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.

<table>
<thead>
<tr>
<th>AGENDA ITEM/ PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
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<tbody>
<tr>
<td>CALL TO ORDER</td>
<td>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance &amp; Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance &amp; Quality Committee meetings to order at 2:02 p.m.</td>
<td>Approved unanimously by roll call. 4 AYES (Booth, Perez, Roybal and Vaccaro)</td>
</tr>
<tr>
<td>APPROVAL OF MEETING AGENDA</td>
<td>The Meeting Agenda was approved as submitted.</td>
<td>Approved unanimously by roll call. 4 AYES (Booth, Perez, Roybal and Vaccaro)</td>
</tr>
<tr>
<td>PUBLIC COMMENT</td>
<td>There was no public comment.</td>
<td>Approved unanimously by roll call. 4 AYES (Booth, Perez, Roybal and Vaccaro)</td>
</tr>
<tr>
<td>AGENDA ITEM/ PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
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<tr>
<td>APPROVAL OF MEETING MINUTES</td>
<td>Chairperson Booth stated that recommendations by the committee were correctly captured in the meeting minutes. The May 19, 2022 meeting minutes were approved as submitted.</td>
<td>Approved unanimously by roll call. 4 AYES</td>
</tr>
<tr>
<td>CHAIRPERSON REPORT</td>
<td>Chairperson Booth stated that the committee recently adopted a monthly schedule. It is not clear if they would like to adopt a schedule similar to the Finance &amp; Budget Committee and the Executive Committee meetings, which do not meet in July. She asked the committee members if they would like to have a July meeting. Board Member Roybal responded that it would depend on topics that need to be discussed by the committee. Board Member Perez agreed with Board Member Roybal. Board Member Vaccaro responded that she agrees, and if there is anything urgent they need to discuss, the committee could meet in July. Chairperson Booth noted that there is still a need to review the committee charter and she suggested discussing this topic again the end of the meeting.</td>
<td></td>
</tr>
<tr>
<td>CHIEF MEDICAL OFFICER REPORT</td>
<td>Richard Seidman, MD, MPH, Chief Medical Officer, gave the following report: World Blood Donor Day was June 14. He noted that Terry Brown, Chief Human Resource Officer, is on the Regional Advisory Board for the Red Cross, and L.A. Care has hosted several blood donation events. Charles Drew, MD, was instrumental in the development of technology that enabled the safe storage and use of blood. He is credited with this scientific breakthrough that has saved many lives. The Healthcare Effectiveness Data and Information Set (HEDIS) survey for Measurement Year 2021 is underway and L.A. Care will submit all data for all lines of business. He announced that Katrina Miller-Parrish, MD, FAAFP, Chief Quality and Information Executive, will speak on the matter later in this meeting. Los Angeles County is currently in a medium community level of transmission of the COVID-19 pandemic. He noted that level does not require wearing masks, and masking indoors remains optional. If the transmission rate reaches six per 100,000 people, it will move the county into a higher level of prevention practices. L.A. Care continues to encourage everyone to wear masks indoors, wash hands frequently, and use antiviral oral medications if necessary. The Federal Drug Administration Advisory Committee has approved the Moderna and Pfizer vaccines for children under five years of age. It is considered a next step in taking control of the pandemic. Currently there are 12 known cases of the Monkey Pox virus in Los Angeles County. The virus is mainly transmitted by men who have sex with men and men experiencing homelessness. Los Angeles County Department of Public Health is stepping up its messaging, focusing on men who have sex with men and men experiencing homelessness. Dr. Seidman updated the Committee about the nation’s baby formula shortage. He noted that availability is getting better. The federal government has relaxed limitations on formulas people in the Women’s, Infant and Children’s program (WIC) can buy. The supply is also increasing. The US will import baby formula from Spain and California has already begun to import from Australia.</td>
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<tr>
<td>AGENDA ITEM/PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
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<tr>
<td>He noted that the Department of Health Care Services (DHCS) published an annual preventive services report for 2020. Overall, urban counties out performed rural counties in California in providing preventive services. Los Angeles County did well in comparison with other counties. L.A. Care didn't perform well in lead screening and well-child visits, as has been previously reported. Board Member Perez commented that at the start of the pandemic, L.A. Care held a vaccine campaign at the community resource centers. Some people received the Johnson &amp; Johnson vaccine and a booster. She asked if those people are considered to be fully vaccinated. Dr. Seidman responded that people should reach out to their doctor. Information is also on the L.A. Care website. “Up-to-date” means fully vaccinated, and it is recommended to keep up with boosters when recommended. People that got the Johnson &amp; Johnson vaccine are eligible for boosters. Board Member Perez asked how many at home tests members can get. Dr. Seidman responded that L.A. Care members can receive up to eight COVID-19 tests per month, and eight per household from the federal government. Board Member Vaccaro pointed out that there is one confirmed case of Monkey Pox at a community clinic. She asked if well-child visits and lead screening continue to be at issue because children are not going in-person to doctor appointments. Dr. Seidman responded that the well-child measure is a very difficult measure to meet because multiple visits are required. If children miss shots at an early age it is difficult to catch up with the HEDIS measure. He recently went to a pharmacy and asked about the COVID-19 tests. He was directed to pay at the front and seek reimbursement from his commercial health plan. Medi-Cal members only need to show their Medi-Cal card to get the COVID home test kit. Dr. Miller-Parrish thanked Board Member Perez for helping with the wording for the HEDIS campaign. She said that L.A. Care submitted all HEDIS data and has submitted the Population Needs Assessment. DHCS asked to use L.A. Care’s submission as an example for other plans for the Population Needs Assessment, and she thanked the cross-functional teams that worked on it. Other health plans have also begun to ask L.A. Care for help with putting together their Population Needs Assessment and Population Health Management documents. She noted that the California Advancing and Innovating Medi-Cal (CalAIM) has many more requirements for population health management, and in particular for transition of care. There is much work to be done to make sure the entire network is following the requirements for transition of care. Board Member Perez thanked Dr. Miller-Parrish for the opportunity to speak to staff and help make the wording more conversational. She noted that when she goes to resource centers, people point out social media, such as Facebook and Instagram, as being the best place to receive information. She said that many members do not have computers but they do have smart phones.</td>
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(Board Member Ballesteros joined the meeting.)
### AGENDA ITEM / PRESENTER

