



## **AGENDA**

### **COMPLIANCE & QUALITY COMMITTEE MEETING**

### **BOARD OF DIRECTORS**

**Thursday, September 15, 2022, 2:00 P.M.**

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

**DRAFT**

**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=m65ce261f3793b92bcdeb4e6a004f87cf>**

**To listen to the meeting via teleconference please dial:**

**+1-213-306-3065**

**Meeting number:**

**2495 426 1057**

**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](mailto:BoardServices@lacare.org), or by sending a text or voicemail to (213) 628-6420.**

**Attendees who log on to [lacare.webex](https://lacare.webex.com) 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 September 15, 2022, it will be provided to the members of the Compliance and Quality Committee in writing 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 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](mailto: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 August 18, 2022 Meeting Minutes P.4 *Chair*
4. Chairperson's Report *Chair*
5. Chief Compliance Officer Report P.16
  - Operational Readiness – 2024 DHCS Contract Thomas Mapp
  - 2022 Internal Audit Plan Calendar and Update Elysse Tarabola
  - 2022 Health Industry Collaboration Effort (HICE) Audit Update
    - Senior Director, Regulatory Compliance, Compliance Demetra Crandall
    - Director, Customer Solution Center Appeals and Grievances
  - Noncompliance Issue Inventory - Reboot Chelsea Hertler
  - Noncompliance Issue Inventory Manager, Regulatory Affairs Cagla Ozden
  - Risk Assessment Update – Reboot Chief of Enterprise Performance Optimization
  - Risk Assessment Update – Mitigation Activities Todd Gower
6. Chief Medical Officer Report Michael Sobetzko  
Senior Director, Risk Management and Operations Support
7. Accessibility and Availability P.29 Richard Seidman, MD, MPH  
Chief Medical Officer
8. Member Experience P.48 Ani Isayan,  
Quality Improvement Project Manager II, Quality Improvement
- Brigitte Bailey,  
Quality Improvement Program Manager III, Quality Improvement

## **ADJOURN TO CLOSED SESSION (Est. time 30 minutes)**

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

### **CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:

Three Potential Cases

## **RECONVENE IN OPEN SESSION**

**The next meeting is scheduled on October 20, 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](http://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](http://www.lacare.org).

**AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.**

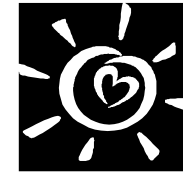
*Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting 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 – August 18, 2022

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



**L.A. Care**  
H E A L T H P L A N

#### 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*

Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*

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 2:05 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. 4 AYES (Booth, Perez, Roybal and Vaccaro)
PUBLIC COMMENT	There was no public comment.	

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVAL OF MEETING MINUTES</b>	<p>Chairperson Booth stated that on page Page 16 where it reads, “Dr. Seidman agreed with Mr. Mapp...” it should read, “Dr. Booth noted that while she is sure they have things to discuss, she is not sure of the timeframe. She requested to touch bases with leadership in July, regarding the C&amp;Q charter. With that contact she is comfortable waiting until August for the full committee to meet again.”</p> <p>The June 16, 2022 meeting minutes were approved as submitted.</p>	<p><b>Approved unanimously by roll call. 4 AYES</b></p>
<b>CHAIRPERSON REPORT</b>	<p><i>(Member Al Ballesteros joined the meeting.)</i></p> <p>Chairperson Booth stated that she would like to let the committee know that she did meet with staff to discuss the committee audit charter. She got many questions answered and it is moving along quite well. There was a request from the people that are looking at Compliance &amp; Quait materials. She is hoping they can look at the thing that L.A. Care is doing and give recommendations about best practices.</p>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following report <i>(A copy of the report can be obtained from Board Services.):</i></p> <p>He noted that the written report is in the packet and said that the numbers in the report have changed. The county is currently at medium community level from COVID-19, moved down from high community level transmission. The L.A. County Department of Public Health has as strong recommendation, the strongest short of a mandate. They are recommending masking in indoor public places. He pointed out that children in the Los Angeles School District are back in school week. He said it is much different this year than last year. No vaccine mandate or masking mandate and no weekly testing of all others. There is a big change, the county is obviously in a much better positon this year than last. There are reports coming out of a new bivalent COVID vaccine that will increase protection against the omicron sub-variants BA.4 and BA.5), as well as the original SARS COV-2 virus. i</p> <p>Monkeypox</p> <p>The U.S. Centers for Disease Control (CDC) has declared the current outbreak of Monkeypox cases a Public Health Emergency. There have been over 28,000 cases in 88 countries reported to date, including 81 countries that have not historically reported known cases. In the United States, there are now more than 7,500 cases reported in all but two states, and nearly 500 cases in Los Angeles County. Over 70% of cases in Los Angeles County are in White and Latinx individuals, with 11% in Black/African Americans, and 5% among Asians.</p> <p>Human to human spread of monkeypox infection occurs primarily through close, intimate contact with someone who has monkeypox. In Los Angeles County, 99% of reported cases have been in men, and 85% within the LGBTQ+ community, 2% among straight or heterosexuals, and 14% of unknown sexual</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>orientation. The California Department of Public Health has assessed the current risk of getting monkeypox among the general population as very low.</p> <p>People can reduce their risk of infection by avoiding close, skin-to-skin contact with people who have a rash that looks like monkeypox, avoid contact with objects and materials that a person with monkeypox has used, and attention to good hand hygiene practices. At this time, access to testing and vaccination for monkeypox is limited. The goal set by the LAC DPH is to administer a first dose of vaccine to as many people at increased risk for monkeypox exposure as quickly as possible. As the vaccine supply increases, Public Health will make second doses available. The current priority in Los Angeles County is to offer vaccine to gay or bisexual men and transgender adults with increased risk of infection.</p> <p>Flu Quality Improvement The 2022 Fight the Flu Campaign kick-off meeting was held in June, with all stakeholder business units. We are exploring use of text messaging for this year's campaign, and also considering offering COVID vaccination at the vaccination events we are planning for this fall.</p> <p>He noted that later in the meeting the committee will hear a Healthcare Effectiveness Data and Information Set (HEDIS) MY2022 presentation from Thomas Mendez, <i>Director, Quality Performance Informatics, Quality Performance Management</i>.</p> <p>CalAIM Program implementation continues since the initial launch in January 2022, with additional Community Support Services launched in July and more to come in January 2023. The Enhanced Care Management (ECM) provider network continues to expand, with the additional of 5 new providers in July and the review of 15 additional applications for potential new providers in January 2023. Ongoing training is offered every 2 weeks along with an ad-hoc webinar addressing the new populations of focus, members eligible for Long Term Care and at Risk of Institutionalization and Nursing Home Residents Transitioning to the Community, which go live in January, 2023.</p> <p>A major milestone was reached on June 30th, by which time approximately 22,000 ECM enrollees that were grandfathered into the program upon the transition of the Health Homes program to ECM needed to have a questionnaire completed and submitted by their ECM providers in order for them to graduate from the program or be re-enrolled. L.A. Care has received graduation assessments for approximately 20,000 members and continue to work with ECM providers to ensure submission of outstanding graduation assessments to appropriately disposition grandfathered members. The vast majority of members were reauthorized for ongoing ECM services.</p>	

