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AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS
Thursday, June 16, 2022, 2:00 P.M.
L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=m6943a7d591df7c23e2d1e8e743c342be

**To listen to the meeting via teleconference please dial:
+1-213-306-3065
Meeting number:
2481 898 7219
Password: lacare**

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

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

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 P.M. on June 16, 2022, it will be provided to the members of the Compliance and Quality Committee at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Public comments submitted will be read for up to 3 minutes during the meeting.

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

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

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

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

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

All votes in a teleconferenced meeting shall be conducted by roll call.

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

WELCOME		Stephanie Booth, *MD, Chair*
1.	Approve today's meeting Agenda	*Chair*
2.	Public Comment (*please see instructions above)*	*Chair*
3.	Approve May 19, 2022 Meeting Minutes P.4	*Chair*
4.	Chairperson's Report	*Chair*
5.	Chief Medical Officer Report	Richard Seidman, *MD, MPH*
6.	Back To Care Campaign P.24	Bettsy Santana, *Senior Manager, Quality Improvement Initiatives, Quality Improvement*
7.	Chief Compliance Officer Report P.35	Thomas Mapp
	• Compliance Officer Overview P.37	Elysse Tarabola
	• Key Performance Indicators P.52	*Senior Director, Regulatory Compliance, Compliance*
	• 2022 Risk Assessment Update P.55	Chelsea Hertler
	• 2022 Noncompliance Issues Inventory P.57	*Manager, Regulatory Affairs*
		Steven Chang
		Senior Director, Care Management Office of CSC Excellence
		Marita Nazarian
		Director, Delegation Oversight
		Todd Gower
		Consultant
		Toni L. Hill
		Consultant

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

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

9.   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)

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

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on July 21, 2022 at 2:00 p.m.

Public comments will be read for three minutes or less.
The order of items appearing on the agenda may change during the meeting.
If a teleconference location is listed at the top of this agenda, the public can listen to the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.
ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Government Code Section 54954.2 (a)(3) and Section 54954.3.
NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH MONDAY OF MOST MONTHS AT 2:00 P.M.   POSTED AGENDA and MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT www.lacare.org.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available at www.lacare.org.

AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS
Compliance & Quality Committee Meeting
Meeting Minutes – May 19, 2022

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

Members
Stephanie Booth, *MD, Chairperson*
Al Ballesteros, *MBA*
Hilda Perez
John Raffoul*
G. Michael Roybal, *MD*
Nina Vaccaro
* 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*
Elysse 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/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	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. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	**Approved unanimously by roll call.** **5 AYES (Ballesteros, Booth, Perez, Roybal and Vaccaro)**

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	Chairperson Booth stated that recommendations by the committee were correctly captured in the meeting minutes. The April 19, 2022 meeting minutes were approved as submitted.	**Approved unanimously by roll call.** **5 AYES**
CHAIRPERSON REPORT	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. Thomas Mapp, *Chief Compliance Officer*, 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, Chief Medical Officer*, 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. 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.	
REVIEW CHARTER PROVISIONS	This agenda item will be discussed at a future a meeting.	
CHIEF MEDICAL OFFICER REPORT	Dr. Seidman presented the May 2022 Chief Medical Officer Report *(a copy of the report can be obtained from Board Services)*. COVID-19 Update 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 hospitalizations by 93%. Out of L.A. Care's membership fewer than	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.

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

The 2022 Quality of Care/Population Health Management (PHM) Index in the Enterprise Goals is being tracked monthly using the Enterprise-Wide Dashboard. To date 11 out of 14 goals are trending toward meeting or exceed the goal *(A copy of the presentation can be obtained from Board Services.).*

Pharmacy Update
Medi-Cal Rx Update:
As of April 2022, Medi-Cal pharmacy continues to resolve outpatient pharmacy benefit issues. The most current update is as follows:
- 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.
- 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.
- 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 | |

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	managed care plan's medical benefit. L.A. Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit. Baby Formula Shortage 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 as opposed to the regular formula market. The call center has not reported any calls in regards to this issue. 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 Kaiser's 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. Board Member Nina Vaccaro stated she is concerned that the State and clinics will have different vendors and will create multiple systems for a statewide data exchange. John Baackes, *Chief Executive Officer*, 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. Board Member Al Ballesteros asked how the selection was made. 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. 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.	

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	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.	
	Mr. Baackes responded that at the beginning of Health Homes program, L.A. Care had a similar issue. L.A. Care was able to 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 Revise that will fund interoperability. He is not aware of a legislative solution.	
	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.	
POTENTIAL QUALITY ISSUES (PQI) FY20-21 REVIEW	Christine Chueh, *RN, Senior Manager, Provider Quality, Quality Improvement*, gave a presentation about Potential Quality Issues for Fiscal Year 2020-2021 *(a copy of the presentation can be obtained from Board Services)*. Background • The Provider Quality Review (PQR) team manages the Potential Quality of Care Issue (PQI) process, which is a regulatory requirement to evaluate clinical issues/concerns deviating from accepted standard of clinical care and ensure high quality patient care is delivered to L.A. Care. • The PQR team monitors Critical Incident (CI) Reporting for abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death for the health, safety and welfare of L.A. Care's members. PQI Analysis – Quarter (Q) 4 2020 – Q3 2021 The Provider Quality Review team processed 3,317 PQI referrals: - 1,360 (41%) referral were triaged 0 for not meeting referral criteria. - 1,957 (59%) referral were reviewed for quality of care/service issues.	

Referral Sources	Count	Percentage
Grievance	1,808	92.4%
Customer Solution Center	52	2.7 %
Appeal	29	1.5%
Case Management	20	1.0%

Behavioral Health	18	0.9%
Utilization Management	13	0.7%
Critical Incident	7	0.4%
Special Investigation Unit	3	0.2%
Potential Quality Review	3	0.2%
Facility Site Review	1	0.1%
Managed Long Term Service	1	0.1%
Pharmacy	1	0.1%
Safety Net Initiative	1	0.1%
Total	1,957	

- PQIs can be identified by any department, yet 96.9% came from Customer Solution Center and Appeal & Grievance team.
- PQI referrals continue to expand to more departments within the Plan every year.

A PQI could be identified from any department, yet 96.9% came from CSC/A&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.

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.

Analysis – Q4 2020 – Q3 2021 (continued)
PQI numbers by Line of Business

LINE OF BUSINESS	FY 2020-2021		
	Numbers	%	PTMPM
CMC	772	39.40%	41.4*
LACC	206	10.50%	2.2*
Medi-Cal	924	47.20%	0.8*

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN

PASC-SEIU	55	2.80%	1.1	
Grand Total	1,957	100%	1.4	

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

Analysis – Q4 2020 – Q3 2021(continued)
PQI 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%
Total (ALOB)		1,957	

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	The top issues reviewed: • Treatment/Diagnosis/Inappropriate Care (27.4%) • Delay in Service (17.3%) • Communication/Conduct issues (13.2%) was the third highest issue followed by access to care (9.1%). These are fairly consistent with the previous except the order of the communication and access to care were reversed. Quality of Care & Quality of Service	

Quality of Care & Quality of Service

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

- 72.4% found no care/service issue.
- 25.6% of reviews were service issues resulting in inconvenience to a member.
- Significant decline of PQIs (8.9% to 1.8%) were borderline or moderate quality of care concerns (leveled C2 or C3) from the previous year.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

