AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, May 19, 2022, 2:00 P.M.

L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, Los Angeles, CA 90017

Please recheck these directions for updates prior to the start of the meeting.
This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mb89c773bfe27fcd7ad6d1559f85f0046

To listen to the meeting via teleconference please dial:
+1-213-306-3065
Meeting number:
248 364 68302
Password: lacare

Members of the Compliance and Quality Committee or staff may participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.
Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The "chat" will be available during the public comment periods before each item.
2. To use the "chat" during public comment periods, look at the bottom right of your screen for the icon that has the word, "chat" on it.
3. Click on the chat icon. It will open two small windows.
4. Select "Everyone" in the "To:" window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says "Enter chat message here".
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 P.M. on May 19, 2022, it will be provided to the members of the Compliance and Quality Committee at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three

minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda.

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 April 19, 2022 Meeting Minutes P.4	*Chair*
4.	Chairperson's Report	*Chair*
5.	Review Charter Provisions P.11	Thomas Mapp, *Chief Compliance Officer* Richard Seidman, *Chief Medical Officer*
6.	Chief Medical Officer Report P.14 • Population Health Management Index Update P.18	Richard Seidman, *MD, MPH*
7.	Potential Quality Issues (PQI) FY20-21 Review P.24	Christine Chueh, *RN, Senior Manager, Provider Quality, Quality Improvement*
8.	Chief Compliance Officer Report P.38 • Appeals & Grievances Trends Update • Risk Assessment Update P.39 • Health Risk Reassessment P.41 • Key Performance Indicators P.45	Thomas Mapp Elysse Tarabola *Senior Director, Regulatory Compliance, Compliance* Serge Herrera *Senior Manager, Privacy, Compliance* Demetra Crandall *Director, Customer Solution Center Appeals and Grievances* Steven Chang *Senior Director, Care Management Office of CSC Excellence* Cagla Ozden *Chief of Enterprise Performance Optimization* Marita Nazarian *Director, Delegation Oversight*

Todd Gower
Consultant

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

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

10. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
    Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
    - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
    - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

11. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
    Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
    Four Potential Cases

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on June 16, 2022 at 2:00 p.m.

Public comments will be read for three minutes or less.
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 listen to 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.
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 Government Code Section 54954.2 (a)(3) and Section 54954.3.
NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH MONDAY OF MOST MONTHS AT 2:00 P.M. POSTED AGENDA and MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT www.lacare.org.

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 at www.lacare.org.

AN AUDIO RECORDING OF THE MEETING MAY BE 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) 694-1250. 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 – April 19, 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 (Ballesteros, Booth, Raffoul,**