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<b>HEDIS RESULTS MY2021</b>	<p>Thomas Mendez, <i>Director, Quality Performance Informatics, Quality Performance Management</i>, gave a presentation about Quality Performance Measures (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <p>HEDIS Submission</p> <ul style="list-style-type: none"> <li>• This report summarizes the final HEDIS results for the Medi-Cal Managed Care Accountability Set (MCAS), Cal MediConnect (CMC) and L.A. Care Covered (LACC) for Measurement Year (MY) 2021</li> <li>• Generally, HEDIS rates for MY2021 improved over MY2020 but are still below pre-COVID levels, especially for measures that require in-person services such as Immunizations, Cancer Screenings, and Diabetic Eye Exams. MY2021 also saw a continuing use of Telehealth visits, many of which were not as comprehensive as an in person visit so HEDIS services were not always provided</li> <li>• We submit both Administrative (electronic claim and encounter data) and Hybrid (Admin plus medical record review of an eligible population sample) rates</li> </ul> <p>Managed Care Accountability Set &amp; Minimum Performance Level (MPL)</p> <ul style="list-style-type: none"> <li>• DHCS has set the MPL for the MCAS measures at the 50th percentile of the National Medicaid Average</li> <li>• For MY2021 MCAS measures, 12 out of the 15 measures met the MPL</li> <li>• This is a significant improvement over MY2020 where 11 out of 19 measures met or exceeded the MPL</li> <li>• The three measures that were below the MPL this year are Childhood Immunization Status (CIS), and the two Well Child Visits in the First 30 Months of Life measures (W30A and W30B). These three measures are all for members that are 1 or 2 years old and in order to be compliant, the members require multiple services. Due to COVID-19, many vaccines and well visits were missed.</li> <li>• Several MCAS measures saw significant improvement over MY2020 including Comprehensive Diabetes Care (CDC) HbA1c Poor Control, Prenatal and Postpartum Care (PPC) where both measures reached the 67th percentile, and all three Weight Assessment and Counseling for Children and Adolescents (WCC) numerators which reached the 90th Percentile.</li> </ul> <p>Cal MediConnect (CMC)</p> <ul style="list-style-type: none"> <li>• 11 of the 16 reportable hybrid numerators increased</li> <li>• Transitions of Care (TRC) Medication Reconciliation dropped 12.16% from last year due mainly to documentation during Telehealth visits that did not include all of the requirements of the measure</li> <li>• Measures that improved include Controlling High Blood Pressure (CBP), CDC Blood Pressure Control, A1c testing and control, all of the Care of Older Adults (COA) numerators, and Colorectal Cancer Screening (COL)</li> </ul>	

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	<ul style="list-style-type: none"> <li>Breast Cancer Screening (BCS) improved slightly and Osteoporosis Management in Women Who Had a Fracture (OMW) improved significantly, back to pre-COVID rates</li> </ul> <p>L.A. Care Covered (LACC)</p> <ul style="list-style-type: none"> <li>The following Quality Transformation Initiative (QTI) measure list will be used to rate L.A. Care by Covered California starting in 2023 with draft fee assessments based on performance as noted below: <ul style="list-style-type: none"> <li>CBP</li> <li>CDC - HbA1C &lt; 8</li> <li>CIS - Combo 10</li> <li>COL</li> </ul> </li> <li>The product's measure scores for each reportable measure in the QTI core measure set are first compared to the percentile benchmarks: <ul style="list-style-type: none"> <li>For scores below the 25th percentile, the full per measure payment amount is assessed</li> <li>For scores at or above the 25th and up to the 66th percentile, payment per measure is assessed proportional to position in that range</li> </ul> </li> </ul> <p>For scores at or above the 66th percentile, no payment per measure is assessed</p> <p>Measurement Year 2022 Opportunities</p> <ul style="list-style-type: none"> <li>As part of ongoing data process improvements, utilize the Health Information Exchange (HIE) data to assist with HEDIS gaps in care closures, exclusions and Electronic Clinical Data Systems (ECDS) reporting</li> <li>Promote engagement of provider office staff to enhance patient satisfaction and patient experience as assessed by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Clinic and Group CAHPS surveys</li> <li>Educate providers to record blood pressure readings and provide well services during Telehealth Visits</li> <li>Received guidance from National Committee for Quality Assurance and Department of Health Care Services a result of the Medi-Cal Pharmacy Benefit carve out to Magellan, Managed Care Plans will have the option of reporting Pharmacy Measures as No Benefit and be removed from the Star rating and not impact accreditation status</li> </ul> <p>Chairperson Booth stated that in several cities in L.A. County they increased health care worker's minimum wage to \$25 an hour, but it is certain for groups. This may affect the number of people working at certain practices, they may hire people that are less qualified. She asked if L.A. Care is doing anything to address that. Mr. Baackes responded that it is too early to tell. L.A. Care is finding that there is a resistance in trying to get those ordinances revoked. There is a statewide effort to get an ordinance passed.</p>	



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	It will be a 3 tier minimum wage for health care workers. Los Angeles will have to raise the minimum wage to \$25, but it will not go into affect until 2024.	
<b>CHIEF COMPLIANCE OFFICER REPORT</b>	<p>Mr. Mapp and the Compliance Department staff presented the Chief Compliance Officer Report <i>(a copy of the written report can be obtained from Board Services)</i>.</p> <p>Compliance Officer Overview</p> <ul style="list-style-type: none"> <li>• Special Report - Appeals &amp; Grievances Update</li> <li>• Operational Readiness – 2024 DHCS Contract</li> <li>• 2022 Internal Audit Update</li> <li>• Health Industry Collaboration Effort (HICE)</li> <li>• Noncompliance Issues Inventory</li> <li>• Risk Assessment Update</li> </ul> <p>Demetra Crandall, <i>Director, Customer Solution Center Appeals and Grievances, CSC Appeals &amp; Grievances</i>, gave a Appeals &amp; Grievances Update.</p> <p>Michael Sobetzo, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, gave a report about the 2024 DHCS Operation Readiness Assessment.</p> <ul style="list-style-type: none"> <li>• Medi-Cal managed care Request For Proposal (RFP) for commercial plans was released February 9, 2022. As part of the RFP, all Medi-Cal managed care plans will be subject to the new contract requirements as of January 1, 2024.</li> <li>• DHCS initiated an operational readiness assessment for Medi-Cal managed care plans in June 2022. Approximately 250 deliverables are grouped into three submission phases due between August 12, 2022 and July 31, 2023.</li> <li>• Examples of deliverables include: <ul style="list-style-type: none"> <li>○ Submit a Compliance Program, Standard of conduct or code of conduct, and related policies and procedures.</li> <li>○ Submit the data security, backup, or other data disaster processes used in the event of a MIS failure.</li> </ul> </li> <li>• First round of twenty deliverables are due to DHCS on August 12, 2022</li> <li>• L.A. Care is currently on track to meet the first deliverables deadline</li> </ul> <p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, gave an update about the 2022 Internal Audit Plan Calendar.</p>	