**BACK TO CARE CAMPAIGN**

Bettsy Santana, *Senior Manager, Quality Improvement Initiatives, Quality Improvement*, presented information about L.A. Care’s Back to Care Campaign *(a copy of the presentation can be obtained from Board Services)*.

**Addressing the Pandemic’s Effect on Preventive Health**

- Throughout 2020, COVID-19 reduced preventive care rates, especially well care visits and cancer screenings.
- In 2021, the Clinical Initiatives team focused on efforts to improve preventive care visits and screening rates.
- Based on feedback from our members and providers we knew…
  - People were hesitant to visit the doctor
  - We needed a large scale campaign to address people’s reluctance to seek care
- Social Media was the ideal modality for a large scale intervention.
  - “Back to Care” was launched 8/31/2021.
- Since then, we have built upon this campaign and are adding new modalities to remind our members to get “Back to Care!”
- Our goal is to improve rates back at least to pre-pandemic levels.

**Social Media Campaign – #BackToCareLA**

- **Strategy**
  - Paid social media campaigns.
  - Partnered with Blue Shield Promise, Anthem Blue Cross and Health Net to:
    - Align messaging with health plans to push “Back to Care” messaging far and wide!
    - Use the campaign hashtag: #backtocareLA
    - Tag all health plans in posts.
    - Plans could design the posts how they wanted – just had to stick to the messaging and use the hashtag.
    - Request each plan agreed to spend at least $10,000.
- **Key Messaging**
  - Safe to visit the doctor’s office
  - Do not further delay preventive care

**Messaging and Hashtags**

- **Message 1**: Health care providers are keeping their offices clean and safe. Call your doctor to make an appointment for any care you might have missed during the COVID-19 pandemic.
- **Message 2**: Don’t skip check-ups, mammograms, or lab tests. Call your doctor to make an appointment for any care you might have missed during the COVID-19 pandemic.
- **BacktoCareLA**
  - L.A. Care Health Plan (Facebook & Instagram - @LACareHealth)
Blue Shield of California (Facebook & Instagram - @BlueShieldca)
Anthem Blue Cross Medi-Cal (Facebook - @AnthemBlueCrossCA)
Health Net, LLC (Facebook - @HealthNetInc) (No Instagram account)

All Health Plans will be participating in 2022.