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		Roybal and Vaccaro)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	*(Member Hilda Perez joined the meeting.)* The March 17, 2022 meeting minutes were approved as submitted.	**Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Perez, Raffoul, Roybal, and Vaccaro)**
CHAIRPERSON REPORT	Chairperson Booth stated that she has been reading about Compliance onlineand found that Board level Compliance in health care is often referred to as Board ethics. Most of the articles she found were 20 years old or older. One group project that she found interesting was published in 2015, and provides practical guidance for health care governing boards on compliance oversight. Today the committee will discuss the charter. The group project was a collaboration between the Association of Healthcare Internal Auditors, American Health Lawyers Association, Healthcare Compliance Association, and the Office of the Inspector General. She offered to send the article to Board Services for distribution to Committee members.	
REVIEW COMPLIANCE & QUALITY (C&Q) COMMITTEE CHARTER (EXHIBIT)	The committee reviewed and discussed potential changes to the committee charter *(A copy of the document can be obtained from Board Services.)* Thomas Mapp, *Chief Compliance Officer,* stated that once they have finished their discussion about their roles and responsibilities, he will take that information and incorporate it in the Compliance Program document. Board Member Nina Vacarro pointed out during a previous Compliance and Quality Committee meeting that the Compliance Program document could include a clear description of the committees roles and responsibilities. Based on the Committee's discussion, Mr. Mapp will add language to the program document to better define the committee's roles and responsibilities. Chairperson Booth asked the committee if they would like to review the Charter item by item.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	John Baackes, *Chief Executive Officer*, stated that it could be more fruitful if committee members share what they feel should be updated in the charterHe asked the committee what changes in the charter would respond to their needs.	
	Chairperson Booth stated that she is a member of the Executive Committee and she believes that everyone was surprised by the enforcement actions against L.A. Care.	
	Augustavia J. Haydel, *General Counsel, Legal Services*, responded that the details of the ongoing negotiations should be held in closed session. This portion of the conversation should be about structure of the committee. A part of the conversation should be if the charter is headed in the right direction, and is broad enough to cover what the committee is exploring about their role in Compliance process.	
	Chairperson Booth asked the committee if they would like to share their thoughts.	
	Chairperson Booth stated that the committee goals make sense. There is an internal compliance committee (ICC). The Compliance and Quality Committee receives their reports from ICC. She suggested discussing the committee's role and to understand about the process for the enforcement actions.	
	Ms. Haydel responded that staff had reported the issues and concerns to the Board and the regulatory agencies beginning early last year. L.A. Care has been working on corrective action plans (CAPs) and has implemented activites through the remainder of 2021. As 2022 began, L.A. Care was advised of the potential enforcement actions. Those potential actions were discussed with the Board and it was delegated to the Executive Committee to assist and oversee staff in negotiating the potential actions. Those actiivties were occurring in a very short timeline, and staff was moving quickly to respond. L.A. Care is focused on moving forward at the direction of the Board to continue implementation of CAPs.	
	Board Member G. Michael Roybal, *MD,* stated that there are sections in the Charter, such as Section 3:1, which outline the responsibilities that the Compliance & Quality Committee has in terms of monitoring and making sure L.A. Care is in compliance with regulations and contracts with regulatory agencies. The enforcement actions include statements which concern repeat findings. The language in the Charter includes the Committee responsibilities. He noted that the Charter also mentions solvency standards. The committee has not recently received information about solvency standards. He suggested a need to determine w information will be needed that will help address concerns that they may have about monitoring. He noted that nothing can be done now about the findings that have been repeated, but they can make sure they are not repeated again.	
	Chairperson Booth asked about Peer Review and the Sanctions Committee. Board Member Roybal stated that he understood that the committee can act on issues which are brought forth to adjudicate. Richard	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Seidman, MD, *Chief Medical Officer,* responded that is correct. Dr. Seidman added that Peer Review and sanctions are separate functions. The Compliance & Quality Committee has a role in peer review work. L.A. Care has an internal peer review committee that works with the Credentialing Committee, to review potential quality issues. The Peer Review Committee has authority to issue corrective action plans and sanctions. There is a fair hearing process. The santions function is completely separate.	
	Ms. Haydel stated that section six and seven includes sanctions. Mr. Mapp stated that L.A. Care has a Sanctions Committee which receives recommednations from staff regarding non compliance with audits and plan partners with performance standards issues.	
	Chairperson Booth asked if the Committee will be imposing sanctions. Ms. Haydel responded that the process was for individual providers. Plan partners can still bring sanctions issues under the current policy. Chairperson Booth asked if it was worded properly. Ms. Haydel responded that it can be revised.	
	Board Member Raffoul stated that the Charter is fine as is. He would like to know if there is a crosswalk for all the Committee duties. This will help ensure the Committee meets all the responsibilities. Board Member Ballesteros agreed with Board Member Raffoul, and added that they w all have benefit from having the same definitions.	
	Board Member Roybal stated that in addition to frequency of reporting, knowing which reports that satisfy everything in the Charter would help. He noted the Committee is responsible for reviewing solvency claims, there have not been recent reports provided to the Committee. Mr. Mapp responded that the Committee may like to consider whether financial solvency is a function for this committee. Chairperson Booth responded that quality is affected when an entity becomes insolvent.	
	Chairperson Booth asked if the charter has has been updated with changes in regulations or laws.	
	Board Member Nina Vacarro stated that it is helpful to see this document and she agrees with Board Members Raffoul and Ballesteros. She thinks it may also be helpful to review a crosswalkof the Committee's roles and responsibilities to make sure they are meeting their goals.	
	Board Member Hilda Perez asked if to the Committee will now meet every month, as this is related to the frequency of the reports. She suggested inviting Mr. Baackes and the Board Chair Hector De La Torre.	
	Chairperson Booth agreed with Board Member Perez and she noted that this committee seems to get more information than any other. She would like to hear more about quality . She also believes they should meet more frequently. Linda Merkens, *Senior Manager, Board Services,* responded that the Board approved monthly meetings for the Committee at the April 9 Board meeting.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Board Member Ballesteros likes the idea of meeting more frequently. He suggested it would be helpful to note on reports what area of the charter it responds to. Mr. Baackes stated that it might be helpful to have an operational matrix, which is currently being developed by staff. He has reviewed it and asked staff to produce a dashboard on a monthly basis of the operational areas that are regulated by Medicaid, Medicare, or Covered California and report them to this committee.	
	Board Member Roybal asked if there is any way to separate that report by what is generally required by the rules, regulations, and laws, and the items that have had findings issued from regulatory audits. Mr. Baackes responded that Staff can highlight findings and make a note of the findings from previous audits.	
	Board Member Ballesteros stated that it would be helpful to know who monitors regulatory areas. Mr. Baackes responded that he is not opposed to having staff monitoring those reports attend committee meetings and give a report.	
	Board Member Perez asked if the Compliance Department has any suggestions on how the Committee can do better. She would like staff's point of view. Mr. Mapp responded that they are constantly looking at the Commitee's perspective and questions to find areas for improvement.	
	Board Member Vaccaro stated that she appreciates the opportunity to discuss these topics. She noted that Board members come from different industries and experience, and not everyone has experience in compliance and quality areas. She suggested that it would be helpful for incoming committee members to review the charter, and and explanation of what the committee is responsible for. An onboarding process could be very helpful for people joining the committee.	
	Chairperson Booth asked for a crosswalk of repsonsibilities in the Charter and the information that the committee needs to receive to meet their goals. Ms. Haydel responded that she will work with the Compliance team to create this for the Committee. Chairperson Booth has been on the Committee for six years, and she still has issues putting all the information together. She noted that compliance encompasses a broad spectrum of elements and can be difficult to categorize. Having descriptions of what staff's responsibilities are can make it easier. She suggested creating a folder library with resources for onboarding new members.	
	Mr. Mapp stated that he described the Compliance Department operations to assist the Committee members. Chairperson Booth noted that his annual reports do a good job of describing the department functions.	
	Board Member Perez asked if the Compliance team gets training or tutorials to stay up to date with Compliance changes. She a if L.A. Care is looking at other organization's compliance programs. Mr.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mapp responded that he will look into that for her. He believes there is information out there to support compliance committee members.	
	Board Member Ballesteros asked whether Compliance has the resources they need to respond to the Board and items in the charter. Chairperson Booth responded that it is imperative to develop processes. Board Member Ballesteros said it would be good to know if they have the necessary staff resources.	
	Mr. Baackes stated that this stakeholder Board is a more knowledgable Board than any other Board he has worked for. The more reporting the Board requests the more helpful they are to L.A. Care.	
CONSIDERATION OF COMMITTEE'S DUTIES AND RESPONSIBLITIES FOR COMPLIANCE MATTERS	This agenda item was discussed during the previous agenda item.	
INCREASE MEETING FREQUENCY	The agenda item was not discussed.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting was adjourned at 2:26 pm. Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 2:27 pm. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) 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	
RECONVENE IN OPEN SESSION	The Committee reconvened in open session at 2:54 p.m. There was no report from closed session.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 2:55 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: _____

L.A. Care Health Plan
Board of Governors
Compliance & Quality Committee

CHARTER

I.   *General.*

The Compliance & Quality Committee ("the committee") of the L.A. Care Health Plan Board of Governors ("the board") shall be comprised of Board members, none of whom is an employee of L.A. Care Health Plan. The number shall be determined by the Board. Committee members should be independent of management and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment as a Committee member. The Committee shall meet at least four times annually and more frequently, as necessary. It shall make recommendations to the Board periodically, in consultation with the Chief Executive Officer or his designee, and the Compliance Officer of Regulatory Affairs & Compliance, on those findings and matters within the scope of its responsibility. The Committee shall maintain minutes of all its meetings to document its activities and recommendations.

