



L.A. Care
HEALTH PLAN®

For All of L.A.

BOARD OF GOVERNORS

COMPLIANCE & QUALITY (C&Q)

COMMITTEE MEETING

June 16, 2025, at 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017

Lobby, Board Suite 100



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



AGENDA

Compliance & Quality (C&Q) Committee Meeting Board of Governors

Thursday, June 16, 2025, 2:00 PM
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made 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/weblink/register/ra2ca4a74a666a228f0653d2274df7f99>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting Number: 2499 696 4951 Password: lacare

The purpose of public comment 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.

The process for public comment is evolving and may change at future meetings.

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 calling 213-428-5500 or by email to BoardServices@lacare.org.

WELCOME

Stephanie Booth, MD, *Chair*

1. Approve The Meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve May 15, 2025, Meeting Minutes **P.3** *Chair*
4. Chairperson's Report *Chair*
 - Education Topics
5. Chief Compliance Officer Report

Todd Gower
Chief Compliance Officer
6. Chief Medical Officer Report

Edward Sheen, MD
*Chief Quality and Population Health Executive,
Quality Improvement*
7. QI Incentives: Pay-for-Performance (P4P)
Updates **P.15**

Henock Solomon
Senior Manager, Incentives, Population Health
8. 2025 Clinical Initiatives and Health Equity Programs **P.30**

Marina Acosta, MPH
Manager, Health Equity
Brigitte Bailey, MPH, MCHES
Supervisor, QI Initiatives

9. Practice Transformation Programs Annual Report **P.47**

Cathy Mechsner, MBA
*Manager Quality Improvement
Practice Transformation Programs*

ADJOURNMENT

**The next Compliance & Quality Committee meeting is scheduled on
Monday, August 21, 2025, at 2:00 PM
and may be conducted as a teleconference meeting.**

The order of items appearing on the agenda may change during 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 Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE & QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@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 for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org.

An audio recording of the meeting is 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) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – May 15, 2025

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



L.A. Care
HEALTH PLAN

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*

* Absent ** Via Teleconference

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 2:02 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.	Unanimously Approved 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The April 17, 2025 meeting minutes were approved as submitted.	Approved unanimously. 4 AYES

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT	<p>Chairperson Booth pointed out there is a new format for delivering information to the Board of Governors' Compliance & Quality (C&Q) committee. Each reporting unit will be assigned meetings, as required by regulations and/or guided by company policy/priority to provide written and/or verbal reports to the C&Q Committee.</p> <p>The reporting units will calendar the written and verbal reports the C&Q Committee is required to receive and review. The Meeting Minutes reflect the content of any verbal report provided. The Minutes also capture discussion that occurs. Of note, the meeting packet and the meeting minutes are the official record of activities, discussions and decisions for the C&Q Committee.</p> <p>Tower Gower, <i>Chief Compliance Officer</i> noted he and Augustavia J. Haydel, Esq., <i>General Counsel</i>, reviewed the reports and summaries, focusing on how they affect the C&Q Committee and other departments. The goal is to make the summaries clearer and more useful by adding a section on key considerations and risks. They will present an updated version at a future meeting. The review of reports was part of a broader effort to assess risk levels. He explained that while some reports must be presented due to regulations, others focus on identifying risks and showing what actions are being taken to manage them.</p> <p>Chairperson Booth recommended that the executive summary is directly supported by the report itself. She noted that the summary helps readers decide whether to review the full details or not, and it is important to have that clear option.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Mr. Gower gave a Chief Compliance Officer Report.</p> <p>He reported that during the Internal Compliance Committee (ICC) meeting, several key items were discussed. Compliance is now nearly fully staffed, which will allow staff to move forward on regulatory audit follow-ups, projects, and internal committee operations. Two informational reports were shared—one from Payment Integrity and one from the Special Investigations Unit (SIU)—with no major updates since the last presentation. Mr. Gower is addressing challenges in Delegation Oversight with his team and other departments. A new Governance, Risk, and Compliance (GRC) platform is being implemented to organize policies, audits, risks, and issues. This platform will improve communication, tracking, and record-keeping. He emphasized the importance of improving data quality for better analytics and correlation of trends across different areas. This will support internal work and oversight of delegates. More details on related topics like Special Investigation Unit (SIU), Medicare compliance, and care management compliance would be presented later in the meeting.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PROVIDER TRAINING AND INTERNAL COMPLIANCE TRAINING PROGRAM UPDATES	Theresa Moore, <i>Director, Enterprise Compliance</i> , advised that Provider Training and Internal Compliance Training Program Updates are included in the packet for the Committee to review <i>(a copy of the report can be obtained from Board Services)</i> .	
POLICY MANAGEMENT	<p>Ms. Moore presented an overview of L.A. Care’s policy management process, focusing on the status of current policies and the risks related to outdated or unpublished policies <i>(a copy of the written report can be obtained from Board Services)</i>.</p> <p>The updated Policy Module in the Governance, Risk, and Compliance (GRC) platform supports data-driven decision-making, improves tracking, and reduces manual follow-up through automated alerts allowing better reporting and real-time visibility into policy status and ownership. .</p> <p>Ms. Moore stated that out of 745 active policies, 346 are currently approved, four are out of date, resulting in a 96% compliance rate. She noted that 399 policies remain unpublished. These may have delayed approval due to changes in staff roles or may be duplicates that need to be reviewed or retired. Unpublished policies could result in compliance issues during regulatory audits.</p> <p>Root causes for outdated policies include infrequent review cycles, limited tracking tools, and lack of clear ownership. To address this, her team plans to assign dedicated policy owners, implement automated reminders, and enforce annual reviews and attestations. Ms. Moore also announced the launch of an “Operation Policy Cleanup” initiative starting in June, with the goal of resolving unpublished policies by September 30. They also plan to integrate a policy dashboard with the compliance system to provide a high-level view of policy status. An update on progress is expected in the fall.</p> <p>Chairperson Booth asked whether any of the policies need to be approved by the Board or if the process is handled entirely internally. Mr. Gower responded that this is still being reviewed and some policies might require Board approval. The focus right now is identifying which policies should be retired due to lack of an authoritative source, irrelevance, or duplication. The goal is to clean up the 399 unpublished policies and ensure proper oversight.</p> <p>Chairperson Booth followed up by confirming that the end result would be having the correct number of necessary policies, and it will be determined which require Board approval. Mr. Gower stated that there is no immediate risk or audit pressure, but the organization must ensure that its policies are current, necessary, and backed by credible sources.</p>	

