



AGENDA

COMPLIANCE & QUALITY COMMITTEE MEETING

BOARD OF GOVERNORS

Thursday, October 20, 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 in person and via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting in person and via teleconference as follows:

NEW: Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=mf46941f767f9ef686db7acebaa7235d2>

To listen to the meeting via teleconference please dial:

+1-213-306-3065

Meeting number:

2487 360 9453

Password: **lacare**

For those not attending the meeting in person, public comments or comments on Agenda items can be submitted 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](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 be sent by voicemail, email or text. If we receive your comments by 2:00 P.M. on October 20, 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 submitted in writing 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.

WELCOME

Stephanie Booth, MD, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve September 15, 2022 Meeting Minutes P.4 *Chair*
4. Chairperson's Report *Chair*
5. Chief Compliance Officer Report P.18
 - Development of 2023 Work Plan Thomas Mapp
Chief Compliance Officer
 - 2022 Year in Review Elysse Tarabola
Senior Director, Regulatory Compliance, Compliance
 - 2022 Internal Audit Plan Review of Completed Audits Chelsea Hertler
Manager, Regulatory Affairs
 - Issue Inventory Update Cagla Ozden
Chief of Enterprise Performance Optimization
 - Risk Assessment Update – Mitigation Activities Todd Gower
Consultant
 - Operational Readiness Update – 2024 DHCS Contract P.31 Michael Sobetzko
Senior Director, Risk Management and Operations Support
6. Chief Medical Officer Report Richard Seidman, MD, MPH
Chief Medical Officer
7. Population Health Management and Initial Health Assessment P.32 Elaine Sadocchi-Smith
Director, Population Health Management, Director, Facility Site Review

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)

RECONVENE IN OPEN SESSION

The next meeting is scheduled on November 17, 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.

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



L.A. Care

HEALTH PLAN

Stephanie Booth, MD, *Chairperson*
Al Ballesteros, MBA
Hilda Perez
John Raffoul*
G. Michael Roybal, MD
Nina Vaccaro
* *Absent*

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*

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. 5 AYES (Ballesteros, Booth, Perez, Roybal and Vaccaro)
PUBLIC COMMENT	There was no public comment.	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The August 18, 2022 meeting minutes were approved as submitted.	Approved unanimously by roll call. 5 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth thanked everyone in the L.A. Care Quality Improvements and Compliance Departments for the hard work they do. Staff is currently reorganizing the Compliance Department to be more integrated and efficient. The integration should reduce the confusion that can occur in reports to the Compliance & Quality Committee, for example when reports cover similar, but not identical indicators. The Quality Improvement Department has worked diligently to prepare reports that describe how the work they do satisfies their responsibilities and meets L.A. Care quality requirements related to the Compliance Department.</p> <p>She reported that she is still working on the L.A. Care Board of Governors' Compliance & Quality Committee charter. She has read many current articles that define the 2022 responsibilities of a health plan's Board of Directors, especially around issues of compliance and quality. She plans to incorporate this information into the Compliance & Quality Committee charter update. She is waiting for additional recommendations from external specialists working for L.A. Care.</p> <p>Chairperson Booth also highly praised L.A. Care Health Plan for being very proactive in supporting the physicians who see L.A. Care patients. This is the first time she can recall that physicians have received support from a health plan. It has been a struggle for many physicians to keep up with the increasing non-patient-health-care requirements and decreasing remuneration of Medi-Cal patients. Support from L.A. Care means that these physicians will be able to continue caring for L.A. Care patients.</p> <p>Richard Seidman, MD, <i>Chief Medical Officer</i>, asked for clarification. He inquired whether Chairperson Booth responded that she was referring to the new group that has been brought together by John Baackes, <i>Chief Executive Officer</i>. He described the "Los Angeles County Safety Net Coalition," (aka LACSNC), a group that is working together to employ legislative means to increase the base rate for Medi-Cal patients. Chairperson Booth agreed that this was most important, especially as it may improve access to medical care for marginalized and underserved individuals. With enough of an increase in Medi-Cal's base rate, more physicians will be able to accept L.A. Care patients with Medi-Cal insurance into their practices.</p> <p>Chairperson Booth added that there are other components of L.A. Care support. For one, L.A. Care has extended an offer to direct network physicians to pay for their membership in Los Angeles County Medical Association (LACMA) and California Medical Association (CMA) and she feels this will be a valuable asset for them, as LACMA membership has many benefits. She says LACMA membership for these physicians could motivate them to connect with other physicians in Los Angeles County. Being a part of organized medicine will</p>	

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	allow these physicians to join a larger group with a goal of equitable health care. It will also strengthen the voice of solo and small group physicians; this will be good for both Los Angeles County and the State of California.	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, 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>The written Chief Compliance Officer report consists of the following updates:</p> <ul style="list-style-type: none"> • Consolidation of Special Investigations Unit and Enterprise Performance Optimization into Compliance Department <ul style="list-style-type: none"> – Rationale for consolidation – Current organization charts – Compliance Planning Retreat – Development of 2022 Year in Review, 2023 Work Plan, Internal and Delegation Oversight Audit Plans, and Risk Assessment • Internal Audit Update • Issue Inventory Update • Risk Assessment Update – Mitigation Activities <p>Mr. Mapp stated that he will use his time to discuss the organization of the Compliance Department that will take effect on October 1. On October 1, the Compliance Department will be consolidating the Special Investigations Unit and the Enterprise Performance Optimization Unit into one singular Compliance Department. This will increase efficiency and create opportunities to streamline and reinvent how these units perform in the Compliance Department. He shared the restructure chart on screen (<i>A copy of the slide can be obtained from Board Services</i>).</p> <p>Chairperson Booth pointed out that the Special Investigative Unit saves L.A. Care money, she asked if it will be kept separate. Mr. Mapp responded that they do save L.A. Care money and that it will continue. That value will continue in full force. There may be more resources that he will lobby to be brought in to accomplish a broader mission, but they are not changing its core mission. The fraud, waste, and abuse payment recovery activities, looking at potential fraud schemes are all core elements of the Special Investigative Units function.</p> <p>Mr. Mapp introduced Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>. Mr. Sobetzko gave an update on the 2024 DHCS Operation Readiness Assessment (<i>A copy of the report can be obtained from Board Services</i>).</p>	

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	<p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, gave an update on the Internal Audit Plan (<i>A copy of the report can be obtained from Board Services.</i>).</p> <p>He explained how the report had been divided into two parts: Projects that are currently proposed or being worked on, and completed projects are recorded on one page and removed and continent projects are recorded on a second page. Chairperson Booth noted that appeals and grievances had been removed to become a contingent project and wanted to know why that was done, as appeals and grievances were recently problematic. Mr. Gower responded, if they did an audit now, findings would reflect the recently remediated issues. A while from now, a new audit would start; to examine remediation effectiveness and search for any new problems. Meanwhile, they are testing processes and making sure they are in good shape as well as auditing areas that haven't been audited for quite some time. Appeals and grievances will be on the 2023 Internal Audit Plan, but with a different approach. They had started the process with appeals and grievances and decided to hold off on that while they are working on a number of corrections.</p> <p>Mr. Gower gave an update on the 2022 Internal Audit and the 2022 Health Industry Collaboration Effort (HICE) Audit (<i>a copy of the report can be obtained from Board Services.</i>).</p> <p>Chairperson Booth stated that she wants the committee to understand that HICE, a collaborative effort with other health plans to audit medical groups around IT security issues so that they are not reproducing the same work. Mr. Gower responded that the 12 medical groups that L.A. Care looked at had been covered by other health plans, but they did not have the resources to audit them. L.A. Care stepped up, provided guidance, and helped them improve their processes so they know what evidence to look for. Chairperson Booth asked if those medical groups have been assigned. Mr. Gower replied that the medical groups that have not been assigned are in the process of being assigned. It has been a work in progress.</p> <p>Mr. Sobetzko gave an update on the 2022 Non-Compliance Issue Inventory and the Risk Assessment Reboot (<i>A copy of the report can be obtained from Board Services.</i>).</p> <p>Mr. Gower gave an update on the 2022 Risk Assessment Mitigation Activities (<i>A copy of the report can be obtained from Board Services.</i>). Chairperson Booth asked about the other issues that are not in the Risk Assessment update. Mr. Gower responded that they are in the process of clarifying the risks and corresponding work-around. They want to be sure they identify risks associated with all the strategic initiatives, but they also want to be sure none of their efforts are duplicated.</p> <p>Mr. Sobetzko gave an update on the High-Level Process and Setting up a Feedback Loop (<i>A copy of the report can be obtained from Board Services.</i>). He said the Compliance Department is looking at this process for overall risk assessment. It starts with looking at market factors, business strategies, key business initiatives, key processes, non-compliance lists, and issues lists. Their intent is to map those factors and initiatives to the inherent risk universe, to find risk based on criteria, grading risks from one to five. They are graded based on its potential of</p>	