II.   *Committee Goals.* The primary goals of the Committee are to:

1.   Monitor and oversee the quality management of L.A. Care Health Plan, its plan Partners and any contracted or subcontracted entities.

2.   Assist the Board in fulfilling its fiduciary responsibilities relating to L.A. Care Health Plan's legal and financial compliance with applicable laws, regulatory requirements, industry guidelines, and policies;

3.   Ensure that all applicable solvency standards are met with respect to L.A. Care Health Plan's Plan Partners and any contracted or subcontracted entities;

4.   Monitor the solvency and claims payment timeliness of any organization that is contracted or sub-contracted with L.A. Care Health Plan; and

5.   Provide a vehicle for communication between the Board and management of L.A. Care Health Plan to ensure proper operations and performance of L.A. Care Health Plan and its stakeholders.

III.   *Committee Responsibilities.*   The responsibilities of the Committee, on behalf of the Board, shall include:

1.   Ensuring L.A. Care Health Plan adopts and monitors the implementation of policies and procedures and performance standards that require L.A. Care Health Plan and its employees, the Plan Partners and the providers to act in full compliance with all applicable laws, regulations, and contractual requirements; and

2.   Maintaining communication between the Board, the internal or external compliance auditors and management of L.A. Care Health Plan

3.   Ensuring that L.A. Care Health Plan addresses and reviews matters concerning or relating to L.A. Care Health Plan's Compliance Program and Plan Partner performance.

IV.   *Committee Duties.* In carrying out its responsibilities, the Compliance & Quality Committee shall include, but not limit performance of its duties, to the following:

Compliance Duties:

1.   Provide oversight of the implementation and continuance of L.A. Care Health Plan's Compliance Program (and recommend any revisions thereto, as appropriate) relating to the conduct of business to ensure adherence to L.A. Care Health Plan's Compliance Program policies, the Code of Conduct, governmental rules, regulations and contractual agreements.

2.   Ensure that L.A. Care Health Plan's mission, values, and Code of Conduct are properly communicated to all employees on an annual basis.

3.   Review, revise as necessary, and recommend approval, at least annually, of the Code of Conduct and submit it to L.A. Care Health Plan's Board for approval.

4.   Present to L.A. Care Health Plan's Board, as appropriate, such measures and recommend such actions as may be necessary or desirable to assist L.A. Care Health Plan in conducting its activities in full compliance with all applicable laws, regulations, contractual requirements, policies, performance standards and L.A. Care Health Plan's Code of Conduct.

5.   Regularly assess and monitor the operational performance of each of the Plan Partners to ensure they maintain the standards and requirements set forth in their contracts with L.A. Care Health Plan and set forth in all other applicable laws, procedures, and standards.

6.   Make recommendations to the full Board to impose appropriate sanctions, extend or renew contracts, establish policies, procedures and performance standards, impose additional conditions of participation, and review corrective action plans for any organization that is either directly or indirectly contracted with L.A. Care Health Plan.

7.   Serve as a hearing committee in connection with recommendations to impose sanctions on any individual or organization that is either directly or indirectly contracted with L.A. Care Health Plan, if required under applicable law or L.A. Care's policies and procedures

Audit Duties:

1.   Provide sufficient opportunity for the Compliance Officer to meet with the Compliance & Quality Committee to provide the Committee with appropriate evaluations of L.A. Care Health Plan Plan Partners' and other contracted or subcontracted entities' compliance with legal, regulatory, and financial solvency standards.

2.   Provide oversight of the internal compliance audit functions of L.A. Care Health Plan and external compliance audit functions in connection with the Plan Partners and those entities for

which L.A. Care Health Plan has oversight responsibilities, including reporting obligations, the proposed annual audit plans and the coordination of such plans.

Quality Assurance Duties:

1. Provide oversight of the quality management activities of L.A. Care Health Plan and its contracted entities including review of the QM Program, monitoring activities, corrective action plans and improvement activities.

2. Quality Improvement Plan (QIP) and the QIP Annual Work Plan for submission to L.A. Care Health Plan's Board of Governors for approval.

    Execute the authority delegated by the Board to the Compliance & Quality Committee to review and approve the following annual Quality Improvement (QI) and Utilization Management (UM) program documents:
    - QI Program Document
    - QI Workplan
    - QI Annual Report/Evaluation
    - UM Program Document
    - UM Annual Report/Evaluation

    Executive summaries, with key findings and highlights from the documents shall be submitted to the Board for its information and pursuant to requirements by the State Department of Health Services and other regulatory bodies.

3. Receive periodic reports from the Chief Medical Officer and the Quality Assurance/Quality Improvement Committee
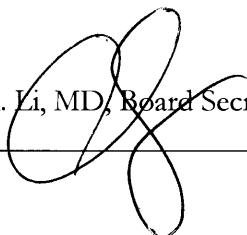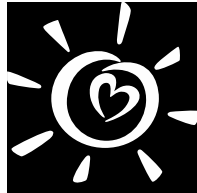
General Duties:

Perform other duties as assigned by the Board of Governors.

Reviewed and Approved by:

L.A. Care Health Plan
Board of Governors

Alexander K. Li, MD, Board Secretary
Date: _____

![L.A. Care Health Plan logo]

Chief Medical Officer Report

May 2022

COVID-19 Update

In its May 4, 2022 Weekly Epidemiology Report, the World Health Organization shares that globally, cases and deaths have been declining since the end of March, 2022 with 3.8 million new cases and over 15,000 deaths reported in one week from late April to early May.   Regional variations persist with the African Region and the Americas experiencing an increase in cases, including here in the United States. Cumulatively, there have been more than 500 million confirmed cases and over 6 million deaths from COVID-19.   Cases in California and Los Angeles County have been increasing over the past month driven primarily by the highly infectious Omicron subvariant BA.2. The Los Angeles County Department of Public Health announced in its daily press release on May 9, 2022 that the steady increase in cases over the last month has seen the number of cases increase to 2,532 average daily up from 905 cases per day one month earlier.   Fortunately, this increase in cases has not resulted in an increase in serious illness with "hospitalizaitons and deaths remaining low and decreasing." L.A. Care is seeing a similar increase in recent cases, with a stable number of hospitalizations and deaths.