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 follows 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 PNM and EPO on.
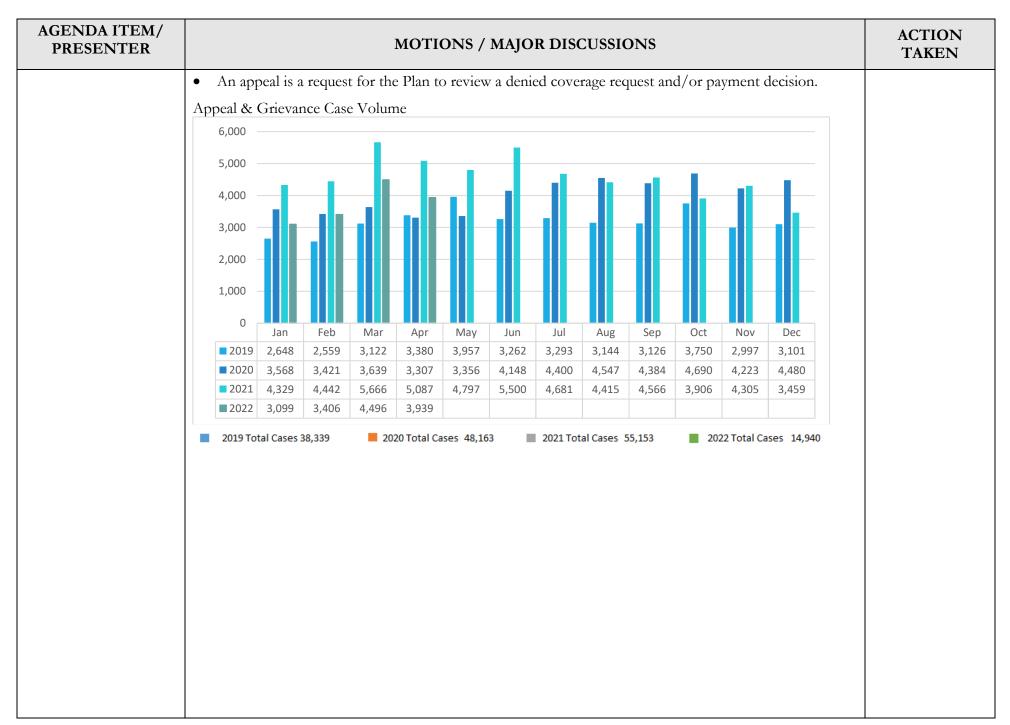
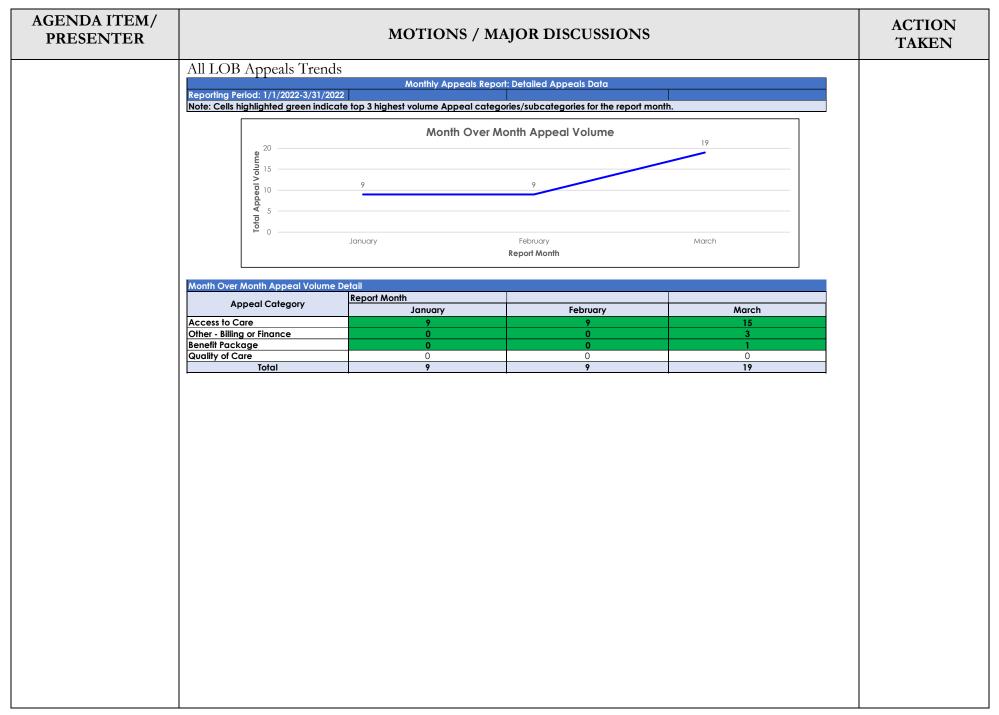| AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Trending Analysis Q4 2020 – Q3 2021 Guiding Improvements 	Provider Group	Collaborative Meeting	CAP
AltaMed Health Network (Medi-Cal only)	x	x
AltaMed Health Service (non-Medi-Cal)	x	
Applecare Medical Group	in planning	
Community Family 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/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	Facility / Vendor	**Main Issue(s)**	**CAP**		
	Wesley Health Center Clinic	Access to Care Communication	x		
	Western Drug Medical	Delay in Authorization			
	United Medical Imaging	Miscommunication	x		
	Call the Car	Ride verification Ride cancellation Missed rides	x		
	L. A. Care Health Plan	Communication System issues Delay in service			

Facility / Vendors met the threshold of 5 track and trend (T&T) points or more

Wesley Health Center
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.

Western Drug Medical
Five PQI cases had delay in processing DME authorization issues resulting in member dissatisfaction, 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

United Medical Imaging
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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	trend was noted in the 3-year data. A corrective action plan will be requested of United Medical Imaging addressing the trended miscommunication issues.	

Call the Car (CTC)
Thirty-Nine PQI cases had service issues resulting in member dissatisfaction 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.

A corrective action plan will be requested from CTC to:
- Improve member communication
- Verification with the members on specific trip details and policies
- Improve delay in transporting and reduce number of no show

Quality Assurance Review
Internal & External Quality Assurance Validation and Monitoring
- PQI Oversight Process
    - Delegation Oversight of Plan Partner and Beacon (Annually and Quarterly)
    - Oversight of L.A. Care Customer Solution Center (CSC) and Appeal & Grievance (A&G) cases not referred to PQI and ongoing discussion with Grievance dept.
        - A significant improvement of A&G referrals from 40%+ of referrals not meeting PQI referral criteria, now down to <10%!
- Inter-Rater Reliability (IRR) Monitoring Process
    - IRR to improve the consistency and accuracy in applying review criteria, in the leveling and final reporting of PQIs.
- Mortality Encounter Data to identify PQI
    - Encounter data from deceased members stratified by age groups to assess for any unusual patterns of encounters to identify death related to any potential quality of care.

Critical Incidents Reporting and Tracking
Critical Incidents are reviewed for patient safety

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

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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• The PQR nurse reviewers assessed potential quality of care concerns from all CIs reported.
	• All quarterly reports were submitted timely to L.A. Care Health Services Reporting and Support Services/Enterprise Data Strategy team for Medicare Operations and Compliance review for final reporting to CMS.
	
	Critical Incident reporting is a CMS requirement to ensure we monitor patient safety
	
	Quality Improvement Activities in Progress
	Ongoing Improvement Activities In Progress
	• Ongoing training to improve identification of PQI & reporting of CI
	   - Getting to Know Potential Quality of Care Issues (PQI)
	   - Getting to Know Critical Incident (CI)
	• Improving medical record collection
	   - Enhance use of electronic medical record platform, such as LANES
	   - Work with internal department and PPGs to improve record collection workflow
	   - Change P&P QI-001 to level the PQI severity based on the member allegation when the provider failed to address the concern and escalate the case for Medical Director review
	• Working closely with Enterprise Performance Optimization (EPO), Compliance and Contract Management Relations (CRM) Provider Network Management (PNM) account managers to address noncompliant providers and/or PPGs
	
	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.	

CHIEF COMPLIANCE OFFICER REPORT	Thomas Mapp and the Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the report can be obtained from Board Services)*. Compliance Officer Review The Compliance Officer Overview for May includes the following: 1. Appeals & Grievances Trends Update 2. Risk Assessment Update (Exhibit OS1) 3. Noncompliance Inventory (Exhibit OS2) 4. Enterprise Performance Optimization Update and Delegates Audit Schedule 5. Health Risk Reassessment (Exhibit OS3)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

• **Appeals &
Grievance Trends
Update**
	Other Items to Review
	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.
	