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	occurrence and its impact should it occur. They sort by the nature of the risk, whether its Strategic Operations, Compliance, or Financial. Then working through developing a monitoring plan, reassessing the risk and at the end of the year looping back around and continuing to review the risk and rate them.	
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Seidman gave the following report:</p> <p>He noted there is no written report in the packet. L.A. Care's work for the next several months before January 1, is on the continued implementation of CalAIM, including new community supports. The health management requirement goes into effect on January 1. L.A. Care is also doing much work on the Housing and Homeless Incentive Program that will be presented at the Executive Committee and the next Board of Governors meeting. It is a proposal that outlines the manner in which L.A. Care intends to spend the incentive dollars that are available. The team is working very hard to optimize the amount of money LAC is able to draw down from that incentive program.</p> <p>On January 1, the D-SNP product line will go live. The Quality Improvement team are hard at work in strategizing and optimizing outcomes.</p>	
ACCESSIBILITY AND AVAILABILITY	<p>Ani Isayan, <i>Quality Improvement Project Manager II, Quality Improvement</i>, gave a report about Accessibility and Availability (A copy of the report can be obtained from Board Services.).</p> <p>Overview</p> <ul style="list-style-type: none"> • Appointment Availability(AA) & After-Hours(AH) Access: Regulatory Requirements <ul style="list-style-type: none"> – Who is Surveyed? – Goals – Reporting updates • AA <ul style="list-style-type: none"> – Compliance Trends: Primary Care Physicians (PCP) & Specialty Care Physicians (SCP) – Top 3 unmet Goals • AH compliance trend: PCPs • Measurement Year 2021 Department of Managed Health Care (DMHC) survey findings • Interventions • Challenges/next steps <p>Appointment Availability & After-Hours Access: Regulatory Requirements</p> <ul style="list-style-type: none"> • To monitor and measure provider compliance with Access & Availability and After-Hours standards as established by the following regulatory agencies: • DMHC 	

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	<ul style="list-style-type: none"> • Department of Health Care Services • National Committee for Quality Assurance • Centers for Medicaid and Medicare Services • To provide a framework for developing interventions to improve timely access to care. <p>Appointment Availability & After-Hours Access: Who is Surveyed? The survey field period was October 2021-December 2021</p> <p>Appointment Availability & After-Hours Access: MY2021 Goals Established by L.A. Care.</p> <ul style="list-style-type: none"> • 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. <p>Appointment Availability & After-Hours Access: Reporting Updates</p> <ul style="list-style-type: none"> • As of MY2020 Quality Improvement moved from providing PPGs with Medi-Cal specific report cards to Aggregate Report Cards. <ul style="list-style-type: none"> – 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. <ul style="list-style-type: none"> – 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 <i>also</i> 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 	

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	<ul style="list-style-type: none"> - 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. <p>Appointment Availability & After-Hours Access: At a Glance</p> <ul style="list-style-type: none"> • PCPs met four out of nine appointment availability measures in MY2021 <ul style="list-style-type: none"> - Direct Network met five out of nine appointment availability measures in MY2021 • SCPs met zero out of seven measures in MY2021 <ul style="list-style-type: none"> - Direct Network met zero out of seven measures in MY2021 • PCPs met two out of two after hour measures in MY2021 <ul style="list-style-type: none"> - Direct Network met two out of two after hour measures in MY2021 <p>Appointment Availability Opportunities: Top three goals not met by PPG</p> <ul style="list-style-type: none"> • Primary Care Providers <ul style="list-style-type: none"> - Urgent Appointment - Preventive Services (Child) - Call-Back Wait Time • Specialty Care Providers <ul style="list-style-type: none"> - 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. <p>MY2021 DMHC Findings for Vendor</p> <ul style="list-style-type: none"> • Issued August 11, 2022 • Response submitted to the legal team on August 30, 2022 • Findings Summary: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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 <p>Combined Access & Timeliness</p>	

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	<p>Unable to identify aggregate trend due to MY2021 is the first year that we did an aggregate report therefor, 3rd line item below effectiveness of intervention is assessment of Medi-Cal trends.</p> <p>Next Steps</p> <ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • Appointment Availability Survey scheduled to begin mid-September 2022 • After-Hours Survey scheduled to begin mid-October 2022 <p>Challenges</p> <p>Sub-par L.A. Care provider data:</p> <ul style="list-style-type: none"> • 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 <p>Interventions for DMHC findings</p> <ul style="list-style-type: none"> • 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. 	

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	<p>Chairperson Booth stated that she would like to meet with Ms. Isayan to go over some of things covered in her report. She noted that Ms. Isayan spoke about Medi-Cal for the Direct Network and asked if they will also be seeing L.A. Care Covered members as well. Noah Paley, <i>Chief of Staff, Executive Services</i>, responded that they will only be seeing Medi-Cal members, because that is what the Department of Managed Health Care approved.</p>	
MEMBER EXPERIENCE	<p>Brigitte Bailey, <i>Quality Improvement Program Manager III, Quality Improvement</i>, gave a presentation about L.A. Care's Member Experience Improvement Efforts (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <p>Overview</p> <ul style="list-style-type: none"> • Elevating Customer Experience Cross-Functional Team. • SullivanLuallin Group Patient Experience Trainings. • Meetings with PPGs and Clinics. <p>Elevating Customer Experience Cross-Functional Team (ECE CFT)</p> <ul style="list-style-type: none"> • Launched in February 2022. <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> – Drafting FY22-23 work plan. Document and track enterprise wide efforts. – Information gathering – presentations from various departments. – PPG survey. – Patient experience trainings. <p>Patient Experience Trainings Overview</p> <ul style="list-style-type: none"> • L.A. Care Quality Improvement team contracted with SullivanLuallin Group (SLG) in 2019 to provide patient experience trainings. • Trainings developed for: <ul style="list-style-type: none"> – Managers/staff <ul style="list-style-type: none"> ▫ Delivered by Thomas Jeffrey – President of SLG – Providers/clinicians <ul style="list-style-type: none"> ▫ Delivered by Dr. Andrew Golden – Consultant with SLG • In 2020, pivoted in-person model of trainings to webinar series. <ul style="list-style-type: none"> – Completed 4 full series of webinars (Fall 2020, Spring 2021, Fall 2021, Spring/Summer 2022). 	