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SPECIAL INVESTIGATIONS UNIT UPDATE	<p>Mr. Gower stated that the report provides a summary of recent developments and confirmed that detection and investigation efforts remain on track . He noted that there are several open cases being prioritized based on impact and recording savings through restitution and collaboration with the Payment Integrity (PI) team. The goal is to improve upstream detection and prevent issues before payments are made. The PI team is building a strong prepayment program, which will be discussed further in a later section. At this time, there are no major updates for the Board, and ongoing cases, particularly related to lab services and hospice, will be discussed at a future Compliance & Quality Committee meeting.</p>	
PRIVACY SPOC UPDATE	<p>Serge Herrera, <i>Director and Privacy Officer</i>, gave a detailed update on several privacy initiatives, audits, investigations, and assessments. He outlined process improvements aimed at boosting efficiency and performance. These efforts include automating workflows, revising intake forms, updating policies and procedures, and training staff on updated processes. He stated that Kanban boards are now being used to better organize work, track progress, and enhance team communication.</p> <p>In 2024, the Privacy team completed 13 delegate audits involving four specialty vendors and nine PPGs. All corrective actions were closed by March 2025. Common issues included lack of tracking mechanisms for access rights and outdated policies, which were addressed by the delegates. Beginning in 2025, delegate audits will no longer fall under Delegation Oversight. Instead, Privacy is developing a new audit workplan and reviewing vendors to support annual audits by 2026.</p> <p>Mr. Herrera reported that walkthrough audits were conducted at 13 Community Resource Centers between October 2024 and March 2025. Eight of the centers had no findings, while others had issues such as unsecured devices, unlocked drawers containing PHI, or unattended personal items in high-traffic areas. These findings stress the importance of physical safeguard compliance.</p> <p>Regarding HIPAA-related incidents, the Privacy Unit investigated 147 violations across Q4 2024 and Q1 2025. Of these, 28% resulted in no PHI exposure, while 72% were classified as incidents requiring state notification. None of these events were determined to be reportable federal breaches. There were no breaches reported by L.A. Care or its business associates, although they are still awaiting final confirmation on potential impacts from external ransomware events.</p> <p>He noted growing cybersecurity threats in the healthcare industry, with ransomware and misconfigurations such as those involving tracking technologies being major causes of data breaches. In 2024, more than 700 breaches involving 500 or more records were reported to</p>	