	Compliance Reports
	The following report is included and is reported monthly to the Internal Compliance Committee.
	– Exhibit OS4 Key Performance Indicators (KPIs)
	
	Demetria Crandall, *Director, Customer Solution Center Appeals and Grievances, CSC Appeals & Grievances,* reported *(copy of the presentation can be obtained from Board Services):*
	
	L.A. Care Appeals & Grievances (A&G) Team
	• A&G is a team of dedicated people that have over 200 combined years working in a managed healthcare space.
	• The team is comprised of intake coordinators, case specialist, nurses, trainer, audit readiness team, data analyst, quality auditors and leaders.
	• 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.
	• The core of what the A&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.
	• A&G protects member rights and follows the L.A. Care values: "*We are committed to the promotion of accessible, high quality health care!*"
	
	A&G
	L.A. Care Members have the right to file an Appeal and/or Grievance when dissatisfied with services, care and/or coverage.
	• Appeals and Grievances are important because:
	  - Members have the opportunity to share their experience
	  - They enable us to learn about Member perceptions of L.A. Care
	  - We find opportunities for improving our services
	• A grievance/complaint is any expression of dissatisfaction with any aspect of the operations, activities, behavior of the health plan or its providers.
	  - 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.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• An appeal is a request for the Plan to review a denied coverage request and/or payment decision. Appeal & Grievance Case Volume 	

Appeal & Grievance Case Volume

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	2,648	2,559	3,122	3,380	3,957	3,262	3,293	3,144	3,126	3,750	2,997	3,101
2020	3,568	3,421	3,639	3,307	3,356	4,148	4,400	4,547	4,384	4,690	4,223	4,480
2021	4,329	4,442	5,666	5,087	4,797	5,500	4,681	4,415	4,566	3,906	4,305	3,459
2022	3,099	3,406	4,496	3,939								

2019 Total Cases 38,339   2020 Total Cases 48,163   2021 Total Cases 55,153   2022 Total Cases 14,940

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	All LOB Appeals Trends	

All LOB Appeals Trends

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

Month Over Month Appeal Volume

(Line chart — Total Appeal Volume by Report Month: January = 9, February = 9, March = 19)

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/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	All LOB Grievance Trends	

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

Month Over Month Grievance Volume

Month Over Month Grievance Volume Detail			
Grievance Category	Report Month		
	January	February	March
Other - Quality of Service	1,407	1,521	2,096
Other - Billing or Finance	1,738	1,848	2,374
Access to Care	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
Total	8,021	9,155	11,459

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/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Future of Appeals & Grievances • It has been approved for Appeals & Grievances (A&G) to employ and train more staff in all department areas. • 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. • A comprehensive quality assurance and ongoing monitoring process has been developed. • A detailed evaluation of the A&G processes is now being conducted. This involves systems, desk level procedures and department policy & procedures. • A&G performance is reported to executive leadership and Compliance on an ongoing basis. 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&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&G system to eliminate that system.	
• **Risk Assessment Update**	Todd Gower, *Consultant, Compliance Internal Audit, Compliance,* gave a Risk Assessment Update *(A copy of the report can be obtained from Board Services).* 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 the internal audit 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.	
• **Health Risk Reassessment**	Steven Chang, *Senior Director, Care Management, Care Management,* gave the following report: • 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. • L.A. Care was not compliant with this reassessment requirement. L.A. Care was conducting only the initial HRA with Medi-Cal only SPD members. • The annual number of Medi-Cal only SPD members requiring an HRA reassessment: ~72,000. This was also the backlog of members overdue for an HRA reassessment. • Remediation for the backlog initiated in October 2021. • The entire backlog is scheduled to be remediated in 12 months and will be completed by October 2022.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• Going forward, the remediated process will ensure annual outreach attempts are completed for all Medi-Cal only SPD members.
	• When HRAs are completed, member risks are identified. SPD members stratified to be at higher risk are referred to LAC's internal Care Management team. More HRAs completed will result in additional high risk members in Care Management.
	
	Backlog and Remediation Update
	• Status: On Track for completion of backlog by October 31, 2022
	  - SPD reassessment total = 72,287 Average monthly outreach = ~6000
	  - Completed thru March 2022 = 36,143 Outstanding = 36,144
	  - Backlog remediation = 50% complete
	• Challenges:
	  - Erratic post office delays in receiving member mailed HRAs (example below)
	     ➤ January 1, 2022 through January 30, 2022: 37 HRAs received
	     ➤ January 31, 2022 through February 8, 2022: 1908 HRAs received
	  - Current HRA operational reports contain errors and are difficult to use
	     ➤ Tickets submitted to improve accuracy and oversight functionality
	  - Increase in Medi-Cal only SPD members stratified as High Risk or Complex Risk
	     ➤ CM resources are stretched to complete required outreach and care planning
	
	Backlog and Remediation Monthly Update
	SPD Reassessment HRAs Completed
	
	| Month
		Total	Completed	Refused	UTC

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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 | 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.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Key Performance Indicators**	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 as a member elects to do the HRA they are transferred to a live person who assists with the completion of the HRA. Chelsea Hertler, *Manager, Regulatory Affairs, Compliance,* gave a report about Key Performance Indicators *(A copy of the full report can be obtained from Board Services.).*	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting was adjourned at 3:41 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. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) 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 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.	
ADJOURNMENT	The meeting was adjourned at 5:01 p.m.	

Respectfully submitted by: APPROVED BY:
Victor Rodriguez, *Board Specialist II, Board Services*   _____
Malou Balones, *Board Specialist III, Board Services*   Stephanie Booth, MD, *Chairperson*
Linda Merkens, *Senior Manager, Board Services*   Date Signed: _____

DRAFT

"Back to Care" Campaign

Bettsy Santana, MPH, Senior Manager of Clinical Initiatives
June 16, 2022

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 doctors office
  - Do not further delay preventive care

L.A. Care Health Plan
Sponsored ·

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. #BacktoCareLA

Blue Shield of California
Anthem Blue Cross Medi-Cal
Health Net, LLC

BACK TO CARE
#backtocareLA

L.A. Care Health Plan
Healthcare Administrator

LEARN MORE

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.

	Reach	Impressions	Engagement	Number of posts	Amount spent	Dates
L.A. Care	340,043	739,708	287,562	10	$ 14,579	8/30/21-9/3/21; 9/6/21-9/30/21
Health Net	255,887	464,477	17,164	11	$ 11,000	9/14/21-11/23/21
Anthem Blue Cross	295,873	1,334,885	2,237	3	$ 11,000	9/8/21-10/6/21
Blue Shield Promise	46,000	458,523	2,115	4	$ 3,500	9/22/21-10/22/21
TOTAL	937,803	2,997,593	309,078	28	$ 40,079	

Thank you to all who helped make this happen!

- Communications
- Marketing
- Plan Partner Product
- Quality Performance Management
- Vaccine Command Center
- Plan Partners & Health Net
- QI Initiatives

Plans for 2022 and Beyond

- Plan to 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

Texting has commenced!!!

- 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!

Texting Timeline for 2022

Month	Campaign
January	
February	
March	CCS (March 9th, 2022) WCV (March 16th, 2022)
April	CCS, WCV
May	CCS, CBP (May 10th, 2022) CDC (May 18th, 2022)
June	Add new members for prior campaigns (i.e. Data refresh) CCS, CDC, CBP, PPC-2
July	CCS, PPC-1
August	CCS,
September	Data Refresh -TBD
October	
November	
December	

Collaborations

- **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**
  - 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.

To Learn About Other Initiatives

Visit our **Calendar** on our website.

Questions/Comments?

Prevention is Power!

Thank you for your help in our efforts to build healthy communities!