Program Evaluation
- Cost $14,579 to L.A. Care and $40,079 across plans
- Los Angeles community members viewed messaging nearly 3 million times!
- This effort was achieved at a cost per impression of only $0.01 and cost per reach of $0.04.

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<tr>
<td>L.A. Care</td>
<td>340,043 Reach 739,708 Impressions 287,562 Engagement 10 Number of posts $14,579 Amount spent 8/30/21-9/3/21; 9/6/21-9/30/21 Dates</td>
<td></td>
</tr>
<tr>
<td>Health Net</td>
<td>255,887 Reach 464,477 Impressions 17,164 Engagement 11 Number of posts $11,000 Amount spent 9/14/21-11/23/21 Dates</td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>295,873 Reach 1,334,885 Impressions 2,237 Engagement 3 Number of posts $11,000 Amount spent 9/8/21-10/6/21 Dates</td>
<td></td>
</tr>
<tr>
<td>Blue Shield Promise</td>
<td>46,000 Reach 458,523 Impressions 2,115 Engagement 4 Number of posts $3,500 Amount spent 9/22/21-10/22/21 Dates</td>
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<tr>
<td>TOTAL</td>
<td>937,803 Reach 2,997,593 Impressions 309,078 Engagement 28 Number of posts $40,079 Amount spent Dates</td>
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</table>
She thanked staff teams for their help with the campaign:
- Communications
- Marketing
- Plan Partner Product
- Quality Performance Management
- Vaccine Command Center
- Plan Partners & Health Net
- QI Initiatives

Plans for 2022 and Beyond
- launch #BacktoCareLA social media campaign in June
- All Health Plans from the 2021 Campaign will be participating in 2022!
- Other outreach strategies:
  - Mailers
  - Automated Calls/Interactive Voice Response (IVR)
  - Text messaging!!
Not all campaigns are branded with the Back to Care tagline but the outreach efforts use the same concept
- L.A. Care is using a vendor to provide text messaging to L.A. Care Medi-Cal Direct (MCLA) members that have opted to receive messages.
- HEDIS measures include:
  - Well Care Visits for Children (WCV)
  - Cervical Cancer Screening (CCS)
  - Controlling Blood Pressure (CBP)
  - Comprehensive Diabetes Care (CDC)
  - Prenatal Care (PPC-1)
  - Post-partum Care (PPC-2)
- CCS: 35,777 members texted
- WCV: 26,465 members texted
- American Cancer Society
  - Developed a series of videos for Instagram and Facebook highlighting two cancer survivors and a L.A. Care physician. Videos encouraged people to get their colorectal, breast, and other cancer screenings.
  - Developing co-branded mailers and social media posts.
  - HPV vaccine video will feature an L.A. Care member discussing the importance of vaccination.
- Youth Advisory Board lead by the Department of Public Health
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| - Youth leaders representing the various Service Planning Areas (SPAs) from around the county met with our team to provide feedback and help design a social media and mailer messaging and images to encourage well care visits.  
  • Provider Offices  
    - Meet regularly with several provider groups in the L.A. Care network to keep them up-to-date with our campaigns  
    - Partnering with clinics to provide in-person and/or virtual patient experience trainings by SullivanLuallin Group.  
  • Members  
    - Present on health topics and interventions to our member representatives in the Executive Community Advisory Committees (ECAC) to solicit feedback on our campaigns. | | 
| Other Initiatives  
L.A. Care’s website page on Quality Improvement: https://www.lacare.org/providers/provider-resources/tools-toolkits/quality-improvement-program | |
### Clinical Care & Patient Experience Initiatives for 2022

