacists can play in management of chronic conditions. Pharmacies have been added to L.A. Care's network and disease states have been added to the program to help support and improve outcomes for members with cardio-vascular disease and behavioral health conditions.</p> <p><u>Pharmacy Update</u></p> <p>In an effort to assess our baseline performance and identify opportunities to improve, our Pharmacy Team surveyed members to get their feedback. Of the 70 members that responded to the survey, 54 (77%) of members reported that it is always easy to get the medicines their doctors prescribed. 60 (85%) of members reported that it is always easy to fill a prescription at their local pharmacy. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.17. The pharmacy team will continue to monitor results and look for opportunities to improve.</p> <p>Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC): L.A. Care has added an additional seven pharmacies in the second cohort of CRMC participating pharmacies, bringing the total to 14 participating pharmacies. The CRMC program will also be expanding the clinical criteria for the program to include behavioral health and cardiovascular disease in addition to diabetes. In addition, the pharmacies will add medication adherence and medication therapy management for our L.A. Care Covered and Personal Assistance Services Council members. Nearly 40% of the 298 members engaged in the program live in the Antelope Valley and South Los Angeles. These efforts address the documented disparities in these parts of the County.</p> <p>Member G. Michael Roybal, MD, asked Dr. Seidman if there is a focus in the Pharmacy Department regarding Healthcare Effectiveness Data and Information Set (HEDIS) measures. Dr. Seidman responded that it's on the list of ways in which the Pharmacy Department can help. Member experience is a major contributor to L.A. Care's STARs performance. There are a number of Pharmacy measures in the STARs</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>scores that are also reflected in HEDIS measures. A pharmacist working with a member can help achieve better health outcomes.</p> <p>Katrina Miller Parrish, MD, FAAFP, Chief Quality and Information Executive, stated that the Pharmacy Department and the Quality Improvement Department are working to align on not just HEDIS measures or how it affects CMM. HEDIS measures are used as a starting point for addressing a holistic view of the patient. The enterprise goals have HEDIS measures embedded within them, for control of blood pressure and hemoglobin A1C for diabetes management, and specifically looking at reducing disparities. Dr. Parrish reported that there is a comprehensive set of programs that are all focused on these chronic conditions and disease states.</p> <p>Chairperson Booth stated that she noticed that for Appeals & Grievances, two of the four priorities for next year involve working with the Pharmacy Department. She noted there wasn't much data to review, that issues seemed to be more about access and billing for pharmacy. Dr. Miller-Parrish responded that they will be working more with the pharmacies to make sure it is as easy as possible for members to get the right prescriptions. For example, If members don't have automatic refills for medications, L.A. Care is looking at getting members up to 100-day refills instead of having to get multiple refills. L.A. Care is working to improve information available to the pharmacy at the point of sale to improve that process for members. Member Booth asked about the STARS rating. Dr. Parrish noted that there are other organizations performing at a very high level, and L.A. Care competes with these organizations to achieve its STARS rating.</p> <p>Dr. Booth Committee members introduced themselves to new Member John Raffoul. Member Raffoul stated that he is the President of Adventist Health White Memorial has been in the area for 40 years and is happy to join the Board of Governors and this committee.</p>	
<p>APPROVE QUALITY IMPROVEMENT (QI) PROGRAM (COM 100.0422)</p>	<p>Betty Santana, Manager, Quality Improvement Initiatives, Quality Improvement, gave the following reports (<i>a copy of the presentation can be obtained from Board Services</i>):</p> <p><u>2022 QI Program Description & Work Plan</u></p> <ul style="list-style-type: none"> • The Quality Improvement (QI) Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to: <ul style="list-style-type: none"> - Quality and Safety of Clinical Care - Quality of Service - Member Experience - Access to Care 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities. <ul style="list-style-type: none"> - Staff throughout L.A. Care contribute to the activities - QI committees regularly meet to oversee the various activities <p>Clinical Initiatives</p> <ul style="list-style-type: none"> • Completed 25 interventions: social media, mailings, automated & live agent calls. • Patient Experience Trainings (35) to approximately 1,200 unique providers. • In response to COVID-19, conducted a “Back to Care” social media campaign aimed to drive members to seek preventive primary care, with a focus on well visits. <ul style="list-style-type: none"> - Partnered