To: Compliance & Quality Committee of the Board of Governors

From: Thomas Mapp, Chief Compliance Officer

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

Date: June 16, 2022

COMPLIANCE OFFICER OVERVIEW

This Compliance Officer Overview includes the following updates:

1. Compliance Department Staffing
    a. Organization Chart
    b. Introduce new Sr. Director, Risk Management and Operations Support, Michael Sobetzko
2. Internal Audit Update
3. Risk Assessment Update
4. Noncompliance Issues Inventory
5. Out of Area Issue Update
6. Delegation Oversight Audit Schedule

SPECIAL REPORT(S)

1. Health Risk Reassessment Update

OTHER ITEMS TO REVIEW

DHCS Medical Audit Update –

In response to DHCS's Final Report (February 3rd, 2022), L.A. Care submitted corrective action plans responding to 27 findings on March 16th, 2022. Beginning March 21, 2022, DHCS has been following-up with document requests to review and validate implementation of the CAPs, and to require revised or additional remediation where needed. DHCS's follow-up has been focused on the following deficiency areas:

- Prior authorization timeliness
- Appeals and grievances processing timeliness
- Continuity of care processes
- Delegation oversight
    - Delegate process for providing dental anesthesia authorizations
    - Oversight of network delegate and subcontractor ownership and control
    - DHS's utilization management authorization process

COMPLIANCE UNIT REPORTS

The following full reports are included as well. They get reported to the Internal Compliance Committee monthly.
– Exhibit OS1 Key Performance Indicators (KPIs)
– Exhibit OS2 Risk Assessment Update
– Exhibit OS3 Noncompliance Issues Inventory

Compliance & Quality Committee

June 16, 2022

Compliance Officer Overview

Presenter(s): Tom Mapp

- Compliance Department Staffing
  - Organization Chart
  - Introduce Michael Sobetzko, Sr. Director, Risk Management and Operations Support

- Internal Audit Update

- Risk Assessment Update

- Noncompliance Issues Inventory

- Out of Area Issue Update

- Delegation Oversight Audit Scheduling

- Special Report(s)
  - Health Risk Assessment Update

- Other Items – DHCS Medical Audit Update

Compliance Organizational Chart

THOMAS MAPP
Chief Compliance Officer

DEBORAH LEATHERMAN
Executive Assistant

TODD GOWER, RGP
Internal Audit Consultant

MICHAEL SOBETZKO
Sr. Director, Risk Management & Operations Support

ELYSSE TARABOLA
Sr. Director, Regulatory Compliance

SERGE HERERRA
Director, Privacy

MICHAEL DEVINE
Director, Special Investigations Unit

VACANT
Information Security Officer

JADIRA ALCARAZ
Compliance Advisor II

MARIE GRIJALVA
Manager, Regulatory Analysis & Communications

GABRIELA FLORES
Sr. Manager, Material Review

KEITH MORGAN
Compliance Advisor II

SURAH ALSAWAF
Manager, Regulatory Affairs & Reporting

CHELSEA HERTLER
Manager, Regulatory Audits & Monitoring

CINDY GOODMAN
Manager, Privacy

MEAGAN DE LEON
Compliance Advisor II

EMMANUEL NUNEZ
Compliance Advisor II

VACANT
Compliance Advisor II

VACANT
Compliance Advisor III (Temp)

JUSTIN MURAKAMI
Compliance Advisor III

BAHEA ALBARGOUTE
Compliance Advisor II

VACANT
Compliance Advisor II

TRINA RUIZ
Compliance Advisor II

VACANT
Compliance Advisor II

PORSCHA THORNTON
Compliance Advisor II

ROSA DIAZ
Compliance Advisor II

MARTHA SIU
Compliance Advisor I

VACANT
Compliance Advisor II

MARY URZUA
Compliance Advisor II

ALFREDO FLORES
Compliance Advisor II

GRAHAM FLORO
Compliance Advisor II

RITA GARABEDIAN
Compliance Advisor II

ANGELICA ORTIZ
Compliance Advisor II

VACANT
Compliance Advisor II

VACANT
Compliance Advisor III (RN)

VACANT
Compliance Advisor II

2022 Internal Audit Update

Presenter(s): Todd Gower

Legend: Contingent (yellow) | Proposed / Planning (black) | Completed (blue) | In Process (green)

Area of Focus	Jan- Mar	Apr – Jun	Jul – Sep	Oct - Dec
Information Technology	Health Industry Collaborative Effort	▪ Proposed: IT Project Management: System Implementation with Config Mgmt combined	• Proposed: Portal Assessment • Proposed: Data Governance	
Regulatory & Compliance	Proposed: Emergency Claims Review to include A&G	▪ Proposed: Appeals and Grievances	▪ Proposed: Delegated Oversight Monitoring	
Corrective Action Plan (CAP) Follow-up- High Risk		▪ Proposed: Mail Room Processes Audit ▪ Transportation Benefit Audit (NMT & NEMT)	• Proposed: DHCS Findings • Proposed: Claims • Contingent: DMHC Findings ▪ Proposed: Sales and Marketing Follow-up (Regulatory audit 2020 and IA 2021)	▪ Contingent: RA Billing Issue • Proposed: Provider terminations
Other		▪ Risk and Compliance Issue intake process ▪ Additional Compliance Support – CAPs and Noncompliance follow-up ▪ Updating Risk Register	▪ Annual Risk Assessment ▪ Internal Audit Planning FY2023	
Total Projects	2	7	9	2

40

2022 Internal Audit Update

Presenter(s): Todd Gower

Completed   Delayed   With Mgmt.
In Process   Planning

Audit	Status Rating	Status	Next Steps
OOA Emergency Services Claims and Grievances Audit	CAPs with Mgmt. for final	CAP development complete and Final Audit Report complete and distributed to stakeholders and Legal Services	Test CAPS – Starting JAN 2023
Mail Processes Audit	Draft Report with Mgmt. for CAPs	Present draft audit Report to Facilities Management for review and development of CAPs (June 6)	Allow Facilities Management one week to develop CAPs and due dates
Transportation Benefit Audit (NMT & NEMT)	Fieldwork	Field work continues – estimated completion date 7.1.2022	Draft Audit Report – estimated draft completion date June 20, 2022
HICE Shared IT Integrity and Security Audits	Ongoing	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.	To be presented to HICE team, LA Care IT Security
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

2022 Risk Assessment Update – Mitigation Activities

Presenter(s): Todd Gower

The risk assessment and mitigation information has been updated

Additional updates:

1. There a three Risk Mitigation activities (#'s 1,4,5) need 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

2. The remaining three Risk Mitigation activities (#'s 2,3,6) are going through the following:
    - #2 – Implementation testing
    - #3 – Waiting for assessment to establish ETA and funding needs
    - #6 – Vendor selection

2022 Risk Assessment Update – Mitigation Activities

Presenter(s): Todd Gower

Risk Groups	Low	Medium	High	Very High	Grand Total
Compliance	2	1	7	2	12
Operations	4	6	7	2	19
Grand Total	6	7	14	4	31