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Launch Date*</th>
<th>Lines of Business**</th>
<th>Target Audience</th>
<th>Description/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD Provider Notification Letter</td>
<td>On-going</td>
<td>LACCC MCLA</td>
<td>Providers</td>
<td>Letter notifying provider of patients needing follow-up care after prescribing ADHD medication.</td>
</tr>
<tr>
<td>Adolescent Social Immunization Media Campaign</td>
<td>February – March 2022</td>
<td>Community-based</td>
<td>Community-based</td>
<td>Facebook Ads encouraging adolescent immunizations.</td>
</tr>
<tr>
<td>Antidepressant Medication Management Letter</td>
<td>May 2022</td>
<td>LACCC MCLA OMC</td>
<td>Members</td>
<td>Member letter educating on importance of following antidepressant medication treatment plan and friendly reminder on other yearly check-ups (colonoscopy, cervical cancer, breast cancer screening).</td>
</tr>
<tr>
<td>Asthma Member Kit</td>
<td>August 2022</td>
<td>MCLA</td>
<td>Members</td>
<td>Asthma kit contains educational material emphasizing asthma role of 2's and labels for relievers and controls.</td>
</tr>
<tr>
<td>Back to Care Child and Adolescent Well-Child Campaign Mailings and Automated Calls</td>
<td>May 2022</td>
<td>LACCC MCLA</td>
<td>Members</td>
<td>Postcard and automated calls to guardians of school aged children, encouraging them to schedule their child a visit to the doctor for checkups and shots.</td>
</tr>
</tbody>
</table>

*Subject to change without notice. Rev: March 2022
**LACCC = L.A. Care Co-Managed Plan for Medically Beneficiaries
CMC = L.A. Care Co-Managed Plan for the community
OMC = L.A. Care OMC Health Plan
MCLL = L.A. Care OMC Health Plan
PASC = L.A. Care plans
CCHP = Covered California Health Plan
PASCD = L.A. Care Co-Managed Plan
**PASCD = L.A. Care Co-Managed Plan

Compliance & Quality Committee
June 16, 2022 Page 8 of 14

APPROVED
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<tr>
<th>AGENDA ITEM/ PRESENTER</th>
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<th>ACTION TAKEN</th>
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<tr>
<td>Chairperson Booth stated that she supports results and making sure money is being spent effectively, and she asked how L.A. Care knows this is effective. Ms. Bettsy responded that L.A. Care compares the period the messages went out and the volume of well care visits during that same period. If the volume of visits goes up, it indicates effectiveness. Dr. Seidman stated that internal studies will measure the benefit of these campaigns. Compared to when mail was used, which is very expensive, it is a better option. Physical address data L.A. Care has for its members can be incorrect and mail is returned as undeliverable. Cellphone numbers are usually valid and electronic messages are more cost effective. Chairperson Booth commented that she would like to review the data. Board Member Vaccaro asked if L.A. Care resolved the issue of not being able to mass text members due to Telephone Consumer Protection Act (TCPA) regulations. Augustavia J. Haydel, Esq., General Counsel, responded that exemptions were provided as part of the public health emergency, and L.A. Care has made use of those exemptions. Dr. Seidman responded that L.A. Care can’t message its members without their consent. When consent is given, L.A. Care can text its members. There is an effort to add that consent to the Medi-Cal application. Thomas Mapp, Chief Compliance Officer, said that the DHCS stated that members provide consent because members initiate the enrollment relationship. John Baackes, Chief Executive Officer, commented that signing the application is consent.</td>
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</table>
| CHIEF COMPLIANCE OFFICER REPORT | Mr. Mapp and the Compliance Department staff presented the Chief Compliance Officer Report (a copy of the written report can be obtained from Board Services). The Compliance Officer Overview includes the following updates:  
- Compliance Department Staffing  
  a. Organization Chart  
  b. Introduced Michael Sobetzko, Senior Director, Risk Management and Operations Support  
- Internal Audit Update  
- Risk Assessment Update  
- Noncompliance Issues Inventory  
- Out of Area Issue Update  
- Delegation Oversight Audit Schedule  
Mr. Mapp introduced Michael Sobetzko, Senior Director, Risk Management and Operations Support. Mr. Sobetzko stated that he is very excited to join the Compliance & Quality Committee meeting, he sees great opportunities and has met incredible people. He has over 24 years of managed care experience, most recently with Health Net and Centene, where he oversaw Wellness Operations, Vendor Management, and Compliance Audits. He hopes the experiences will help him serve L.A. Care well. | |
**2022 Internal Audit Update**

