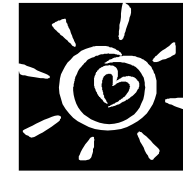


# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – May 19, 2022



**L.A. Care**  
HEALTH PLAN

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

\* *Absent*

#### 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*  
Elyse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

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/<br>PRESENTER         | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN  |
|-----------------------------------|--|--|
| <b>CALL TO ORDER</b>              | Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:03 p.m.<br><br>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. |  |
| <b>APPROVAL OF MEETING AGENDA</b> | The Meeting Agenda was approved as submitted.  | <b>Approved unanimously by roll call.<br/>5 AYES<br/>(Ballesteros, Booth, Perez, Roybal and Vaccaro)</b> |

**APPROVED**

| AGENDA ITEM/<br>PRESENTER                  | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN  |
|--|--|--|
| <b>PUBLIC COMMENT</b>                      | There was no public comment.   |  |
| <b>APPROVAL OF<br/>MEETING<br/>MINUTES</b> | <p>Chairperson Booth stated that recommendations by the committee were correctly captured in the meeting minutes.</p> <p>The April 19, 2022 meeting minutes were approved as submitted.</p>  | <b>Approved<br/>unanimously by<br/>roll call.<br/>5 AYES</b> |
| <b>CHAIRPERSON<br/>REPORT</b>              | <p>Chairperson Booth stated that the committee is working on finishing the crosswalk. The earliest they will be able to do more work will be at the June meeting; it may be longer than that. She asked the committee if they have any questions.</p> <p>Thomas Mapp, <i>Chief Compliance Officer</i>, stated that the work on the Charter revolves around identifying items that may be out of date due to the charter not being reviewed for some time. He and Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, have been working on identifying a report that reflects and has an impact on the committee's responsibilities as delineated in the charter. This will be a significant amount of work. His understanding is that the committee's concern was understanding how it can better perform its function with more focused reports.</p> <p>Dr. Seidman said that as Mr. Mapp alluded, they are working on creating a crosswalk, designed to be responsive to the issues and concerns that the Board Members expressed during the last committee meeting. Staff may have information ready for the committee by the June meeting.</p> |  |
| <b>REVIEW CHARTER<br/>PROVISIONS</b>       | This agenda item will be discussed at a future a meeting.  |  |
| <b>CHIEF MEDICAL<br/>OFFICER REPORT</b>    | <p>Dr. Seidman presented the May 2022 Chief Medical Officer Report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>COVID-19 Update</p> <p>Cases are increasing nationally and locally. Hospitalizations are also increasing, but remain at relatively low levels. He noted that mask mandates have been lifted in most places except in transportation settings and private businesses that still require masking. Importantly because we are back in high level of transmission masking is still recommended in indoor public places. Masking, social distancing, vaccine, and boosting when eligible are still recommended. Outpatient COVID-19 therapeutics approved for emergency use in December 2021 are now available. They are still not as widely known to both the provider community and members. There are two primary classes of these medications. One being an oral antiviral. It can reduce the severity of infection. President Joe Biden mentioned these new forms of treatment during his State of the Union address. They can reduce of hospitalizations by 93%. Out of L.A. Care's membership that</p>  |  |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
|---------------------------|---|-----------------|
|                           | <p>fewer than ten have been prescribed these medications. He is making an effort to spread awareness that they exist at contracted pharmacies. The second medication is an injection for people with mild to moderate compromised immune systems.</p> <p>CalAIM<br/>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 the 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 3<sup>rd</sup> 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.</p> <p>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 <i>(A copy of the presentation can be obtained from Board Services.)</i>.</p> <p>Pharmacy Update<br/>Medi-Cal Rx Update:<br/>As of April 2022, Medi-Cal pharmacy continues to resolve outpatient pharmacy benefit issues. The most current update is as follows:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 30, and begin using Medi-Cal Rx’s formulary (they call it Covered Drug List or CDL) has not been changed.</li> <li>• 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</li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
|---------------------------|---|-----------------|
|                           | <p>managed care plan’s medical benefit. L.A. Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit.</p> <p>Baby Formula Shortage<br/>President Biden has enacted the Defense Production Act to get fresh supplies of baby formula to pick up production domestically and abroad. The formula shortage is not impacting members significantly, because California’s contract is with Mead Johnson Nutrition. The formula shortage is hitting the specialty formula market opposed to the regular formula market. The call center has not reported any calls in regards to this issue.</p> <p>Chairperson Booth asked about Kaiser’s service platform. She would like to know if it is the same platform as California’s PHM platform that all plans can use. Dr. Seidman responded that PHM at the State level are several different moving parts that should be kept separate. The Department of Health Care Services (DHCS) has announced its intention to utilize its own PHM platform at the State level for all Medi-Cal beneficiaries. Those in managed care and also Medi-Cal fee for service. They will make that data and analysis available at the plan level so it can be incorporated in their own data systems. DHCS has also partnered with Kaiser and the Statewide California Primary Care Association to leverage Kaisers expertise in PHM as well as their resources to work with a subset of community health centers statewide to improve their PHM readiness and performance.</p> <p>Board Member Nina Vaccaro stated <del>that</del> she is concerned that the State and clinics will have different vendors and will create multiple systems for a statewide data exchange. John Baackes, <i>Chief Executive Officer</i>, responded that there are concerns that health plans are not included in the planning. He is concerned that all providers will be equally well-resourced.</p> <p>Board Member Al Ballesteros asked how the selection was made.</p> <p>Board Member Vacarro responded that she believes it was done by Kaiser in developing the initiative to determine some metrics, and state regulators may not have been involved. She believes they wanted a cohort representative of small, medium and large clinics that provide various services. It was also based on bandwidth.</p> <p>Mr. Baackes stated that implementation overload is a cause for concern across the ecosystem. Certain providers are better positioned than others and the health plans will be held to standards or uniform implementation and uniform timeliness. Dr. Seidman stated that the health plans will also be held accountable for uniform performance standards.</p> |                 |