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	<p>HHS, including several large-scale incidents affecting millions.</p> <p>Mr. Herrera provided an update on the PHI Assessment initiative, which includes asset risk inventories and automation of minimum necessary assessments. He stated that the project uses questionnaires to gather information about what systems handle PHI, how data is used, who accesses it, and how often. According to the survey, 9 of 13 compliance units have access to member PHI, with most accessing it daily. He also noted that automating these assessments helps identify emerging technology risks, supports contract negotiations, and strengthens the organization's privacy framework.</p>	
INTERNAL AUDIT (IA) UPDATE	<p>Maggie Marchese, <i>Senior Director, Audit Services</i>, presented the Internal Audit updates (<i>a copy of the report can be obtained from Board Services</i>)</p> <p>Ms. Marchese, began with an overview of the 2025 Internal Audit Workplan. She stated that the focus is on validating outcomes from enforcement action findings across several categories, including grievances and appeals, claims payment, quality assurance, pharmacy, and provider dispute resolution. The audits began in April and involve reviewing sample evidence to confirm the accuracy of reported compliance results. She noted that this approach differs from previous years, as it now includes external enforcement findings. Her team is working closely with Compliance to streamline documentation requests and minimize the impact on business units.</p> <p>She explained that Phase 1 of the audit workplan is currently in progress, and Phase 2 has been delayed to start in June or July. The number of findings being audited is still being finalized in coordination with Compliance. Ms. Marchese stated that the audit work requires coordination and collaboration with various departments to support timely completion.</p> <p>She provided a status update on the 2024 audits, reporting that 17 out of 20 planned audits have been completed. The remaining three, two follow-ups and one pre-implementation risk review, are expected to close by the end of the month. She stated that follow-ups are underway to verify that departments have addressed prior findings through corrective actions. These include audits related to FDR entities, Health Risk Assessments, Compliance Program Effectiveness, HR staffing, and IT vulnerability management.</p> <p>In response to a request for more insight into audit results, she stated that most findings were routine and related to process issues rather than technology or staffing. She added that while there were no egregious or reportable issues, themes will be summarized in future reports to the committee. She acknowledged the progress made in maturing the internal audit program since its launch in 2021. Ms. Marchese shared that two audits are scheduled for Q3 2025,</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	focusing on provider network access and operations.	
REGULATORY OPERATIONS	Mr. Gower stated that report is included in the packet for the Committee to review (<i>a copy of the report can be obtained from Board Services</i>).	
ISSUES MANAGEMENT UPDATE AND MAP UPDATE	<p>Dominic Simonton, <i>Director, Enterprise Risk Management, Compliance</i>, reported (<i>a copy of the report can be obtained from Board Services</i>) that issues management is now being approached as a form of continuous compliance monitoring, with an emphasis on proactive, rather than reactive, risk identification. He acknowledged past challenges in determining what belongs in the issues inventory and emphasized the need to ensure only meaningful risks are included. He noted that issues are now being captured from multiple sources and that remediation is actively occurring, with the number of open issues trending downward, only eight being tracked early in 2025.</p> <p>Mr. Gower added that not all issues are currently captured in the visible system due to parallel investigations or how the hotline is tracked. He explained that the new Governance, Risk, and Compliance (GRC) system will help integrate hotline data, SIU findings, and other sources. By the end of 2025, the issues inventory will reflect a cleaner, more accurate picture. He emphasized that this is a reset from past tracking methods, moving away from spreadsheets toward a more reliable and accountable system.</p> <p>Mr. Simonton agreed and mentioned that Legal is also working on the inventory process. He added that current remediation actions and resolved issues are shown in the appendix and emphasized ongoing coordination across teams to avoid duplicate efforts.</p> <p>Mr. Gower stressed the importance of holding executives accountable through the new GRC system, which will alert responsible parties without overwhelming them. The system will link compliance monitoring to issue resolution and allow internal audit to verify sustainability. It will also help flag repeat issues, differentiate new ones, and support better leadership reporting. He said the system will allow better communication and tracking, including integration with AI for easier summaries.</p> <p>Chairperson Booth noted that repeat issues may be underreported depending on how they're coded. She also pointed out that leadership and departmental changes make it harder to maintain continuity, emphasizing a need for a system to track responsibilities and follow-ups.</p> <p>Mr. Gower agreed and said the GRC system would finally give leadership a clear view of accountability and help improve communication. He added that AI will assist with</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>summarizing and tracking patterns that are difficult to spot manually.</p> <p>Mr. Simonton said that Management Action Plans (MAPs) are tied to the Enterprise Risk Assessment (ERA) findings from 2024, which are now rolling into 2025. He shared that seven high-risk areas are being tracked, such as health risk assessment, financial risk, regulatory compliance, and vendor management, , with residual risks still considered high despite mitigation efforts. He emphasized the importance of not just designing but executing these plans.</p> <p>Mr. Gower noted that upcoming leadership strategy updates may shift how some of these risks are categorized, but none will be dropped. Instead, they may be realigned within the risk framework for 2026 and beyond.</p> <p>Mr. Simonton said the Health Risk Assessment issue had backlogs due to changes in requirements. The team caught up by hiring temps and using IT reports to track compliance. He said this case is a good example of how identified risks were mitigated through process improvements.</p> <p>Mr. Gower praised the structured, detailed format of the new MAPs, noting that this approach provides clarity for leadership and the Board. He commended Mr. Simonton’s team and encouraged anyone with questions to reach out.</p> <p>Chairperson Booth asked if mitigation efforts could be prioritized by likely effectiveness, to help decision-makers understand which actions are most impactful and which are secondary. Mr. Gower agreed and said prioritization will be aligned with L.A. Care’s updated strategic roadmap. He acknowledged the importance of clear alignment and committed to discussing this further with the team.</p>	
PAYMENT INTEGRITY REPORT	<p>Mr. Gower .reported that claims and payment integrity efforts (<i>a copy of the written report can be obtained from Board Services</i>) will now be grouped together with the Special Investigations Unit (SIU) as part of L.A. Care’s broader fraud, waste, and abuse strategy. He explained that the team is focused on identifying and stopping revenue and cost leakage, and some new metrics and examples have been included in recent slides to illustrate this work. While initial data may look positive on the surface, Mr. Gower emphasized the need to dig deeper into emerging fraud patterns and highlight specific schemes that have been stopped. He stressed the importance of not just sharing data visuals, but also explaining how the organization is</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	identifying risks, taking action, and educating providers on proper billing practices.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, provided key updates from the Health Services Department(<i>a copy of the report can be obtained from Board Services</i>). He noted that on March 7, L.A. Care completed its transition from Sytranet to the new QNXT platform for managing prior authorizations. This integrates two systems, one for importing referral information and another for processing authorizations. He acknowledged that there is still active collaboration with IT to streamline this process, with updates rolled out every few weeks to improve workflow. Although there is no finalized post-launch productivity data yet, he expects to see a slight dip in performance, particularly in April, due to a high volume of incoming referrals. He expressed confidence and anticipates stronger productivity by mid to late May. Dr. Amin shared that between July 2024 and February 2025, L.A. Care remained fully compliant with turnaround times, consistently exceeding 95% across all lines of business.</p> <p>He also provided an update on accreditation, stating that L.A. Care is currently NCQA-accredited for Medi-Cal, Medicare, and LA Care Covered through October 2026. The team is pursuing NCQA accreditation for the smaller PASC-SEIU line of business, which recently became subject to accreditation requirements. Although the population served is small, the effort is significant, and the team is applying the same proven processes used for previous accreditations.</p> <p>Dr. Amin spoke about the organization’s strong performance in provider quality reviews, an area previously impacted by enforcement actions from DMHC and DHCS. He reported that for the full year of 2024 and into 2025, L.A. Care achieved a 99.9% compliance rate in processing potential quality of care issues within six months. Many cases are now resolved in three to four months, demonstrating a significant turnaround and bringing the organization into compliance and to a high-performance level.</p> <p>Dr. Amin discussed improvements in HEDIS measures across various lines of business. He noted consistent year-over-year gains in closing care gaps—such as screening and preventive services, between 2022 and projections for 2025. L.A. Care Covered is projected to improve from a 2.28 to a 2.56 star rating for Measurement Year (MY) 2024. He stated that the average improvement across HEDIS measures ranges from 3% to 11%, with the strong 2024 performance being exceeded year-to-date in 2025. Dr. Amin attributed this success to multiple factors and concluded his remarks with optimism about continued growth, especially in the DSNP Part C measures, where the goal is to increase the plan’s rating from 3 to at least 3.5 or 4 stars.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Roybal asked whether the annual cognitive health assessment requirement involves new provider education or if it refers to the standard screening process. Dr. Amin clarified that it is the screening that providers are already familiar with and not a new training mandate.</p> <p>Member Ballesteros asked if the improvement in HEDIS scores was uniform across all Participating Provider Groups (PPGs) or if some groups were performing better than others. Dr. Amin responded that improvements have been observed across all PPGs, though performance varies. He explained that one major factor contributing to the improvements is stronger provider engagement. Since taking on the role of Chief Medical Officer, he and his team have increased their presence in provider practices, initiated regular joint operating meetings with PPG quality teams, and started sharing performance scorecards to promote gap closure. Another major improvement has come from better synchronization of data, which has helped capture correct coding and reduced missed care gap closures. Some measures, he noted, improved by as much as 30% simply due to better code understanding and reporting. Additionally, he described expanded clinical initiatives, including home visits, virtual care, large-scale health events, and partnerships with vendors like Cologuard, all of which have played a role in closing care gaps more efficiently.</p> <p>Dr. Amin said that while the organization is seeing great progress, particularly in Medi-Cal and Exchange performance, the main focus moving forward will be improving the DSNP plan's Part C rating. He acknowledged the need to raise the current 3-star rating to a more competitive level, ideally reaching 3.5 or 4 stars for Part C. This will be a key target for future quality improvement efforts.</p> <p>Member Ballesteros responded positively, stating that he has observed a noticeable increase in communication around HEDIS improvements over the past year and a half, especially at the IPA and provider levels. He credited Dr. Amin's team for the progress and expressed appreciation for their efforts.</p> <p>Dr. Amin thanked Member Ballesteros for his comments and agreed that communication and provider engagement have been crucial. He mentioned that the team is working with a well-known vendor to further improve how care gap data is presented and shared. Additionally, he acknowledged that while they've improved collaboration with PPGs, they are now exploring ways to connect more directly with individual providers. This will help ensure that instructions and expectations are clearly communicated and acted upon at the practice level.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth asked whether L.A. Care might one day serve traditional Medicare Advantage members who are not dually eligible. Dr. Amin replied that all avenues for growth remain open and that L.A. Care continues to explore various options, including expanding into non-dual Medicare Advantage coverage.</p> <p>Chairperson Booth asked about the status of the transition from Sytranet, specifically asking whether the backlog had been resolved. Dr. Amin confirmed that while Sytranet is no longer in use for prior authorizations, the remaining cases have been closed out. He said the organization is now fully operational using the combination of OnBase and QNXT systems, with only a few minor exceptions.</p>	
<p>CHIEF HEALTH EQUITY OFFICER REPORT</p> <ul style="list-style-type: none"> Quality Improvement and Health Equity Committee (QIHEC) Update Health Equity Dashboard and Next Steps 	<p>Alex Li, MD, Chief Health Equity Officer, gave the May 2025 Quality Improvement and Health Equity Committee (QIHEC) Update (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Dr. Li reported that the Quality Improvement and Health Equity Committee (QIHEC) continues to focus on clinical initiatives, maternal health, and care management for both the general population as well as targeting high-risk and socially complex members. The most recent community focused efforts include HEDIS-focused services at our Community Resource Centers. In order to improve show rate and encourage those who have not received their preventive (HEDIS) services, we provided a nominal incentive for these events. The QIHEC members also went over Anthem and L.A. Care's maternal health program. The key points of this area noted that the data consistently shows racial disparities, especially among Black pregnant women. Both programs promote doula services, prenatal/postpartum outreach, and community and member education programs to improve outcomes. Anthem, in their review of their health equity program approach, also includes addressing housing instability, medication adherence and language interpretation support to help close the maternal care gaps and to support those who are considered to be clinically high risk during their pregnancies. L.A. Care also has a hypertension management initiative targeting Black members because of the high number of Black members with poorly controlled blood pressure. However, the program has had two consecutive years of low engagement despite changes with the outreach program last year. Given that the data continues to show that we have a large number of our Black members with poorly controlled blood pressure, we will continue to modify and enhance our engagement efforts by working on more community-based partnerships to get the message out. Finally, he noted that L.A. Care launched a pilot "Advancing Health Equity (APL 23-025)" training. The initial pilot trainings had strong participation.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Melina Mata, <i>Clinical Data Analyst III, Health Equity</i>, presented the current version of the Health Equity Dashboard and provided next steps (<i>a copy of the presentation can be obtained from Board Services</i>). In addition the building out a HEDIS disparities dashboard, Miss Mata also reported that L.A. Care conducted a health equity analysis of prior authorizations of our L.A. Care managed prior authorizations. This analysis was consistent with what CMS requirements are. The team did not identify any disparities in utilization management decisions. The analysis used internal data from calendar year 2024 and compared denial rates between dually eligible (D-SNP) and non-dually eligible members across D-SNP, Medi-Cal, and L.A. Care Covered lines of business. Findings showed that dually eligible members had significantly higher non-urgent denial rates (14.48%) than non-dually eligible members (5.96%), though no significant differences were found for expedited authorizations. However, the differences in the line of business may be due to benefits and processes differences. Determination times were slightly longer for dually eligible members, and race/ethnicity analysis showed some variation in denial rates, with Asian members experiencing the highest and Black members the lowest, but these differences were not statistically significant. L.A. Care plans to expand future analyses by including provider group (PPG) data and will publicly post findings as required by CMS.</p>	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<i>There was no public comment.</i>	
CLOSED SESSION	<p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES CA Government Code Section 54957 Consultation with: Todd Gower, Chief Compliance Officer, Michael Sobetzko, Senior Director, Risk Management, Dominic Simonton, Director, Enterprise Risk Management, and Serge Herrera, Director, Privacy</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Gov. Code § 54956.9(d)(1) L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Department of Health Care Services (Case No. Unavailable	
RECONVENE IN OPEN SESSION		
ADJOURNMENT	The meeting adjourned at 4:10 PM.	