with Health Net, Anthem Blue Cross, and Blue Shield Promise Health Plan to align messaging and maximize reach across Los Angeles County. • Several 2020 interventions targeting members and/or providers proved to be effective. • Supported PPGs (13) with improving their HEDIS and CAHPS scores. • Provider training webinars (11) conducted. • Presented at 7 Community Advisory Committees. • Collaborated with national, governmental and community-based organizations. <ul style="list-style-type: none"> - 2021 partnership with the American Cancer Society led to the development of social media videos featuring survivors and James Kyle, MD, M.Div., <i>Chief of Equity and Quality Medical Director</i>. <p>HEDIS Performance</p> <p>Department of Health Care Services Auto Assignment:</p> <ul style="list-style-type: none"> • Auto-assigned allocation for Medi-Cal members L.A. Care 67% vs 33% for Health Net. <p>Member Experience</p> <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Performance:</p> <ul style="list-style-type: none"> • Medi-Cal Adult scores remained low in 2021. Child scores were statistically unchanged from 2020 to 2021. Opportunities to improve CAHPS performance are in the access measures. • L.A. Care Covered scores declined from 2019 to 2021. We are rated one star for Marketplace. Considerable work is needed to improve scores in all areas, but most of all focused on access. • Cal MediConnect, most scores declined from 2019 to 2021. <p>Measurement Year (MY) 2020 Appointment Availability</p> <p>Provider compliance with appointment wait times and after hours accessibility standards.</p> <ul style="list-style-type: none"> • L.A. Care did not meet its goal for: Appointment Availability or After Hours Standards 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - L.A. Care enhanced how its goals were established and set new goals using a 2-tailed test with a 95% confidence level. The new methodology will be used for MY2021 Survey results. • Decrease in MY2020 Provider Response rate compared to MY2019 Rates. <ul style="list-style-type: none"> - Root Cause Analysis identified COVID as the reason for the decreased response rate. <p>Addressing Disparities</p> <ul style="list-style-type: none"> • The QI department introduced additional health equity activities: <ul style="list-style-type: none"> - Cultural humility training to QI employees - Launched a new Provider Equity award • During the FY 2020-2021 QI analyzed the Medi-Cal, three year trends for eight select HEDIS measures stratified by race and ethnicity. The data showed that disparities were statistically significant between the highest and lowest performing race/ethnicity group for each of the eight HEDIS measures analyzed. <p>Patient Safety</p> <p>Potential Quality of Care Issues (PQI)</p> <ul style="list-style-type: none"> • There were 3,901 PQIs processed • 3,245 (97.8%) PQIs were reviewed within the required 6 months; the 85% goal was exceeded. • Oversight of Customer Solution Center (CSC) and Appeal and Grievance (A&G) cases to identify potential missed PQIs. <ul style="list-style-type: none"> - No CSC cases identified for PQI. - 20 (6%) of 294 grievances were found to have potential quality of care concerns. These were routed back to A&G for additional follow through. <p>Patient Hospital Safety</p> <ul style="list-style-type: none"> • Overall hospital scores/ratings were reviewed aggregating scores from Hospital-CAHPS, Nulliparous, Term, Singleton, Vertex C-Section rate, and Hospital Acquired Infections. Overall ratings: <ul style="list-style-type: none"> - Twenty-six hospitals “Below Average”. - Thirteen hospitals “Above Average” - Twelve hospitals “Good” rating. <p>Facility Site Review (FSR)</p> <ul style="list-style-type: none"> • Needle stick safety goal was not met. • Spore testing of autoclaves goal was met. <p>Accreditation</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>National Committee for Quality Assurance (NCQA) Accreditation</p> <ul style="list-style-type: none"> • In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1-5) to a “star” rating system (1-5 stars). <ul style="list-style-type: none"> - Medi-Cal 4 Star - Medicare 3 Star - LACC no NCQA rating • L.A. Care is “Accredited” for its Medi-Cal, CMC and LACC lines of business. <ul style="list-style-type: none"> - L.A. Care will be resurveyed in June 2023 • In 2021 L.A. Care earned Multicultural Health Care Distinction (MHCD). • In 2021 NCQA changed MHCD to Health Equity Accreditation. <ul style="list-style-type: none"> - L.A. Care will be surveyed for HE Accreditation December 2023. <p>Barriers</p> <ul style="list-style-type: none"> • The COVID-19 pandemic and public health measures taken to mitigate disease spread directly resulted in decreases in appointments and services delivered. • Continually changing regulatory, compliance and other requirements. • Outdated internal systems do not allow for adequate capture and management of member and provider data. • Providers lack of understanding of the HEDIS specifications and use of incorrect codes. • Limited appointment availability, including outside of regular business hours when members may be more available. <p>Overall Effectiveness and Opportunities</p> <ul style="list-style-type: none"> • Overall, the 2021 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. • The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. • These and other QI activities are detailed in the 2021 QI Work Plan and will be tracked through the QI committees and the governance structure. <p>Member Nina Vacarro asked Ms. Santana if she is finding that barriers identified are industrywide health plan barriers. She would like to know if they were unique to L.A. Care. Ms. Santana responded that they weren’t unique to L.A. Care. Some providers were unable to properly capture data for telehealth.