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	<p>Original intention was to provide these trainings in-person at select IPAs to staff, managers and providers. These IPAs were going to have iPads at their front desks for patients to fill out “in the moment” satisfaction surveys. Currently have an amendment to extend our contract for another 2 years. At that point we will do another RFP.</p> <p>Available Trainings</p> <ul style="list-style-type: none"> • For Providers/Clinicians <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> – 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 <p>Spring/Summer 2022 Webinar Series</p> <ul style="list-style-type: none"> • 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 • 36% of individuals attended 2 or more sessions; 6% of individuals attended 4 or more sessions; on average, people attended 1.63 trainings • NPS is a customer loyalty and satisfaction measurement taken from asking customers how likely they are to recommend the webinars to their colleagues on a scale of 0-10. A score between 70 and 100 is considered Excellent! • Some positive feedback: This was by far one of the best webinars I have attended. It was engaging and informative by miles! I would love to have you attend one of my employee meetings throughout the year to give this talk to my employees. They would all enjoy it! <ul style="list-style-type: none"> – Very informational session, new perspective on work life balance. – I was very impressed with not only the relevancy of the subject but also the delivery and the examples. The two video shorts that were used were very impactful. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> We have monthly meetings with contacts at DHS to ensure training topics are relevant for them. We also provide them with a list of DHS attendees at the end of these series. <p>Partnerships with clinics</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> More than 250 total attendees <p>Internal Trainings</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Manager session – 15 attendees Staff session – 63 attendees Net Promoter Score: 79 → “Excellent” rating Developing training for Customer Solution Center managers, supervisors and training team. <p>Patient Experience Trainings Evaluation</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <p>Overall Findings</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Of the 80 domains evaluated across the 13 clinics <ul style="list-style-type: none"> 53 domains decreased from 2020 to 2021 <ul style="list-style-type: none"> 16 of which were statistically significant 27 domains increased from 2020 to 2021 <ul style="list-style-type: none"> Three were statistically significant 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ▫ Of the 80 measures across the 13 clinics evaluated in both Adult and Child CG-CAHPS <ul style="list-style-type: none"> - 21 ranked in the 0-25th percentile. - 22 ranked in the 25th-50th percentile. - 20 ranked in the 50th-75th percentile. - 17 ranked in the 75th-100th percentile. <p>Next Steps: Patient Experience Trainings</p> <ul style="list-style-type: none"> • Develop hypotheses on why trainings did not seem to have an impact on CG-CAHPS scores in 2021. Initial thoughts: <ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> - 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. <p>Continue refreshing training content and developing new trainings</p> <p>Quality Improvement Meetings with PPGs and Clinics</p> <ul style="list-style-type: none"> • Various teams within the Quality Improvement department meet with PPGs and Clinics on a regular basis. <ul style="list-style-type: none"> - 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. <p>In response to Member Roybal’s comment about how taking the class may affect the number and types of appeals and grievances for the group, Ms. Bailey said that she likes his idea, it’s an additional evaluation, and looking at appeals and grievances for sites that have high attendance may add information about program effectiveness. Also looking to see if it went down from year to year, the type of grievance might have changed. This will allow them to focus in that area. She would like to collaborate, because she has been working on locating a site to work on that.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth said that she wonders if they consider how much busier the doctors have been in the last year or so, as compared to earlier in the pandemic. Serving patients who delayed health care has been making doctors very busy, that might affect many patients' ability to see the good that is being done for them due to sites being overcrowded. She feels that needs to be taken into context. She said that the patients' expectations aren't always looked at. She noted that Dr. Seidman mentioned the survey is about how they feel and think about their experience, and at the same time the patient's expectations can be managed. She is wondering if they are looking for ways to manage expectations. Ms. Bailey responded that she just had a meeting with the vendor that manages texting and they do substantial work in the patient experience space. They had a conversation about incorporating the patient expectation aspect to ensure that it is realistic. Dr. Parrish stated that in the office staff training they do provide ways to verbalize if the office wait is going to be longer than usual and who the patient will be seeing next. Chairperson Booth stated that the main thing is better communication. Dr. Parrish agreed and said being nice and engaging. There are many ways to make them feel like they are receiving a high level of care.</p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:45 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> <ul style="list-style-type: none"> • 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) <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION</p> <p>Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act</p> <p>Three Potential Cases</p>	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:05 p.m.</p> <p>There was no report from closed session.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 4:05 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: _____



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To: Compliance & Quality Committee of the Board of Governors
From: Thomas Mapp, Chief Compliance Officer
Subject: Chief Compliance Officer Report – October 2022 (OPEN SESSION)
Date: October 20, 2022

COMPLIANCE OFFICER OVERVIEW

This Compliance Officer Overview includes the following updates:

1. Preview of Upcoming Reports (Development of 2023 Work Plan and 2022 Year in Review)
2. 2022 Internal Audit Plan Review of Completed Audits
3. Issue Inventory Update
4. Risk Assessment Update – Mitigation Activities
5. Compliance Training for Board Members

Exhibits Attached for Review:

1. Operational Readiness Update – 2024 DHCS Contract

Compliance & Quality Committee



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For All of L.A.

**Presenters: Thomas Mapp, Mike Sobetzko and
Todd Gower**

October 20, 2022

Compliance Officer Report

Presenter(s): Thomas Mapp

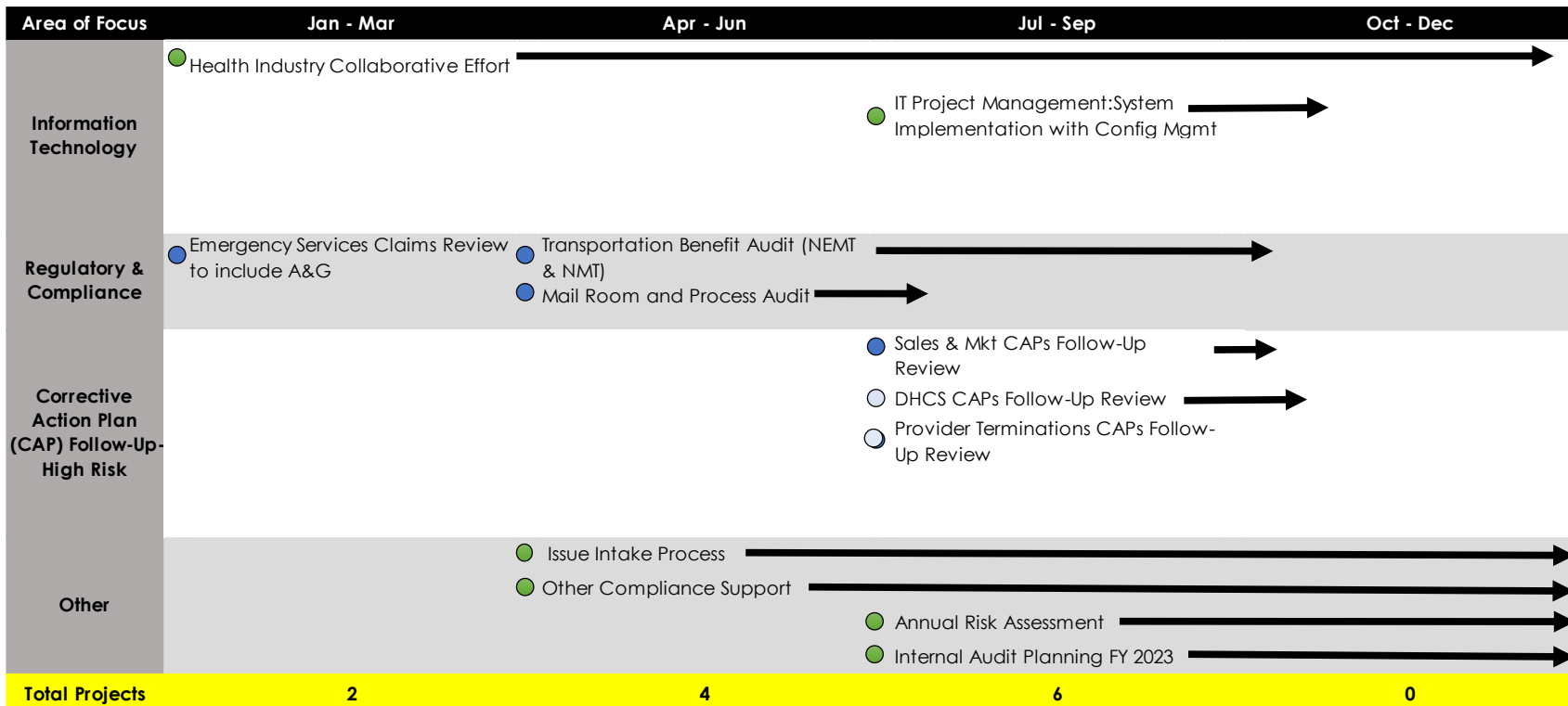
- Preview of Upcoming Reports (Development of 2023 Work Plan and 2022 Year in Review)
- 2022 Internal Audit Plan Review of Completed Audits
- Issue Inventory Update
- Risk Assessment Update – Mitigation Activities
- Compliance Training for Board Members

2022 Internal Audit Update

(Approved in progress or completed)

Presenter(s): Todd Gower

- Completed
- In Process
- Delayed
- With Mgmt.












2022 Internal Audit Update

(Contingent or stopped)

Presenter(s): Todd Gower

 Contingent

 Stopped

Area of Focus	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
Information Technology				 Portal Assessment  Data Governance  Remote Work Security Assessment
Regulatory & Compliance				 Appeals and Grievances Assessment  Delegated Oversight Monitoring
Corrective Action Plan (CAP) Follow-Up-High Risk			 DMHC CAPs Follow-Up Review  Claims CAPs Follow-up Review  Pharmacy Transition Follow-Up Audit	 Remittance Advice Billing Follow-
Other				
Total Projects	0	0	3	6

2022 Internal Audit Update

Presenter(s): Todd Gower

 Completed
  Delayed
 In Process
  With Mgmt.