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	<div><div><div>Completed</div><div>Contingent</div><div>Proposed</div><div>Completed waiting for approval</div><div>Started</div><div>Removed</div></div><table><thead><tr><th>Area of Focus</th><th>Jan- Mar</th><th>Apr – Jun</th><th>Jul – Sep</th><th>Oct - Dec</th></tr></thead><tbody><tr><td>Information Technology</td><td></td><td></td><td><div>Proposed: Remote Worker Security Assessment with Portal Assessment</div><div>Proposed: IT Project Management: System Implementation with Config Mgmt combined</div></td><td><div>Contingent: Data Governance</div></td></tr><tr><td>Regulatory &amp; Compliance</td><td><div>Health Industry Collaborative Effort</div><div>Proposed: Emergency Claims Review to include A&amp;G</div></td><td><div>Proposed: EMT and NMT Transportation Audit (in process to close)</div><div>Proposed: Mail Room and Process Audit</div></td><td><div>Contingent: Appeals and Grievances</div></td><td><div>Proposed: Delegated Oversight Monitoring</div></td></tr><tr><td>Corrective Action Plan (CAP) Follow-up- High Risk</td><td></td><td></td><td><div>Proposed: DHCS Findings</div><div>Proposed: Claims</div><div>Proposed: DMHC Findings</div><div>Contingent: Pharmacy Transition</div><div>Proposed: Sales and Marketing Follow-up (Regulatory audit 2020 and IA 2021)</div><div>Proposed: Provider terminations</div></td><td><div>Contingent: RA Billing Issue</div></td></tr><tr><td>Other</td><td></td><td><div>Risk and Compliance Issue intake process</div><div>Additional Compliance Support – CAPs and Noncompliance follow-up</div></td><td><div>Updating Risk Register</div><div>Annual Risk Assessment</div><div>Internal Audit Planning FY2023</div></td><td></td></tr><tr><td>Total Projects</td><td>2</td><td>4</td><td>12</td><td>3</td></tr></tbody></table><table><thead><tr><th>Audit</th><th>Status Rating</th><th>Status</th><th>Next Steps</th></tr></thead><tbody><tr><td>OOA Emergency Services Claims and Grievances Audit</td><td>Completed</td><td>CAP development complete and Final Audit Report complete and distributed to stakeholders and Legal Services</td><td>Test CAPS – Starting JAN 2023</td></tr><tr><td>Mail Processes Audit</td><td>Completed</td><td>Final Audit completed being distributed to stakeholders</td><td>Test CAPS – Starting JAN 2023</td></tr></tbody></table></div>	Area of Focus	Jan- Mar	Apr – Jun	Jul – Sep	Oct - Dec	Information Technology			<div>Proposed: Remote Worker Security Assessment with Portal Assessment</div> <div>Proposed: IT Project Management: System Implementation with Config Mgmt combined</div>	<div>Contingent: Data Governance</div>	Regulatory & Compliance	<div>Health Industry Collaborative Effort</div> <div>Proposed: Emergency Claims Review to include A&amp;G</div>	<div>Proposed: EMT and NMT Transportation Audit (in process to close)</div> <div>Proposed: Mail Room and Process Audit</div>	<div>Contingent: Appeals and Grievances</div>	<div>Proposed: Delegated Oversight Monitoring</div>	Corrective Action Plan (CAP) Follow-up- High Risk			<div>Proposed: DHCS Findings</div> <div>Proposed: Claims</div> <div>Proposed: DMHC Findings</div> <div>Contingent: Pharmacy Transition</div> <div>Proposed: Sales and Marketing Follow-up (Regulatory audit 2020 and IA 2021)</div> <div>Proposed: Provider terminations</div>	<div>Contingent: RA Billing Issue</div>	Other		<div>Risk and Compliance Issue intake process</div> <div>Additional Compliance Support – CAPs and Noncompliance follow-up</div>	<div>Updating Risk Register</div> <div>Annual Risk Assessment</div> <div>Internal Audit Planning FY2023</div>		Total Projects	2	4	12	3	Audit	Status Rating	Status	Next Steps	OOA Emergency Services Claims and Grievances Audit	Completed	CAP development complete and Final Audit Report complete and distributed to stakeholders and Legal Services	Test CAPS – Starting JAN 2023	Mail Processes Audit	Completed	Final Audit completed being distributed to stakeholders	Test CAPS – Starting JAN 2023	
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	Transportation Benefit Audit (NMT & NEMT)	Informal Exit meeting completed- updating findings	Completed all fieldwork, presented draft report for feedback, final exit week of July 18 <sup>th</sup> . Business owner provided feedback and updating and revising some of the findings. Targeting CAP reviews mid August	Provide Mgmt. time for CAPs after final exit meeting.	
	HICE Shared IT Integrity and Security Audits	Ongoing	Ongoing effort, with CAP presented for final Mgmt. actions by Delegated Entities. IT Security is involved to make sure LA Care Mgmt. is tracking. Once CAP are in a state for monitoring, this will be transferred to EPO and IT Security to follow-up.	Ongoing Audits to the next set of entities	
	IT Project and IT Configuration Audit	Kicked-off	Kicked-off and in document gathering phase	Kick off and document gathering and waiting for completed information to test.	
	Remote Worker IT Security Review	Planning Stage – Week 0	Week 0 Planning for Scope commenced July 15, Updated scope provided to IT Security to include Portal Assessment	Confirm scope and access rights	
	Other	Various Stages	<ul style="list-style-type: none"> <li>• Risk Assessment and Risk Register – The log is being revised with the help of the new Sr Director of Risk.</li> <li>• Intake process for Issues is being reviewed for tech solution – JIRA is a candidate</li> <li>• Internal Audit Planning- Following the Risk Assessment, the IA plan will be updated. A draft plan has been created</li> </ul>	Working closely with new Sr Dir of Risk on Issues and Risk Updates	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Gower a report about the 2022 Health Industry Collaboration Effort. L.A. Care has completed 12 HICE audits at the following organizations:</p> <ul style="list-style-type: none"> <li>• Healthcare L.A.</li> <li>• Adventist Health Provider Network</li> <li>• Bella Vista MG IPA</li> <li>• Crown City MG</li> <li>• Family Care Specialist</li> <li>• El Proyecto Del Barrio</li> </ul> <p>Key issues found:</p> <ul style="list-style-type: none"> <li>• Poor / Lack of documentation to substantiate control environment</li> <li>• Incomplete information provided related to data requests</li> <li>• Those with outsourced IT by Medicision have met all elements of controls for the Audit</li> </ul> <p>Noncompliance Issue Inventory - Reboot</p> <ul style="list-style-type: none"> <li>• We interviewed the accountable executives for each of the current open risks. In order to have a more meaningful Inventory of Issues, the following updates are needed</li> <li>• Reworking process to focus on: <ul style="list-style-type: none"> <li>○ Accountable area</li> <li>○ Data definitions for tracking</li> <li>○ Education of Issue vs Risk</li> <li>○ Root Cause</li> <li>○ Actionable Response</li> <li>○ Remediation Date with aging to track accountability. This can then be presented to leadership for escalation and potential risk decisions.</li> </ul> </li> <li>• New intake form being piloted with A&amp;G</li> <li>• Establish a weekly internal review meeting (Mid August to formalize)</li> <li>• Schedule monthly meetings with business lead for updates (Target August)</li> <li>• Appropriate collection of implementation artifacts / controls / audits post remediation</li> </ul> <p>Risk Assessment Update – Reboot Compliance has started the Annual Risk Assessment Planning efforts. More to follow on communication in the coming weeks.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Compliance interviewed the accountable executives for each of the current open risks with the following updates needed:</p> <ul style="list-style-type: none"> <li>• Reworking process to focus on: <ul style="list-style-type: none"> <li>○ Data driven evaluation of risk</li> <li>○ Data definitions for management to approve</li> <li>○ Education of Issue vs Risk</li> <li>○ Accountable area</li> <li>○ Root Cause</li> <li>○ Actionable Response / Controls</li> <li>○ Remediation Date</li> </ul> </li> <li>• Education on Risk. Enhanced communications. The current risk assessment log of open risks is not very clear.</li> <li>• Establish weekly internal review meeting</li> <li>• Scheduled monthly risk meetings with business lead for updates</li> <li>• Appropriate collection of implementation artifacts / controls / audits post remediation to establish management preparedness or exposure</li> </ul>	
<b>TRANSPORTATION QUALITY CONCERNS</b>	<p>John Baackes, <i>Chief Executive Officer</i>, led a discussion about Transportation Quality Concerns at L.A. Care. Mr. Baackes introduced Tarina Kang, <i>Chief Medical Officer, USC Verdugo Hills Hospital</i>, to the committee. Dr. Kang thanked Mr. Baackes and the committee for inviting her to discuss and highlight issues that will help address and strengthen their relationship with L.A. Care. She stated that after hearing some of the things discussed during the meeting that some issues might be out of L.A. Care's control. She is asking for something that feels can be attainable. She would like to address effective communication between hospitals and L.A. Care's administration. She asked for insight on the escalation structure where staff can interact together. She is requesting an organizational chart with contact information for existing individuals that they can address issues such as delays. She would like assurance that these individuals can address these issues. Some direction she has received to escalate these issues is to directly email the CEO, CMO, or the Medical Director. She does not feel this is the proper escalation method to ensure completion. She would like an organizational chart that her staff can access to speak to a specific group within L.A. Care to get help with assisting L.A. Care members, specifically in case management, authorizations, and transportation management. They are constantly dealing with delays for higher level of care transfers and to access a live person. The call back for authorizations <del>takes</del> one to three hours. When working with L.A. Care's contracted medical groups it can take longer than that. She recommends that one case manager be assigned to one hospital and follow the same patient. She thinks it is inefficient to have various case managers assigned to one patient unless they are all aware of the patients case.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth asked Dr. Kang if her hospital has a contract with L.A. Care. Dr. Kang responded that they do not have a contract with L.A. Care. She noted that the very small numbers of patients that they admit, they spend a larger amount of time when higher level of care is needed on those patients. She reached out to L.A. Care to reach a solution.</p> <p>Chairperson Booth asked staff if L.A. Care has the same issues with hospitals that are <del>not</del> contracted. Mr. Baackes that a lack of contract does create a barrier in the volume issue. The request for an organizational chart can be addressed and L.A. Care will follow up on that. The interest in cooperation, he hopes, will make Dr. Kang an advocate to get a contract. Where L.A. Care does have contracts there are larger resources. All admissions have to go through a memorandum of understanding without a contract. He thanked her for being part of the discussion and hopes to speak to her offline. Chairperson Booth thanked her for input. Dr. Kang thanked Mr. Baackes and the committee and said that she believes in what L.A. Care is doing.</p>	
<b>PIP/QIP/PDSA</b>	<p>Rachel Martinez, RN, BSN, <i>Quality Management Nurse Specialist RN II, Quality Improvement</i>, gave a update about Quality improvement Projects Update <i>(A copy of the presentation can be obtained from Board Services.)</i></p> <ul style="list-style-type: none"> <li>• There are three types of quality improvement projects that can be required of us by our regulators: <ul style="list-style-type: none"> <li>○ Quality Improvement Projects (QIPs): These have unique, product line specific, requirements and can last from 9 months to 3 years. All product lines may issue a QIP but typically Medi-Cal does not issue this type of project request.</li> <li>○ Performance Improvement Projects (PIPs): PIPs are typically 18-month long projects with the first half spent on identifying areas of need, causal analysis, and planning interventions then followed by testing of interventions.</li> <li>○ Plan-Do-Study Act (PDSA). PDSA projects are done in much shorter timeframes with interventions being tested in 30-90 day cycles. Typically these have two cycles of interventions and are required by our regulators due to low performance on a measure.</li> <li>○ Centers for Medicare and Medicaid Services (CMS) currently has a hold on the QIP for Medicare line of business due to the COVID-19 pandemic.</li> </ul> </li> </ul>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Compliance &amp; Quality Committee meeting was adjourned at 3:35 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:42 pm.</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</p> <p>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> <li>• L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069, Department of Health Care Services (Case No. Unavailable)</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Three Potential Cases</p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:59 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 5:01 p.m.	

