

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – October 17, 2024



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*
Al Ballesteros, MBA*
G. Michael Roybal, MD
Fatima Vazquez

Senior Management

Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Augustavia J. Haydel, *General Counsel*
Alex Li, *Chief Health Equity Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operations Officer*
Edward Sheen, MD, *Chief Quality and Population Health Executive*

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>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.</p> <p>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.</p>	
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)</p>
PUBLIC COMMENT	<p><i>There was no public comment.</i></p>	
APPROVAL OF MEETING MINUTES	<p>The September 19, 2024 meeting minutes were approved as submitted.</p>	<p>Approved unanimously. 3 AYES</p>

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT	<p>Chairperson Booth reported on her search for educational topics that could benefit board members. She suggested providing brief educational sessions, either online or as short presentations during board meetings, ideally lasting no longer than 15 minutes. These sessions would focus on clarifying board members' roles, responsibilities, and key issues to consider. Booth expressed concern that if these were optional and only available online, they might be overlooked by board members, particularly those new to the board. She also mentioned a recent minor miscommunication between the Internal Audit and IT departments, describing it as a natural part of organizational growth. Booth reassured the board that Internal Audit's role is supportive and not punitive, aiming to address potential issues internally before any external audits. She added that if departments face an overload of responsibilities, they can return new activities to the risk management team for further guidance.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>In his Chief Medical Officer report, Dr. Amin provided an update on recent initiatives and progress within L.A. Care Health Services. He began by discussing the October 7-8 strategy summit, where senior leadership across all health services areas gathered to set strategic goals for 2025. The summit aimed to create a “living strategic guide” that aligns enterprise goals and integrates efforts across departments. Key initiatives from the summit included streamlining authorizations and care coordination, enhancing population health management, and establishing collaboration frameworks with other divisions to build a more cohesive healthcare ecosystem. Dr. Amin plans to present a detailed summary of the summit outcomes at the November board meeting.</p> <p>Dr. Amin then spoke about developments in L.A. Care's enhanced Care Management and Case Management programs. L.A. Care is progressing toward its goal of enrolling 30,000 members in Enhanced Care Management, with over 16,000 members currently enrolled, half of whom joined within the past year. New incentive payments and contract structures have spurred this growth, and additional provider partnerships, such as with Didi Hersh Mental Health Services, have been beneficial. Case management services also expanded, with 542 new cases in August, including 427 high-risk cases and 73 transferred to California Children Services. The high-risk case management remains a crucial support for L.A. Care's members.</p> <p>Transitioning to care services, Dr. Amin reported on the rapid expansion of the Transitions of Care program, which contacted over 2,700 members in August to offer post-hospital discharge support. L.A. Care established an intake line for low-risk members, enabling them to access care</p>	

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	<p>coordination resources when needed. Dr. Amin also touched on Utilization Management, emphasizing the program’s high performance, with metrics consistently above 95% for timeliness and accuracy over the past 15 months, a testament to the team’s commitment to quality.</p> <p>Dr. Amin noted the behavioral health telehealth program in schools, a significant initiative providing mental health services to students across 703 schools through partnerships with 63 local education agencies. In 2023, the program served 3,000 students through 20,000 visits, reaching a diverse demographic, including 54.5% Latinx and 8.6% Black students. This school-based telehealth program has successfully delivered critical behavioral health services to a highly diverse student population. Dr. Amin wrapped up by acknowledging upcoming presentations on quality oversight, facility site review, and utilization management, indicating that these topics would be explored in further detail by other leaders.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Todd Gower, <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>Todd Gower provided an overview of the Compliance and Quality (C&Q) Committee's efforts and shared updates on key compliance initiatives. Mr. Gower introduced a new format for the C&Q meeting to allocate more time for quality discussions, with a full compliance report planned for December to evaluate progress against the compliance work plan. Of the 20 projects outlined in the work plan, guided by the Office of Inspector General (OIG) recommendations, six have been completed, and the remaining projects are expected to conclude by late 2024 or early 2025. Notably, the team has focused on refining the regulatory intake process with IT support, enhancing the annual risk assessment by integrating efforts with IT security, and forming a Risk Committee to improve risk accountability and efficiency.</p> <p>Mr. Gower noted improvements in governance, including the reformation of oversight and sanctions committees, as well as implementing scorecards to monitor progress. He discussed efforts to benchmark L.A. Care’s compliance activities against similar organizations, particularly regarding organization size and risk, while collaborating with Finance and Human Resources to ensure that resources align with budgetary and operational needs. This year, they launched an annual compliance survey to gather feedback from delegates and providers to reduce redundancies and improve provider relations.</p> <p>Mr. Gower noted efforts to streamline reporting requirements, distinguishing quarterly from monthly reports to enhance efficiency, and stated that further reporting refinements would be rolled out in 2025. He spoke about ongoing improvements in defining roles between internal audit</p>	