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	Final Report with CAPs
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	Draft Report Provided	Submitted draft report to Management. Out of 84 CAPs, 14 CAPs remain under review.	Final CAPS provided by management; Testing
Follow-up: Sales and Marketing (Regulatory audit 2020 and IA 2021)	Closed	Final report submitted and provided to Management- All CAPs Closed	Complete final audit on effectiveness in 2023- Date TBD following Risk Assessment
Follow-up: Provider terminations	Final Report Provided	Final report submitted and provided to Management	Final Report with CAPs
IA Plan: IT Project and IT Configuration Audit	In process	Draft Reports being pulled together	Draft Report/Initial Exit Conference/Final Conference/Final Report with CAPs
Other	Various Stages	<ul style="list-style-type: none"> Risk Assessment launched Intake process for Issues is being reviewed for tech solution – JIRA is a candidate Internal Audit Planning- Following the Risk Assessment, the IA plan will be updated. A draft plan has been created 	Working closely with new Sr Dir of Risk on Issues and Risk Updates

2022 Internal Audit Update - Sales Follow-up

L.A. Care Compliance Department Internal Audit contracted with Resources Global Professionals, Inc. (RGP), to perform a second follow-up review of corrective action plans (CAPs) implemented to remediate issues documented in the L.A. Care Sales and Marketing Audit Report dated April 16, 2021.

The audit found opportunities for improvement of the Sales (formerly Sales and Marketing) quality assurance program effectiveness and management oversight. Internal Audit completed a follow-up review on November 2, 2021, which determined that corrective actions were implemented timely and instruction to the sales team was conducted and effective.

Scope

The scope of the Sales CAP Follow-up Review includes:

- CAP Implementation period: November 2, 2021, to July 30, 2022
- Relevant systems: Compliance monitoring call system
- Records: Corrective action plan implementation evidence, Compliance monitoring records
- Personnel: Compliance and Sales Departments

Review Results

No corrective actions were requested from the first review. This new review indicated all 4 Findings related with 22 CAPs were implemented timely, accurately, and completely.

Audit Focus Area	Issues Summary	CAP Update	Issue Risk Rating
• Terminology and Statements	<ul style="list-style-type: none">• Misrepresentation of CMC (CalMediConnect)	Sufficient Controls in place	Medium
• Monitoring	<ul style="list-style-type: none">• Monitoring reports showing failure points- no follow-up provided;	Sufficient Controls in place	High
	<ul style="list-style-type: none">• Script training updates not reviewed periodically to include new language to mitigate communication risk.	Sufficient Controls in place	High
• Policies and Procedures	<ul style="list-style-type: none">• Some policies need updating to comply with CMS.	Sufficient Controls in place	Low

2022 Internal Audit Update - NEMT and NMT Audit

L.A. Care Compliance Department Internal Audit contracted with Resources Global Professionals, Inc. (RGP), to perform an internal audit of L.A. Care's Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services to express an opinion on L.A. Care's compliance with the applicable requirements.

The audit was initiated in response to a Department of Health Care Services (DHCS) letter received March 25, 2022, stating DHCS "has identified systemic issues related to Medi-Cal Managed Care Health Plans (MCPs) administration of the Non-Emergency Medical Transportation (NEMT), and Non-Medical Transportation (NMT) benefit." The letter also advised DHCS will impose monetary sanctions and corrective action plans for non-compliance identified during DHCS' Annual Medical Audit. In response, L.A. Care's Regulatory Compliance team conducted a risk assessment, identified risk areas, and recommended initiation of an internal audit of the NEMT and NMT benefit administration program, as well as other risk mitigation activities.

Focus Area

The focus of the internal audit included the following:

- Member Eligibility
- Medical Authorization
- Vendor Medi-Cal Enrollment
- Transportation Benefit Program Administration

Scope

The scope of the audit is NEMT and NMT benefits requested on or between July 1, 2021, and June 30, 2022. The scope excluded billing processes and NMT private conveyance transactions.

2022 Internal Audit Update- NEMT and NMT Audit

Objectives

The audit objectives include the following:

1. **Transportation Benefit Program Administration:** Identify improvement opportunities and problem root causes in the administration of the Program.
2. **Member Eligibility:** Identify improvement opportunities and problem root causes in the process of providing eligible members with requested NEMT and NMT benefits.
3. **Medical Authorization:** Identify improvement opportunities and problem root causes in the process of obtaining required prescription for NEMT and NMT benefits.
4. **Transportation Provider Enrollment:** Identify improvement opportunities and problem root causes in the process of using transportation providers that are enrolled in the Medi-Cal program as required.

Review Results

The following is a summary of the 8 findings from this review: (Not included are 7 other observations for improvement below low risk)

Audit Focus Area	Issues Summary	Issue Risk Rating
<ul style="list-style-type: none">• Transportation Benefit Program Administration	<ul style="list-style-type: none">• Lack of focused audit documentation• Lack of UM Monitoring of PCS Form Quality• Lack of Sufficient Data in the TNR and Inconsistent Data Element Definition in the TNR• Missing Member-Initiated NEMT Trip Workflow	High
<ul style="list-style-type: none">• Member Eligibility	<ul style="list-style-type: none">• No Member Eligibility issues found	Low
<ul style="list-style-type: none">• Medical Authorization	<ul style="list-style-type: none">• PCS Forms – Missing Forms• PCS Forms Incomplete	High
<ul style="list-style-type: none">• Vendor Medi-Cal Enrollment	<ul style="list-style-type: none">• Incomplete Exclusion Screening	High

2022 Issue Inventory Update - Summary

Presenter(s): Michael Sobetzko and Todd Gower

The Issue Inventory continues to be updated and going through a clean-up process

Additional updates:

1. The repository now has 240 items of which 53% 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 and identified in 2022.
3. We have added and updated the list with the following items

	New/In Review	Open	Remediated	Grand Total
Member Impact	34	3	2	39
Direct - Clinical	2	2		4
Direct- Non-Clinical		1	2	3
Indirect	1			1
Blank- DHCS 2021 Audit and 2021 CPE Audit Findings	31			31
To be Reviewed	9	2		11
Direct - Clinical	1			1
Direct- Non-Clinical		1		1
Blank- Various enforcement matters	8	1		9
Grand Total	43	5	2	50

Summary of 5 Open Items

1. Plan partner provider incident related to open and closed panels
2. Untimely Mail Delivery
3. Enforcement Matter 20-685
4. 835 Processing Error
5. A&G Open Cases

2022 Issue Inventory Update – Issue Name

Presenter(s): Michael Sobetzko and Todd Gower

	New/In Review	Open	Remediated	Grand Total
Member Impact	34	3	2	39
Direct - Clinical	2	2		4
A&G Open Cases		1		1
Plan partner provider incident related to open and closed panels		1		1
System Outage - 3.29.22	1			1
Untimely Behavioral Health Authorizations	1			1
Direct- Non-Clinical		1	2	3
ITLAC-5289 - PCT - Date Letter Mailed Issue			1	1
System Outage 3.8.22			1	1
Untimely Mail Delivery		1		1
Indirect	1			1
Lack of awareness of Regulatory Reporting requirement Provider Preventable Conditions	1			1
(blank)	31			31
2021 CPE Audit Finding	4			4
2021 DHCS Medical Audit Finding	27			27
To be Reviewed	9	2		11
Direct - Clinical	1			1
PQI Resolution Timeliness	1			1
Direct- Non-Clinical		1		1
Enforcement Matter 20-685		1		1
(blank)	8	1		9
2021 DPSS Annual Monitoring Audit	1			1
835 Processing Error		1		1
Communication Gap between business partners and IT	1			1
Contract / Procurement Turnaround Time	1			1
Enforcement Matter 21-337	1			1
Enforcement Matter 21-474	1			1
Enforcement Matter 21-475	1			1
Enforcement Matter 21-476	1			1
Enforcement MATter 21-477	1			1
Grand Total	43	5	2	50