Respectfully submitted by:

Victor Rodriguez, *Board Specialist II, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

\_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*

Date Signed: \_\_\_\_\_



**L.A. Care**  
HEALTH PLAN®

**To:** Compliance & Quality Committee of the Board of Governors  
**From:** Thomas Mapp, Chief Compliance Officer  
**Subject:** Chief Compliance Officer Report – September 2022 (OPEN SESSION)  
**Date:** September 15, 2022

### **COMPLIANCE OFFICER OVERVIEW**

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This Compliance Officer Overview includes the following updates:

1. Operational Readiness – 2024 DHCS Contract
2. 2022 Internal Audit Plan Calendar and Update
3. 2022 Health Industry Collaboration Effort (HICE) Audit Update
4. Noncompliance Issue Inventory - Reboot
5. Noncompliance Issue Inventory
6. Risk Assessment Update – Reboot
7. Risk Assessment Update – Mitigation Activities



# Compliance & Quality Committee



**L.A. Care**  
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September 15, 2022

# 2024 DHCS Operation Readiness Assessment

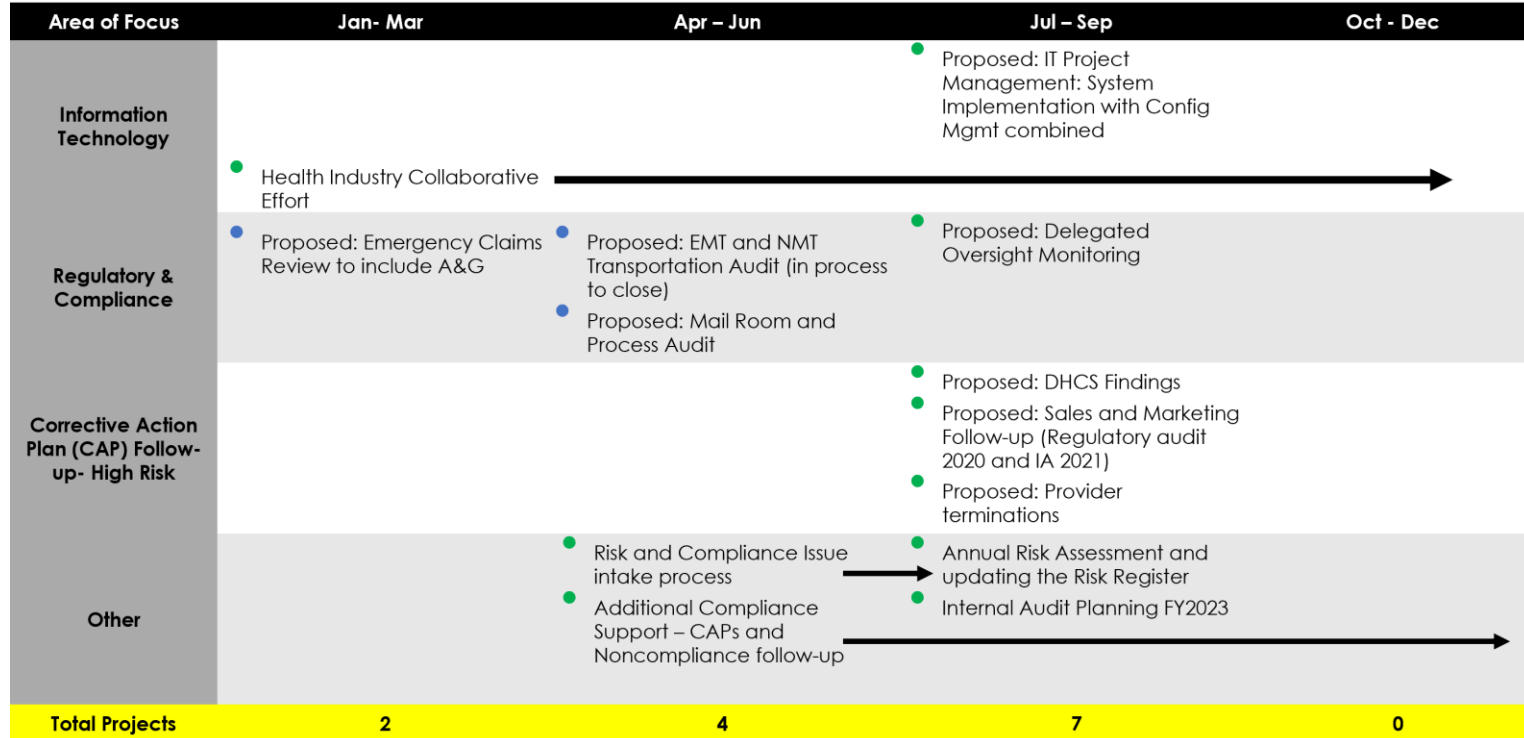
- Medi-Cal managed care Request For Proposal (RFP) for commercial plans was released 2/9/2022. As part of the RFP, all Medi-Cal managed care plans will be subject to the new contract requirements as of 1/1/2024.
- DHCS initiated an operational readiness assessment for Medi-Cal managed care plans in June 2022. Approximately 250 deliverables are grouped into three submission phases due between 8/12/22 and 7/31/23.
- Examples of deliverables include:
  - Provide Emergency Preparedness plan
  - Submit policies and procedures for the provision of Substance Use Disorder
- First round of twenty deliverables were submitted timely to DHCS on **8/12/2022**
  - Answering requests for additional information
- L.A. Care is currently **on track** to meet the second deliverables deadline on 9/12/2022



# Internal Audit – Updated IA Plan

*(Proposed, Started and Closed)*

- Proposed Not-started
- Started
- Completed



# Internal Audit – Updated IA Plan

*(Removed and Contingent)*

- Contingent
- Removed

Area of Focus	Jan- Mar	Apr – Jun	Jul – Sep	Oct - Dec
Information Technology				<ul style="list-style-type: none"> <li>Contingent: Portal Assessment</li> <li>Contingent: Data Governance</li> <li>Proposed: Remote Worker Security Assessment</li> </ul>
Regulatory & Compliance			<ul style="list-style-type: none"> <li>Contingent: Appeals and Grievances</li> </ul>	
Corrective Action Plan (CAP) Follow-up- High Risk			<ul style="list-style-type: none"> <li>Proposed: Claims</li> <li>Contingent: Pharmacy Transition</li> <li>Proposed: DMHC Findings</li> </ul>	<ul style="list-style-type: none"> <li>Contingent: RA Billing Issue</li> </ul>
Other				
Total Projects	0	0	4	4

# 2022 Internal Audit Update

● Completed
 ● Delayed
 ● In Process
 ● With Mgmt.