</p> <p><u>Motion COM 100.0422</u> To approve the 2022 QI Program Description & Work Plan, as submitted</p>	<p>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Perez, Raffoul, Roybal and Vaccaro)</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>2021 QI Program Annual Report and Evaluation</u> 2022 Program Description Revisions General Revisions</p> <ul style="list-style-type: none"> • Strategic Priorities (2022-2024), Goals, and Objectives <p>Program Structure</p> <ul style="list-style-type: none"> • QI Program Goals and Objections <p>Organizational Structure, QI Program Leadership and Resources</p> <ul style="list-style-type: none"> • Positions were added, removed, if they no longer exist, or modified as appropriate. <p>Committee Structure Added</p> <ul style="list-style-type: none"> • Equity Council Steering Committee and its subcommittees • National Committee for Quality Assurance • Steering Committee Stars Steering Committee <p>Scope of the Program</p> <ul style="list-style-type: none"> • Included language throughout to address providing <i>equitable</i> care and services. <p>Significant Program Changes</p> <p>Quality of Care</p> <ul style="list-style-type: none"> • HEDIS measures (28) will be prioritized, by Line of Business, for interventions and/or monitored in 2022. • Cultural and Linguistic Services added. • Transitional Care Program included. • CalAIM: Enhanced Care Management (ECM), effective January 1, 2022 <ul style="list-style-type: none"> - Whole Person Care transitioned to ECM - Health Homes sunset December 2021 - Launch expanded programs for members experiencing homelessness through the Community Supports initiative in 2022. - January 1, 2022, launch Homeless and Housing Support Services (a combined program offering both Housing Navigation and Tenancy Services) and Recuperative Care, and will add Housing Deposits on July 1, 2022. • January 2022, Medi-Cal Rx transitioned to the Department of Health Care Services. <p>Quality of Service</p> <ul style="list-style-type: none"> • First 5 LA 3-year program/pilot to improve awareness of and increase developmental milestones screenings for children ages 0-5 years. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Virtual Specialty Care Program, which is an opt-in alternative specialty care access pathway for L.A. Care Direct Network Primary Care Physicians and members only. <p>2022 QI Work Plan Updates</p> <p>Medi-Cal:</p> <ul style="list-style-type: none"> • Lead Screening in Children • Hemoglobin A1c Control for Patients with Diabetes >9% (HBD) • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse –30 Days • Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM) • Kidney Health Evaluation for Patients with Diabetes (KED) • Race/Ethnicity Diversity of Membership (RDM) <p>Cal MediConnect:</p> <ul style="list-style-type: none"> • Use of High-Risk Medications in Older Adults - Rate 3 • Osteoporosis Screening in Older Women • Appropriate Testing for Pharyngitis • Appropriate Treatment for Upper Respiratory Infection • Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis <ul style="list-style-type: none"> - KED - RDM <p>L.A. Care Covered:</p> <ul style="list-style-type: none"> • Childhood Immunization Status (Combo-10) • FUM - 30 Days • HBD - HbA1c Poor Control >9% <p>NCQA Health Plan Rating Measure Updates</p> <p>Measures/indicators for revision ALOB:</p> <ul style="list-style-type: none"> • Replace Comprehensive Diabetes Care - BP Control <140/90 with Blood Pressure Control for Patients with Diabetes • Replace Comprehensive Diabetes Care - Eye Exams with Eye Exam for Patients with Diabetes • Replace Comprehensive Diabetes Care —HbA1c Control <8% with Hemoglobin A1c Control for Patients with Diabetes —HbA1c Control <8% <p>2022 Goals</p> <ul style="list-style-type: none"> • For goals not met, the QI Department: 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Reviews the findings - Completes a barrier analysis - Develops a plan to address the barriers - Prioritizes interventions - Implements the interventions - Evaluates the effectiveness of interventions • The QI Work Plan is a fluid document and revised on an ongoing basis throughout the year. • Total Measures for 2022: <ul style="list-style-type: none"> - HEDIS: 28 - CAHPS: 32 - Service: 72 - Monitoring Measures: 29 (Medi-Cal Managed Care Accountability Set (MCAS), Cal MediConnect (CMC), & Quality Rating System (QRS)) - Priority 3 HEDIS Measures: 36 (MCAS, CMC, & QRS) <p><u>Motion COM 100.0422</u> To approve the 2021 QI Program Annual Report and Evaluation, as submitted.</p>	<p>Approved unanimously by roll call. 6 AYES</p>