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	<p>and compliance functions, aiming to solidify a structure based on the "three lines of defense" model. Mr. Gower also shared that today's meeting would cover internal compliance updates, the revised compliance charter, and updates on Special Investigative Units (SIUs). The compliance charter was a major agenda item, developed with input from Augustavia J. Haydel, Esq., <i>General Counsel</i>, Board Services, and other stakeholders. The charter clarifies recent structural adjustments, including moving internal audit outside Compliance, ensuring quality and compliance oversight, and aligning with the OIG's seven compliance elements. He acknowledged the need to potentially revise the charter in the future to reflect an expanded focus on quality and ethics, which may be incorporated depending on ongoing evaluations. Mr. Gover noted the integration of compliance and quality functions within L.A. Care, recognizing the unique structure among California health plans and expressing a commitment to evaluate and adjust the reporting approach as needed to meet member and regulatory expectations.</p> <p><u>Motion COM 100</u> To approve the Revisions to the Compliance and Quality Committee Charter.</p>	<p>Approved unanimously. 3 AYES</p>
<p>QUALITY OVERSIGHT COMMITTEE (QOC) REPORT</p>	<p>Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i>, gave an update from the Quality Oversight Committee (QOC) meeting held on September 24. He focused on four key areas: Healthcare Effectiveness Data and Information Set (HEDIS) metrics, Initial Health Appointments (IHAs), the 2023 Preventive Services Report, and the Cardiovascular Disease Management Program.</p> <p>HEDIS Performance Dr. Sheen highlighted improvements in HEDIS performance in 2023 compared to 2022, with LA Care meeting the Minimum Performance Level (MPL) on 11 of 18 measures, including specific progress in lead screening, topical fluoride, and well-child visits. This overall performance improvement is expected to reduce the number of measures subject to sanctions and the overall total financial penalties by approximately \$550,000 from the previous year, although of note, L.A. Care is still legally appealing the \$800,000 penalty from 2022 due to ongoing concerns over DHCS sanctions methodology .</p> <p>Two developments will further impact financial penalties:</p> <ul style="list-style-type: none"> • Data Barriers for Mental Health and Substance Abuse Follow-Ups: The state acknowledged data limitations for follow-ups after ED visits for mental illness and substance abuse, leading to a waiver of penalties for these measures. • Asthma Medication Ratio (AMR): LA Care's lower-than-expected AMR performance in 2023 was actually due to data mapping issues. Missing data from certain drug codes affected score 	

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	<p>calculations. LA Care is appealing to the Department of Health Care Services (DHCS) to recalculate this measure, which could further reduce penalties. When the data mapping issues are corrected, L.A. Care’s AMR performance clearly exceeded MPL.</p> <p>Dr. Sheen also discussed improvement in the Covered California Quality Transformation Initiative (QTI) measures, notably in blood pressure control, colorectal cancer screenings, and diabetes management, driven by targeted interventions and upcoming financial incentives for both providers and members.</p> <p>Initial Health Appointments (IHAs) IHAs remain a significant challenge, with a completion rate of around 30%, with slight year-over-year improvements. IHAs require a comprehensive initial assessment for Medi-Cal members within 120 days of enrollment, covering physical and mental health history, risk assessments, preventive screenings, and more. Challenges include:</p> <ul style="list-style-type: none"> • Access to Care: Providers struggle to bring members in for IHAs, despite knowing the importance of the requirement. • Provider administrative and documentation burdens • Members may not come in for IHA even when PCPs try to get them in • Documentation: Proper documentation is crucial, as missing any IHA component results in no credit. Members can also be removed from the denominator if they refuse the IHA or if providers document three outreach attempts. But providers also often have challenges with documenting these exclusions. <p>To address these challenges, Dr. Sheen outlined several initiatives:</p> <ul style="list-style-type: none"> • Provider Engagement: LA Care has implemented, performance reviews and scorecards to monitor and improve IHA metrics. Monthly meetings with provider groups review performance and review strategies to increase IHA completion. There is also a provider incentive in place. • Member Outreach: LA Care has updated member welcome kits. We have also expanded member outreach through text message and phone campaigns targeting high-risk members to encourage IHA completion. <p>2023 Preventive Services Report Dr. Sheen summarized the results of the 2023 preventive services report, emphasizing key services and preventive measures implemented for members. Details of this summary were brief but focused on aligning preventive care with long-term health goals.</p>	