No new Risks Added as of 6/6/2022

Risk #	Open / Closed	Risk Name	Risk Domain	Description of Risk	Risk Level	Added to Risk Register	Risk Owner(s)	Description of Mitigation/Remediation	Anticipated Remediation Date
1	Open	Provider Data	Operational	Improving accurate data that will influence regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access and enrollment and disenrollment processes.	High	Risk #017 – Provider Network Management	Provider Network Management	L.A. Care continues to work with PPGs, Specialty Health Plans, and Plan Partners on provider data submission. Data submission that reaches an 85% passing threshold will be moved into the production environment and will continue to correct if any errors/issues arise from loading the file. **June 2022:** Name change to "SPF Outreach" from Total Provider Managment (TPM). Temporarily on hold for redesign. L.A. Care continues to work with the PPG's on submitting SPF data on a monthly basis to meet the 85% for ingestion of data into our system. Internally we continue to work on ways to improve the process. This risk needs to reviewed for risk acceptance and make sure the compensating controls are sufficient.. This has been to the IRB but not approved though a high-risk. Due to denial. The date to complete is not finalized.	Needs Risk Acceptance or escalation for priority
2	Open	Care Catalyst Project	Operational Financial	Implementation of an enhanced application to centralize data to improve features and factually to give a complete view of members' care plans and health services needs in one application.	Medium	Risk # O18 – Member Data	UM CSC	Phase 1 of the project has gone live, and the new application is being used in some business units to assist members. **June 2022:** Remains on the risk list as medium until full implementation of application; anticipated date has been moved out to 7/2022 as the program is being re-planned.	7/31/2022
3	Open	Member Data	Operational Reputational Regulatory Financial	L.A. Care is improving the member data files process to ensure enrollment/disenrollment, coverage cancellation, member assignments to PCP, and member notifications are complete and precise.	Low	Risk (#O18) – Member Data	Enrollment Provider Network Management	An intake form via SharePoint was implemented and continues to be monitored. The Service level agreement (SLA) has improved and working on improving IT data support. The Enterprise Provider Change Form tool is currently used, but it's not supported by IT if any disruption occurs; the recovery time of the tool is within 24 hours. They will provide manual work during the interruption. The new CBT project will provide IT support, and has received IRB for approval, and there's no current anticipated timeframe. **June 2022:** The Business Case was updated. Process Improvement Team creating the assessment of Suppliers, Inputs, Processes, Outputs, and Customers (SIPOC). This Core Business Transformation involves PMO, IT, Architects, Business Relationship Directors. Targeting to complete by end of Calendar year, however the SIPOC will give more information on a refined timeline.	12/31/2022

2022 Risk Assessment Update – Mitigation Activities

Presenter(s): Todd Gower

Risk #	Open / Closed	Risk Name	Risk Domain	Description of Risk	Risk Level	Added to Risk Register	Risk Owner(s)	Description of Mitigation/Remediation	Anticipated Remediation Date
4	Open	Member Assignments	Operational, Organizational, Regulatory	L.A. Care is improving the provider assignment process that will appropriately cover member's age range.	Low	Risk (#017) - Provider Network Management Enrollment CSC	Provider Network Management Enrollment CSC	Member age out process has been developed and PNM and Enrollment Services continued to improve the provider assignment process. **June 2022:** The business case to complete was not approved. Risk and IA Suggest reviewing if leadership accept the risk since IRB does not want to prioritize the project and make sure the compensating controls are sufficient.	Needs Risk Acceptance or escalation for priority
5	Open	Enrollment / Disenrollment: Inappropriate Coverage Cancellation	Regulatory Organizational Operational	L.A. Care is improving the process of receiving the most current 834 files provided by CalHeers to secure appropriate member coverage.	Low	Risk (#O18) - Member Data & (#O17)- Risk (#017) - Provider Network Management	Enrollment CSC	Provider Network Management (PNM) is currently working with Enrollment Services on a process to notify members when they are not assigned appropriately to a PCP. Initial focus will be on members as they age out of their PCP age range. **June 2022:** Following review with the Business Unit, the compensating controls are sufficient and IA should test. Suggest removing from the list for update.	Needs Risk Acceptance due to Business Unit controls
6	Open	System Access	Technical	Improving the oversight and monitoring process of access to internal and external systems to reduce risk of minimum necessary information and role-based access (i.e., internal staff transfers to units where current access is not required, external entities being granted unrestricted access to internal systems, allowing them the ability to access information that is outside of their purview, internal staff access to external systems, allowing them the ability to access L.A. Care member information when they transfer to other departments or are no longer employees of L.A. Care).	Medium	Risk (#019) - IT	IT	Identity Management(IDM) Project continues to be on track. Contingent Workforce (CW) enhancement (Part 1) went live on 7/24/21. Role Based Access (RBAC) framework development work started 7/26/21 with a 3/31/2022 go live date. **June 2022:** Phase 4 IDM Project went live as of 4/21/22. (Foundation implementation for selected few applications (QMEIS, Provider Portal, PDM, RightFax, MAA, Therefore and new hires for HR and CSC). IDM Team continuing to vet vendors to identify an appropriate solution to support full Enterprise RBAC controls for both internal and external systems. Oracle IDM not suited to fix control issues across the Enterprise, very labor intense and expensive. Looking at SAS project solution (Buy vs. Build). Remediation Date for enterprise solution will be communicated once confirmed.	TBD once vendor is selected

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2022 Non Compliance Issue Inventory

Presenter(s): Todd Gower

The non-compliance issue inventory has been updated and going through a clean-up process

Additional updates:

1. There are currently 22 items that have been tracked
2. As of June:
   - 4 issues have been closed or remediated – will be part of IA follow-up
   - 18 issues remain open with various updates to get remediated, seek prioritization for funding, waiting for upgrades, etc.

Status	Tracked by		
	Compliance - BC/Risk	Compliance - RAM	Grand Total
Closed	2	1	3
Open	6	12	18
Remediated		1	1
Grand Total	**8**	**14**	**22**

Member Impact	Tracked by		
	Compliance - BC/Risk	Compliance - RAM	Grand Total
Direct - Clinical	4	3	7
Direct- Non-Clinical		6	6
Indirect	4	5	9
Grand Total	**8**	**14**	**22**

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EPO 2020 Annual Audits

Presenter(s):

Marita Nazarian

Audit Year	#	Delegate	Stage
2020	1	AltaMed Health Services	**Closed**
	2	Angeles IPA	**Closed**
	3	Call the Car	**Closed**
	4	Health Dialog	**Closed**
	5	Beacon Health Strategies	**Closed**
	6	St. Vincent IPA	**Closed**
	7	Global Care IPA	**Closed**
	8	Citrus Valley Physicians Group	**Closed**
	9	Family Care Specialist	**Closed**
	10	Axminster Medical Group	**Closed**
	11	Crown City Medical Group	**Closed**
	12	Universal Care	**Closed**
	13	Prospect Medical Group (MCLA)	**Closed**
	14	Pioneer Provider Network	**Escalated to Sanctions**
	15	MemorialCare Select Health Plan	**Closed**
	16	Bella Vista IPA	**Closed**
	17	El Proyecto del Barrio, Inc.	**Closed**
	18	Allied Physician of California IPA	**Closed**
	19	Community Family Care	**Closed**
	20	Health Care LA IPA	**Closed**
	21	Vision Service Plan	**Closed**
	22	Navitus	**Closed**
	23	Children's Hospital of Los Angeles	**Closed**
	24	South Atlantic Medical Group	**Closed**
	25	Exceptional Care Medical Group	**Closed**
	26	Omnicare Medical Group	**Closed**
	27	Optum Health Plan of CA	**Closed**
	28	Heritage Provider Network	**Closed**
	29	Department of Health Services	**Closed**
	30	Liberty Dental	**Closed**
	31	Superior Choice Medical Group	**Escalated for Non-Compliance**

EPO 2020 & 2021 Annual Audits

Presenter(s): Marita Nazarian

Audit Year	#	Delegate	Stage
2020 & 2021	32	Kaiser Foundation	**Closed**
	33	ASH	**Closed**
	34	Blue Shield Promise Health Plan	**Closed**
	35	Preferred IPA	**Closed**
	36	Prospect Medical Group (CMC/LACC)	**Closed**
	37	Pomona Valley Medical Group	**Closed**
	38	eladoc	**Closed**
	39	Anthem Blue Cross	**Closed**
	40	UCLA Medical Group	**Closed**
	41	Optum Care Network- LA Family Community	**Closed**
	42	Optum Care Network- Apple Care Select	**Closed**

EPO – Delegation Oversight Annual Audit Updates

PPG, SHP, Vendor, and PP Audits

2020 & 2021 Annual Audits

- 8 months of audit moratorium due to COVID
- Conducted total of 42 annual audits
  - 40 audits closed
  - 2 escalated for non-compliance
- Exhibits attached

2022 Annual Audits

- 47 delegates scheduled to be audited
  - 7 will receive full annual audit (1st year of being audited or CR audit only)
  - 40 will go through Risk Based Audit
- Risk Based Audits Methodology
  - For areas of UM, C&L, PN, CPE, CI
  - Based on deficiencies identified during: last annual audit, last DMHC/DHCS audits, monitoring results.