<p>PROVIDER INCENTIVE PROGRAM UPDATE</p>	<p>Henock Solomon, <i>Senior Manager, Incentives, Population Health Management</i>, gave the following report (<i>A copy of the report can be obtained from Board Services.</i>):</p> <ul style="list-style-type: none"> • Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. <ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> - Performance measurement and reporting - Peer-group benchmarking - Value-based revenue • Designed to align the quality improvement goals of Plan Partners, IPAs, clinics and physicians. <ul style="list-style-type: none"> - Aim to foster systematic process improvements and better care coordination - Reduce variation and promote consistency <p>Accomplishments & Updates</p> <ul style="list-style-type: none"> • P4P Programs adapted for COVID-19 <ul style="list-style-type: none"> - Utilized MY 2020 thresholds & benchmarks (performance targets) rather than prior year for measures most adversely impacted by COVID. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																		
	<ul style="list-style-type: none"> • MY 2020 final Medi-Cal P4P reports and payments <ul style="list-style-type: none"> - About 1,000 Physicians & Clinics participated, payout was \$20.6 million. - Over 50 IPAs participated, payout was \$14.7 million. • MY 2020 LACC and CMC VIIP reports and payments <ul style="list-style-type: none"> - LACC VIIP collaboration with IHA, payout was \$1.8 million. - CMC VIIP first ever payouts accomplished with MY 2020, payout was \$400k. • Launch and payout for the new Direct Network P4P Program. <ul style="list-style-type: none"> - About 60 providers were measured for performance, payout was \$300k. • MY 2021 P4P Programs <ul style="list-style-type: none"> - Final IPA Action Plans received. - Reports and payments will be completed Q4 2022 <p>Performance Score Trends Medi-Cal (VIIP+P4P) Program</p> <table border="1" data-bbox="443 732 1125 875"> <thead> <tr> <th colspan="2">IPAs</th> <th>MY 2018</th> <th>MY 2019</th> <th>MY 2020</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Scores</td> <td>Mean</td> <td>29.54%</td> <td>33.11%</td> <td>32.41%</td> </tr> <tr> <td>Median</td> <td>26.85%</td> <td>30.48%</td> <td>30.27%</td> </tr> <tr> <td>Max</td> <td>77.97%</td> <td>68.73%</td> <td>81.61%</td> </tr> </tbody> </table> <p>Future Planning</p> <ul style="list-style-type: none"> • Action Plan Analysis <ul style="list-style-type: none"> - Compare action plans vs VIIP scores. - Potential modifications to 2022 action plan methodology. • Development of MY 2022 P4P Programs <ul style="list-style-type: none"> - Testing new measures and domains. <ul style="list-style-type: none"> • MCAS and NCQA updates - Exploring the utilization of external benchmarks. - Aiming to announce new programs towards end of Q1 2022. • Physician Pay-for-Performance (P4P) Program <ul style="list-style-type: none"> - Pay on new domains (Utilization & Member Experience) • New D-SNP Value Based Incentive Program (<i>launch for 2023</i>) <ul style="list-style-type: none"> - Upside and downside risk for IPAs - Testing and modeling new design - Stars focused 	IPAs		MY 2018	MY 2019	MY 2020	Performance Scores	Mean	29.54%	33.11%	32.41%	Median	26.85%	30.48%	30.27%	Max	77.97%	68.73%	81.61%	
IPAs		MY 2018	MY 2019	MY 2020																
Performance Scores	Mean	29.54%	33.11%	32.41%																
	Median	26.85%	30.48%	30.27%																
	Max	77.97%	68.73%	81.61%																

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Provider Recognition Awards Event</p> <ul style="list-style-type: none"> • The 4th annual event is planned for March 2022 <ul style="list-style-type: none"> - L.A. Care, Anthem Blue Cross and Blue Shield of California jointly recognize excellent performance in our networks - Expanded award winners with new categories! - Adapting to COVID <ul style="list-style-type: none"> ➤ Week(s) celebration. ➤ Celebrating winners on social media, providers page and L.A. Care intranet ➤ Putting up billboards for winners <p>Member Hilda Perez asked if clinics, physicians, and medical groups receive funds, in addition to the awards being displayed on billboards to celebrate excellence in member service. She asked if the recipients of the awards receive funds for their efforts and if there are any regulations on how they can use it. Mr. Solomon responded there is no added funding for providers that are awarded recognition. L.A. Care has an incentive program for providers and does not stipulate that those funds be used in a specific way. He noted that L.A. Care advises that it is good practice to pass incentive dollars down to the staff in individual practices. L.A. Care leaves it up to them to use the incentive money however they like. Some invest the incentive funds into the facility or use it to improve performance. Member Perez asked if the providers that didn't win receive a survey about the program. Mr. Solomon indicated that is not done at this time. L.A. Care conducts a media campaign about the awards to encourage providers to improve, and he will explore the idea for a survey with his team. Member Booth noted that the recognition does help providers overcome burnout.