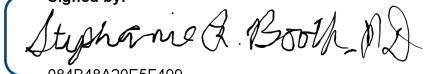
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	<p>Cardiovascular Disease Management Program</p> <p>Dr. Sheen concluded with updates on the cardiovascular disease management program, though specifics on program advancements were not detailed.</p> <p>Dr. Roybal raised concerns about the extensive documentation requirements for the IHA, noting that multiple screening tools, such as hepatitis screenings, make compliance burdensome for providers. He suggested exploring ways to ease this documentation load, possibly by providing asynchronous tools that can supply necessary information back to providers. He also inquired about whether access surveys conducted by the organization include calls specifically for IHA appointments to capture data on access for new appointments. Dr. Sheen stated that data is collected on new visits and new appointments. Member Roybal commented on the challenges of meeting the 120-day Initial Health Appointment (IHA) requirement, pointing out that high patient-to-provider ratios, especially when providers contract with multiple entities, restrict access for members. He suggested that reassessing patient assignments could improve access and help meet compliance targets. He also noted that IHAs are increasingly lengthy, with new requirements adding to providers' workloads each year. Dr. Sheen agreed with Dr. Roybal's concern about high patient-to-provider ratios, noting that Health Services supports considering this factor in the contracting process. Dr. Sheen noted that Initial Health Assessments (IHAs) should be considered for members re-enrolling in Medi-Cal. If an IHA was already completed it could count, even if conducted with a different provider or health plan. However, the challenge lies in ensuring providers are aware of this and are then able to access this prior IHA information, potentially saving costs by avoiding duplicate assessments.</p> <p>Member Vazquez asked that as a member, how can she make sure that her clinic, her provider is participating in all these studies. She would like to know how she can make sure that her provider is participating in all these studies. Dr. Sheen clarified that the Preventive Services Report (PSR) utilizes a sampling methodology, which includes Los Angeles and L.A. Care. Dr. Sheen emphasized that LA Care evaluates performance across various measures (MCAS, HEDIS, STAR) by provider group and aims to support providers and members equitably, despite data challenges and the network's large size.</p>	
FSR OVERVIEW AND UPDATE (QUARTER 1 TO QUARTER 2, 2024) AND IHA OVERVIEW AND	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review (FSR), Director, Population Health Management</i>, gave a FSR Overview and Update (Quarter 1 to Quarter 2, 2024) & Initial Health Assessment Overview and Update (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Report Content & Background</p>	

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UPDATE	<p>FSR and Medical Record Review (MRR) are essential audits that ensure quality and compliance within facilities. Both audits evaluate critical criteria, with FSR focusing on 156 standards and MRR on 147. Each criterion set carries a minimum passing score of 80%, reflecting the level of adherence needed for compliance.</p> <p>Key Findings: Q1-Q2 2024 From January through June 2024, FSR and MRR audits were conducted, emphasizing areas where facilities met or fell short of compliance. The audits offered a snapshot of overall facility performance, assessing their alignment with quality care standards and identifying specific strengths and weaknesses in their operations.</p> <p>Challenges in FSR and MRR The presentation highlighted notable challenges encountered during these audits. These included logistical and operational barriers in facilities, such as documentation inconsistencies, limited resources affecting compliance, and areas where clarity in standards may have been lacking. These issues prompted a reassessment of approaches to support facilities in achieving compliance.</p> <p>Actions Taken To address these challenges, corrective actions were implemented across FSR and MRR activities. This involved providing targeted support to facilities, offering clear guidelines to ensure understanding of compliance standards, and introducing streamlined processes to enhance audit efficiency. Training and resources were provided to facilities where recurring issues were observed, aiming to build capacity and prevent future compliance risks.</p> <p>Future Vision and Strategy for FSR Looking ahead, the presentation outlined a strategic plan focused on sustainable compliance improvements. This included enhancing audit methodologies, refining the criteria to better reflect evolving standards, and leveraging technology to improve data accuracy and audit processes. The strategy emphasized collaboration with facilities to foster a culture of continuous improvement.</p> <p>Member Roybal inquired about the new requirements for hepatitis B and C screenings, he said that beyond conducting the tests, a risk assessment is also necessary. He asked for clarification on the specific tools to be used for these risk assessments and asked whether such tools are included in the enduring documentation provided to the medical group. Ms. Sadocchi-Smith responded that it is included in the comprehensive assessment guide that L.A. Care provides to provider groups. Member Roybal asked whether there is a process to ensure consistency in evaluations across clinics within large health systems, such as Kaiser or the Department of Health Services, where different health plans may evaluate separate clinics within the same system. He emphasized the importance</p>	

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	of consistent scoring, given that these clinics often use the same medical records and processes, and questioned whether steps are taken to align evaluations across different reviewers. Ms. Sadocchi-Smith explained that they are implementing a mini Inter-Rater Reliability (IRR) process with collaborative health plans, including Health Net. Her team meets monthly to review any score variances, with the DHCS APL 20-017 guideline allowing up to a 10% variance. When variances approach or exceed 10%, Health Net and LA Care address these discrepancies together, a practice that has been ongoing for several years.	
APPROVE UTILIZATION MANAGEMENT PROGRAM DESCRIPTION AND PROGRAM EVALUATION (COM 101)	<p>Tara Nelson, BSN, RN, <i>Senior Director, Utilization Management (UM)</i>, presented the following motion (<i>a copy of the 2023 UM Program Evaluation and 2024 UM Program Description can be obtained from Board Services</i>):</p> <p><u>MOTION COM 101</u></p> <p>To approve the following documents:</p> <ul style="list-style-type: none"> • 2023 UM Program Evaluation • 2024 UM Program Description 	<p>Approved unanimously.</p> <p>3 AYES</p>
ADJOURNMENT	The meeting adjourned at 4:15 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:

Signed by: 
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Stephanie Booth, MD, *Chairperson*

Date Signed: 2/20/2025 | 12:05 PM PST

APPROVED