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
Grand Total	6	7	14	4	31

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	<ul style="list-style-type: none"> • 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	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	<ul style="list-style-type: none"> • 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	Consider combining 3,4,5 into one risk regarding data for members, enrollment, and providers <ul style="list-style-type: none"> • 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 	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		

Exhibit 1 - 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 10/31/23.
- Three rounds have of submission have been completed timely through 10/3/22
- Status as of 10/3/22
 - Total submissions: 61
 - Approved by DHCS: 29
 - Review in progress: 30
 - Additional information requests: 2



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

Population Health Management (PHM) and Initial Health Assessment (IHA) Overview and Updates



Elaine Sadocchi-Smith FNP, MPH, CHES
Director of Population Health Management



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

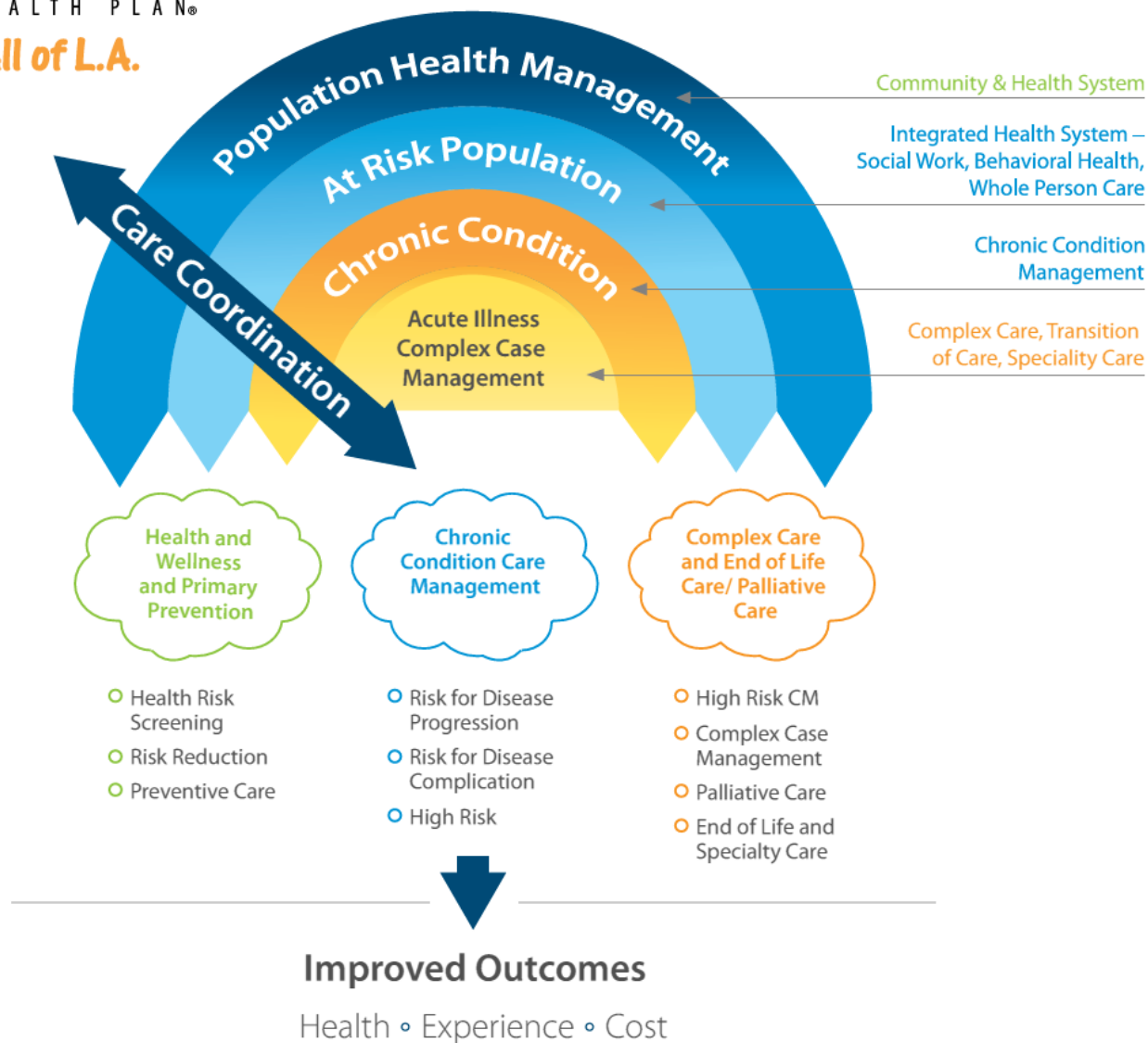
Topics for Discussion

1. Population Health Management (PHM) Program Overview: The L.A. Care Vision
2. PHM Requirements: NCQA and DHCS
3. PHM Documents
4. New CalAIM Requirements
5. Initial Health Assessment (IHA)



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Source: http://www.hscrc.maryland.gov/documents/md_maphs/wg_meet/-mtg-8/27-03-2014-A-Deutschendorf-HSCRC-Presentation.pdg

Population Health Management Strategy

L.A. Care's Population Health Management (PHM) strategy addresses:

- National Committee for Quality Assurance's (NCQA) PHM standards and requirements (next survey 2023)
- How L.A. Care provides services to members through a holistic patient-centered model of care engaging members regardless of where the member lies on the continuum of health.
- The continuum of coordinated, comprehensive care using evidence-based practice guidelines to improve members' outcomes and quality of life
- The evidence of the improving the process for Assessments: Initial Health Assessment (IHA), Health Risk (HRA), and Health Information Form (HIF), etc.
- The Department of Health Care Services (DHCS) California Advancing and Innovation Medi-Cal (CalAIM) PHM Program to ensure all requirements are met and program is ready to launch in 1/2023
- A comprehensive Transition of Care program specifically addressing CalAIM requirements



Population Health Management Program Description

1. The PHM Program Description (reviewed and approved annually) documents L.A. Care's efforts to coordinate care by:

- Population Identification
- Stratifying and risk-based segmentation
- Member enrollment health appraisal and engagement
- Intervention and monitoring
- Evaluating program outcomes

The PHM Program Description addresses NCQA and CalAIM requirements. The 2022 Program Description will be used for NCQA and CalAIM readiness assessment. The 2023 version will include new CalAIM requirements

The program description addresses member needs throughout the continuum of care including:

- Keeping Members Healthy
- Early Detection/Emerging Risk
- Chronic Condition Management
- Complex Case Management
- Care Transitions
- Patient Safety



Population Health Management

Population Assessment

2. The PHM Program annually assesses the population and analyzes data on:
- Membership and membership demographics by LOB
 - Social determinants of health, SOGI (sexual orientation and gender identity)
 - Top outpatient and inpatient diagnoses
 - Unhoused Membership
 - Chronic Conditions
 - Needs of subpopulations such as:
 - Child and adolescent members
 - Members with disabilities
 - COVID19 impact on our members
 - Telehealth
 - Referral data
 - Behavioral Health data



The PHM Population Assessment is an annual NCQA requirement

The PHM Population Needs Assessments (PNA) is the annual DHCS requirement (Medi-Cal), but CalAIM's new requirement will be a PNA every 3-years starting in 2025 with an emphasis on community supports.

Population Health Management

Cross Functional Efforts

3. The PHM Program has a Cross Functional Team (CFT) that reviews and connects the Population Assessment findings to existing programs, initiatives and works to address targeted populations, develops new programs/interventions and appropriate expansion of community offerings based on assessment findings. These include but are not limited to:

- Diabetes Health Education Program
- Asthma Health Education Program
- Cardiovascular Risk Reduction Program focused on disparity with hypertension within the African American population
- Palliative Care Program
- Transition of Care
- Behavioral Health
- Health Equity



Population Health Management Program Evaluation

4. The PHM Program conducts an annual Impact Evaluation that includes quantitative and qualitative analysis on each of the programs, interventions and initiatives.

Focus for 2022 includes:

- Strategic connection of Population Health Management across the organization
- Integrated system of record for coordination of care
- Prioritizing programs and connecting programs with line of business and business unit initiatives
- Tracking goal progress throughout the year and coordinating the implementation of initiatives to align with the PHM areas of focus.