Special Report(s)

1. Health Risk Reassessment Update – Steven Chang

SPD Health Risk Assessment
Backlog and Remediation Monthly Update

Presenter: Steven Chang

- Status: **<u>On Track</u>** for completion of backlog by 10/31/2022
    - SPD reassessment total = **72,287**   Average monthly outreach = **~6000**
    - Completed thru April 2022 = **42,494**   Outstanding = **29,793**
    - Backlog remediation = **59%** complete

- Challenges:
    - HRA outreach operational reports contain errors and are difficult to track
        - Tickets submitted to improve accuracy and oversight functionality
    - Increase in SPD members stratified as High Risk or Complex Risk (standing issue)
        - CM resources are stretched to complete outreach for new SPD members

SPD Health Risk Assessment
Backlog and Remediation Monthly Update

Presenter: Steven Chang

SPD Reassessment HRAs Completed

Month	Total	Completed	Refused	UTC
OCTOBER 2021	5788	533	31	5224
NOVEMBER	6204	214	31	5638
DECEMBER	6021	143	10	5868
JANUARY 2022	6051	150	19	5882
FEBRUARY	5962	194	45	5723
MARCH	6117	526	10	5581
APRIL	**6351**	**427**	**34**	**5890**

Exhibit OS1 Key Performance Indicators

June 2022 Compliance & Quality Committee

Key Performance Indicators (KPIs)
April 2022

REGULATORY AUDITS - PERFORMANCE STANDARDS	LOB	Scoring Methodology	Reg. Threshold	LAC Standard	Q1 2022			Q2 2022			Q3 2022			Q4 2022		
					JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
APPEALS & GRIEVANCES																
Resolution letters must be consistently translated to member's threshold language	MediCal	# of compliant files / # of files reviewed a month	100%		100%	100%	80%	100%								
Written communication to members must be at an understandable level (6th grade reading level)	MediCal	# of compliant cases/total # of cases reviewed	100%		100%	100%	80%	100%								
Timely and complete submission of IRE statement of Compliance to the IRE	CMC	# of statement of compliance submitted to IRE timely/total # of cases that need to go to IRE	100%		None Reported	None Reported	None Reported	None Reported								
Timely expedited appeal notifications (≤72 hours) (Effectuation)	CMC	# of compliant cases/total # of cases reviewed	100%		None Reported	None Reported	None Reported	None Reported								
Timely effectuation of standard appeals	CMC	# of compliant cases/total # of cases reviewed	100%		94%	79%	96%	98%								
Timeliness of Expedited Appeals (End to End process)	CMC	# of timely cases / total # of cases		95%	100%	75%	None Reported	100%								
Inquiry/Exempt Grievance A&G Oversight Monitoring Scorecard		# of cases correctly identified / total # of cases	100%		100%	100%	100%	100%								
CLAIMS																
Claims timeliness ≤ 45 working days.	MediCal	Claims timely/total	≥ 90%		96%	99%	99%	99%								
Claims forwarded ≤ 10 days.	MediCal	Claims timely/total	≥ 95%		95%	91%	94%	94%								
Claims timeliness ≤ 30 calendar days	CMC	Claims timely/total	≥ 90%		95%	96%	98%	97%								
Claims timeliness ≤ 90 calendar days.	CMC	Claims timely/total	≥ 99%		99%	99%	100%	99%								
COMPLIANCE																
Compliance Training completed timely	All	Timely/Total	95%		99.9%	99.9%	99.9%	99.9%								
NEO Compliance Training completed timely	All	Timely/Total	95%		94.8%	97.7%	98.8%	100%								
HIPAA breaches reported ≤ 24 hours of discovery	MediCal	Timely/Total	100%		100%	100%	100%	100%								
Investigation of breach reports submitted ≤ 72 hours	MediCal	Timely/Total	100%		100%	100%	100%	100%								
Final Privacy breach Report submitted ≤ 10 working days	MediCal	Timely/Total	100%		100%	100%	100%	100%								

REGULATORY AUDITS - PERFORMANCE STANDARDS	LOB	Scoring Methodology	Reg. Threshold	LAC Standard	Q1 2022			Q2 2022			Q3 2022			Q4 2022		
					JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Preliminary investigation of a suspected FWA case to be reported to NBI MEDIC ≤ 14 days of notification	CMC	Timely/Total	100%		100%	100%	100%	100%								
Preliminary investigation of a suspected FWA case to be reported to DHCS ≤ 10 working days of notification	MediCal	Timely/Total	100%		100%	100%	95.8%	95.2%								
MEMBER SERVICES																
Calls answered within 30 seconds (Call Center)	MediCal	percentage of total calls answered within 30 seconds	80%		12.8%	14.6%	26.6%	39.2%								
Calls answered within 30 seconds (Call Center)	CMC	percentage of total calls answered within 30 seconds	80%		84.6%	89.4%	91.4%	94.9%								
Calls answered within 30 seconds (Call Center)	LACC	percentage of total calls answered within 30 seconds	80%		84.8%	90.4%	90.3%	94.2%								
Calls answered within 30 seconds (Nurse Advice Line)	All LOBs	percentage of total calls answered within 30 seconds	80%		71.2%	90.5%	89.6%	93.4%								
Abandonment rate	MediCal	number of calls abandoned/number of calls offered to phone rep	0%	less than 5%	47.6%	41.6%	23.2%	17.1%								
Abandonment rate	CMC	number of calls abandoned/number of calls offered to phone rep	0%	less than 5%	4.8%	4.9%	4.7%	4.6%								
Abandonment rate	LACC	number of calls abandoned/number of calls offered to phone rep	0%	less than 5%	3.2%	2.5%	2.5%	2.0%								
Nurse Advice Line abandonment rate (no more than 3%)	All LOBs	number of calls abandoned/number of calls offered to phone rep	0%	less than 5%	6.8%	2.3%	2.5%	0.9%								
PROVIDER NETWORK MANAGEMENT																
New provider training - completed ≤ 10 days	MediCal & CMC	timely/total new providers	100%	90%	100%	91%	100%	Pending								