Presenter(s): Todd Gower

Audit	Status Rating	Status	Next Steps
Compliance Request: OOA Emergency Services Claims and Grievances Audit	Closed	Management approved CAPS	Test CAPS – Starting JAN 2023C
Compliance Request: Mail Processes Audit	Closed	Management approved CAPS	Test CAPS – Starting JAN 2023
Compliance Request: Transportation Benefit Audit (NMT & NEMT)	Closed	Management approved CAPS	Test CAPS – Starting FEB 2023
Ongoing: HICE Shared IT Integrity and Security Audits	Ongoing	Ongoing effort, with CAP presented for final Mgmt actions by Delegated Entities. IT Security is involved to make sure LA Care Mgmt is tracking.	Ongoing Audits to the next set of entities
Follow-up: DHCS Findings	Kicked-off	Document request started	Fieldwork/Draft Report/Initial Exit Conference/Final Conference/Final Report with CAPs
Follow-up: Sales and Marketing (Regulatory audit 2020 and IA 2021)	Kicked-off	Document request started	Fieldwork/Draft Report/Initial Exit Conference/Final Conference/Final Report with CAPs
Follow-up: Provider terminations	In process	Document request started	Fieldwork/Draft Report/Initial Exit Conference/Final Conference/Final Report with CAPs
IA Plan: IT Project and IT Configuration Audit	In process	Fieldwork review is still underway	Draft Report/Initial Exit Conference/Final Conference/Final Report with CAPs
Other	Various Stages	<ul style="list-style-type: none"> <li>Risk Assessment and Risk Register – The log is being revised with the help of the new Sr Director of Risk.</li> <li>Intake process for Issues is being reviewed for tech solution – JIRA is a candidate</li> <li>Internal Audit Planning- Following the Risk Assessment, the IA plan will be updated. A draft plan has been created</li> </ul>	Working closely with new Sr Dir of Risk on Issues and Risk Updates

# 2022 HICE Audit Update

## Presenter(s): Todd Gower

We have completed 12 HICE audits at the following organizations:

1. Healthcare L.A.
2. Adventist Health Provider Network
3. Bella Vista MG IPA
4. Crown City MG
5. Family Care Specialist
6. El Proyecto Del Barrio
7. Global Care MG IPA
8. Prospect NW Orange County MG
9. Prospect MG
10. AltaMed Health Services
11. AppleCare MG (IT Support by Medicision)
12. AppleCare MG St. Francis (IT Support by Medicision)

Key issues found:

- Poor / Lack of documentation to substantiate control environment
- Incomplete information provided related to data requests
- Those with outsourced IT by Medicision have met all elements of controls for the Audit



# 2022 Non-Compliance Issue Inventory

**Presenter(s):** Michael Sobetzko and Todd Gower

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

## Additional updates:

1. The repository has over 230 items of which 50% showed remediated, but many are dated.
2. As a result of combing through the issues, we prioritized on those issues that are “Critical and Blank” reported in 2022.
3. We will then store the other “Non-Critical” and dated Issues for further substantiation and review. Those dated Non-Compliance Issues will help inform our updated Risk Assessment and FY2023 Internal Audit Plan

	Column Labels New/In Review	Open	Remediated	Grand Total
<b>Critical</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>
Direct - Clinical	1	1		2
Direct- Non-Clinical		1	2	3
<b>Needing to be substantiated as Critical</b>	<b>5</b>	<b>1</b>		<b>6</b>
Direct- Non-Clinical		1		1
(blank)	5			5
<b>Grand Total</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>11</b>

## Summary of 3 Open Items

1. Plan partner provider incident related to open and closed panels
2. Untimely Mail Delivery
3. Enforcement Matter 20-685

# Risk Assessment Update – Reboot

**Presenter(s): Michael Sobetzko and Todd Gower**

We have started the Annual Risk Assessment Planning efforts. More to follow on communication in the coming weeks.

We interviewed the accountable executives for each of the current open risks with the following updates needed:

- Reworking process to focus on:
  - Data driven evaluation of risk
  - Data definitions for management to approve
  - Education of Issue vs Risk
  - Accountable area
  - Root Cause
  - Actionable Response / Controls
  - Remediation Date
- Education on Risk. Enhanced communications. The current risk assessment log of open risks is not very clear.
- Establish weekly internal review meeting
- Scheduled monthly risk meetings with business lead for updates
- Appropriate collection of implementation artifacts / controls / audits post remediation to establish management preparedness or exposure





# 2022 Risk Assessment Update – Mitigation Activities

Presenter(s): Michael Sobetzko and Todd Gower

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

No new Risks Added as of 7/27/2022

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	If data is not accurate, timely and complete, information used to communicate to providers and regulators could be in error, to include causing member harm, poor quality scores and reputational and financial penalties	High	Risk #017 – Provider Network Management	Provider Network Mgmt	July 2022: • Symplr company engaged to prioritize data ingestion • Should reside with IT (Tom McDougal) • Goal – tool (system) that is sustainable, repeatable, stable platform that has controls built in • Business case being developed • Manual tools currently used to mitigate risk: PCBW tool (PNM developed); USPS address checks; Symphony (Deborah Manders) • PNM provided Risk Management with reports to demonstrate manual tools used for mitigation	12/31/2022
2	Open	Care Catalyst Project	Operational Financial		Medium	Risk # O18 – Member Data	UM CSC	July 2022: UM continues to work with Syntranet vendor to implement UM core system (care management, quality, social services, behavioral health). Risk includes organizational staffing to run day-to-day business and provide subject matter experts to work with vendor. All new changes must include new training. Risk Management will meet with PMO director (Deborah Ochoa) to get copy of road map and tools currently used.	
3	Open	Member Data	Operational Reputational Regulatory Financial		Low	Risk (#O18) – Member Data	Enrollment Provider Network Mgmt	July 2022: Consider combining 3,4,5 into one risk regarding data for members, enrollment, and providers • Using temporary tool 99% • Start project by next year • Enrollment – compensating controls in place • IT to finalize – no remediation date • Age out process monitored by Lucy Nakamura • PNM provided tools and reports demonstrate manual monitoring and mitigation of risks	

# 2022 Risk Assessment Update – Mitigation Activities

**Presenter(s):** Michael Sobetzko and 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	If data is not accurate, timely and complete, information used to communicate to providers and regulators could be in error, to include causing member harm, poor quality scores and reputational and financial penalties	Low	Risk (#017) - Provider Network Mgmt.	Provider Network Management Enrollment CSC	July 2022: Consider combining 3,4,5 into one risk regarding data for members, enrollment, and providers <ul style="list-style-type: none"> <li>• Using temporary tool 99%</li> <li>• Start project by next year</li> <li>• Enrollment – compensating controls in place</li> <li>• IT to finalize – no remediation date</li> <li>• Age out process monitored by Lucy Nakamura</li> <li>• PNM provided tools and reports demonstrate manual monitoring and mitigation of risks</li> </ul>	12/31/2022
5	Open	Enrollment / Disenrollment : Inappropriate Coverage Cancellation	Regulatory Organizational Operational		Low	Risk (#018) – Member Data & Risk (#017) - Provider Network Mgmt.	Enrollment CSC		

# 2023 Annual Risk Assessment Update - Reboot

## Pre-work:

Prior to starting the annual risk assessment, the Risk Team is going to establish the following documents and processes before starting the assessment process:

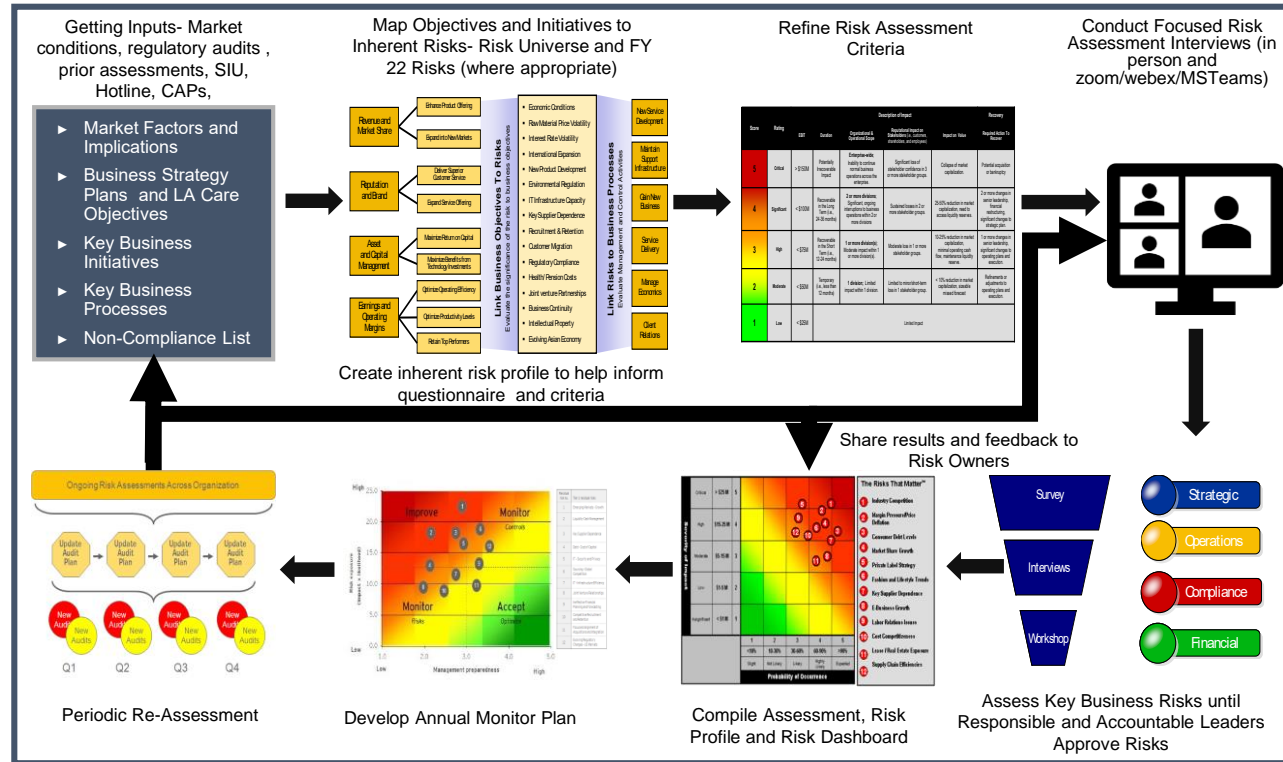
1. Risk Management Kick-Off awareness communication and outreach
2. Support team identified
3. Creating the process to conduct, update and communicate risks, to include new risks.
4. Develop LA Care Risk P&P and Risk Charter
5. Create a communication plan to include frequency, accountability, with a defined audience (internal only vs confidential)
6. Socialization with Risk Owners, Risk Mitigation Teams, ICC and ultimately C&Q
7. Targeting socialization and testing with Compliance at offsite Sept 19<sup>th</sup>

## Next Steps to support Pre-Work:

1. Request LA Care's strategic objectives, goals, and/or initiatives, to include potential ESG reporting requirements and/or ESG direction
2. Frame up organizational chart against risk themes/domains
3. Project Roadmaps (Ops, IT, Admin, etc) to help frame up projects associated with risk mitigation
4. The goals and objectives should come from the CEO Directs. This will help determine to whom we interview for the Risk Assessment.
5. Confirm market forces, competition and other regulatory inputs
6. Create Initial Enterprise Risk Assessment (ERA) questionnaire, test questionnaire with CFO and CCO. Finalize after inherent Risk Assessment exercise
7. Create LA Care's financial capacity ranges by interviewing LA Care's CFO
8. Create LA Care's probability of risk ranges by using current financial, quality and EPO metrics



# High-level Process and Setting Up a Feedback Loop





**L.A. Care**  
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*For All of L.A.*

# Timely Access to Care MY2021 Survey Results

Compliance and Quality Committee  
September 15, 2022



Presented by: Ani Isayan  
Quality Improvement



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997

# Overview

1. Appointment Availability(AA) & After-Hours(AH) Access: Regulatory Requirements
  - Who is Surveyed?
  - Goals
  - Reporting Updates
  - At a Glance
2. AA
  - Compliance Trends: PCPs & SCPs
  - Top 3 Unmet Goals
3. AH Compliance Trend: PCPs
4. MY2021 DMHC Survey Findings
5. Interventions
6. Challenges/Next Steps
7. Questions

# Appointment Availability & After-Hours Access: Regulatory Requirements

- To monitor and measure provider compliance with Access & Availability and After-Hours standards as established by the following regulatory agencies:
  - Department of Managed Health Care (DMHC)
  - Department of Health Care Services (DHCS)
  - National Committee for Quality Assurance (NCQA)
  - Centers for Medicaid and Medicare Services (CMS)
- To provide a framework for developing interventions to improve timely access to care.

# Appointment Availability & After-Hours Access: Who is Surveyed

The survey field period was October 2021-December 2021

## Appointment Availability

- Primary Care Physicians (PCPs)
- Specialty Care Physicians (SCPs)
- Behavioral Health Providers
  - Psychiatrists
  - Non-Physician Mental Health Providers
- Ancillary Providers

## After-Hours

- Primary Care Physicians (PCPs)



# Appointment Availability & After-Hours Access: Goals

Established by L.A. Care.

## MY2021 Goals

- L.A. Care sets Goals at the point where the plan has achieved a statistically significant improvement over prior year's result. In many cases, these goals are set at very high levels. Not meeting these goals is not necessarily a bad thing.
- *Effective MY2022* Goals will always be set to a minimum of 80%.
- Until 2022 Regulators did not have established Appointment Availability goals.
- Effective April 1, 2022 DMHC considers fewer than 70% compliance with urgent and non-urgent appointment requirements as non-compliant. (Source: Final Text 1300.67.2.2 )

# Appointment Availability & After-Hours Access: Reporting Updates

- As of MY2020 Quality Improvement moved from providing PPGs with Medi-Cal specific report cards to Aggregate Report Cards.
  - Prior to MY2020 PPGs received a report card with their performance based on their Medi-Cal Provider contracts. If the group was not contracted for Medi-cal the report card was issued based on their Medicare contract with L.A. Care.
  - For MY2020 QI re-evaluated this approach and shifted to one aggregate report card for the PPG. If a PPG is contracted with multiple Lines of Business (LOBs), their report card now includes their performance for all LOBs. This change was done to ensure all contracted Providers are all included in QI activities.
- As of MY2021 Quality Improvement moved from receiving LOB specific reports to also receiving aggregate reports as a Health Plan.
  - Prior to MY2021 L.A. Care received Health Plan level reports, per LOB.
  - For MY2021 QI re-evaluated this approach and in addition to continuing to receive LOB specific reports we are *a/so* receiving one aggregate report for all of L.A. Care. (Inclusive of all LOBs). This change was done to ensure L.A. Care can assess overall performance.
- Additional reports
  - L.A. Care continues to receive data and compliance details by Provider and/or FQHC locations. Provider/FQHC specific data is used for Quality Improvement activities which includes; Corrective Action Plans and Oversight & Monitoring.