| AGENDA ITEM/<br>PRESENTER   | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN  |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |
|---|--|------------------|-------|------------|-----------|-------|-------|--------------------------|----|-------|--------|----|------|-----------------|----|------|--|
|   | <p>Chairperson Booth stated that this seems slightly unfair. She wondered if this needs to be approached with something legislatively. She asked if Community Health Investment Funds (CHIF) Grants might be used.</p> <p>Mr. Baackes responded that at the beginning of Health Homes program, L.A. Care had a similar issue. L.A. Care was able to provide \$2.1 million in CHIF grants to vendors, but L.A. Care cannot continue to do this. The State mandates programs and should provide resources. There is some incentive funding which will be available soon. There are at least three different sources in the California May Budget Revises that will fund interoperability. He is not aware of a legislative solution.</p> <p>Chairperson Booth asked about the future. Mr. Baackes responded that there is concern about future planning for the CalAIM program. The overload not only applies to the clinics, plans, and providers, it is also an overload for the department.</p>   |                  |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |
| <p><b>POTENTIAL<br/>QUALITY ISSUES<br/>(PQI) FY20-21<br/>REVIEW</b></p> | <p>Christine Chueh, RN, <i>Senior Manager, Provider Quality, Quality Improvement</i>, gave a presentation about Potential Quality Issues for Fiscal Year 2020-2021 <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Background</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p>PQI Analysis – Quarter (Q) 4 2020 – Q3 2021<br/> The Provider Quality Review team processed 3,317 PQI referrals:<br/> - 1,360 (41%) referral were triaged 0 for not meeting referral criteria.<br/> - 1,957 (59%) referral were reviewed for quality of care/service issues.</p> <table border="1" data-bbox="445 1209 1215 1489"> <thead> <tr> <th>Referral Sources</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Grievance</td> <td>1,808</td> <td>92.4%</td> </tr> <tr> <td>Customer Solution Center</td> <td>52</td> <td>2.7 %</td> </tr> <tr> <td>Appeal</td> <td>29</td> <td>1.5%</td> </tr> <tr> <td>Case Management</td> <td>20</td> <td>1.0%</td> </tr> </tbody> </table> | Referral Sources | Count | Percentage | Grievance | 1,808 | 92.4% | Customer Solution Center | 52 | 2.7 % | Appeal | 29 | 1.5% | Case Management | 20 | 1.0% |  |
| Referral Sources  | Count  | Percentage       |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |
| Grievance   | 1,808  | 92.4%            |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |
| Customer Solution Center  | 52   | 2.7 %            |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |
| Appeal  | 29   | 1.5%             |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |
| Case Management   | 20   | 1.0%             |       |            |           |       |       |                          |    |       |        |    |      |                 |    |      |  |