L.A. Care is continuing its efforts in collaboration with the LA County Department of Public Health and other community partners to promote vaccination and booster shots and efforts to promote awareness of the increasing availability of the highly effective anti-viral medication for people at increased risk for serious illness and an injectable monoclonal antibody shot for people with moderate to severe immunocompromise.

Population Health and Quality Improvement

The 2022 Population Health Management (PHM) Program Description is now being developed and will incorporate additional requirements for CalAIM, Social Determinants of Health (SDoH), and new Health Equity requirements for NCQA.   A new All Plan Letter (APL 21-009) from DHCS requires providers to submit SDoH Z-codes to L.A. Care. L.A. Care staff are working to develop a plan to educate providers on submitting and using SDoH data.

The Department of Health Care Services (DHCS) has announced its intent to partner with Kaiser and the California Primary Care Association (CPCA) to offer technical assistance to Federally Qualified Health Centers throughout the State and its intent to procure a PHM Service platform. The platform is expected to provide risk stratification at the DHCS level and utilize member level SDOH data collected through the platform, at enrollment, at providers' offices and through assessments to determine individual risk. DHCS has requested a meeting with a small number of Medi-Cal Managed Care Plans, including L.A. Care, to meet with their CEOs and CMOs to discuss how these plans might impact the work that the Plans are already doing to support FQHC PHM efforts to improve the quality of care and outcomes for their patients.

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HEDIS Medical Record Review (MRR) for Measurement Year 2021 (MY2021) project is in progress with overall rates trending higher than last year. For the DHCS Managed Care Accountability Set (MCAS) measures that are held to the Minimum Performance Level (MPL), all are expected to reach the 50th percentile except Childhood Immunization Status and the two Well Child Visits in the First 30 Months of Life measures which have multiple time bound requirements making the measures very challenging to meet successfully.

HEDIS interventions for MY 2022 include the Well Child Care Visit Text Messaging Campaign targeting 22,343 members and the Cervical Cancer Screening texting campaign targeting 35,720 members.

New Health Equity goals have been established for the Member Equity efforts in 5 components: 1) Member Voice; 2) Social Determinants of Health (SDoH) Collection; 3) Health Plan as a Community Partner; 4) Systemic Change and 5) Equitable Health. The project for Race and Ethnicity Data upgrades is underway. SDoH data collection is also in focus with various education and training efforts including an incentive program. Early steps for collection of Sexual Orientation and Gender Identity (SOGI) data are complete.

Cal AIM implementation and operations continue to evolve as L.A. Care works to support the more than 15,000 members now served by our contracted Enhanced Care Management (ECM) providers and nearly 9,000 members receiving Community Supports (Homeless and Housing Support Services, Recuperative Care, and Medically Tailored Meals). Staff are also working on implementation of new Community Supports including Housing Deposits, Personal Care and Respite, and Sobering Centers, effective 7/1/22. L.A. Care staff are collaborating to add 35 new Clinics to those already using HIE data to increase the availability of clinical information at the point of care.

L.A. Care, in partnership with the other Los Angeles area Medi-Cal Managed Care Plans offered a 3rd round of ECM Boot Camp, a comprehensive training for new hires with ECM Provider agencies and is developing an on demand training to make this key training even more accessible. L.A. Care's ECM team continues to host provider-facing webinars every other Friday, and training offerings are a mix of clinical skills, best practices, ECM operations and technical assistance.

The 2022 Quality of Care / Population Health Management (PHM) Index in the Enterprise Goals is being tracked monthly using the Enterprise-Wide Dashboard. To date 11 out of 14 goals are trending toward meeting or exceed the goal (see attached slide deck for more detail).

L.A. Care continues to provide technical assistant to our Direct Network practices through our Tranform L.A. Program and Developmental Screeing technical assistance and education through the First 5 L.A. Help Me Grow Program. A Children's Health Conference Continuing Medical Education event is scheduled for 5/19/22 for network providers and early childhood development classes (virtual) are continuing in March and April and L.A. Care partnered with Health Net to offer Practitioner Resilience webinar sessions, intended to energize and sustain the health care workforce. These sessions starting in April will be held on 4th Tuesday every month till end of the year, offered at a variety of times to accommodate schedules.

L.A. Care continues to offer a robust series of Continuing Education for our network providers. Recent and sessions addressed Cognitive Behavioral Therapy (CBT) for Chronic Pain, COVID-19 Vaccine Hesitancy and Health Disparities, Hypertension and Stroke Prevention and planned sessions include a focus on Children's Health, Physician Burnout and Long COVID.

Behavioral Health

2

The Behavioral Health team continues collaborating with the LA County Department of Mental Health (DMH) and the LA County Office of Education (LACOE) to implement the DHCS School Behavioral Health Incentive Program. The beginning phases have been completed as the structured school district surveys assessing the needs of Los Angeles students being compiled by UCLA's Public Partnership for Wellbeing.

Pharmacy Update

Medi-Cal Rx Update:

As of April, 2022, Medi-Cal Rx continues to resolve outpatient pharmacy benefit issues. Most current update is as follows:

1. The backlog of prior authorization requests (PAs) has been resolved and all PAs submitted by the prescriber or the pharmacy are now being adjudicated within 24 hours.
2. In order to resolve the PA backlog, Medi-Cal Rx had to temporarily lift PA criteria for some frequently prescribed drugs. Those criteria were scheduled to be re-introduced in May. However, that decision has been changed due to fear that it will create another backlog. Instead, Medi-Cal Rx has decided to undertake a prescriber education campaign and begin re-introducing the PAs gradually over time. Of note is that the date to end the transition period, which is June 30th, and begin using Medi-Cal Rx's formulary (they call it Covered Drug List or CDL) has not been changed.
3. Continuous Glucose Monitor (CGM) coverage clarified: CGMs are covered under Medi-Cal Rx only for type 1 DM. The coverage of the CGMs for any other indication is the responsibility of the managed care plan's medical benefit. LA Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit.