# Appointment Availability & After-Hours Access: At a Glance

- <sup>1</sup>PCPs met four out of nine **appointment availability** measures in MY2021
  - Direct Network met five out of nine appointment availability measures in MY2021
- <sup>1</sup>SCPs met zero out of seven measures in MY2021
  - Direct Network met zero out of seven measures in MY2021
- <sup>1</sup>PCPs met two out of two **after hour** measures in MY2021
  - **Direct Network** met two out of two after hour measures in MY2021

<sup>1</sup>- Direct Network included in PCP/ SCP

## Appointment Availability Compliance: PCPs

Appointment Type	Standard	MY2019	MY2020	MY2021**	Goal		L.A. Care Goal Met
					L.A. Care	DMHC	
<b>Urgent Appointment.*</b>	48 Hours	85%	84%	78%	85%	70%	<b>No</b>
<b>Non-Urgent Appointment*</b>	10 Bus. Days	96%	93%	91%	94%	70%	<b>No</b>
<b>Preventive Services , may include Well-Child Exam (Child)**</b>	10 Bus. Days	97%	95%	93%	97%	NA	<b>No</b>
<b>Preventive Services, may include Well-Woman Exam(Adult)**</b>	30 Cal Days	99%	97%	97%	97%	NA	<b>Yes</b>
<b>Initial Prenatal Visit</b>	10 Bus. Days	99%	96%	98%	98%	NA	<b>Yes</b>
<b>In-Office Wait Room Time</b>	30 Minutes	96%	98%	99%	99%	NA	<b>Yes</b>
<b>Call-Back Wait Time</b>	30 Minutes	66%	72%	69%	74%	NA	<b>No</b>
<b>Time to Reschedule Missed Appointments</b>	48 Hours	94%	95%	95%	96%	NA	<b>No</b>
<b>Process for Rescheduling Missed Appointments</b>	Yes	99%	99%	99%	99%	NA	<b>Yes</b>

\*DMHC Required via the Provider Appointment Availability Survey

\*\*MY2021 Represents Aggregate(All Lines of Business) results. MY19-20 represents Medi-Cal LOB results, which are similar.



## Direct Network Performance Trend: Appointment Availability PCP

Appointment Type	Standard	MY 2019	MY 2020	MY 2021	Goal		L.A. Care Goal Met
					L.A. Care	DMHC	
<b>Urgent Appointment.*</b>	48 Hours	89%	81%	80%	85%	70%	No
<b>Non-Urgent Appointment*</b>	10 Bus. Days	97%	97%	95%	94%	70%	Yes
<b>Preventive Services , may include Well-Child Exam (Child)</b>	10 Bus. Days	100%	100%	95%	97%	NA	No
<b>Preventive Services, may include Well-Woman Exam(Adult)^</b>	30 Cal Days	100%	96%	97%	97%	NA	Yes
<b>Initial Prenatal Visit</b>	10 Bus. Days	100%	100%	98%	98%	NA	Yes
<b>In-Office Wait Room Time</b>	30 Minutes	100%	97%	98%	99%	NA	No
<b>Call-Back Wait Time</b>	30 Minutes	73%	72%	73%	74%	NA	No
<b>Time to Reschedule Missed Appointments</b>	48 Hours	97%	100%	96%	96%	NA	Yes
<b>Process for Rescheduling Missed Appointments</b>	Yes	100%	99%	100%	99%	NA	Yes

\*DMHC Required via the Provider Appointment Availability Survey

# Appointment Availability Compliance: SCPs

Appointment Type	Standard	MY2019	MY2020	MY2021**	Goal		L.A. Care Goal Met
					L.A. Care	DMHC	
<b>Urgent Appointment*</b>	96 Hours	78%	77%	65%	80%	70%	No
<b>Routine Appointment*</b>	15 Bus. Days	91%	87%	76%	87%	70%	No
<b>Initial Prenatal Visit</b>	10 Bus. Days	94%	90%	92%	98%	NA	No
<b>In-Office Wait Time</b>	30 Minutes	93%	96%	95%	97%	NA	No
<b>Call-Back Wait Time</b>	30 Minutes	59%	63%	58%	67%	NA	No
<b>Time to Reschedule Missed Appointments</b>	48 Hours	88%	93%	91%	94%	NA	No
<b>Process for Rescheduling Missed Appointments</b>	Yes	99%	98%	98%	99%	NA	No

\*DMHC Required via the Provider Appointment Availability Survey

\*\* MY2021 Represents Aggregate(All Lines of Business) results. MY19-20 represents Medi-Cal LOB results, which are similar.



## Direct Network Performance Trend: SCPs

Appointment Type	Standard	MY2019	MY2020	MY2021	Goal		L.A. Care Goal Met
					L.A. Care	DMHC	
<b>Urgent Appointment*</b>	96 Hours	75%	82%	68%	80%	70%	<b>No</b>
<b>Routine Appointment*</b>	15 Bus. Days	92%	85%	81%	87%	70%	<b>No</b>
<b>Initial Prenatal Visit</b>	10 Bus. Days	100%	0%	90%	98%	NA	<b>No</b>
<b>In-Office Wait Time</b>	30 Minutes	97%	100%	94%	97%	NA	<b>No</b>
<b>Call-Back Wait Time</b>	30 Minutes	57%	63%	66%	67%	NA	<b>No</b>
<b>Time to Reschedule Missed Appointments</b>	48 Hours	88%	83%	93%	94%	NA	<b>No</b>
<b>Process for Rescheduling Missed Appointments</b>	Yes	99%	100%	97%	99%	NA	<b>No</b>

\*DMHC Required via the Provider Appointment Availability Survey

# Appointment Availability Opportunities:

## Top 3 Goals Not Met by PPG

- Primary Care Providers
  - Urgent Appointment
  - Preventive Services (Child)
  - Call-Back Wait Time
- Specialty Care Providers
  - Urgent Appointment
  - Routine Appointment
  - Call-Back Wait Time
- L.A. Care will issue new Corrective Action Plan (CAP) in September 2022 for **all** Appointment Availability and After Hour measures not met.



# After-Hours Compliance 2021: PCPs

After-Hours	Time Standard
Access	After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g. "If this is an emergency, please dial 911 or go to your nearest emergency room.")
Access	After Hours recording or answering service must state a way of contacting the provider (e.g. connect directly to the provider, leave a message and the provider will call back, page provider, etc.)
Timeliness	Recording or live person must state that provider will call back within 30 minutes

AH measure	MY2019	MY2020	MY2021*	L.A. Care Performance Goal	Goal Met
Access	83%	75%	80%	77%	Yes
Timeliness	64%	53%	69%	54%	Yes

\*MY2021 Represents Aggregate(All Lines of Business) results. MY19-20 represents Medi-Cal LOB results, which are similar.

# Direct Network Performance Trend: After Hours PCP

AH measure	MY2019	MY2020	MY2021	Performance Goal	Goal Met
Access	93%	72%	81%	77%	Yes
Timeliness	76%	61%	62%	54%	Yes

# MY2021 DMHC Findings for Vendor

- Issued August 11, 2022
- Response submitted to the legal team on August 30, 2022
- Findings Summary:
  - L.A.Care had a high non-response rate
  - Non-response rates were higher for health plans specifically utilizing L.A.Care's vendor
- Analysis:
  - Vendor has reviewed the findings and has remediated their survey outreach methods to increase response rates to the Provider Appointment Availability Survey (PAAS)

# Interventions to Increase Compliance

Action(s) Taken	Effectiveness of Intervention or Outcome
<ul style="list-style-type: none"> <li>MY2020 L.A. Care issued a Root Cause Analysis (RCA) on 9/3/2021 for low response rate to the Provider Appointment Availability Survey in Medi-Cal (MC) Line of Business (LOB)</li> </ul>	<p><b><u>PPG Causal Barrier Analysis:</u></b></p> <ul style="list-style-type: none"> <li>COVID pandemic office closures</li> <li>Lack of staff</li> <li>Lack of office operation support to answer surveyors</li> </ul> <p><b><u>Outcome MY2021:</u></b></p> <ul style="list-style-type: none"> <li>MC PCP and SCP AA response rate decreased</li> <li>MC PCP AH response rate slightly decreased</li> </ul>
<ul style="list-style-type: none"> <li>MY2021 L.A. Care will issue new Corrective Action Plan (CAP) on September 9, 2022 on all Appointment Availability and After Hour measures not met.</li> <li>CAPs due to L.A. Care on October 10, 2022.</li> <li>MY2021 CAP to be sent to all PPGs, Direct Network, Anthem Blue Cross, and Blue Shield Promise</li> </ul>	TBD
<ul style="list-style-type: none"> <li>Oversight &amp; Monitoring Program for provider groups that participated in the surveys</li> </ul>	<ul style="list-style-type: none"> <li>Appointment Availability for Medi-cal: <b>decreased</b> from 2020-2021 for PCP and SCP</li> <li>After-Hours for Medi-cal: <b>increased</b> from 2020-2021 <ul style="list-style-type: none"> <li>Access</li> <li>Call-Back Timeliness</li> <li>Combined Access &amp; Timeliness</li> </ul> </li> </ul>