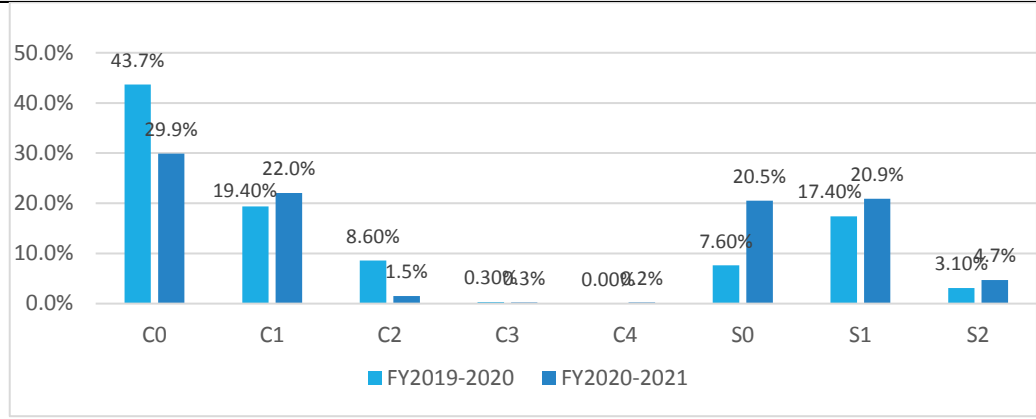
| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  |              |       | ACTION<br>TAKEN  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|---------------------------|--|--------------|-------|------------------|--------------|--|--|---------|---|-------|------------|-----|--------|-------|-------------|-----|--------|------|-----------------|-----|--------|------|--|
|                           | 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%  |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <b>Total</b>   | <b>1,957</b> |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <ul style="list-style-type: none"> <li>• PQIs can be identified by any department, yet 96.9% came from Customer Solution Center and Appeal &amp; Grievance team.</li> <li>• PQI referrals continue to expand to more departments within the Plan every year.</li> </ul>  |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <p>A PQI could be identified from any department, yet 96.9% came from CSC/A&amp;G. Throughout the year, PQI annual training from L.A. Care University online self-paced learning module, increased member-facing and provider-facing staff were educated and trained to be vigilant in identifying PQI using the criteria provided.</p>  |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <p>The sources of PQI referrals continued to expand to more departments within the Plan every year, including Special Investigation Unit (SIU) and Credentialing Department, Facility Site Review (FSR), Case Management (CM), Utilization Management (UM) as well as QI/PQI process with Critical Incident Reporting.</p>   |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <p>Analysis – Q4 2020 – Q3 2021(continued)</p>   |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <p>PQI numbers by Line of Business</p>   |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | <table border="1"> <thead> <tr> <th data-bbox="445 1252 783 1357" rowspan="2">LINE OF BUSINESS</th> <th colspan="3" data-bbox="783 1252 1226 1302">FY 2020-2021</th> </tr> <tr> <th data-bbox="783 1302 905 1357">Numbers</th> <th data-bbox="905 1302 1026 1357">%</th> <th data-bbox="1026 1302 1226 1357">PTMPM</th> </tr> </thead> <tbody> <tr> <td data-bbox="445 1357 783 1408"><b>CMC</b></td> <td data-bbox="783 1357 905 1408">772</td> <td data-bbox="905 1357 1026 1408">39.40%</td> <td data-bbox="1026 1357 1226 1408">41.4*</td> </tr> <tr> <td data-bbox="445 1408 783 1458"><b>LACC</b></td> <td data-bbox="783 1408 905 1458">206</td> <td data-bbox="905 1408 1026 1458">10.50%</td> <td data-bbox="1026 1408 1226 1458">2.2*</td> </tr> <tr> <td data-bbox="445 1458 783 1485"><b>Medi-Cal</b></td> <td data-bbox="783 1458 905 1485">924</td> <td data-bbox="905 1458 1026 1485">47.20%</td> <td data-bbox="1026 1458 1226 1485">0.8*</td> </tr> </tbody> </table> |              |       | LINE OF BUSINESS | FY 2020-2021 |  |  | Numbers | % | PTMPM | <b>CMC</b> | 772 | 39.40% | 41.4* | <b>LACC</b> | 206 | 10.50% | 2.2* | <b>Medi-Cal</b> | 924 | 47.20% | 0.8* |  |
| LINE OF BUSINESS          | FY 2020-2021   |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           | Numbers  | %            | PTMPM |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
| <b>CMC</b>                | 772  | 39.40%       | 41.4* |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
| <b>LACC</b>               | 206  | 10.50%       | 2.2*  |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
| <b>Medi-Cal</b>           | 924  | 47.20%       | 0.8*  |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |
|                           |  |              |       |                  |              |  |  |         |   |       |            |     |        |       |             |     |        |      |                 |     |        |      |  |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  |   |       |       | ACTION<br>TAKEN |
|---------------------------|--|---|-------|-------|-----------------|
|                           | <b>PASC-SEIU</b>   | 55  | 2.80% | 1.1   |                 |
|                           | <b>Grand Total</b>   | 1,957   | 100%  | 1.4   |                 |
|                           | <ul style="list-style-type: none"> <li>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.</li> </ul> |   |       |       |                 |
|                           | Analysis – Q4 2020 – Q3 2021(continued)  |   |       |       |                 |
|                           | PQI numbers 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%  |                 |
|                           | <b>Total (ALOB)</b>  |   | 1,957 |       |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   |   | ACTION<br>TAKEN |             |                             |             |             |                       |    |                            |       |       |    |                             |        |       |    |                                    |       |      |    |                                  |       |      |    |                                 |       |      |                          |    |                               |       |       |    |                               |        |       |    |   |       |      |  |
|---------------------------|---|---|-----------------|-------------|-----------------------------|-------------|-------------|-----------------------|----|----------------------------|-------|-------|----|-----------------------------|--------|-------|----|------------------------------------|-------|------|----|----------------------------------|-------|------|----|---------------------------------|-------|------|--------------------------|----|-------------------------------|-------|-------|----|-------------------------------|--------|-------|----|---|-------|------|--|
|                           | <p>The top issues reviewed:</p> <ul style="list-style-type: none"> <li>• Treatment/Diagnosis/Inappropriate Care (27.4%)</li> <li>• Delay in Service (17.3%)</li> <li>• Communication/Conduct issues (13.2%) was the third highest issue followed by access to care (9.1%).</li> </ul> <p>These are fairly consistent with the previous except the order of the communication and access to care were reversed.</p> <p>Quality of Care &amp; Quality of Service</p> <table border="1" data-bbox="443 545 1428 1065"> <thead> <tr> <th colspan="2"></th> <th>PQI Severity Level Assigned</th> <th>FY2019-2020</th> <th>FY2020-2021</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Quality of Care (QOC)</td> <td>C0</td> <td>No Quality of Care concern</td> <td>43.7%</td> <td>29.9%</td> </tr> <tr> <td>C1</td> <td>Appropriate Quality of Care</td> <td>19.40%</td> <td>22.0%</td> </tr> <tr> <td>C2</td> <td>Borderline Quality of Care concern</td> <td>8.60%</td> <td>1.5%</td> </tr> <tr> <td>C3</td> <td>Moderate Quality of Care concern</td> <td>0.30%</td> <td>0.3%</td> </tr> <tr> <td>C4</td> <td>Serious Quality of Care concern</td> <td>0.00%</td> <td>0.2%</td> </tr> <tr> <td rowspan="3">Quality of Service (QOS)</td> <td>S0</td> <td>No Quality of Service concern</td> <td>7.60%</td> <td>20.5%</td> </tr> <tr> <td>S1</td> <td>Quality of Service identified</td> <td>17.40%</td> <td>20.9%</td> </tr> <tr> <td>S2</td> <td>Quality of Service identified, member change provider or dis-enrolled</td> <td>3.10%</td> <td>4.7%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• 72.4% found no care/service issue.</li> <li>• 25.6% of reviews were service issues resulting in inconvenience to a member.</li> <li>• 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.</li> </ul> |   |                 |             | 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% |  |
|                           |   | 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%        |                             |             |             |                       |    |                            |       |       |    |                             |        |       |    |                                    |       |      |    |                                  |       |      |    |                                 |       |      |                          |    |                               |       |       |    |                               |        |       |    |   |       |      |  |



| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION<br>TAKEN |
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Similar to the previous years, large percentage (72.4%) of cases do not have quality of care/service issue or the care was deemed appropriate based on the clinical review and 25.6% were noted having service issues resulting inconvenience to a member. However, there was a significant drop of PQI cases (from 8.9% to 1.8%) found having borderline or moderate quality of care concerns (leveled C2 or C3) from the previous year. The severity level breakdown for FY 2019-2021 from all closed cases are showed in the graph and table below:

**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 Department of Health Services, 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.