Population Health Management

Population Health Management Index

5. The PHM Program annually develops an Index of clinical and outcome goals across the continuum of health and ages of members:

2022 Population Health Management Index (PHMI) includes goals and initiatives across the organization:

- Health Education
- Behavioral Health
- Care Management
- Quality Improvement
- Pharmacy
- Managed Long Term Support Services
- Utilization Management



Population Health Management Index 2022

- **Keeping Members Healthy**
 - Initial Health Assessment Completion Rate
 - Well Child Visits in the First 30 months of life
 - Flu Vaccination Rates
- **Emerging Risk**
 - Colorectal Screening
 - Breast Cancer Screening
 - Prenatal Care for Black/African-American members
- **Chronic Condition Management**
 - Comprehensive Diabetes Care for Black/African-American members
 - Controlling Blood Pressure for Black/African-American members
 - Follow-up After Emergency Department visit for people with High-Risk Multiple Chronic Conditions
 - Medication Adherence for hypertension (RAS Antagonists)
- **Care Transitions**
 - Follow-up After Hospitalization for Mental Illness
 - Transition of Care: Patient Engagement After Inpatient Discharge & Medication Reconciliation at Discharge
- **Patient Safety**
 - Plan All-Cause Re-Admissions

Population Health Management Index 2022

Total Score Met = Goal met for at least one LOB within each of the metrics. Total = **14**

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

Currently at Mid range (through July). Trending to meet 11 of the 14 goals; 85.7%.

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

Population Health Management

DHCS CalAIM Requirements

- The PHM team is working on the Readiness Assessment for **CalAIM** due 10/21/2022
- Working with business units on current state, conducting gap analysis and closure of gaps based on roadmap and program guide requirements that were released in September, 2022.
- Identifying Transitional Care Services (Transition of Care) current state, conducting gap analysis and closure of gaps to meet new requirements
- Reviewed all member assessments to help prepare for integration of systems and connecting members to community resources. This is the framework that can be used to build the population health model in Syntranet.
- L.A. Care has requested to be included in the DHCS beta testing of the new PHM Service application that will launch July, 2023

Population Health Management

DHCS CalAIM Requirements

Priorities for L.A. Care

1. Continue to identify PHM efforts across the enterprise
2. Better coordinate initiatives to align with PHM Goals
 - a. Eliminate duplication of effort
 - b. Align cross-functional efforts around programs and across product lines
3. Integrate PHM programs and metrics with new system of record
4. Meet all CalAIM PHM Requirements: Starting January 2023
5. Continued NCQA Accreditation



Initial Health Assessment (IHA)

Through the CalAIM PHM Program requirements, DHCS is issuing guidance to streamline several initial screening processes while ensuring compliance with federal and NCQA requirements.

Change is needed with respect to screening and assessment as existing mechanisms do not always cultivate member trust and are often burdensome to members and other stakeholders.

Effective January 1, 2023, DHCS is implementing the following changes:

- The Health Information Form (HIF)/Member Evaluation Tool (MET) will be required to be completed within 90 days of enrollment for new members
- The Individual Health Education Behavior Assessment (IHEBA)/Staying Healthy Assessment (SHA) will retire as of 1/1/2023.
- The IHA must be completed within 120 days of enrollment for new members and must continue to include a history of the member's physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any disease.
 - DHCS will measure primary care visits as a proxy for the IHA, leveraging Managed Care Accountability Sets (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits. For children, DHCS will measure both primary care visits and childhood screenings, including but not limited to screenings for ACEs, developmental, depression, autism, vision, hearing, lead, and substance use disorder (SUD).

Initial Health Assessment (IHA) Overview

- Initial Health Assessment (IHA) is a Medi-Cal requirement for all newly enrolled members to complete with their provider within 120 days of enrollment based on APL 08-003. PCPs are responsible to cover and ensure the provision of an IHA.
- IHA Cross-functional workgroup meets bi-monthly and has:
 - Developed a training available for providers and internal staff
 - Added IHA performance to L.A. Care's P4P program
 - Updated IHA code list
 - Developed process for all providers (including Direct Network) to receive monthly IHA due reports via the provider portal
- Starting 1/2023 changes in IHA include:
 - Changing name to Initial Health Appointment
 - Retiring the Individualized Health Education Behavioral Assessment (IHEBA)-often the Staying Healthy Assessment (SHA)
 - Using a primary care visit as a proxy for completion of the IHA

For Internal and External IHA questions contact: IHA@lacare.org

IHA Potential IHA Completion Results Q2 2022 (through dates of service July, 2022)

Line of Business	2022 to date (7/31/2022)	2022 Goal	Rate 2021	Rate 2020
Medi-Cal (MCLA)	31.60%	≥27% (Trending to Meet)	26.9%	24.7%
Cal Medi-Connect (CMC)	61.30%	≥60% (Trending to Meet)	62.7%	61.3%

IHA PPG Monitoring Results for Q1 2022

- **Sample volume: Total of 71 cases for all 25 delegates**
- **Number of delegates with deficiencies:**
 - IHA Components applicable to members of all age groups: 24 out of 25 delegates
 - IHA Components applicable to 21 and over: 18 out of 25 delegates
 - IHA Components applicable to Under 21: 15 out of 25 delegates
- **Leading factors impacting overall compliance rates:**
 - No IHA conducted
 - Incomplete IHA (missing or untimely components, mainly SHA)
 - No evidence of outreach attempts to schedule IHA
 - No evidence or record of IHA refusal
- **IHA measures for members age 21 and over:** Missing or untimely assessment of blood pressure, height and weight is the leading factor impacting low compliance rates. This is followed by missing or untimely TB screening for high-risk members.
- **IHA measures for members under 21 years of age:** Missing assessment of age-appropriate immunizations is the leading factor impacting low compliance rates. This is followed by missing California Child Health and Disability Prevention (CHDP) age-appropriate assessment (AAP/Bright Futures Assessment).

IHA Improvement Efforts

To address improving IHA rates the IHA team:

- **Updated IHA codes** in August, 2022 and updated all relevant documentation (provider letters, incentive etc.)
- Made sure all PPG and Direct Network providers receive monthly **IHA due reports via provider portal**
- Released the **IHA Training to internal staff and providers** (provider communication on the training is in the approval process and will be released in October, 2022).
- Included an **IHA incentive** through the P4P program for reporting only in the 2022 P4P Program Description.
- **Monitors the IHA potential completion rates** (which included the potential IHA rates) through the PHM Index for 2022 and is currently on track to meet the MCLA and CMC goals.
- Is monitoring the **CalAIM changes to the IHA regulations** effective January, 2023 and sharing at committee meetings and will cascade changes internally and externally as put in place.

Population Health Management Core Team

- Elaine Sadocchi-Smith, FNP, MPH, CHES
Director, Population Health Management
- Matt Pirritano Director, PhD, MPH
Director, Population Health Informatics
- Katrina Miller Parrish, MD, FAAFP
Chief Quality and Information Executive
- Maria Casias, RN, PHN, MPH
Director, Quality Improvement and Accreditation
- Johanna Kichaven, MPH, CHES
Program Manager
- Anna Hamedani, RN
Program Manager

Questions/Discussion





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For All of L.A.

Facility Site Review (FSR) Overview



Elaine Sadocchi-Smith FNP, MPH, CHES
Director of Facility Site Review



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Background

Department of Health Care Services (DHCS) requires Managed Care Health Plans to conduct site reviews, which include a Facility Site Review (FSR), Medical Record Review (MRR) and Physical Accessibility Review Survey (PARS) to ensure that all primary care provider (PCP) sites, used by health plans to deliver primary care services to their members, have sufficient capacity to:

- ❖ **Provide appropriate and safe primary health care services**
- ❖ **Carry out processes that support continuity and coordination of care**
- ❖ **Maintain patient safety standards and practices**
- ❖ **Operate in compliance with all applicable local, state, and federal laws and regulations.**

Facility Site Review (FSR), Medical Record Review (MRR) and Physical Accessibility Review Survey (PARS)

- A site review consists of the Facility Site Review (FSR), Medical Record Review (MRR) and a Physically Accessibility Review (PARS).
- Health plans must complete initial site reviews and subsequent periodic site reviews of all PCP sites that participate in their provider networks.
- Health plans must use and apply the same FSR/MRR/PARS survey tools and standards to conduct site reviews at each PCP site. Each health plan is responsible for tracking the survey status of all of its contracted provider sites.
- Health plans must collaborate locally with other health plans to determine how they will notify each other of the survey status and results for their shared providers. The L.A. County Collaborative meets quarterly with other health plans to establish systems and implement procedures for the coordination and consolidation of site audits for mutually shared PCPs.
- In July, 2020 FSR migrated to the Healthy Data Systems (HDS) which is an application that 17 different California Health Plans utilize. All FSR/MRR/PARS reviews are entered into HDS at the provider's office. This allows for decrease duplications for the nurses and staff and allows us to run reports for L.A. Care and our Plan Partners.
- In July, 2022 FSR team started using the new 2022 DHCS FSR/MRR survey tools. The new tools added an additional **90** criteria questions.