Exhibit OS2 Risk Assessment Update

June 2022 Compliance & Quality Committee

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

Risk #	Open / Closed	Risk Name	Risk Domain	Description of Risk	Risk Level	Added to Risk Register	Risk Owner(s)	Description of Mitigation/Remediation	Anticipated Remediation Date
1	Open	Provider Data	Operational	Improving accurate data that will influence regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access and enrollment and disenrollment processes.	High	Risk (#017) - Provider Network Management	Provider Network Management	L.A. Care continues to work with PPGs, Specialty Health Plans, and Plan Partners on provider data submission. Data submission that reaches an 85% passing threshold will be moved into the production environment and will continue to correct if any errors/issues arise from loading the file. **June 2022:** Name change to "SPF Outreach" from Total Provider Managment (TPM). Temporarily on hold for redesign. L.A. Care continues to work with the PPG's on submitting SPF data on a monthly basis to meet the 85% for ingestion of data into our system. Internally we continue to work on ways to improve the process. This risk needs to reviewed for risk acceptance and make sure the compensating controls are sufficient.. This has been to the IRB but not approved though a high-risk. Due to denial. The date to complete is not finalized.	Needs Risk Acceptance or escalation for priority
2	Open	Care Catalyst Project	Operational Financial	Implementation of an enhanced application to centralize data to improve features and factually to give a complete view of members' care plans and health services needs in one application.	Medium	Risk (#O18) - Member Data	UM CSC	Phase 1 of the project has gone live, and the new application is being used in some business units to assist members. **June 2022:** Remains on the risk list as medium until full implementation of application; anticipated date has been moved out to 7/2022 as the program is being re-planned.	7/31/2022
3	Open	Member Data	Operational Reputational Regulatory Financial	L.A. Care is improving the member data files process to ensure enrollment/disenrollment, coverage cancellation, member assignments to PCP, and member notifications are complete and precise.	Low	Risk (#O18) - Member Data	Enrollment Provider Network Management	An intake form via SharePoint was implemented and continues to be monitored. The Service level agreement (SLA) has improved and working on improving IT data support. The Enterprise Provider Change Form tool is currently used, but it's not supported by IT if any disruption occurs; the recovery time of the tool is within 24 hours. They will provide manual work during the interruption. The new CBT project will provide IT support, and has received IRB for approval, and there's no current anticipated timeframe. **June 2022:** The Business Case was updated. Process Improvement Team creating the assessment of Suppliers, Inputs, Processes, Outputs, and Customers (SIPOC). This Core Business Transformation involves PMO, IT, Architects, Business Relationship Directors. Targeting to complete by end of Calendar year, however the SIPOC will give more information on a refined timeline.	12/31/2022
4	Open	Member Assignments	Operational, Organizational, Regulatory	L.A. Care is improving the provider assignment process that will appropriately cover member's age range.	Low	Risk (#017) - Provider Network Management	Provider Network Management Enrollment CSC	Member age out process has been developed and PNM and Enrollment Services continued to improve the provider assignment process. **June 2022:** The business case to complete was not approved. Risk and IA Suggest reviewing if leadership accept the risk since IRB does not want to prioritize the project and make sure the compensating controls are sufficient.	Needs Risk Acceptance or escalation for priority
5	Open	Enrollment / Disenrollment: Inappropriate Coverage Cancellation	Regulatory Organizational Operational	L.A. Care is improving the process of receiving the most current 834 files provided by CalHeers to secure appropriate member coverage.	Low	Risk (#O18) - Member Data & (#O17)- Risk (#017) - Provider Network Management	Enrollment CSC	Provider Network Management (PNM) is currently working with Enrollment Services on a process to notify members when they are not assigned appropriately to a PCP. Initial focus will be on members as they age out of their PCP age range. **June 2022:** Following review with the Business Unit, the compensating controls are sufficient and IA should test. Suggest removing from the list for update.	Needs Risk Acceptance due to Business Unit controls

Exhibit OS3 Noncompliance Issues Inventory

June 2022 Compliance & Quality Committee

Noncompliance Issues Report - May 2022

Issue Log #	Non-Compliance Issue	Non-Compliance Issue Description	Impacted LOBs	Delegates Involved	Date Issued Identified	Business Units Involved	Remediation Status - APR	Remediation Status - Current	Status
1207	UM Authorizations Backlog	~9000 authorizations, which include prior, concurrent, and retro cases, were found to be backlogged. This was due to the move to the new UM system Syntranet, a high volume of non-actionable requests being received from providers, and a shortage of staff to process the cases.	CMC MCLA LACC PASC	NA	3/29/2021	UM	The UM team has identified an issue with the logic used to pull the UM timeliness report. As a result of the logic error, cases that are within regulatory timeframes are being misreported as non-compliant. UM is working with the Analytics Lab to remediate the report issue. The logic in the weekly regulatory report has been updated. No additional updates.	Will be added to IA review	Open
1195	PPGs monitoring process deficiency with IHA completion	Deficiencies related to appropriately monitoring the completion of the Initial Health Assessment (IHA). PPGs are responsible for completing the IHA's and the Health Plans are responsible for monitoring the PPGs.	CMC MCLA PASC LACC		10/1/2020	Delegation Oversight	No new updates.	Will be added to IA review	Open
1194	SPD Annual Reassessment-unexecuted	Annual HRAs reassessment for Seniors and Persons with Disabilities (SPD) members not being completed.	CMC MCLA PASC LACC		10/1/2020	Health Services/CM	There is approximately 5500 member backlog, and CSC started reaching out to members using the 2016 approved script. The goal is to complete the backlog within 12 months. Members that are considered high-risk or high complex will be directed to the Care Management team	Will be added to IA review	Open
1193	Mental Health Parity Oversight	There is a lack of oversight to ensure mental health parity. Oversight would involve reviewing internal/delegate UM procedures and Beacon's procedures to ensure mental health services are not more challenging to obtain compared to medical services.	CMC MCLA PASC LACC		10/1/2020	Delegation Oversight	No new updates.	Will be added to IA review	Open
1191	Provider Training	LAC does not have an ICT training curriculum outlining the required provider training. In addition to a lack of a curriculum, there is no centralized monitoring process or accountable owner	CMC MCLA PASC LACC			Delegation Oversight	No new updates.	Will be added to IA review	Open
1190	Direct Network Oversight	In developing and implementing a CAP for the DHCS Audit, it was realized that there is no centralized department to conduct oversight and monitoring of direct network providers. This gap is specifically related to Initial Health Assessment (IHA) completion. While EPO will monitor PCPs contracted with our Delegates (through medical record reviews), we have not been successful in identifying an "owner" of Direct Network Oversight.	MCLA	All PPGs	1/1/2020	Delegation Oversight	No new updates.	Will be added to IA review	Open
1187	Overpayment by enrollee for deductible and out-of-pocket maximum (OOPM).	Enrollee was charged over the enrollee's deductible and out-of-pocket maximum (OOPM).

Pursuant to Health and Safety Code section 1386, subdivision (b)(1), a plan cannot act in variance with its Evidence of Coverage (EOC). The enrollee's EOC, page 10, states that the OOPM limit for participating providers is $2,450 per person/$4,900 per family. The EOC further states that the "out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services." | MCLA | | 1/14/2019 | Information Technology; EDI | For 2019 the unit has completed 592 intakes out of the 811
• 23 pending with MPSS for to send check reimbursement. Some of these check require member address validations as QNXT and MPSS system do not match, once identified a new letter needs to be updated.
• 98 responses from Member Outreach which include a members that were mailed a letter to indicate an outreach was made to them. L.A. Care has given them 30 days from mail date to respond, if not we will close intake.
• 80 are pending update from PPGs, and L.A.Care have received the files, just working to create intakes to account for any PPG Savings
• 18 are pending individual resolutions which include a manual check as the member reimbursement was a child versus an adult or were duplicates.

For 2020 the team completed 476 intakes out of the 932
• 95 pending with MPSSS to send out check reimbursements. Some of these check require member address validations as QNXT and MPSS system do not match, once identified a new letter needs to be updated
• 74 responses from Member Outreach which include members that were mailed a letter to indicate an outreach attempt was made to them. L.A Care has given them 30 days from mail date to respond, if not the intake will be closed.
• 282 intakes that are over the $500 reimbursement threshold will be sent out to PPGS after we work with Delegation Oversight and PNM to send a letter to each PPG requsting to response in a timely manner
• 5 intakes are pending for additional research | Will be added to IA review | Open |