When PQI find an issue, it is important that we work with the providers to address the finding. We develop a CAP form and make sure the CAP owner follow the requirement to conduct root cause analysis and submit a plan of correction. We find that some providers might not as familiar how to conduct root cause analysis and how to complete a plan, so provider training and technical support is needed and we are currently developing that support. We are hoping this is an area that we can continue to collaborate with maybe PNM and EPO on.

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS                     |                       |     | ACTION<br>TAKEN |
|---------------------------|---|-----------------------|-----|-----------------|
|                           | 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             |                       |     |                 |
|                           | 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                            |                       |     |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  |  |            | ACTION<br>TAKEN |
|---------------------------|--|--|------------|-----------------|
|                           | <b>Facility / Vendor</b>   | <b>Main Issue(s)</b>                                   | <b>CAP</b> |                 |
|                           | <b>Wesley Health Center Clinic</b>   | Access to Care<br>Communication                        | x          |                 |
|                           | <b>Western Drug Medical</b>  | Delay in Authorization                                 |            |                 |
|                           | <b>United Medical Imaging</b>  | Miscommunication                                       | x          |                 |
|                           | <b>Call the Car</b>  | Ride verification<br>Ride cancellation Missed<br>rides | x          |                 |
|                           | <b>L. A. Care Health Plan</b>  | Communication System<br>issues<br>Delay in service     |            |                 |
|                           | <p>Facility / Vendors met the threshold of 5 track and trend (T&amp;T) points or more</p>  |  |            |                 |
|                           | <p><b>Wesley Health Center</b><br/>Between October to December 2020, there were 11 PQI cases reviewed involving Wesley Health Center, with six cases identified mainly for quality of service issues related to access to care, communication and system delays. These issues involved challenges with the call center and scheduling of appointments, getting hold of an agent, or obtaining lab results. Although there is no clinical evidence with an adverse impact of care, these experiences had impacted member's satisfaction. A corrective action plan (CAP) from Wesley Health Center Clinic was requested and completed. The clinic validated the issues and submitted detailed CAP with evidence that appropriate actions were implemented by September 30, 2021.</p> |  |            |                 |
|                           | <p><b>Western Drug Medical</b><br/>Five PQI cases had delay in processing DME authorization issues resulting in member dis-satisfaction, no care impact was noted. The coordination of DME supplies involved provider, provider group and the supplier and therefore all parties involved should be reminded to coordinate care. The QI PQR team plans to engage with Utilization Management, DME vendor and QI program manager to plan a webinar on</p>   |  |            |                 |
|                           | <p><b>United Medical Imaging</b><br/>Five service issues related to miscommunication between the staff and the members regarding COVID-19 testing requirement prior to the appointment, biopsy availability at different UMI locations and appointment availability due to an unexpected download of the company wide information system. No</p>   |  |            |                 |

| AGENDA ITEM/<br>PRESENTER   | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN              |                 |              |   |  |        |  |
|---|---|------------------------------|-----------------|--------------|---|--|--------|--|
|   | <p>trend was noted in the 3-year data. A corrective action plan will be requested of United Medical Imaging addressing the trended miscommunication issues.</p> <p>Call the Car (CTC)</p> <p>Thirty-Nine PQI cases had service issues resulting in member dis-satisfaction without care impact. The majority of reviews found members were not being dropped off at the correct location, delay in transporting members resulting in missed scheduled medical appointments and drivers could not find members and therefore noted the trip as no show.</p> <p>A corrective action plan will be requested from CTC to:</p> <ul style="list-style-type: none"> <li>• Improve member communication</li> <li>• Verification with the members on specific trip details and policies</li> <li>• Improve delay in transporting and reduce number of no show.</li> </ul> <p>Quality Assurance Review</p> <p>Internal &amp; External Quality Assurance Validation and Monitoring</p> <ul style="list-style-type: none"> <li>• PQI Oversight Process <ul style="list-style-type: none"> <li>- Delegation Oversight of Plan Partner and Beacon (Annually and Quarterly)</li> <li>- Oversight of L.A. Care Customer Solution Center (CSC) and Appeal &amp; Grievance (A&amp;G) cases not referred to PQI and ongoing discussion with Grievance dept. <ul style="list-style-type: none"> <li>• A significant improvement of A&amp;G referrals from 40%+ of referrals not meeting PQI referral criteria, now down to &lt;10%!</li> </ul> </li> </ul> </li> <li>• Inter-Rater Reliability (IRR) Monitoring Process <ul style="list-style-type: none"> <li>- IRR to improve the consistency and accuracy in applying review criteria, in the leveling and final reporting of PQIs.</li> </ul> </li> <li>• Mortality Encounter Data to identify PQI <ul style="list-style-type: none"> <li>- 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.</li> </ul> </li> </ul> <p>Critical Incidents Reporting and Tracking</p> <p>Critical Incidents are reviewed for patient safety</p> <table border="1" data-bbox="445 1289 1640 1430"> <thead> <tr> <th data-bbox="445 1289 905 1344">Compliance with CI Reporting</th> <th data-bbox="905 1289 1394 1344">Compliance Goal</th> <th data-bbox="1394 1289 1640 1344">Compliance %</th> </tr> </thead> <tbody> <tr> <td data-bbox="445 1357 1394 1430">Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report</td> <td data-bbox="1394 1357 1640 1430"></td> <td data-bbox="1394 1357 1640 1430">100.0%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• All CMC delegates submitted critical incident quarterly reports by Q3 2021.</li> </ul> | Compliance with CI Reporting | Compliance Goal | Compliance % | Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report |  | 100.0% |  |
| Compliance with CI Reporting  | Compliance Goal   | Compliance %                 |                 |              |   |  |        |  |
| Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report |   | 100.0%                       |                 |              |   |  |        |  |