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: _____

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *QI Provider Pay-for-Performance (P4P) Programs Updates*

Date: 06/16/2025

Prepared By: *Henock Solomon, Senior Manager, Incentives, Population Health*

1. Purpose of the Report

The purpose of this board report is to provide an annual update on the P4P program payouts, measure performance trends, initiatives tied to the incentives and future program plans.

2. Background / Context

- The QI Populations Health Incentives Team manages several incentive programs aimed to increase quality performance of providers and improve patient health outcomes.*
 - These programs reward providers for outstanding performance and year-over-year improvement on key metrics such as HEDIS, member experience, utilization management and encounter data submission.*
-

3. Key Considerations / Analysis

- There have been significant improvements in several of the incentivized HEDIS measures across lines of business, resulting in meaningful impacts on member health.*
- Public posting of provider performance rankings on our website will begin this year. This is part of our plans to increase transparency and encourage additional provider motivation for quality improvement.*

- *The new CMS Medicaid Final Rule on Incentives will have an impact on our programs, namely the requirement for signed agreements for incentives. We will be removing the plan partner portion of members/providers from our Medi-Cal P4P Programs so that plan partners will play a larger role in their incentive's strategy. We are also planning on asking IPAs to pass down incentive funds to PCPs and/or Clinic organizations.*
-

4. Recommended Action / Decision Requested

Board Action Needed:

- ☒ For Information Only
- ☐ For Discussion
- ☐ For Approval / Decision (specify below)

Proposed Motion (if applicable): *N/A*

5. Next Steps / Timeline

- No immediate action from the board is needed.
-

Attachments / Supporting Materials:

N/A



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QI Incentives: Pay-for-Performance (P4P) Updates

Presenter: Henock Solomon



Compliance & Quality Committee
June 2025



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

SUMMARY: Provider Pay-for-Performance Updates

Presenter Name: Henock Solomon, Senior Manager, QI Incentives
Compliance and Quality Committee Meeting, June 16, 2025

Key Takeaway: The Quality Improvement Incentives Team manages several incentive programs aimed to increase quality performance of providers and improve patient health outcomes.

Key Objective: Provide an annual report on the P4P program payouts, measure performance trends, initiatives tied to the incentives and future program plans.