</p> <p>Member Vaccaro asked if L.A. Care will consider the effects of the pandemic and if it will use the 2020 threshold for Measurement Year 2021, rather than the performance improvement from the prior year, before the pandemic. Mr. Solomon responded that L.A. Care has not solidified that yet, and data is still being collected to determine if modifications will be made. Member Vaccaro asked how L.A. Care is incorporating health equity and social determinants of health into its measures. Mr. Solomon responded that it is still very early and the methodology is still being developed. Typically, any time a new measure is introduced it will be introduced as test measure before assigning incentive funding. The test measure process helps Providers get used to the measure. L.A. Care is currently focusing on measures like controlling blood pressure and prenatal care, to address equity as they are measures with known specific disparities. To address social determinants of health, L.A. Care is considering including measures for addressing food insecurity and housing. Member Vaccaro asked if L.A. Care is speaking to provider groups about the systems they have to collect relevant data, because systems are not standardized through the health care system. Mr. Solomon responded that is certainly the case. Dr. Miller-Parrish stated that</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>there are ICD-10 codes that are specific to social determinants of health, and L.A. Care will focus on those codes first and foremost, as there is a requirement to focus on a short set of those codes, because they will be easy to capture in the encounters domain. L.A. Care will also be looking at assessment related data for provider recognition health equity awards. L.A. Care is also updating the data system to capture relevant equity data to enhance the information available. Dr. Seidman thanked Member Vaccaro for her questions. He noted that the number of codes has increased for measuring social determinants of health, but system-wide adoption of the routine use of available codes is a major uphill battle, particularly if there is no business case for the entity being asked to use their time and resources to use the codes. L.A. Care will work to build the business case for providers to use the new codes.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department managers presented the Chief Compliance Officer Report (<i>a copy of the report and meeting materials can be obtained from Board Services</i>). He referenced the Compliance Program Overview included in the meeting materials.</p> <p>Compliance Program Overview</p> <ul style="list-style-type: none"> • The key <p>Compliance Program Key Components</p> <p>L.A. Care is required to develop a compliance program that strives to prevent, detect and correct compliance issues; and ensures appropriate communication with regulatory agencies</p> <ul style="list-style-type: none"> • Three key elements and seven functional processes <ul style="list-style-type: none"> - Three key elements <ul style="list-style-type: none"> ➤ Prevention of compliance issues ➤ Detection - Identification of potential compliance issues ➤ Correction - Resolution of those issues through corrective action. - Seven functional processes to support the key elements: (1) policies, procedures, standards of conduct; (2) Compliance officer, committees, governing body focused on Compliance; (3) training and education for staff; (4) lines of communication; (5) well-publicized disciplinary guidelines; (6) systems for monitoring and auditing to prevent and correct problems; (7) existing systems to appropriately elevate and respond to compliance issues • Compliance documentation - Compliance Program and Code of Conduct <p>Mr. Mapp has a direct line of communication to the CEO and the Board of Governors. He informed members of the committee that the Compliance Department also reports on its activities to internal committees (Internal Compliance Committee and the Sanctions Committee).</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Mapp introduced senior staff in the Compliance Department listed on the organization chart in his presentation.</p> <ul style="list-style-type: none"> • Todd Gower, <i>Vice President of RGP</i>, is an external consultant, supports Internal Audit and risk management, as needed. Mr. Mapp noted that the Committee will receive internal audit reports throughout the year. Currently there are two reports pending completion, related to Claims and Grievances. • Mr. Mapp reported that the Sr. Director, Risk Management and Operations Support position is currently vacant. The role evaluates and identifies the risk and remediation activities and supports other business units. He introduced Marie Mercado Grijalva, <i>Manager, Regulatory Analysis and Communications</i>, because she reports to this Sr. Director. Her area is responsible for regulatory change and policy management, to ensure that those are implemented correctly. Mr. Mapp also introduced Gabriela Flores, <i>Senior Manager, Compliance Material Review</i>, and she reported that her role is to work with