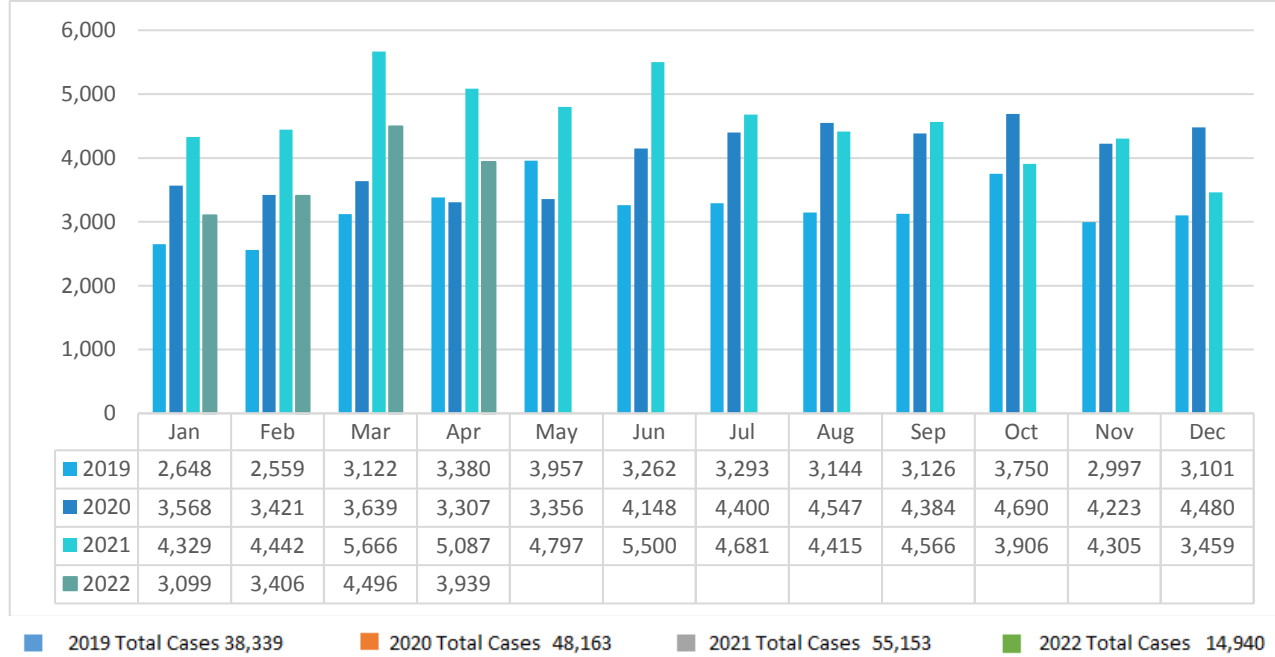
| AGENDA ITEM/<br>PRESENTER                      | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
|--|---|-----------------|
|  | <ul style="list-style-type: none"> <li>• The PQR nurse reviewers assessed potential quality of care concerns from all CIs reported.</li> <li>• All quarterly reports were 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.</li> </ul> <p>Critical Incident reporting is a CMS requirement to ensure we monitor patient safety</p> <p>Quality Improvement Activities in Progress<br/>Ongoing Improvement Activities In Progress</p> <ul style="list-style-type: none"> <li>• Ongoing training to improve identification of PQI &amp; reporting of CI <ul style="list-style-type: none"> <li>- Getting to Know Potential Quality of Care Issues (PQI)</li> <li>- Getting to Know Critical Incident (CI)</li> </ul> </li> <li>• Improving medical record collection <ul style="list-style-type: none"> <li>- Enhance use of electronic medical record platform, such as LANES.</li> <li>- Work with internal department and PPGs to improve record collection workflow.</li> <li>- Change P&amp;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.</li> </ul> </li> <li>• 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.</li> </ul> <p>Chairperson Booth asked about “Leveling PQI severity based on member allegations.” Ms. Chueh responded that when members complain when they receive treatment that results in side effects or communication issues they experience, it is important providers provide a response as part of the investigation. Sometimes providers will not submit a response. After three attempts to retrieve records to complete a case review, the severity level is based on the member allegations.</p> |                 |
| <b>CHIEF<br/>COMPLIANCE<br/>OFFICER REPORT</b> | <p>Thomas Mapp and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Compliance Officer Review</p> <p>The Compliance Officer Overview for May includes the following:</p> <ol style="list-style-type: none"> <li>1. Appeals &amp; Grievances Trends Update</li> <li>2. Risk Assessment Update (Exhibit OS1)</li> <li>3. Noncompliance Inventory (Exhibit OS2)</li> <li>4. Enterprise Performance Optimization Update and Delegates Audit Schedule</li> <li>5. Health Risk Reassessment (Exhibit OS3)</li> </ol>   |                 |