Risk Statement: These incentive programs are not a regulatory requirement for the plan to implement. However, they serve as a strong motivator for impacting provider behavior and remain a key component of L.A. Care's quality improvement strategy.

Risk Rating (*inherent or residual impact and likelihood*):

- **Inherent | Residual impact:** Low
- **Likelihood of occurrence:** Low

Is this in response to regulatory corrective action: **N**

Is this in response to compliance or internal audit corrective action plan: **N**

Supporting Details: Include 2–3 bullet points summarizing what the presentation will cover

- Incentive payout statistics by provider type and line of business
- Incentive domain/measure specific trends
- Incentive program changes in the pipeline.

Background

- **Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions.**
- **The programs promote provider accountability and offer a business case for quality improvement.**
 - Performance measurement and reporting
 - Value-based revenue (significant and meaningful above capitation)
- **Designed to align the quality improvement goals of Plan Partners, IPAs, clinics and physicians.**
 - Aim to foster systematic process improvements and better care coordination
 - Reduce variation and promote consistency

Accomplishments & Updates

- **New Programs Launched**

- Hospital and SNF P4Ps
- Provider Incentive for Childhood Immunizations (LA Care Covered)
- Office Staff Incentives for Childhood Immunizations (LA Care Covered) and Colorectal Cancer Screenings (DSNP)

- **Provider Performance Reporting**

- Fully transitioned to external national and/or state benchmarking
- Monthly POR/GIC reports
- Quarterly Encounter reports
- Annual Patient Experience reports
- Annual P4P reports

- **Provider Relationship Management**

- Action Plans
- Provider Engagement

Highlights: Payout Stats by Program

PROGRAM	# OF PROVIDERS PAID	TOTAL PAYOUT	PMPM STATS
PLAN PARTNER P4P	2	\$7,655,970	AVG: \$0.71
MEDI-CAL VIIP P4P	49	\$18,133,235	MIN: \$0.20 MED: \$0.84 MAX: \$1.71
LACC VIIP P4P	22	\$3,045,491	MIN: \$0.64 MED: \$2.36 MAX: \$4.70
DSNP VIIP P4P	6	\$1,364,994	MIN: \$0.00 MED: \$5.48 MAX: \$14.79
PHYSICIAN P4P	964	\$23,051,145	MIN: \$0.00 MED: \$1.00 MAX: \$3.42
DIRECT NETWORK P4P	99	\$650,700	MIN: \$0.17 MED: \$1.30 MAX: \$3.50

Measure Trends (2021-2023)

- **HEDIS**

- Several noteworthy improvements compared to previous years, with meaningful impacts on patient care and health of our members. Here are some of the highlights:
 - 44,000 more patients had their blood pressure adequately controlled
 - 36,000 more patients screened for cancer
 - 5,000 more children had a wellness visit
 - 1,000 more women had their postpartum care visit

- **Member Experience**

- L.A. Care conducts member surveys sampled at the provider level (CG-CAHPS) to measure performance at a more granular level, better identify opportunities for improvement, and design focused interventions for impacting patient experience. Here are results:
 - Medi-Cal: 10 out of 11 measures showed improvement
 - LACC: 5 out of 6 measures showed improvement
 - DSNP: 1 out of 4 measures showed improvement

HEDIS

Measure	Medi-Cal	LACC	DSNP
Asthma Medication Ratio	N/A	-4.03%	N/A
Breast Cancer Screening	5.10%	-0.29%	4.06%
Cervical Cancer Screening	0.26%	1.55%	N/A
Child and Adolescent Well-Care Visits	2.03%	1.10%	N/A
Childhood Immunization Status: Combination 10	-2.36%	6.75%	N/A
Colorectal Cancer Screening	N/A	2.74%	4.08%
Controlling High Blood Pressure	20.57%	14.90%	13.43%
Developmental Screening in the First Three Years of Life	16.08%	N/A	N/A
Diabetes Care - Eye Exam	N/A	N/A	6.07%
Diabetes Care - Kidney Health Evaluation	N/A	N/A	1.10%
Follow-Up After ED Visit for Patients with Multiple Chronic Conditions	N/A	N/A	-3.73%

**If a rate is missing, it signifies the measure is not applicable to that specific LOB P4P Program.*

HEDIS Continued

Measure	Medi-Cal	LACC	DSNP
Glycemic Status Assessment for Patients with Diabetes: A1C Control	5.98%	2.96%	1.58%
Immunizations for Adolescents: Combination 2	2.16%	6.03%	N/A
Lead Screening in Children	6.11%	N/A	N/A
Prenatal & Postpartum Care: Postpartum Care	4.81%	N/A	N/A
Prenatal & Postpartum Care: Timeliness of Prenatal Care	-0.95%	N/A	N/A
Proportion of Days Covered by Medications: Diabetes All Class	N/A	-1.78%	N/A
Proportion of Days Covered by Medications: Renin Angiotensin System	N/A	-0.84%	N/A
Proportion of Days Covered by Medications: Statins	N/A	-1.52%	N/A
Topical Fluoride for Children	21.45%	N/A	N/A
Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months	4.81%	N/A	N/A
Well-Child Visits in the First 30 Months of Life: First 15 Months	13.36%	N/A	N/A

**If a rate is missing, it signifies the measure is not applicable to that specific LOB P4P Program.*

Member Experience

Measure	Medi-Cal	LACC	DSNP
Adult Care Coordination	0.50%	0.92%	0.53%
Adult Getting Needed Care	2.60%	N/A	-2.69%
Adult Office Staff	1.00%	1.05%	N/A
Adult Rating of All Health Care	4.30%	1.06%	-0.30%
Adult Rating of PCP	2.20%	1.57%	N/A
Adult Timely Care and Service	1.50%	-0.66%	-3.27%
Adult Provider Communication	N/A	0.69%	N/A
Child Getting Needed Care	2.10%	N/A	N/A
Child Office Staff	1.00%	N/A	N/A
Child Rating of All Health Care	2.70%	N/A	N/A
Child Rating of PCP	0.50%	N/A	N/A
Child Timely Care and Service	-2.60%	N/A	N/A

**If a rate is missing, it signifies the measure is not applicable to that specific LOB P4P Program.*

Future Direction

- **Improving payouts**

- Prospective estimates
- More frequent payouts
- Closer alignment with State programs



- **Standardizing incentives/reporting**

- Pilot with California Quality Collaborative (CQC) for combined gaps-in-care in the County



- **Public reporting**

- Posting program materials on our website
- Transparency of provider quality performance
- Modeling our public reporting based on the Office of the Patient Advocate (OPA) methodology)

Future Direction

- **CMS Medicaid Final Rule on Incentives**

- Plans must have signed and dated agreements before the start of the performance period
- Include clearly-defined, objectively measurable, and well-documented clinical quality improvement standards
- Specify a dollar amount clearly linked to successful completion of the metrics.