L.A. Care, Plan Partners, and delegated entities to ensure that member and provider communications are compliant with regulations and contractual requirements. This includes annual distribution of Evidence of Coverage and Handbooks. The department also handles inquiries about marketing guidelines and regulations. • Elyse Tarabola, <i>Senior Director, Regulatory Compliance</i>, reported that her area is comprised of two units: Regulatory Audits & Monitoring and Regulatory Affairs & Reporting. Regulatory Audits & Monitoring unit led by <i>Chelsea Hertler, Manager</i> manages all regulatory audits (i.e. DHCS, DMHC, CMS; program, medical, routine, data validation, financial) for all lines of business. This involves collection and review of pre-audit document requests, risk assessments, mock audits/interviews, onsite logistics and coordination, and corrective action plan (CAP) monitoring. The Regulatory Affairs & Reporting unit led by <i>Surah Alsawaf, Manager</i> is the primary liaison between L.A. Care and our regulatory contract managers. This unit manages regulatory inquiries, self-disclosures, notices of non-compliance and ensuring remediation of any compliance issues. This unit also oversees timely, complete, and accurate submission of regulatory reports. • Serge Herrera, <i>Director, Privacy Officer</i>, oversees the privacy program which ensures L.A. Care's compliance with federal and state privacy rules and regulations by protecting the members' information that is collected, used, maintained and disclosed. Some key activities include: <ul style="list-style-type: none"> ○ Conducting privacy assessments to ensure appropriate safeguards are in place to protect the confidentiality, integrity and availability of protected health information, ○ Process member rights requests such as access to protected health information, amendments or correction to information, and confidentiality communications requests ○ Notice of Privacy practices updates 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Work closely with Information Security and Legal Services on incident response and breach notifications ○ Collaborate with delegation oversight on conducting privacy audits of delegates to monitor compliance with federal and state regulations and contractual requirements ○ Work with various business units and legal to review and approve vendor contracts to assure alignment with minimum necessary standards, and compliance with federal and state regulations and contractual requirements. ○ Co-chair the security and privacy oversight committee which meets quarterly to discuss HIPPA related risk, trends and initiatives. <ul style="list-style-type: none"> ● Mr. Mapp noted that the Special Investigations Unit is not directly a part of the Compliance Department but is part of the Operations Department, and works closely with Compliance on Fraud, Waste and Abuse activities. He introduced Michael Devine, <i>Director, Special Investigations Unit</i>. Mr. Devine reported that the 13 members of SIU staff have different investigative backgrounds. SIU works with internal staff and external agencies to address fraud, waste and abuse. Last year, SIU activities resulted in \$10 million in savings and recovery. <p>Mr. Mapp reported that Compliance staff also has a special evolving relationship with Enterprise Performance Optimization, and he introduced Cagla Ozden, <i>Chief of Enterprise Performance Optimization</i> to inform the Committee about the various functions of this department. Ms. Ozden reported that the department is responsible for supplying L.A. Care with performance intelligence on delegated and non-delegated functions, uniting internal and external monitoring by creating performance criteria and key performance indicators, tracking and reporting performance to L.A. Care's leadership. The external oversight includes pre-delegation assessments and annual delegation audits.</p> <p>Mr. Mapp reviewed the roles of the various committees that the Compliance department reports to or support the compliance activities. Compliance reports to regulatory agencies the status of and coordination of matters with the Compliance & Quality Committee. Minutes of this committee are reviewed during the regulatory audits. The internal compliance committee also reviews issues that are ultimately brought before the Compliance & Quality Committee. The Sanctions Committee is an internal committee to evaluate non-compliance of L.A. Care delegated entities and determine potential sanctions for non-performance. The Regulatory Implementation Committee communicates regulatory changes and tracks implementation of those changes.</p> <p>Ms. Tarabola reported on the Compliance Program Effectiveness (CPE) Audit. Audit Overview</p> <ul style="list-style-type: none"> ● CMS requires us to annually undergo a third-party evaluation of the Compliance Program: <ul style="list-style-type: none"> - Prevention of Compliance issues 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Identify potential compliance issues - Resolution of those issues through corrective action • Audit was conducted by ATTAC Consulting Group in January 2022. • The scope of the audit is focused on the Cal MediConnect line of business, but the Compliance Program is for all of L.A. Care’s lines of business therefore findings are applicable to all lines of business. • Review Period: November 1, 2020 to November 1, 2021 • Status: Final report received and <i>Gabriela Flores, Senior Manager, Compliance</i> is working with impacted business units on developing corrective action plans. <p>Ms. Tarabola reported on CPE audit findings and CPE Audit Observations (<i>A copy of the report can be obtained from Board Services.