Todd Gower, Consultant, Compliance Internal Audit, Compliance, gave an overview of the Internal Audit Plan, Risk Assessment, and Noncompliance Issues.

He reported that a number of changes were made to some aspects of the plan. They removed some audits, such as a pharmacy audit that was moved to the next calendar year, and added new audits for transportation and the mailroom process review. The new audits are complete and will be reported in August. The emergency claims review has been completed. There will be a kick off of other audits starting in the later part of June and in July.

<table>
<thead>
<tr>
<th>Audit</th>
<th>Status Rating</th>
<th>Status</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>OOA Emergency Services Claims and Grievances Audit</td>
<td>Corrective Action Plans (CAP) with Management for final</td>
<td>CAP development complete and Final Audit Report complete and distributed to stakeholders and Legal Services</td>
<td>Test CAPS – Starting January 2023</td>
</tr>
<tr>
<td>Mail Processes Audit</td>
<td>Draft Report with Management for CAPs</td>
<td>Present draft audit Report to Facilities Management for review and development of CAPs (June 6)</td>
<td>Allow Facilities Management one week to develop CAPs and due dates</td>
</tr>
<tr>
<td>Transportation Benefit Audit (NMT &amp; NEMT)</td>
<td>Fieldwork</td>
<td>Field work continues – estimated completion date July 1</td>
<td>Draft Audit Report – estimated draft completion date June 20</td>
</tr>
<tr>
<td>Health Industry Collaborative Effort (HICE) Shared IT Integrity and Security Audits</td>
<td>Ongoing</td>
<td>Completed for 8 providers; MedPOINT provides IT services; MedPOINT CAP review is complete. Most controls are partially implemented. Overall MedPOINT has failed the audit. Team will decide if there is need to go second round of CAP activities. It is being considered to ask MedPOINT to have SOC2 Type 2 audit conducted. Detailed audit report is being prepared.</td>
<td>To be presented to HICE team, LA Care IT Security</td>
</tr>
</tbody>
</table>
**AGENDA ITEM/PRESENTER** | **MOTIONS / MAJOR DISCUSSIONS** | **ACTION TAKEN**
--- | --- | ---
IT Project and IT Configuration Audit | Kicking-Off in June | Currently with IT security for kick off planning stage, 2nd week of June | Kick off and document gathering, and planning for field work

Mr. Gower stated that HICE is a collaborative from the other health plans based on Synermed data quality. They found that many of the delegated entities had failed regarding their IT controls. All plans have been asked to participate, with L.A. Care leading this effort in cleaning up the IT control tool program for California.

Chairperson Booth asked if it was the state or DHCS that asked L.A. Care to do this. Mr. Mapp responded that it was the Department of Managed Health Care (DMHC) as a result of the enforcement action.

The risk assessment and mitigation information has been updated.

Three Risk Mitigation activities (#’s 1, 4, 5) to be reviewed for 1) priority funding or accept current compensating controls for IA to test & 2) review the business unit’s acceptance of current controls, which IA would test for effectiveness.

Risk Mitigation activities (#’s 2, 3, 6) are in process:
- #2 – Implementation testing
- #3 – Waiting for assessment to establish ETA and funding needs
- #6 – Vendor selection

2022 Non Compliance Issue Inventory
The non-compliance issue inventory has been updated and going through a clean-up process
1. There are currently 22 items that have been tracked
2. As of June:
   - Four issues have been closed or remediated – will be part of internal audit follow-up
   - Eighteen issues remain open with various updates to get remediated, seek prioritization for funding, waiting for upgrades, etc.