- **L.A. Care Response**

- We'll start contract amendments with IPAs for incentives by this Fall.
- We'll ask IPAs to pass down incentive funds to PCPs and/or Clinics.
- We're removing the plan partner portion of members/providers from our Medi-Cal P4P programs
 - This will allow our plan partners to play a larger role and drive their incentives strategy.
- We will be hosting Q&A sessions to address questions about the changes.

Provider Recognition Program

- Annual Provider Recognition Activities:

- No event this year, lunches will be provided for offices instead
- Professionally shot photos and video interviews
- Billboard for winners
- Articles in media, L.A. Care publications and social media
- New Provider Honor Roll!

WE ❤️ L.A. CARE PROVIDERS

Thank you for all you do!

Questions?

- **[Incentive_Ops@lacare.org](#):**

- Physician and Direct Network P4P Programs
- Provider Opportunity/Gaps-in-Care Reports
- Encounter Reports
- CG-CAHPS Reports

- **[VIIP@lacare.org](#):**

- Value Initiative for IPA Performance (VIIP) Program
- VIIP Reports
- Encounter Reports
- CG-CAHPS Reports

BOARD REPORT EXECUTIVE SUMMARY

Report Title:

2025 Clinical Initiatives and Health Equity Programs

Date:

06/16/2025

Prepared By:

Brigitte Bailey, MPH, MCHES; Supervisor, QI Initiatives

Marina Acosta, MPH; Manager, Health Equity

1. Purpose of the Report

Enhance services for members and review regulatory updates with regards to health equity across product lines and summarize key initiatives designed to address disparities in Healthcare Effectiveness Data and Information Set (HEDIS) measures.

2. Background / Context

- Enhance services for member
 - Ensure adherence to regulatory and contractual requirements, inclusive of health equity requirements
 - Improve performance of HEDIS and CAHPS measures
 - Plan, execute, and evaluate interventions including member outreach, health education, provider engagement, and clinical programs, many which have a specific focus on health equity/disparities
-

3. Key Considerations / Analysis

- Updated requirement from LACC includes meeting 66th percentile for each race/ethnicity for Blood Pressure Control for Patients with Hypertension and Colorectal Cancer Screening HEDIS measures
 - For Medicare Plus, Health Equity Index (HEI) is now known as Excellent Health Outcomes for All (EHO4all), and will be implemented in 2027 Star Ratings
 - A number of initiatives occurring to improve HEDIS rates and strengthen collection of members' social needs information
 - Initiatives are culturally tailored, in needed languages for the focused population and built in collaboration with member committees and health promotoras
-

4. Recommended Action / Decision Requested

Purpose of the presentation is to inform the Board of the requirements, changes and activities.

Board Action Needed:

X For Information Only

☐ For Discussion

☐ For Approval / Decision (specify below)

Proposed Motion (if applicable):

N/A

5. Next Steps / Timeline

- Empowering provider groups to analyze data and identify disparities in patient populations

- Partnering with providers to ensure L.A. Care is receiving social determinants of health data
 - Collaborating with member councils and health promotoras to enhance member outreach and programs
 - Expanding languages coverage
 - Collaborating with community-based organizations and services providers to develop culturally tailored solutions
-

Attachments / Supporting Materials:

N/A



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2025 Clinical Initiatives and Health Equity Programs



Brigitte Bailey, MPH, MCHES; Supervisor, QI Initiatives
Marina Acosta, MPH; Manager, Health Equity

June 16, 2025
Compliance & Quality Committee (C&Q)



**ELEVATING
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SINCE 1997

SUMMARY: 2025 Clinical Initiatives and Health Equity Programs

Presenter Name: Brigitte Bailey, MPH, MCHES; Quality Improvement Supervisor; Marina Acosta, MPH; Manager, Health Equity

Key Takeaway: Reviewing regulatory updates with regards to health equity across product lines and summarizing key initiatives designed to address disparities in HEDIS measures.

Key Objective: Provide an update on key regulatory requirements and changes and reviewing key initiatives designed to address disparities in HEDIS measures.

Risk Statement: Include the current Risk Statement from Compliance (*If unsure about the risk, please contact Compliance Risk Management team*).

Risk Rating (*inherent or residual impact and likelihood*):

- **Inherent | Residual impact:** Low
- **Likelihood of occurrence:** Low

Is this in response to regulatory corrective action: **N**

Is this in response to compliance or internal audit corrective action plan: **N**

Supporting Details: Include 2–3 bullet points summarizing what the presentation will cover

- Health equity regulatory requirements and updates
- Initiatives addressing disparities in HEDIS measures

Content

- I. Background
- II. Health Equity Requirements
 - a. Medi-Cal
 - b. L.A. Care Covered
 - c. Medicare Plus
- III. Enterprise Goals
- IV. Health Equity Initiatives
- V. Next Steps

Background

Clinical Initiatives & Health Equity

- Enhance services for member
- Ensure adherence to regulatory and contractual requirements
- Improve performance of HEDIS and CAHPS measures
- Plan, execute, and evaluate interventions including member outreach, health education, provider engagement, and clinical programs
- Many of these efforts have specific health equity/disparity areas of focus

Medi-Cal Health Equity Requirements

- Achieve **50th percentile** on subset of measures in Managed Care Accountability Set (MCAS)
- **Stratify subset** of MCAS measures by race/ethnicity
- Review and confer at the **Quality Improvement & Health Equity Committee (QIHEC)**
- Implement **Population Health and CalAIM** programs

L.A. Care Covered Health Equity Requirements

- **Demographic data collection & stratification**
 - Collection of race/ethnicity data for at least 80% of members
 - Collection of Sexual Orientation & Gender Identity (SOGI) data
- **Quality Transformation Initiative (QTI)**
 - *Starting in 2026:* Achieve 66th percentile for each race/ethnicity group within the following measures: Blood Pressure Control for Patients with Hypertension (BPC-E) and Colorectal Cancer Screening (COL-E)
- **Disparities reduction interventions**
 - Demonstrate disparity reduction interventions in annual submission
 - Must collaborate with other health plans and the community through minimum of one equity focused learning session, workgroup, or community engagement activity
- **Social needs assessment**
 - Screen enrollees at least annually for unmet food, housing, and transportation needs