# Next Steps

- 1) Present Anthem Blue Cross and Blue Shield Promise with report cards and survey results and request corrective action plans
- 2) QI Accreditation will monitor PPG Corrective Action Plans as a result of CAPs and continue to support improved member accessibility
- 3) Collaboration with Enterprise Performance Optimization, Compliance, and QI to ensure changes are being implemented among PPGs, Direct Network, Anthem and Blue Shield Promise after L.A. Care distributes CAP requests
- 4) Increase oversight of Direct Network with Oversight and Monitoring, CAP requests and reporting out to the Direct Network Steering Committee
- 5) Annual PPG trainings to address providers that are unaware of access standards and explain L.A. Care's Oversight & Monitoring process
- 6) Preparation for MY2022 Access to Care Survey
  - Appointment Availability Survey scheduled to begin mid-September 2022
  - After-Hours Survey scheduled to begin mid-October 2022

# Challenges and Interventions

## Challenges

Sub-par L.A. Care provider data:

- Inaccurate data leads to unreliable results
  - Fragmented data files to be used as a survey database
  - Untimely data leads to delay in survey start
- 
- Low AA provider response rates to the surveys

## Interventions

- Amended the scope of work with CSS for MY2022 to include review of sample frames sent by L.A. Care to determine if providers are missing essential contact data, like phone, fax, and/or email.
- CSS will schedule calls to specialists, ancillary, and primary care providers from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. to avoid contacting providers' offices when they are closed for lunch or less likely to respond to the survey.
- CSS will attempt to call providers within the same day if the interviewer is unable to get past an automated menu or if they are put on hold for more than two minutes. The goal is to increase number of calls that reach a live person by decreasing amount of time the interviewer is on hold and increasing the number of attempts that can be made during the day.

# Questions?

# Member Experience Improvement Efforts



L.A. Care  
HEALTH PLAN®

*For All of L.A.*



Brigitte Bailey, MPH, CHES  
Quality Improvement Program Manager III  
Clinical Initiatives



# Overview

- Elevating Customer Experience Cross-Functional Team.
- SullivanLuallin Group Patient Experience Trainings.
- Meetings with PPGs and Clinics.



# Elevating Customer Experience Cross-Functional Team (ECE CFT)

- Launched in **February 2022**.
  - Convened by Dr. Katrina Miller Parrish.
- **Goal:** Bring together stakeholders across the organization to discuss all possible enterprise interventions, activities, and efforts focused on customer experience.
- **Customers** = *Members, Providers, Community*.
- **Efforts:**
  - Drafting FY22-23 work plan. Document and track enterprise wide efforts.
  - Information gathering – presentations from various departments.
  - PPG survey.
  - Patient experience trainings.



# Patient Experience Trainings Overview

- L.A. Care Quality Improvement team contracted with SullivanLuallin Group (SLG) in 2019 to provide patient experience trainings.
- Trainings developed for:
  - Managers/staff
    - Delivered by Thomas Jeffrey – President of SLG
  - Providers/clinicians
    - Delivered by Dr. Andrew Golden – Consultant with SLG
- In 2020, pivoted in-person model of trainings to webinar series.
  - Completed 4 full series of webinars (Fall 2020, Spring 2021, Fall 2021, Spring/Summer 2022).



# Available Trainings

- **For Providers/Clinicians**

- Leading to a Positive Patient Experience
- Efficient and Effective Patient Encounters
- Motivating Patients to Change Health Behaviors
- Improving Patient Compliance
- Making the Most of the First Few Minutes of a Patient Encounter
- Virtual Visits and the Care Experience

- **For Managers/Staff:**

- Managing for Telephone Service Excellence
- Handling Patient Complaints with H.E.A.R.T.
- A Better Care Experience with A.I.M.
- Managing Access and Flow

# Spring/Summer 2022 Webinar Series

- Total of 8 webinars – 4 for Providers/Clinicians, 4 for Managers/Staff
- Registration total: 843; unique registrants: 415
- Attendance total: 464; unique attendees: 286
- Net promoter score average: 80.5

# Partnerships with Clinics

- The Quality Improvement team is also partnering with DHS and the L.A. Care Practice Transformation team to provide these trainings directly to clinics.
- Presentations to date include 8 Community Clinic, DHS and other Medical Groups
  - More than 250 total attendees

# Internal Trainings

- The QI and SLG teams are also partnering with internal L.A. Care teams to provide these trainings to member-facing departments.
- Hosted **two trainings for Care Management** Managers and Staff in July.
  - Manager session – 15 attendees
  - Staff session – 63 attendees
  - Net Promoter Score: 79 → “Excellent” rating
  - *I have joined many customer service presentations throughout my career and I have to say this was the best one. It was given with the perspective of someone who truly understands customer service which is something I take very seriously! Very well done!*
- Developing training for Customer Solution Center managers, supervisors and training team.

# Patient Experience Trainings Evaluation

- Compare **2020 CG-CAHPS scores to 2021 CG-CAHPS scores** for clinics that received in-person trainings (prior to COVID) and the clinics with high attendance in the **Fall 2020 and Spring 2021 webinar series**.
- **Domains of Focus:**
  - Rating of Provider
  - Provider Communication
  - Office Staff
  - Rating of Health Care
- A total of 13 sites with **in-person** trainings and **webinar** attendance were evaluated.



# Overall Findings

- **Majority of measures experienced a decrease** between the 2020 CG-CAHPS scores and the 2021 CG-CAHPS scores in the 4 domains evaluated. This aligns with the general 2021 CG-CAHPS trend.
  - Of the 80 domains evaluated across the 13 clinics...
    - 53 domains decreased from 2020 to 2021.
      - 16 of which were statistically significant.
    - 27 domains increased from 2020 to 2021.
      - 3 of which were statistically significant.
- Of the 80 measures across the 13 clinics evaluated in both Adult and Child CG-CAHPS...
  - 21 ranked in the 0-25<sup>th</sup> percentile.
  - 22 ranked in the 25<sup>th</sup>-50<sup>th</sup> percentile.
  - 20 ranked in the 50<sup>th</sup>-75<sup>th</sup> percentile.
  - 17 ranked in the 75<sup>th</sup>-100<sup>th</sup> percentile.

# Next Steps: Patient Experience Trainings

- Develop hypotheses on why trainings did not seem to have an impact on CG-CAHPS scores in 2021. Initial thoughts:
  - COVID-19 still a major burden on health care system.
  - Staff burnout and “Great Resignation”.
  - Difficult to get buy-in from staff if only a few are attending trainings. Needs to be an organizational wide program.
- Move from general webinars to tailored in-person and/or webinars specific to clinics.
  - Conducted several trainings for specific clinic staff/clinicians already in 2022.
  - Advocate for in-person trainings for clinicians.
  - Work specifically with clinics with low CG-CAHPS scores.
  - Conduct CG-CAHPS evaluation in 2023 for these clinics.
- Utilize provider shadowing program offered by SullivanLuallin Group.
- Continue refreshing training content and developing new trainings.

## Quality Improvement Meetings with PPGs and Clinics

- Various teams within the Quality Improvement department meet with PPGs and Clinics on a regular basis.
  - Meetings take place either monthly, quarterly or on an as-needed basis.
- Meetings are an opportunity to discuss HEDIS, member experience survey scores, on-going initiatives/interventions, identify areas of opportunity for collaboration, and ensure L.A. Care is a trusted partner in quality improvement efforts.