Different Types of Reviews

- ❖ **Initial Site Review-** is when a FSR/MRR/PARS review conducted on new providers sites that are requesting to enter L.A. Care's network. The provider must score above 80% to be allowed to join L.A. Care's provider network. An initial review will also be conducted on any provider that has moved to a new location.
- ❖ **Periodic Review –** is when a FSR/MRR/PARS reviews are completed every 3 years for providers that remain in good standing in the network. Periodic review will also be conducted in 12 months for any provider that scores below 80%.
- ❖ **Medical Record Review -** is a review to ensure complete documentation in the medical record. It reviews record format, legal protocols, evidence of care given and continuity of care. The provider must score above 80% to pass.

Different Types of Reviews

- ❖ **Interim Review**- a review done approximately 18 months after the periodic review for all providers in the network to ensure good standing. This review may be done via fax or on site depending on the provider's scores at the periodic review.
- ❖ **Focused Review/ Investigative Review**- a review that can be done at any time and encompasses all or part of the FSR and MRR tools depending on the reason the review has been requested. This type of review can be requested by our credentialing department or may be the result of a patient grievance. Usually this type of review is unannounced
- ❖ **Physical Accessibility Review Survey (PARS)** - is a review to survey how accessible a clinic or physician's office is for a physically impaired member. It requires measuring of doors, exam rooms, the bathroom, elevator and parking lot. This is a pass or fail score and is reported in the provider directory.

Facility Site Review (FSR) and Medical Record Review (MRR)

- ❖ The FSR review audits the provider's office for access and safety, personnel/staffing, office management, clinical services, preventive services and infection control.
- ❖ Health plans review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services. The medical record provides legal proof that the patient received care. Incomplete records or lack of documentation implies the health plan's failure to provide care.
- ❖ Health plans must review at least ten medical records using the most recent MRR Survey Tool at each provider site. During any MRR, reviewers have the option to request additional records for review.
- ❖ The medical record score is based on a survey standard of the ten randomly selected records per provider, consisting of five pediatric and five adult and/or obstetric records. For sites with only pediatric, only adult, or only obstetric patients, all ten records surveyed must be only in that clinical care area.

Scoring

- ❖ Minimum passing score for the FSR and MRR is 80 percent of the total points available
- ❖ PARS reviews are pass or fail
- ❖ If the provider fails 3 FSR or MRR reviews consecutively, the provider will be terminated/removed from the network and can re-apply in 3 years

Corrective Action Plan

- ❖ The deficiencies identified in the FSR/MRR will result in a Corrective Action Plan (CAP). An example of a deficiency could be related to Pharmaceutical Services (e.g. medication maintenance, storage, safety, distribution, etc.)
- ❖ Corrective Action Plans are due back to the health plan within 45 calendar days. Any critical element included in the CAP are due within 10 business
- ❖ Corrective Action Plans are reviewed by the Certified Site Reviewer (RN) or Master Trainer (RN) and corrections must be validated before signing off and closing any CAP

Impact of COVID on FSR/MRR

- ❖ All on-site FSR/MRR surveys were stopped starting March, 2020 due to COVID. This created a backlog of all FSR/MRR/PARS audits. L.A. Care had a total of 420 periodic FSR/MRR surveys on backlog dating from 3/15/2020 through 12/31/2021.
- ❖ November 2020, DHCS/Governor issued an Executive Order allowing Health Plans the flexibility to start virtual FSRs and MRRS
- ❖ January, 2021 L.A. Care FSR started conducting FSR audits virtually
- ❖ June, 2021 L.A. Care FSR started conducting MRR audits virtually
- ❖ October, 2021 FSR team started working on backlog surveys.

Impact of COVID on FSR/MRR

- ❖ DHCS has agreed to give all health plans until 12/31/2023 to complete all FSR/MRR backlog surveys.
- ❖ To-date, FSR team has completed 224 FSR/MRR backlog surveys out of 420. And has completed all current surveys and initial surveys due for 2022. Meaning we are not adding to the backlog. We have exceeded our quarterly goal of 53 backlog FSR/MRR in Q4 2021, Q1 and Q2 2022.
- ❖ January, 2022 FSR team started conducting on-site FSR, some MRR and all PARS surveys. DHCS is allowing all health plans to conduct MRRS and CAP verifications virtually as requested. FSR is conducting a hybrid of both.

QUESTIONS





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Behavioral Health (BH) Quality Improvement Initiatives



Betsy Santana, MPH, Senior Manager of Initiatives
October 20, 2022



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Background and Overview



- In the last few years, all product lines have added behavioral health metrics that span both primary and specialty care
- Coordination of care between primary care and behavioral health care is also a part of the work that we do
- The Initiatives team works closely with the Behavioral Health Department and Beacon Health Options to determine priorities and develop interventions to improve member care
- Initiatives leads a cross functional work group that includes L.A. Care staff and Beacon

Areas of Focus in 2022



- Follow-Up Care for Children Prescribed ADHD Medication
- Metabolic Monitoring for Children and Adolescent on Antipsychotics (ADD)
- Antidepressant Medication Management (AMM)
- Follow-up After Hospitalization for Mental Illness(FUH)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)
- New
 - Follow-up after Emergency Department Visit for Mental Illness-30 days (FUM)
 - Follow-up after Emergency Department visit for Substance Abuse-30 days (FUA)

Examples of Interventions



ADD Prescriber letter

- Letter notifying prescriber of patients needing follow up care after prescribing ADHD medication.
- LOB: MCLA, LACC
- Yes, they are lengthy 😊

<Date>

<Prescriber first name> <Prescriber last name>, <Prescriber degree>
<Prescriber address>
<Prescriber City>, CA <Prescriber Zip>

Patient: <Patient first name> <Patient Last Name>
DOB: <Patient DOB>
Member ID: <Member ID>
ADHD Drug Prescribed: <Name of ADHD drug>
ADHD Prescription Date: <ADHD drug dispensed date>

Dear Prescribing Practitioner:

Thank you for being an L.A. Care Provider! Our records indicate that you recently initiated ADHD pharmacotherapy for the above patient. We need your help in emphasizing the importance of follow-up visits, in accordance with clinical practice guidelines and the relevant HEDIS quality measure.

The HEDIS measure "Follow-Up Care for Children Prescribed ADHD Medication" includes two separate measures based on calendar milestones.

- **Initiation Phase**
 - One follow-up visit with a prescribing practitioner within 30 days after ADHD pharmacotherapy is initiated.
 - This promotes assessment of any adverse effects and treatment response based on feedback from the child and caregivers.
- **Continuation and Maintenance (C&M) Phase**
 - Two additional follow-up visits with any practitioner between 30 days and 300 days after treatment initiation for patients on treatment at least 210 days (7 months). One of these follow-up visits may be telephonic (CPT 98966-98969, 99441-99444).
 - This promotes continued monitoring of response, titration of medications as needed, consideration of concurrent evidence-based treatments, and the assessment of any special care needs.

Current ADHD treatment is fragmented across primary care and behavioral health settings, including school-based settings. Thus, we request that the initial prescribing practitioner take responsibility for the 30-day follow-up and for coordinating care if subsequent treatment is managed by other practitioners.

We hope we can count on your support to **provide appropriate follow-up for your patients on ADHD treatment. You can help us ensure documentation of quality care through your timely submission of claims or encounters.** Thank you for promoting quality care for our members.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Brodsky".

Michael Brodsky, M.D.
Medical Director, Behavioral Health Services

Examples of Interventions Cont.