</i>). The first finding was specific to members of the Board of Governors, relating to the timeliness of compliance training for Board Members. The second finding involves developing a process for disseminating compliance policies and the Code of Conduct to Board Members and to delegated entities. A third finding is related to establishing an effective system for delegate monitoring and auditing. Enterprise Performance Optimization is enhancing the existing Delegation Oversight Program and developing a Key Performance Indicators (KPIs) for the organization. The last finding was related to consistency and timeliness in addressing corrective action plans. Mr. Mapp reported that the recommendation was to conduct a more formal process to address compliance issues that are at risk.</p> <p>Ms. Tarabola reported in detail on the observations of the auditors to improve compliance.</p> <ul style="list-style-type: none"> • Compliance Helpline and Fraud and Abuse Hotline should be placed in a readily available landing page. • There should be non-retaliation language and availability of anonymous reporting language • Special Investigative Unit (SIU), the team that manages investigation of fraud, waste, and abuse, should report to a neutral and protected area such as Compliance department or directly to CEO • Delegation Oversight Committee should be re-established to provide a forum for in-depth oversight discussion • SIU should conduct a formal risk assessment of the operational areas and delegates. • Consider a staffing assessment to ensure there is sufficient and appropriately skilled staff within the Compliance department • 3 or 6 consecutive months meeting a “yellow” threshold should require root cause analysis, impact analysis, and corrective action plans. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Booth asked about the product lines for which the findings and observations would apply. Ms. Tarabola responded that the audit was conducted for the Cal MediConnect product line, however corrections of the findings and observations from the audit would apply to all of L.A. Care’s products.</p> <p>Ms. Vacarro asked for definitions for acronyms used by Compliance at future meetings. Mr. Mapp responded that acronyms in future presentations will be clearly defined. He will create a document with acronyms defined so that committee members can better understand the presentations.</p> <p>Mr. Mapp reported on areas for Compliance Focus in 2022:</p> <ul style="list-style-type: none"> • Code of Conduct Review and Update • Coordination with Enterprise Performance Optimization/Delegation Oversight/data reporting initiatives and process improvements • Support and enhance internal communication and escalation of compliance issues • Improve timeliness of investigations processes; additional staff needs • Process improvements to address readiness for regulatory audits and to address repeat findings, and ensure that processes support L.A. Care members • Regulatory Implementation/change management for new laws and regulations • Targeted internal audits to support regulatory agency corrective action plans <p>Member Raffoul asked if L.A. Care has looked at gaps and has a process in place to address those gaps in light of the recent issues with the Department of Managed Health Care. Mr. Mapp responded that L.A. Care has identified gaps and developed corrective action plans (CAPs) to address those issues. Some of those matters will be presented in more detail to the Executive Committee. There was discussion about which committee should hear the report on enforcement matters. Some of the original concerns were identified and reported to Regulatory Affairs last year, and CAPs were in place beginning in August 2021. Compliance is working to monitor those actions to ensure that issues were addressed through remediation, a core function of the Compliance Department. Member Raffoul stated that the Compliance & Quality Committee members should be familiar with the gaps and the CAPs, and members should receive reports on a regular basis. Mr. Mapp responded that the Compliance Department will plan those discussions and report on what they are doing to improve those processes.</p> <p>Chairperson Booth stated that the Executive Committee delegates tasks to the Compliance & Quality Committee. She can summarize during future meetings of this Committee what is discussed at the Executive Committee. The Chairperson of the Executive Committee is highly involved in this oversight. Most of the issues to date have gone through the Executive Committee, including holding extra meetings.</p>	

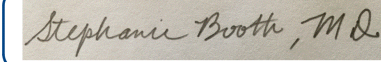