Medicare Plus Health Equity Requirements

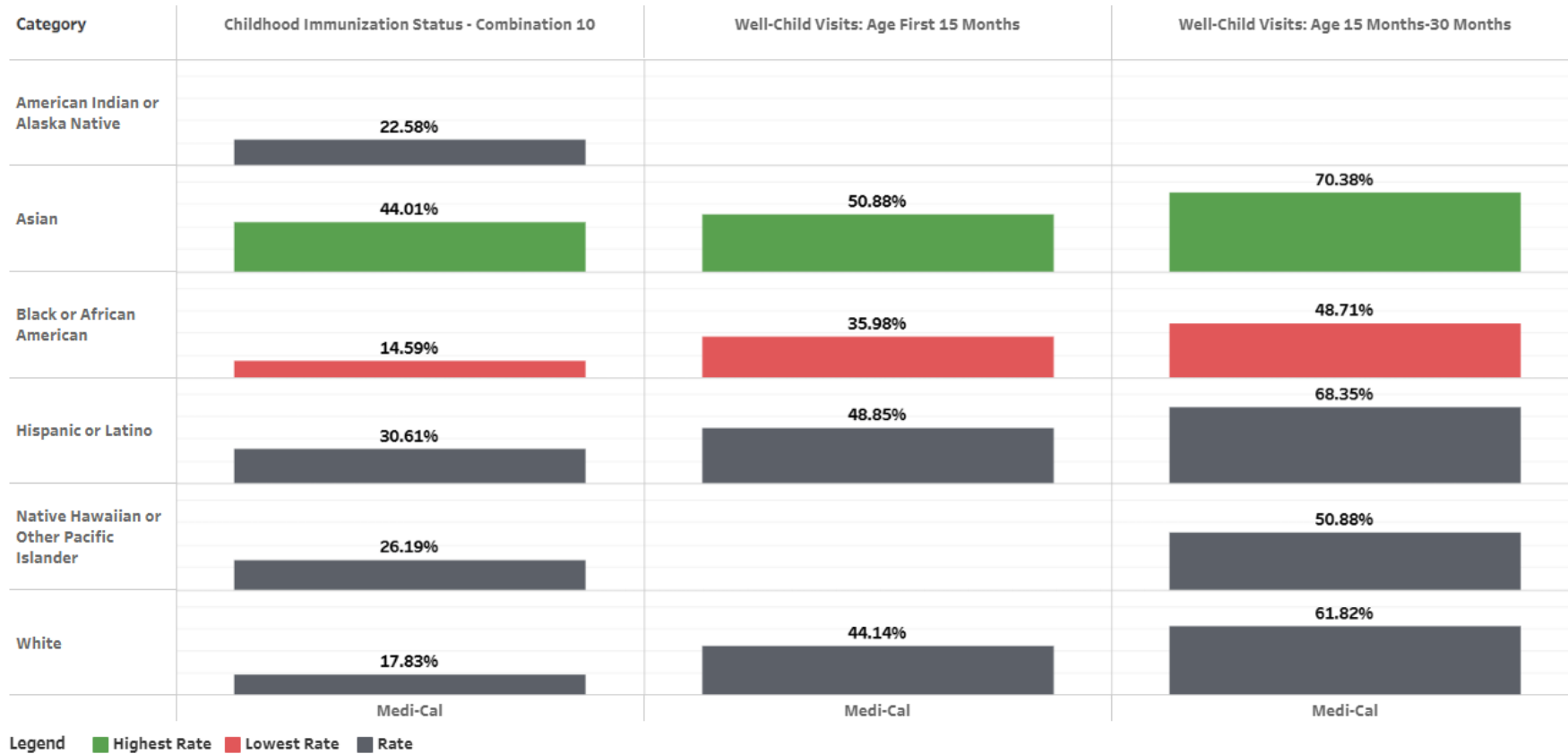
- **Demographic data collection and stratification**
 - Expand list of underserved populations
 - Present and publicize findings
- Health equity requirements covered under **NCQA Health Equity Accreditation**
- Health Equity Index (HEI) now known as **Excellent Health Outcomes for All (EHO4all)**; will be implemented in 2027 Star Ratings

L.A. Care Enterprise Goals - Health Equity Focus

- **Increase provider awareness of key member social service (social drivers of poor health) needs**
 - Increase the number of members with documented SDOH assessments (CPT, HCPCS and z-codes) by 50% (around 374K members) by end of FY24-25
 - Increase provider awareness of key non-health care benefits (e.g. transportation, Community Support)
- **Support and enhance community access to clinical services**
 - Outreach to 2 population(s) with highest disparity on 2 or more prioritized HEDIS measures by end of FY24-25 at Community Resource Centers