| AGENDA ITEM/<br>PRESENTER  | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
|--|--|-----------------|
| <ul style="list-style-type: none"> <li>• <b>Appeals &amp; Grievance Trends Update</b></li> </ul> | <p>Other Items to Review</p> <p>DHCS Medical Audit Update – DHCS issued the final report on February 3, 2022. The report includes 27 total findings with 15 unique deficiencies. Corrective action plans were developed and submitted to DHCS on March 16, 2022. DHCS has continued to follow-up for evidence of corrective action implementation.</p> <p>Compliance Reports</p> <p>The following report is included and is reported monthly to the Internal Compliance Committee.</p> <ul style="list-style-type: none"> <li>- Exhibit OS4 Key Performance Indicators (KPIs)</li> </ul> <p>Demetria Crandall, <i>Director, Customer Solution Center Appeals and Grievances, CSC Appeals &amp; Grievances</i>, reported (<i>copy of the presentation can be obtained from Board Services</i>):</p> <p>L.A. Care Appeals &amp; Grievances (A&amp;G) Team</p> <ul style="list-style-type: none"> <li>• A&amp;G is a team of dedicated people that have over 200 combined years working in a managed healthcare space.</li> <li>• The team is comprised of intake coordinators, case specialist, nurses, trainer, audit readiness team, data analyst, quality auditors and leaders.</li> <li>• The team is responsible for conducting thorough research of member appeals/grievances, aiding in determining the appropriate resolution, and providing a resolution to the member. All cases are processed according to regulatory guidelines.</li> <li>• The core of what the A&amp;G team does is for the members. It is their duty to do everything within our power to ensure that the member concerns are fully addressed and within compliance.</li> <li>• A&amp;G protects member rights and follows the L.A. Care values: <i>“We are committed to the promotion of accessible, high quality health care!”</i></li> </ul> <p>A&amp;G</p> <p>L.A. Care Members have the right to file an Appeal and/or Grievance when dissatisfied with services, care and/or coverage.</p> <ul style="list-style-type: none"> <li>• Appeals and Grievances are important because: <ul style="list-style-type: none"> <li>- Members have the opportunity to share their experience</li> <li>- They enable us to learn about Member perceptions of L.A. Care</li> <li>- We find opportunities for improving our services</li> </ul> </li> <li>• A grievance/complaint is any expression of dissatisfaction with any aspect of the operations, activities, behavior of the health plan or its providers. <ul style="list-style-type: none"> <li>- A member, treating provider or their authorized representative may initiate the complaint or dispute, either verbally or in writing, to L.A. Care, a provider, or facility.</li> </ul> </li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION<br>TAKEN |
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- An appeal is a request for the Plan to review a denied coverage request and/or payment decision.

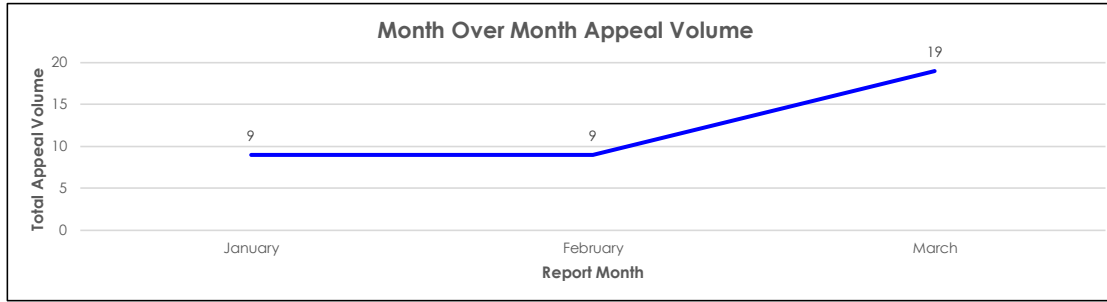
Appeal & Grievance Case Volume



| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION<br>TAKEN |
|---------------------------|-----------------------------|-----------------|
|---------------------------|-----------------------------|-----------------|

All LOB Appeals Trends

| Monthly Appeals Report: Detailed Appeals Data  |  |  |
|--|--|--|
| Reporting Period: 1/1/2022-3/31/2022   |  |  |
| <b>Note: Cells highlighted green indicate top 3 highest volume Appeal categories/subcategories for the report month.</b> |  |  |



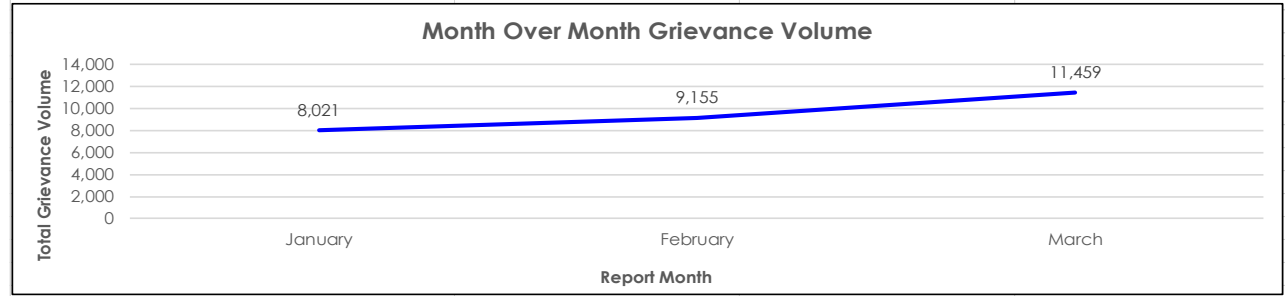
| Month Over Month Appeal Volume Detail |              |          |       |
|---------------------------------------|--------------|----------|-------|
| Appeal Category                       | Report Month |          |       |
|                                       | January      | February | March |
| Access to Care                        | 9            | 9        | 15    |
| Other - Billing or Finance            | 0            | 0        | 3     |
| Benefit Package                       | 0            | 0        | 1     |
| Quality of Care                       | 0            | 0        | 0     |
| Total                                 | 9            | 9        | 19    |



| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION<br>TAKEN |
|---------------------------|-----------------------------|-----------------|
|---------------------------|-----------------------------|-----------------|