Delegation Audit of Navitus Health Solutions (LA Care's Pharmacy Benefit Manager (PBM)):

PillarRx is a third party auditor LA Care hires to performs an annual delegation audit of Navitus Health Solutions, L.A. Care's contracted PBM. The audited delegated services performed by Navitus include:

1. Pharmacy and Therapeutics (P&T) Committee Processes
2. Coverage Determinations
3. Member Communications
4. Pharmacy Network, Contracting, and Auditing
5. Pharmacy Network Credentialing
6. Claims Processing and Pharmacy Payments
7. Customer Service
8. Formulary Administration
9. Reconciliation of Rebates and Direct and Indirect Remuneration (DIR)

The audit for contract year 2021 has just been completed with the following results:

The auditor reported there were no findings. Navitus is performing all delegated functions responsibly with sound processes and policies and procedures in addition to meeting and exceeding industry standards in the all areas. The processes were Navitus exceeded industry standards included:

1. Member communications and pharmacy network credentialing.
2. Formulary administration by demonstrating excellent formulary management processes and collaboration with LA Care Health Plan.
3. Customer Service by having Spanish speaking customer service representatives during business hours, while other PBMs just use a translation service.

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The auditor also noted that Navitus is highly cooperative and continues to be helpful, collaborative, and accommodating to LA Care's needs and requests.

Rating of Drug Plan (D05)/Getting Needed Prescription Drugs (D06)

- Starting 1/19/22, Pharmacy implemented a department wide member experience survey to reflect CAHPS questions for Rating of Drug Plan/Getting Needed Prescription Drugs to improve Star Ratings.
- As of 4/25/22, 344 Cal MediConnect members were asked to complete the survey, including 57 members refused to participate. Of the 287 members that responded to the survey, 213 (74%) of members reported that it is always easy to get the medicines their doctors prescribed. 220 (77%) of members reported that it is always easy to fill a prescription at their local pharmacy. 218 (76%) of members did not use mail order pharmacy to fill a prescription. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.24. The sample size is currently too small to draw any conclusions. We will keep monitoring the results and report to the

4

Population Health Management

PHM Index Update

May 2022

Summary PHMI Results as of March, 2022

Total Score - Met = Goal met for at least one LOB within each of the metrics.

Total = 14

Reward Ranges: Min: 8-10/14: 53.3%-71.4% **Mid: 11-12/14:** 78.6%-85.7% Max: >13/14 >92.9%

NOTE: April data update will be available mid-May, 2022.

PHMI Goal Category	Met or Trending to Meet (as of March, 2022)
Keeping Members Healthy	2 of 3
Early Detection of Emerging Risk	2 of 3
Chronic Condition	3 of 4
Care Transitions	3 of 3
Patient Safety	1 of 1
Total	**11 of 14**

PHM 2022 Index Keeping Members Healthy Status as of March, 2022 (HEDIS data through 2/28/2022 and IHA data through 1/31/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
1. *Initial Health Assessment:* Potential Completion Rate	≥27% 33.55%	≥60% 65.59%	N/A
2. *Well Child:* Percentage of members receiving well-child within 30 months	≥33% (W30A) 37.23%	N/A	≥33% (W30A) 35.85%
	≥60% (W30B) 58.54%		≥82% (W30B) 81.11%
3. *Flu:* Percentage of members receiving flu vaccination	≥18% 14.33%	≥44% 38.69%	Baseline

PHM 2022 Index Early Detection Status as of March, 2022 (HEDIS data through 2/28/2022

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
4. Colorectal Screening	N/A	≥60% 59.71%	≥50% 44.77%
5. Breast Cancer Screening	≥54% 52.36%	≥65% 62.57%	≥68% 66.40%
6. Prenatal Care: Black/African American members receiving prenatal care	≥70% 68.98%	N/A	N/A

PHM 2022 Index Chronic Condition Management Status as of March, 2022 (HEDIS data through 2/28/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
7. Diabetes: Percentage of Black or African American members with an HbA1c <8%.	≥34% 39.68%	≥61% 55.47%	≥53% 52.42%
8. Percentage of Black or African American members with BP controlled*	≥31% 22.90%	≥33% 40.51%	≥25% 25.14%
9. Emergency Department (ED) visits: Members 18 years+ with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	N/A	≥51% 51.68%	N/A
10. Medication Adherence for Hypertension: RAS Antagonists	N/A	≥84% Available in May, 2022	N/A

PHM 2022 Index Care Transitions/Patient Safety Status as of March,2022 (HEDIS data through 2/28/2022)

Measure	MCLA 2022 Goal	CMC 2022 Goal	LACC 2022 Goal
11. Members completing follow-up visit within 30 days (CMC) and within 7 days (LACC) of mental health hospitalization.	N/A	≥56% 58.02%	≥42% 28.30%
12. Transition of Care: The percentage of discharges for members 18 years+ who had: Patient Engagement After Inpatient Discharge	N/A	≥81% 79.81%	N/A
13. Transition of Care: The percentage of discharges for members 18 years+ who had: Medication Reconciliation Discharge	N/A	≥57% 32.85%	N/A
14. Readmissions	N/A	O/E <0.8 1.04	O/E <0.8 0.4485

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Provider Quality Review ANNUAL UPDATE

Compliance and Quality Committee
Prepared by: Christine Chueh
May 19, 2022

Agenda

- Background

- Data Analysis – Q4 2020 - Q3 2021

- Collaboration with Providers/PPGs & Internal Departments

- Quality Assurance Validation and Monitoring

- Ongoing Training and Process Improvement

Background

- The Provider Quality Review (PQR) team manages the **Potential Quality of Care Issue (PQI) process,** which is a regulatory requirement to evaluate clinical issues/concerns deviating from accepted standard of clinical care and ensure high quality patient care is delivered to L.A. Care.

- The PQR team monitors **Critical Incident (CI) Reporting** for abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death for the health, safety and welfare of L.A. Care's members.

PQI Analysis – Q4 2020 – Q3 2021

The Provider Quality Review team processed 3,317 PQI referrals:
- 1,360 (41%) referral were triaged 0 for not meeting referral criteria.
- 1,957 (59%) referral were reviewed for quality of care/service issues.

Referral Sources	Count	%
Grievance	1,808	92.4%
Customer Solution Center	52	2.7 %
Appeal	29	1.5%
Case Management	20	1.0%
Behavioral Health	18	0.9%
Utilization Management	13	0.7%
Critical Incident	7	0.4%
Special Investigation Unit	3	0.2%
Potential Quality Review	3	0.2%
Facility Site Review	1	0.1%
Managed Long Term Service	1	0.1%
Pharmacy	1	0.1%
Safety Net Initiative	1	0.1%
Total	**1,957**	

- PQIs can be identified by any department, yet 96.9% came from Customer Solution Center and Appeal & Grievance team.