Follow-up After Hospitalization for Mental Illness (FUH) Incentives Program

- An incentive gift card program (\$25) to award members that completed their 30-day follow-up appointment with their mental health provider.
- Beacon Case Managers outreach to members and schedule a 30-day follow up appointment.
- LOB: CMC, LACC, PASC



Receive a **\$25** debit card when you attend a follow-up visit with your mental health provider **after** you leave the hospital.



WHO: L.A. Care CMC, LACC and PASC members discharged from a mental health inpatient facility.

WHAT: Complete a follow-up visit with your mental health provider within 30 days of discharge from a mental health inpatient facility and you may be eligible to receive a **\$25** debit card.



Your Beacon Health Case Manager is:

WHY: It is important to follow-up with your mental health provider within 30 days of discharge in order to manage your health and well-being.

WHEN: Within 30 days of discharge from a mental health inpatient facility.

HOW: Beacon will contact you to inform you about how you can receive a **\$25** debit card and to assist you in scheduling an appointment with your mental health provider.

Please contact **Beacon** at **1.877.344.2858** TTY **1.800.735.2929** if you would like more details about the program.

Examples of Interventions Cont.

New: Antidepressant Medication Management (AMM) Letter

- Depression medication management letter encouraging gap closure of other health services
- **Other measures include:**
 - Mammogram, Pap test, Colorectal Cancer Screening, A1c and Blood Pressure Monitoring
 - Alcohol/Opioid Abuse
 - Follow up after Hospitalization

Dear <<Member Name>>,

This is a friendly notice to call your pharmacy (drugstore) to refill your antidepressant medication (pills) as prescribed.

L.A. Care is working with you and your doctor to help you take your pills. Even when you feel better, keep taking your pills until your doctor tells you to stop. Please keep in mind, pills can sometimes be prescribed for many reasons other than to manage your mood. If you have questions, please talk with your doctor or pharmacist.

*Your pills are only one part of your health. Take care of your whole health.
Call your doctor to set up your yearly exam visit.*

Our records show you may be due for: <<screening1, screening 2, screening 3, no screenings needed>>. Please talk with your doctor about your pills and any other tests you may need.

If you feel like you or your loved ones need help with alcohol or drug use, please call Substance Abuse Service Helpline (SASH) at 1-844-804-7500 for services.

Also, if you had an E.R. visit or stayed at the hospital, see your doctor within 7 days. Seeing your doctor is vital because you may need:

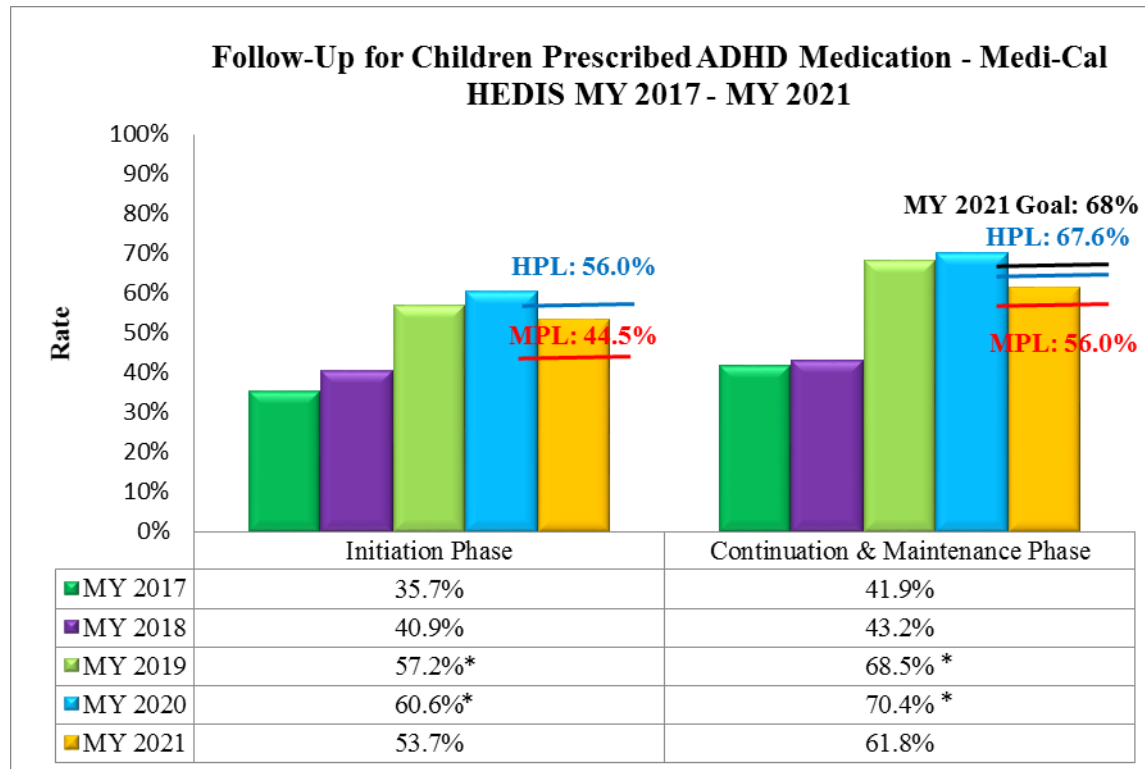
- A review of your medicine
- A new test
- To get care from a specialist

Thank you for choosing L.A. Care for your health care needs.
Sincerely,



Successes

ADD prescriber letter was started in late 2017



High Performance Level (HPL) = 90th National Percentile

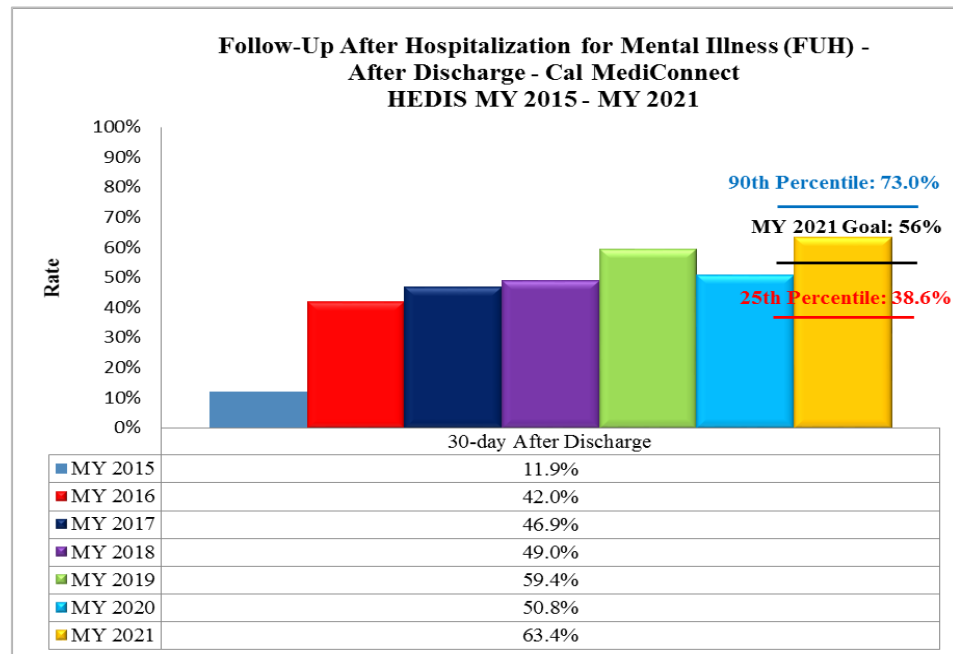
Minimum Performance Level (MPL)=50th National Percentile

*Denotes Statistical difference from the prior year

Successes Cont.

FUH Incentives program along with a lot data focus interventions

- Incentive program started in 2017
- Data mapping and clean up work starting in ~ 2018



High Performance Level (HPL) = 90th National Percentile

Minimum Performance Level (MPL)=50th National Percentile

Summary & Next Steps

- Prescriber/Provider letters have been successful in showing improvement
- Calling members has not shown to be effective
- Data reconciliation and exchange is key to improving rates
- Encourage our medical groups to review gap in care list to address metabolic screening for members on antipsychotics
- Collaborate closely with Beacon Health Options with the goal of identifying new interventions for Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Work closely with Quality Performance Management to evaluate the Follow-Up After Hospitalization for Mental Illness (FUH) Incentives Program.