All LOB Grievance Trends

| Monthly Grievances Report: Detailed Grievances Data   |
|---|
| Reporting Period: 1/1/2022-3/31/2022  |
| <b>Note:</b> Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month. |



| Month Over Month Grievance Volume Detail               |              |              |               |
|--|--------------|--------------|---------------|
| Grievance Category                                     | Report Month |              |               |
|  | January      | February     | March         |
| <b>Other - Quality of Service</b>                      | 1,407        | 1,521        | 2,096         |
| <b>Other - Billing or Finance</b>                      | 1,738        | 1,848        | 2,374         |
| <b>Access to Care</b>                                  | 3,462        | 4,024        | 4,970         |
| Quality of Care  | 267          | 388          | 555           |
| Customer Service                                       | 246          | 292          | 143           |
| Benefit Package  | 510          | 648          | 813           |
| Enrollment or Disenrollment                            | 148          | 216          | 235           |
| Marketing  | 242          | 207          | 262           |
| CMS-DHCS Issues  | 0            | 0            | 2             |
| Organizational Determination & Reconsideration Process | 1            | 11           | 9             |
| Provider Specific                                      | 0            | 0            | 0             |
| <b>Total</b>   | <b>8,021</b> | <b>9,155</b> | <b>11,459</b> |

Out of Compliance Appeals and Grievances

- L.A. Care discovered a volume of Appeals and Grievances cases in which Resolution Letters were not mailed to the member.
  - In May 2021, L.A. Care self-disclosed this issue to the Regulatory entities.
- On March 31, 2022, L.A. Care completed the resolution of the self-disclosed volume of Appeal and Grievance cases in which Resolution Letters were not sent to the member.

L.A. Care hired temporary staff, weekly executive progress reports, created monitoring tools including reporting, enhanced our ag system, added automation, conducted outreach [calls and/or letters] to some of the members affected

| AGENDA ITEM/<br>PRESENTER  | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
|--|---|-----------------|
| <ul style="list-style-type: none"> <li data-bbox="111 816 386 881">• <b>Risk Assessment Update</b></li> <br/> <li data-bbox="111 1109 348 1174">• <b>Health Risk Reassessment</b></li> </ul> | <p data-bbox="443 220 905 253">The Future of Appeals &amp; Grievances</p> <ul style="list-style-type: none"> <li data-bbox="443 261 1629 326">• It has been approved for Appeals &amp; Grievances (A&amp;G) to employ and train more staff in all department areas.</li> <li data-bbox="443 337 1656 402">• The team now has an additional tool to help them focus on the daily monitoring of appeal and grievance procedures to guarantee compliance in all areas.</li> <li data-bbox="443 414 1587 446">• A comprehensive quality assurance and ongoing monitoring process has been developed.</li> <li data-bbox="443 457 1755 522">• A detailed evaluation of the A&amp;G processes is now being conducted. This involves systems, desk level procedures and department policy &amp; procedures.</li> <li data-bbox="443 534 1608 566">• A&amp;G performance is reported Executive Leadership and Compliance on an ongoing basis.</li> </ul> <p data-bbox="443 583 1755 794">Board Member Roybal noted that often when there is a grievance or appeal, other departments are needed to resolve the issue and it adds time to resolving it. He asked if bottlenecks are taken into account in the report. Ms. Crandall responded that it is part of the process. A&amp;G staff are looking into communicating with partners internally and externally and trying to have the denial letter fed into the system so they don't have to log into a new system to get that denial packet. When working with external partners they are hoping to get those denials into the A&amp;G system to eliminate that system.</p> <p data-bbox="443 816 1745 881">Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, gave a Risk Assessment Update (<i>A copy of the report can be obtained from Board Services</i>).</p> <p data-bbox="443 904 1761 1083">Current risk issues are being tracked by L.A. Care. All updates are under review and in process of remediation. They do have plans under internal audits program to look at their project status and will have an update next month. With the risks that have been accumulating along with issues they have been updating the risks assessments register. It is more proactive in the sense looking at what issues come in that may create risks.</p> <p data-bbox="443 1105 1545 1138">Steven Chang, <i>Senior Director, Care Management, Care Management</i>, gave the following report:</p> <ul style="list-style-type: none"> <li data-bbox="443 1146 1755 1211">• DHCS requires health plans conduct annual Health Risk Assessment (HRA) for Medi-Cal only Seniors and People with Disabilities (SPD) members. This is in addition to the initial HRA.</li> <li data-bbox="443 1222 1724 1287">• 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.</li> <li data-bbox="443 1299 1724 1364">• 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.</li> <li data-bbox="443 1375 1167 1408">• Remediation for the backlog initiated in October 2021.</li> <li data-bbox="443 1419 1713 1451">• The entire backlog is scheduled to be remediated in 12 months and will complete by October 2022.</li> </ul> |                 |