- PQI referrals continue to expand to more departments within the Plan every year.

Analysis – Q4 2020 – Q3 2021(continued)

PQI # by Line of Business

LINE OF BUSINESS	FY 2020-2021		
	#	%	PTMPM
CMC	772	39.40%	41.4*
LACC	206	10.50%	2.2*
Medi-Cal	924	47.20%	0.8*
PASC-SEIU	55	2.80%	1.1
Grand Total	1,957	100%	1.4

*statistically significant

- Medi-Cal had the most cases, however, the ratio of cases per thousand members per month (PTMPM) is higher (41.4) for the CMC product line.

Analysis – Q4 2020 – Q3 2021(continued)

PQI # by Issue Type

| Issue Code	Issue Description	# PQIs	%
PQ1	DME/ Supplies	89	4.5 %
PQ2	Benefits	45	2.3%
PQ3	Delay in Service	338	17.3%
PQ4	Denial of Services	47	2.4%
PQ5	Refusal of Care/ Prescription by Provider	148	7.6%
PQ6	Refusal of Referral	33	1.7%
PQ7	Treatment/Diagnosis/Inappropriate Care	537	27.4%
PQ8	Delay in Authorization	93	4.8%
PQ9	Access to Care	179	9.1%
PQ10	Continuity and Coordination of Care	107	5.5%
PQ11	Communication/Conduct	259	13.2%
PQ12	Physical Environment	13	0.7%
PQ13	Medical Records/Documentation	19	1.0%
PQ14	Non-Emergency care services rendered by non-credentialed provider	0	0%
PQ15	System Issue	50	2.6%
Total (ALOB)		1,957	

The top issues reviewed:

- Treatment/Diagnosis/Inappropriate Care (27.4%)

- Delay in Service (17.3%)

- Communication/Conduct issues (13.2%) was the third highest issue followed by access to care (9.1%).

Quality of Care & Quality of Service

		PQI Severity Level Assigned	FY2019-2020	FY2020-2021
Quality of Care (QOC)	C0	No Quality of Care concern	43.7%	29.9%
	C1	Appropriate Quality of Care	19.40%	22.0%
	C2	Borderline Quality of Care concern	8.60%	1.5%
	C3	Moderate Quality of Care concern	0.30%	0.3%
	C4	Serious Quality of Care concern	0.00%	0.2%
Quality of Service (QOS)	S0	No Quality of Service concern	7.60%	20.5%
	S1	Quality of Service identified	17.40%	20.9%
	S2	Quality of Service identified, member change provider or dis-enrolled	3.10%	4.7%

- 72.4% found no care/service issue.

- 25.6% of reviews were service issues resulting in inconvenience to a member.

- Significant decline of PQIs (8.9% to 1.8%) were borderline or moderate quality of care concerns (leveled C2 or C3) from the previous year.
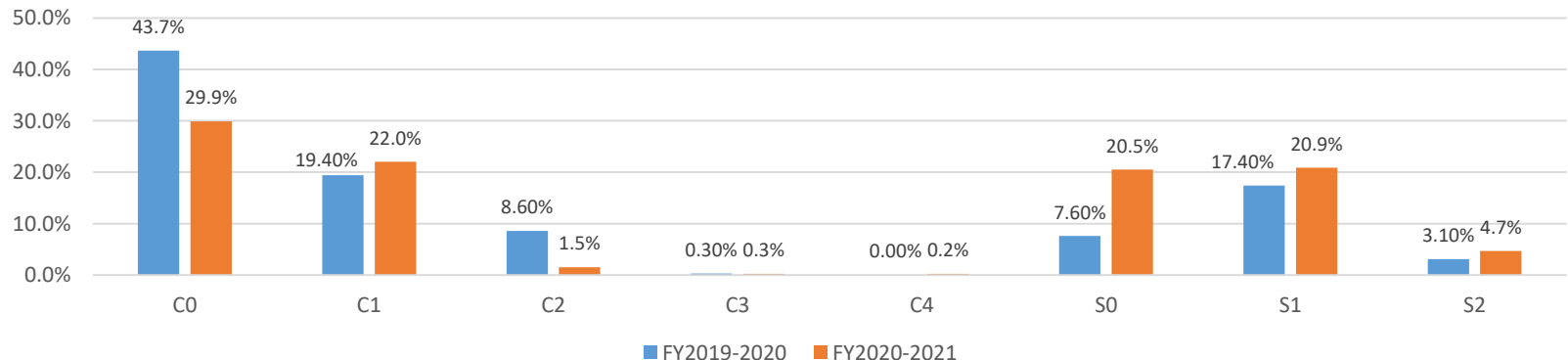
Taking Action to Drive Improvement

Corrective Action Plan (CAP)

- Post 2021 regulatory audits, the corrective action plan process was enhanced. Holding Providers and/or PPGs, including DHS, accountable to implement corrective action plan (CAP) based on PQI findings.

- Since the audits, more than 30 provider communications have been done, of those 20+ corrective action plans have been done.

- The QI PQR team works closely with Contract Relations Management (CRM) and Enterprise Performance Management (EPO) teams to educate Provider/PPG on CAP requirements and address noncompliant providers.

CORRECTIVE ACTION PLAN (CAP) FORM

Potential Quality of Care Issue (PQI) Finding								
Corrective Action Plan (CAP) Form					Name of Provider:			
Quality Finding	Root cause(s)	Actions	Implementation Documents, if applicable	Completion Date/Expected Completion Date	Responsible Party	CAP Status	L.A. CARE PQI review date	Follow Up Action / Comments

Fields highlighted in yellow to be completed by the provider/vendor/facility
Fields highlighted in blue to be completed by PQI Reviewer

CAP Owner Name:	
L.A. Care PQI Reviewer Name	

Trending Analysis Q4 2020 – Q3 2021

Guiding Improvements

Provider Group	Collaborative Meeting	CAP
AltaMed Health Network (Medi-Cal only)	X	X
AltaMed Health Service (non-Medi-Cal)	X	
Applecare Medical Group	in planning	
Community Family Care	in planning	
Health Care LA, IPA (MedPoint Mgmt)	X	
Lakeside Medical Group	X	
Optum Health of CA	in planning	
Preferred IPA of CA	X	X
Heritage/ Regal Medical Group	X	
Prospect Medical Group	X	