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Compliance & Quality Committee was not scheduled to meet in February. Mr. Mapp noted that it is important and completed and future items for remediation will be communicated to Board Members.</p> <p>Member Vacarro stated that the duties of this Committee are not entirely clear to her, and she suggested more detail about the role of the Compliance and Quality Committee would be helpful. Mr. Mapp responded that he will review her concerns, and work to reinforce Committee Members' understanding of their role. Mr. Raffoul noted that the Committee Members should understand its area of responsibility. Member Roybal suggested increasing the frequency of Committee meetings. Member Ballesteros suggested that the Committee also be informed about additional staff needs. Mr. Mapp noted that staffing is a challenge in the current environment.</p> <p>Chairperson Booth suggested that the Compliance & Quality Committee invite the Board Chair to attend the Compliance & Quality Committee to discuss the DMHC and DHCS enforcement matters. Augustavia J. Haydel, <i>General Counsel</i>, added that the discussions about negotiations with the DMHC and DHCS will occur at the upcoming Executive Committee and Board of Governors meetings.</p> <p><u>Motion</u> To approve the Compliance Program, with an amendment that the role of the Compliance & Quality Committee be sufficiently described in the written document, and the updated description of the Compliance & Quality Committee role will be brought to this Committee for final approval.</p> <p>Chelsea Hertler, <i>Manager, Regulatory Affairs, Compliance</i>, reported: DHCS Medical Audit Update – DHCS issued a final report on February 3, 2022. The report includes 27 total findings with 15 unique deficiencies. Compliance is working with the departments responsible for the deficiency areas to develop corrective action plans (CAPs) to address those deficiencies. The CAPs were submitted to DHCS on March 16, 2022.</p> <p>Ms. Hertler and Michael Devine, Director, <i>Special Investigations Unit (SIU), Payment Integrity</i>, reported on Key Performance Indicators as of November 2021 (<i>a copy of the report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • Timely effectuation of standard appeals for Cal Medi-Connect (CMC) is now at 100% • Timeliness of Expedited Appeals (End to End process) CMC, none reported during this period • Preliminary investigation of a suspected Fraud Waste and Abuse case to be reported to NBI MEDIC (described below) ≤ 14 days of notification (CMC), and Preliminary investigation of a suspected FWA case to be reported to DHCS ≤ 10 working days of notification (Medi-Cal) went down from 100% to 97.6%, share the same root cause as the SIU department received several leads over a weekend and one case was missed when the analyst was conducting the intake triage, and remediation was implemented by assigning responsibility for the reviews to a more senior analyst. 	<p>Approved unanimously by roll call. 6 AYES</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Devine explained that NBI MEDIC refers to the entity that reviews cases involving Medicare. L.A. Care reports FWA cases to NBI MEDIC.</p> <ul style="list-style-type: none"> • Calls answered within 30 seconds (Call Center) Medi-Cal and call Abandonment Rate (Medi-Cal), also share a root cause in that L.A. Care's call center vendor is not able to meet staffing demands. The vendor is working on remediation of the root cause by training additional staff. <p>Member Roybal asked Ms. Hertler about the systemic issue which prompted remediation for NBI MEDIC Key Performance Indicator. Mr. Devine responded that L.A. Care received a number of issues in one day and the analysts mistakenly overlooked one issue.</p> <p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, presented the Risk Assessment report (<i>A copy of the report can be found in the meeting packet on the L.A. Care website or obtained from Board Services</i>):</p> <ul style="list-style-type: none"> • Improving accurate data from delegated entities that will influence regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access and enrollment and disenrollment processes. L.A. Care continues to work with the PPGs on submitting Standardized Provider File data on a monthly basis to meet the 85% for ingestion of data into L.A. Care's system. Internally we continue to work on ways to improve the process. <p>Mr. Mapp stated that the Issues Log will be reviewed in more detail at a future meeting so that Committee Members are informed about issues that Compliance has identified and is tracking.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 4:17 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:20 pm.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Two Potential Cases</p>	
<p>RECONVENE IN OPEN SESSION</p>	<p>The Committee reconvened in open session at 5:11 p.m.</p> <p>There was no report from closed session.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 5:11 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:

DocuSigned by:

EB5ED19208044C4...
 Stephanie Booth, MD, *Chairperson*
 Date Signed: 4/30/2022 | 1:50 PM PDT

In Process

APPROVED