<table>
<thead>
<tr>
<th>Status</th>
<th>Compliance - BC/Risk</th>
<th>Compliance - RAM</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Open</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Remediated</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>8</td>
<td>14</td>
<td>22</td>
</tr>
</tbody>
</table>
### EPO 2022 Annual Audits

Marita Nazarian, Director, Delegation Oversight, reported:

Delegation Oversight Annual Audit Updates

2020 & 2021 Annual Audits:
- Eight months of audit moratorium due to COVID-19
- Conducted total of 42 annual audits
  - Forty audits closed
  - Two escalated for non-compliance
- Exhibits attached

2022 Annual Audits:
- Forty-seven delegates scheduled to be audited
  - Seven will receive full annual audit
  - Forty will go through Risk Based Audit
- Risk Based Audits Methodology
  - For areas of Utilization Management (UM), Cultural & Linguistics, Provider Network, Compliance Program Effectiveness, and Critical Incidence
  - Based on deficiencies identified during: last annual audit, last DMHC/DHCS audits, monitoring results.

Chairperson Booth asked about the two escalated cases for noncompliance. Ms. Nazarian responded that Pioneer Medical Group and Superior Choice Medical Group were escalated and audited. Pioneer Medical Group had ten deficiencies that they could not agree on with L.A. Care. The corrective action plans (CAPs) were not acceptable to L.A. Care and revisions were requested multiple times. The Sanctions Committee conducted a review. Superior Choice Medical Group has not been reviewed by the Sanctions Committee, but the issues have been escalated. Discussions are underway with the Chief Executive Officer, and L.A. Care is working with them to address the issues.

#### AGENDA ITEM / PRESENTER

<table>
<thead>
<tr>
<th>Member Impact</th>
<th>Tracked by Compliance - BC/Risk</th>
<th>Compliance - RAM</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct - Clinical</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Direct- Non-Clinical</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Indirect</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>8</strong></td>
<td><strong>14</strong></td>
<td><strong>22</strong></td>
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<tr>
<td>AGENDA ITEM/ PRESENTER/</td>
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<td>ACTION TAKEN</td>
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<tr>
<td>• 2021 DHCS Medical Audit Update</td>
<td>Justin Muraki, <em>Compliance Advisor III, Compliance</em>, reported that L.A. Care received its final report on the 2021 DHCS Medical Audit on February 3. L.A. Care submitted CAPs for 27 findings on March 16. DHCS responded with document requests to validate implementation of CAPs, as well as request additional remediation as needed. There were a few areas that DHCS focused on, such as Prior Authorization timeliness in the UM area, Appeals and Grievance processing timeline, continuity of care processes, and delegation oversight.</td>
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**ADJOURN TO CLOSED SESSION**

Chairperson Booth asked Mr. Mapp and Dr. Seidman if they will have anything to report to the Committee in July. Mr. Mapp responded that the primary task is to review the charter, and he suggested that this can occur at the August meeting. He is not aware of pressing matters that would necessitate a July meeting. Dr. Seidman agreed with Mr. Mapp. Chairperson Booth asked if they can touch bases in July. She noted that while she is sure they have things to discuss, she is not sure of the timeframe. She is comfortable with waiting until August to meet again.

Chairperson Booth asked the committee members if they would like to meet in December. Board Member Roybal suggested holding off on making that decision. Chairperson Booth stated that the Committee will not meet in July and will hold off on making a decision about the December meeting.

The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:35 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 3:42 pm.

**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
- L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069, Department of Health Care Services (Case No. Unavailable)

**CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act
Four Potential Cases

**RECONVENE IN OPEN SESSION**

The Committee reconvened in open session at 4:59 p.m.

There was no report from closed session.
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<tbody>
<tr>
<td>ADJOURNMENT</td>
<td>The meeting was adjourned at 5:01 p.m.</td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted by:
Victor Rodríguez, 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: ________________________