Trending Analysis Q4 2020 – Q3 2021 (continued)

Guiding Improvements

Facility / Vendor	Main Issue(s)	CAP
Wesley Health Center Clinic	Access to Care Communication	x
Western Drug Medical	Delay in Authorization	
United Medical Imaging	Miscommunication	x
Call the Car	Ride verification Ride cancellation Missed rides	x
L. A. Care Health Plan	Communication System issues Delay in service	

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Quality Assurance Review

Internal & External Quality Assurance Validation and Monitoring

- **PQI Oversight Process**
  - Delegation Oversight of Plan Partner and Beacon (Annually and Quarterly)
  - Oversight of L.A. Care Customer Solution Center (CSC) and Appeal & Grievance (A&G) cases not referred to PQI and ongoing discussion with Grievance dept.
    - A significant improvement of A&G referrals from 40%+ of referrals not meeting PQI referral criteria, now down to <10%!

- **Inter-Rater Reliability (IRR) Monitoring Process**
  - IRR to improve the consistency and accuracy in applying review criteria, in the leveling and final reporting of PQIs.

- **Mortality Encounter Data to identify PQI**
  - Encounter data from deceased members stratified by age groups to assess for any unusual patterns of encounters to identify death related to any potential quality of care.

Critical Incidents Reporting and Tracking

Critical Incidents are reviewed for patient safety.

Compliance with CI Reporting	Compliance Goal	Compliance %
Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report		100.0%

- All CMC delegates submitted critical incident quarterly reports by Q3 2021.

- The PQR nurse reviewers assessed potential quality of care concerns from all CIs reported.

- All quarterly reports were submitted timely to L.A. Care Health Services Reporting and Support Services/Enterprise Data Strategy team for Medicare Operations and Compliance review for final reporting to CMS.

Quality Improvement Activities In Progress

Ongoing training & process improvement

- Ongoing training to improve identification of PQI & reporting of CI
    - Getting to Know Potential Quality of Care Issues (PQI)
    - Getting to Know Critical Incident (CI)

- Improving medical record collection
    - Enhance use of electronic medical record platform, such as LANES.
    - Work with internal department and PPGs to improve record collection workflow.
    - Change P&P QI-001 to level the PQI severity based on the member allegation when the provider failed to address the concern and escalate the case for Medical Director review.

- Working closely with Enterprise Performance Optimization (EPO), Compliance and Contract Management Relations (CRM) Provider Network Management (PNM) account managers to address noncompliant providers and/or PPGs.

Medical record

Questions

ANNUAL PQI Q4 2020 – Q3 2021 UPDATE

To: Compliance & Quality Committee of the Board of Governors

From: Thomas Mapp, Chief Compliance Officer

Subject: Chief Compliance Officer Report – May 2022 (OPEN SESSION)

Date: May 19, 2022

COMPLIANCE OFFICER OVERVIEW

The Compliance Officer Overview for May includes the following:

1. Appeals & Grievances Trends Update
2. Risk Assessment Update (Exhibit OS1)
3. Enterprise Performance Optimization Update and Delegates Audit Schedule
4. Health Risk Reassessment (Exhibit OS2)

OTHER ITEMS TO REVIEW

DHCS Medical Audit Update – DHCS issued the final report on February 3rd, 2022. The report includes 27 total findings with 15 unique deficiencies. Corrective action plans were developed and submitted to DHCS on March 16th, 2022. DHCS has continued to follow-up for evidence of corrective action implementation.

COMPLIANCE UNIT REPORTS

The following report is included and is reported monthly to the Internal Compliance Committee.
- Exhibit OS3 Key Performance Indicators (KPIs)

Exhibit OS1
Risk Assessment Update

Presenter(s): Todd Gower, RGP

	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.

Risk #	Open/Closed	Risk Name	Risk Domain	Description of Risk	Status	Added to Risk Register	Risk Owner(s)	Description of Mitigation/Remediation	Anticipated Remediation Date
1	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.	High	Yes - New Risk to monitor (017)	Provider Network Management	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 can be moved from high to medium risk pending the implementation date of the Total Provider Management (TPM) redesign and tested by Compliance and IA 4.2022: Name change to "SPF Outreach" from Total Provider Managment (TPM). Temporarily on hold for redesign. L.A. Care continues to work with the PPG's on submitting SPF data on a monthly basis to meet the 85% for ingestion of data into our system. Internally we continue to work on ways to improve the process.	TBD
3	Open	Care Catalyst Project	Operational Financial	Implementation of an enhanced application to centralize data to improve features and factually to give a complete view of members' care plans and health services needs in one application.	Medium	No- Part of Risk (O18) - Member Data	UM CSC	Phase 1 of the project has gone live, and the new application is being used in some business units to assist members. Remains on the risk list as medium until full implementation of application; anticipated date has been moved out to 7/2022 as the program is being re-planned. 4.2022: no update	7/31/2022
4	Open	Member Data	Operational Reputational Regulatory Financial	L.A. Care is improving the member data files process to ensure enrollment/disenrollment, coverage cancellation, member assignments to PCP, and member notifications are complete and precise.	Low	Yes - New Risk to monitor (018)	Enrollment Provider Network Management	An intake form via SharePoint was implemented and continues to be monitored. The Service level agreement (SLA) has improved and working on improving IT data support. The Enterprise Provider Change Form tool is currently used, but it's not supported by IT if any disruption occurs; the recovery time of the tool is within 24 hours. They will provide manual work during the interruption. The new CBT project will provide IT support, and has received IRB for approval, and there's no current anticipated timeframe. 4.2022: No updates.	12/31/2022
6	Open	Member Assignments	Operational, Organizational, Regulatory	L.A. Care is improving the provider assignment process that will appropriately cover member's age range.	Low	No- Part of Risk (O17)- Provider Data	Provider Network Management Enrollment CSC	Member age out process has been developed and PNM and Enrollment Services continued to improve the provider assignment process. 4.2022: Continuing on-going collaboration with PNM and enrollment with no additional update.	12/31/2022
7	Open	Enrollment/Disenrollment: 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.	Low	No- Part of Risk (O18) - Member Data & (017)- Provider Data	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. 4.2022: No updates	12/31/2022

Exhibit OS2
Health Risk Assessment

Presenter(s): Steve Chang

Health Risk Assessment
Overview

- DHCS requires health plans conduct annual HRA reassessments for Medi-Cal only SPD members. This is in addition to the initial HRA.