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|---------------------------|---|-----------------|---------|-----------|---------|-----|--------------|------|-----|----|------|---------------|------|-----|----|------|---------------|------|-----|----|------|--------------|------|-----|----|------|---------------|------|------|----|------|------------|------|-----|----|------|--|
|                           | <ul style="list-style-type: none"> <li>• Going forward, the remediated process will ensure annual outreach attempts are completed for all Medi-Cal only SPD members.</li> <li>• 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 additional high risk members in Care Management.</li> </ul> <p>Backlog and Remediation Update</p> <ul style="list-style-type: none"> <li>• Status: On Track for completion of backlog by October 31, 2022 <ul style="list-style-type: none"> <li>- SPD reassessment total = 72,287      Average monthly outreach = ~6000</li> <li>- Completed thru March 2022 = 36,143      Outstanding = 36,144</li> <li>- Backlog remediation = 50% complete</li> </ul> </li> <li>• Challenges: <ul style="list-style-type: none"> <li>- Erratic post office delays in receiving member mailed HRAs (example below) <ul style="list-style-type: none"> <li>➤ January 1, 2022 through January 30, 2022: 37 HRAs received</li> <li>➤ January 31, 2022 through February 8, 2022: 1908 HRAs received</li> </ul> </li> <li>- Current HRA operational reports contain errors and are difficult to use <ul style="list-style-type: none"> <li>➤ Tickets submitted to improve accuracy and oversight functionality</li> </ul> </li> <li>- Increase in Medi-Cal only SPD members stratified as High Risk or Complex Risk <ul style="list-style-type: none"> <li>➤ CM resources are stretched to complete required outreach and care planning</li> </ul> </li> </ul> </li> </ul> <p>Backlog and Remediation Monthly Update</p> <p>SPD Reassessment HRAs Completed</p> <table border="1" data-bbox="443 1005 1593 1317"> <thead> <tr> <th>Month</th> <th>Total</th> <th>Completed</th> <th>Refused</th> <th>UTC</th> </tr> </thead> <tbody> <tr> <td>October 2021</td> <td>5788</td> <td>533</td> <td>31</td> <td>5224</td> </tr> <tr> <td>November 2021</td> <td>6204</td> <td>214</td> <td>31</td> <td>5638</td> </tr> <tr> <td>December 2021</td> <td>6021</td> <td>143</td> <td>10</td> <td>5868</td> </tr> <tr> <td>January 2022</td> <td>6051</td> <td>150</td> <td>19</td> <td>5882</td> </tr> <tr> <td>February 2022</td> <td>5962</td> <td>194*</td> <td>45</td> <td>5723</td> </tr> <tr> <td>March 2022</td> <td>6117</td> <td>526</td> <td>10</td> <td>5581</td> </tr> </tbody> </table> <p>Board Member Roybal asked if L.A. Care offers incentives to complete HRAs. Mr. Chang responded that L.A. Care does not offer incentives for completion of the HRA. Member Roybal asked if L.A. Care is compliant as long as it makes the attempt and outreach to get the members HRA completed. Mr. Chang responded that he is correct. As long as it follows the outreach guidelines L.A. Care is compliant.</p> | Month           | Total   | Completed | Refused | UTC | October 2021 | 5788 | 533 | 31 | 5224 | November 2021 | 6204 | 214 | 31 | 5638 | December 2021 | 6021 | 143 | 10 | 5868 | January 2022 | 6051 | 150 | 19 | 5882 | February 2022 | 5962 | 194* | 45 | 5723 | March 2022 | 6117 | 526 | 10 | 5581 |  |
| Month                     | Total   | Completed       | Refused | UTC       |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |
| October 2021              | 5788  | 533             | 31      | 5224      |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |
| November 2021             | 6204  | 214             | 31      | 5638      |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |
| December 2021             | 6021  | 143             | 10      | 5868      |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |
| January 2022              | 6051  | 150             | 19      | 5882      |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |
| February 2022             | 5962  | 194*            | 45      | 5723      |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |
| March 2022                | 6117  | 526             | 10      | 5581      |         |     |              |      |     |    |      |               |      |     |    |      |               |      |     |    |      |              |      |     |    |      |               |      |      |    |      |            |      |     |    |      |  |

| AGENDA ITEM/<br>PRESENTER   | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
|---|--|-----------------|
| <ul style="list-style-type: none"> <li>• <b>Key Performance Indicators</b></li> </ul> | <p>Board Member Hilda Perez asked if L.A. Care reaches out by phone call or robo call. Mr. Chang responded that L.A. Care uses a combination of both. L.A. Care uses an auto dialer, but as soon elects to do the HRA they are transferred to a live person who assists with the completion of the HRA.</p> <p>Chelsea Hertler, <i>Manager, Regulatory Affairs, Compliance</i>, gave a report about Key Performance Indicators (<i>A copy of the full report can be obtained from Board Services.</i>).</p>  |                 |
| <p><b>ADJOURN TO CLOSED SESSION</b></p>   | <p>The Joint Powers Authority Board of Directors meeting was adjourned at 3:41 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 3:42 pm.</p> <p>PEER REVIEW<br/>Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION<br/>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• 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</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION<br/>Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act<br/>Four Potential Cases</p> |                 |
| <p><b>RECONVENE IN OPEN SESSION</b></p>   | <p>The Committee reconvened in open session at 4:59: p.m.</p> <p>There was no report from closed session.</p>  |                 |
| <p><b>ADJOURNMENT</b></p>   | <p>The meeting was adjourned at 5:01 p.m.</p>  |                 |

Respectfully submitted by:  
Victor Rodriguez, *Board Specialist II, Board Services*  
Malou Balones, *Board Specialist III, Board Services*  
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

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Stephanie Booth, MD, *Chairperson* 6/29/2022 | 9:33 PM PDT  
Date Signed: \_\_\_\_\_