Issue Log #	Non-Compliance Issue	Non-Compliance Issue Description	Impacted LOBs	Delegates Involved	Date Issued Identified	Business Units Involved	Remediation Status - APR	Remediation Status - Current	Status
1185	A&G Open Cases	~11000 cases were discovered to have no resolution letter sent from 2017-2021. 48000 cases were not closed in PCT. Some show open action items which may be member facing.	CMC MCLA PASC LACC	NA	4/1/2021	A&G	The A&G team is on target to complete the remediation of the backlog and newly non-compliant cases by the end of Q1 2022. Compliance has conducted a crosswalk between the Disclosure CAP and DHCS Audit CAP to determine if the evidentiary documentation provided for the DHCS Audit CAP could be applicable to the Disclosure CAP. The team has requested that A&G provide documentation for the actions that are missing evidence of completion.	The A&G team completed the remediation of the backlog on 3/31/2022. On 4/17/2022, it was identified that a number of appeals and grievances were not properly loaded from QMEIS into PCT. The A&G team is currently confirming the volume of cases impacted across all lines of business. These cases will appear in the weekly A&G regulatory report; as such, Compliance and A&G are preparing a narrative in the instance the regulators have questions regarding the influx of newly non-compliant cases.	Open
1167	CMC Sales Practices	A whistleblower complaint identified that representatives made misleading statements in enrolling members in CMC.	CMC	NA	5/6/2021	Sales & Marketing, Medicare Product, Legal	DHCS has requested a copy of the December 2021 Sales & Marketing monitoring scorecard which will be submitted by 4/1.	Sales & Marketing scorecard was submitted timely. No additional questions or concerns were raised by CMS. During the April CMT meeting, CMS did cite that we have made significant improvement in our monitoring results.	Open
1165	County Programs MOUs	L.A. Care does not have executed MOUs with several county providers. The DHCS contract requires us to establish these relationships or show proof of good faith effort.	CMC MCLA PASC	NA	3/10/2021	Provider Network Management	No new updates; will be revisited in April.	No new updates.	Open
1140	CMC Grievance Volume	CMC monthly grievance volume increased substantially starting early 2020 and continues to increase. Volume increased more than 5x the normal monthly volume. CMS requires monthly updates on analysis & mitigation. Top trends are transportation, pharmacy, and member abrasion/customer service. Risk of becoming a formal PIP or NONC.	CMC	NA	4/1/2021	A&G, Medicare Product	No new updates; grievances have continued to trend downward, with the most recent report noting a total volume of 651, which is roughly half the volume of grievances reported one year prior in February 2021.	No new updates; grievances increased slightly the past month to 876, however the overall volume is lower than that of March 2021.	Open
1209	Credentialing Dept unable to provide complete reports to Credentialing Committee	Credentialing Dept unable to provide complete reports to Credentialing Committee due to A&G not being able to pull complete and acurate grievance data at the PPG and provider level	CMC MCLA PASC LACC	NA	10/6/2021	Credentialing/ A&G / IT	Will be added to IA review	Compliance is drafting a request for a CAP for A&G	Open
1208	Medicare Part B Claims Issue	Olympic Medical Center contacted L.A Care regarding Medicare Part B claims being rejected.	CMC		10/5/2021	Claims	Claims provided a spreadsheet with response for each claims that was denied to the MS. The claim department will have the Eligibility team verify eligibility since L.A. Care got the information directly from CMS/DHCS. Claims informed MS if they billed part A is because when a member has part b only, LAC becomes the primary payor and primary rules apply. This means that prior authorization (PA) is required, there are claims on the spreadsheet where the PA was denied. Also It appears that some of the documents indicate that the member exhausted their lifetime reserves. Under part A, the member/patient has 60 lifetime reserve days. Once the reserved days are used, they no longer have extra days.	Will be added to IA review	Open
1210	Background Check	LA Care didn't complete background checks on 6 employees who previously were temp employees.	NA	NA	10/19/2021	Human Resources	Compliance and HR scheduled a meeting to further discuss.	Will be added to IA review	Open
1287	Advance Warning of Encounter Data Quality Deficiencies	After reviewing the 2021Q3 and 2021Q4 Quality Measures for Encounter Data (QMED) Reports, DHCS identified that L.A. Care Health Plan received a non-compliant EDQG for the following HCPs due to a failure to meet standards for the identified measures: Q3 2021 QMED Report • DMT.001 Categories of Lagtime Institutional (HCP 304) o Only 93.28% of Institutional encounters being reported within 365 days of the date of service instead of the 95% minimum required. o 6.72% of Institutional encounters being reported over 365 days of the date of service instead of the 5% or less as required. Q4 2021 QMED Report • DMT.001 Categories of Lagtime Institutional (HCP 304) o Only 93.87% of Institutional encounters being reported within 365 days of the date of service instead of the 95% minimum required. o 6.13% of Institutional encounters being reported over 365 days of the date of service instead of the 5% or less as required.	MCLA	NA	4/12/2022	Encounters	NEW	A root cause analysis was requested and provided by the Encounters team. Using the information provided, a CAP template was created which will be sent to the Ecnounters team to add in corrective actions and clarify comments noted by Compliance. Once CAP is completed, it will be forwarded to Risk Management team to oversight for potential risk.	Open

Issue Log #	Non-Compliance Issue	Non-Compliance Issue Description	Impacted LOBs	Delegates Involved	Date Issued Identified	Business Units Involved	Remediation Status - APR	Remediation Status - Current	Status
1256	System Outage - 3.29.22	It was reported to compliance that a system outage occurred on 3.29.22	CMC MCLA PASC LACC		3/29/2022	IT		Outage was due to unknown change in Meraki Tables that prevented CSC from accessing the network. This was the only occurrence of this nature.	Open
1257	System Outage - 3.8.22	A system downtime was identified during the evening of March 8, 2022	CMC MCLA PASC LACC		3/8/2022	IT		Outage was due to a faulty network switch. The switch was replaced and outage was limited in scope.	Closed
1249	Untimely Mail Delivery	Appeals & Grievance is reporting that appeals received via mail is not being forwarded from Facilities timely therefore is causing A&G response times to be outside of compliance.	CMC MCLA PASC LACC		3/22/2022	A&G, Facilities	HR declined to add physical inspection of desk/cubicle/office as part of the HR checklist for terminating employees. Internal Audit in process.	Internal Audit completing audit of mail processess. Draft audit report to Facilities Management by June 6, 2002	Open
1258	ITLAC-5289 - PCT - Date Letter Mailed Issue	A&G has reported to Compliance an issue that has not provided a consistent & accurate date related to letters being mailed.	CMC MCLA PASC LACC		3/22/2022	A&G, IT	1. There were 297 letters where the vendor fulfillment confirmations were not updated by iColor inbound job due to the ITPC job failure. 2. Out of these impacted 297 letters, there were 20 Acknowledgement letters and 277 Resolution letters. 3. Out of 297 letters, 212 letters were created before 4:00 PM which is the cutoff time for the iColor outbound process. 4. There were 85 letters created after 4:00 PM. 5. From 297 letters, I have randomly checked 10 letters and they were mailed successfully to iColor. 6. Also we have received confirmation from iColor and 1 response file pending from iColor which should be available tonight.	•Any other instances of this failure in past? No •IT got notice of non-connectivity from iColor •Resolution - The connectivity issue from the Tidal job to the iColor was addressed and the PDF letters were processed to iColor. The vendor fulfillment response files for the impacted cases (inbound process to LA Care) was loaded on 03/23/2022 which updated the "Date letter mailed" and "Vendor fulfillment date" fields in PCT. •A&G asked that IT provide CSC and A&G distribution list with email notification within 15 minutes of a failure of this kind so they know it is not necessary to call IT Help Desk and can monitor situation. •No further action required.	Remediated
1259	835 Processing Error	From 6/3/21 to 2/18/22 122 checks not delivered to 74 diferent providers totating $5.4M; RCA - For Reversal and Admustment claims the interest is sent as a Negative and Positive amount in QNXT. In SAP the interest amount is only being received as a negative; As a result, the 835 check total does not equal QNXT check total.				ESS		Long term solution: Iterative Process for Development, QA, and UAT through Deployment to include other changes that need to be bundled with this fix. Original target implementation dates was 3/10/22 Contingent on succssful completion of QA/UAT by 2/17/22 QA/UAT deprioritized as higher priority code, Claims Forwarding to Capitated Hospitals, was moved to test environment CAB Approval to be submitted upon completion of QA/UAT Working wtih IT to identify the revised implementation date. Once fix has been deployed any remaining checks will be re-issued by MPSS	Open
1262	Enforcement Matter 20-685 (OOS)	This DMHC Enforcement Matter arises from the denial of out of state (OOS) emergency services claims by the Plan and its delegate, and the failure of the Plan to adequately consider the member's grievance. (The member is an L.A. Care Covered (LACC) member, enrolled in the Silver 87 plan). Fine $18,000 No CAP	LACC		1/19/2022	A&G, Claims	Audit report completed - under review by management	Internal Audit report completed. IA will monitor CAPs starting Jan 2023	Open