- L.A. Care was not compliant with this reassessment requirement. L.A. Care was conducting only the initial HRA with Medi-Cal only SPD members.

- The annual number of Medi-Cal only SPD members requiring an HRA reassessment: ~72,000. This was also the backlog of members overdue for an HRA reassessment.

- Remediation for the backlog initiated in 10/2021.

- The entire backlog is scheduled to be remediated in 12 months and will complete by 10/2022.

- Going forward, the remediated process will ensure annual outreach attempts are completed for all Medi-Cal only SPD members.

- When HRAs are completed, member risks are identified. SPD members stratified to be at higher risk are referred to LAC's internal Care Management team. More HRAs completed will result in more higher risk members in Care Management.

Health Risk Assessment
Backlog and Remediation Update

- Status: **On Track** for completion of backlog by 10/31/2022
  - SPD reassessment total = **72,287**   Average monthly outreach = **~6000**
  - Completed thru Mar 2022 = **36,143**   Outstanding = **36,144**
  - Backlog remediation = **50%** complete

- Challenges:
  - Erratic post office delays in receiving member mailed HRAs (example below)
    - 1-01-2022 through 1-30-2022:   **37** HRAs received
    - 1-31-2022 through 2-08-2022: **1908** HRAs received
  - Current HRA operational reports contain errors and are difficult to use
    - Tickets submitted to improve accuracy and oversight functionality
  - Increase in Medi-Cal only SPD members stratified as High Risk or Complex Risk
    - CM resources are stretched to complete required outreach and care planning

Health Risk Assessment
Backlog and Remediation Monthly Update

SPD Reassessment HRAs Completed

Month	Total	Completed	Refused	UTC
OCTOBER 2021	5788	533	31	5224
NOVEMBER	6204	214	31	5638
DECEMBER	6021	143	10	5868
JANUARY 2022	6051	150	19	5882
FEBRUARY	5962	194*	45	5723
→ MARCH	**6117**	**526**	**10**	**5581**

Does not include the ~2100 mailed HRAs received in 2/2022.

Exhibit OS3
Key Performance Indicators

Key Performance Indicators: December 2021 - February 2022

KPI Measure	Business Unit	Dec 2021	Jan 2021	Feb 2022	Root Cause	Remediation
Timely effectuation of standard appeals (CMC)	A&G	97%	94%	79%	All the standard cases that were resolved untimely were from the out of compliance backlog from 2019-2021.	Ongoing remediation A&G identified cases where the Plan did not send resolution letters timely. This issue was identified and disclosed to the regulators. The Plan has been working diligently to resolve all late cases and to ensure that future cases are processed timely.
Timeliness of Expedited Appeals (CMC)	A&G	100%	100%	75%	Only one (1) of the four (4) expedited appeals processed untimely for the month of February. This case was part of the OOC case remediation.	Ongoing remediation A&G identified cases where the Plan did not send resolution letters timely. This issue was identified and disclosed to the regulators. The Plan has been working diligently to resolve all late cases and to ensure that future cases are processed timely.
Claims timeliness ≤ 90 calendar days (CMC)	Claims	96%	99%	99%	Systematic issue when adjusting Medicare claims, the system is automatically replicating the secondary (Medi-Cal) claim. There was a total of 1,560 CMC Medi-Cal claims that were generated due to CMC Medicare adjustment.	*Pending*
Claims forwarded ≤ 10 days (Medi-Cal)	Claims	96%	95%	91%	*Pending*	*Pending*

KPI Measure	Business Unit	Dec 2021	Jan 2021	Feb 2022	Root Cause	Remediation
NEO Compliance Training (completed timely)	Compliance	92.4%	94.8%	97.7%	Increased temporary staff hiring, primarily in Appeals & Grievances.	Ongoing remediation Compliance will continue to send PAST DUE notifications to employees/supervisors. CCO will receive weekly consolidated report on delinquency and speak to involved Directors.
Calls answered within 30 seconds (Call Center) Medi-Cal	Member Services	33.4%	12.8%	14.6%	Staffing continues to be a challenge internally and externally and the vendor has not been able to meet the required staffing demand.	Ongoing remediation Due to the continued deficiency in performance by the current vendor, the Call Center has contracted with a new vendor and is in the process of completing their training to be in a productive state the last week of February. In addition, the call center continues to partner with our recruiter and with the Training Department to backfill open positions and augment internal staffing levels. Part-time temporary staff continues to be scheduled during peak periods to assist with call volume.
Abandonment Rate (Medi-Cal)	Member Services	21.4%	47.6%	41.6%	Staffing continues to be a challenge internally and externally and the vendor has not been able to meet the required staffing demand.	Ongoing remediation Due to the continued deficiency in performance by the current vendor, the Call Center has contracted with a new vendor and is in the process of completing their training to be in a productive state the last week of February. In addition, the call center continues to partner with our recruiter and with the Training Department to backfill open positions and augment internal staffing levels. Part-time temporary staff continues to be scheduled during peak

KPI Measure	Business Unit	Dec 2021	Jan 2021	Feb 2022	Root Cause	Remediation
						periods to assist with call volume.
Calls answered within 30 seconds (Nurse Advice Line) All LOBs		81.7%	71.2%	90.5%	In January, the nurse advice line had an additional 2,072 interactions with the LA Care population from December. This equated to 1,312 calls over the expected utilization that was chosen by in September for this 6-month period. In addition, there were a few nurses who retired in January.	We have been working to get additional staff on board. We had one class at the end of January, starting a new class this week and starting another class in March.
Abandonment Rate Nurse Advice Line (All LOBs)		4.2%	6.8%	2.3%	In January, the nurse advice line had an additional 2,072 interactions with the LA Care population from December. This equated to 1,312 calls over the expected utilization that was chosen by in September for this 6-month period. In addition, there were a few nurses who retired in January.	We have been working to get additional staff on board. We had one class at the end of January, starting a new class this week and starting another class in March.