Health Equity Initiatives

HEDIS Disparities Dashboard



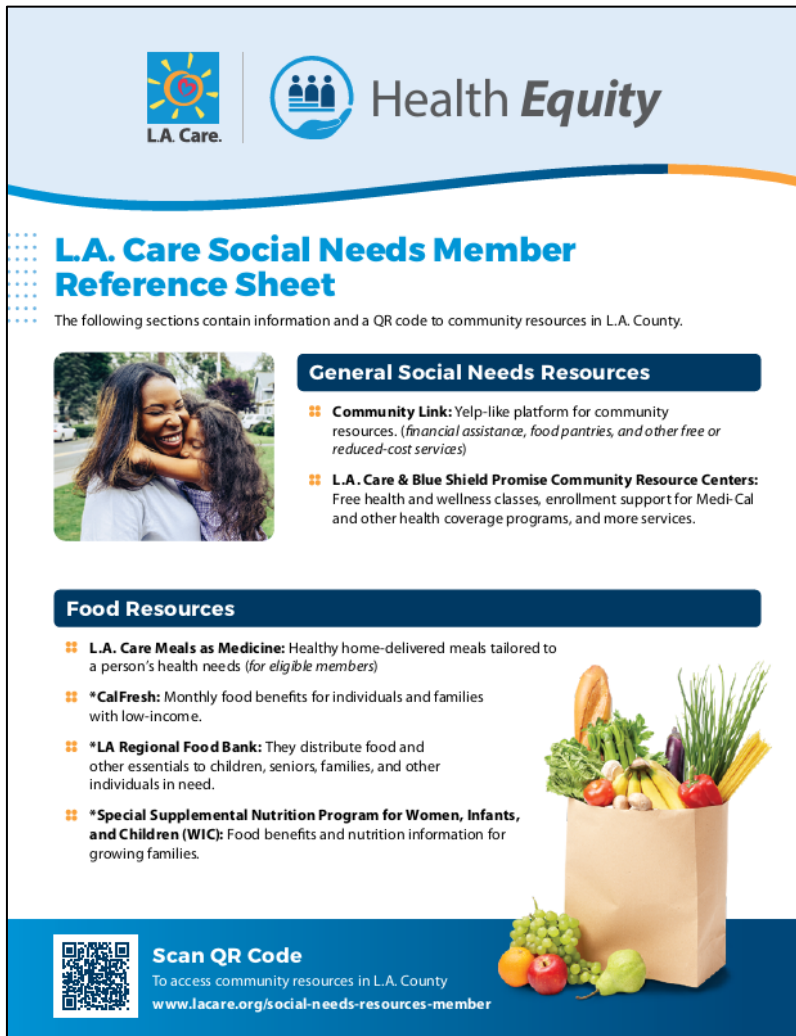
Health Equity Initiatives

Medi-Cal

- 2024 Performance Improvement Project (PIP): Improve **Well-Child Visit** rates in first 30-months of life
 - Focus on **Black/African American** members in Service Planning Area 6 – **South Los Angeles**
 - Data reconciliation initiative with two medical groups
 - New **Quality Health Partners** partnership to deliver W30 and WCV services at Community Resource Centers
- **Child Health Equity Collaboration**
 - Partnered with Northeast Valley Health Corporation in year-long collaboration with DHCS to identify **disparities** in **Well-Child Visit** rates and address needs through 5 intervention stages
 - Fall 2025: Phase 2 launch focused on immunizations
- **At-Home Test Kits**
 - Deployed 3,702 colorectal cancer screening FIT Kits to African American members – 551 returned (15% return rate)

Health Equity Initiatives

All Lines of Business: SDOH Resources Education



The graphic is a reference sheet for L.A. Care Social Needs Members. At the top, it features the L.A. Care logo (a sun with a heart) and the Health Equity logo (a hand holding three people). Below the logos, the title "L.A. Care Social Needs Member Reference Sheet" is displayed in blue. A subtitle states: "The following sections contain information and a QR code to community resources in L.A. County." The sheet is divided into two main sections: "General Social Needs Resources" and "Food Resources". The "General Social Needs Resources" section includes two bullet points: "Community Link: Yelp-like platform for community resources. (financial assistance, food pantries, and other free or reduced-cost services)" and "L.A. Care & Blue Shield Promise Community Resource Centers: Free health and wellness classes, enrollment support for Medi-Cal and other health coverage programs, and more services." The "Food Resources" section includes three bullet points: "L.A. Care Meals as Medicine: Healthy home-delivered meals tailored to a person's health needs (for eligible members)", "CalFresh: Monthly food benefits for individuals and families with low-income.", and "LA Regional Food Bank: They distribute food and other essentials to children, seniors, families, and other individuals in need." Below the "Food Resources" section, there is a QR code and a URL: "www.lacare.org/social-needs-resources-member". To the right of the QR code and URL, there is an image of a brown paper bag filled with various fruits and vegetables, including bananas, apples, and leafy greens.

L.A. Care | **Health Equity**

L.A. Care Social Needs Member Reference Sheet

The following sections contain information and a QR code to community resources in L.A. County.

General Social Needs Resources

- **Community Link:** Yelp-like platform for community resources. (financial assistance, food pantries, and other free or reduced-cost services)
- **L.A. Care & Blue Shield Promise Community Resource Centers:** Free health and wellness classes, enrollment support for Medi-Cal and other health coverage programs, and more services.

Food Resources

- **L.A. Care Meals as Medicine:** Healthy home-delivered meals tailored to a person's health needs (for eligible members)
- ***CalFresh:** Monthly food benefits for individuals and families with low-income.
- ***LA Regional Food Bank:** They distribute food and other essentials to children, seniors, families, and other individuals in need.
- ***Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** Food benefits and nutrition information for growing families.

Scan QR Code
To access community resources in L.A. County
www.lacare.org/social-needs-resources-member

- Multiple languages available
 - English, Spanish, Khmer and Tagalog
- Access Channels include Online, Community Resource Centers, Provider Offices, RCAC meetings
- <https://www.lacare.org/social-needs-resources-member>

Health Equity Initiatives

- Developing **culturally tailored health education content**
 - Colorectal cancer screening materials tailored to **Black/African American** and **Asian** members
 - Well-child visit postcards with images reflective of community speaking the language
- **Expanding available languages** for text, automated call, and social media campaigns
- Collaborating with **member committees** and **health promotoras**



L.A. Care Health Plan and the American Cancer Society are reminding you:
If you are 45 or older, get screened for colorectal cancer. Screening can save your life.

What is colorectal cancer?

- Colorectal cancer is cancer that starts in the colon or rectum.
- Most start as a growth called a polyp. Some polyps turn into cancer.
- Routine screening can help find and remove polyps before they become cancer. Screening can also find cancer early, when it may be easier to treat.
- Black/African American people are one of the racial and ethnic groups in the U.S. that have a higher risk of colorectal cancer.
- Many people with colorectal cancer don't have symptoms or warning signs. That's why it's important to get routine screenings, even if you are healthy.

A diagram of the human torso showing the internal organs. The colon is highlighted in green and labeled "Colon". The rectum is highlighted in red and labeled "Rectum".

lacarehealth and acs_california

Here are some quick facts about cervical cancer:

Regular cervical cancer screening can help prevent cervical cancer or find it early.

There are two kinds of cervical cancer screenings: The HPV test and the Pap test.

L.A. Care and the American Cancer Society urge people with a cervix to talk to a doctor about what screening tests they may need.

CERVICAL CANCER SCREENING CAN SAVE YOUR LIFE!

lacarehealth and acs_california

Aquí tiene algunos datos breves sobre el cáncer cervical:

Realizarse una prueba de detección de cáncer cervical regularmente puede ayudar a prevenir el cáncer cervical o detectarlo de manera temprana.

Hay dos tipos de pruebas de detección de cáncer cervical: La prueba de VPH y la prueba de Papanicolaou.

L.A. Care y la American Cancer Society les recomiendan a las personas con cuello uterino que hablen con un médico sobre las pruebas de detección que pueden necesitar.

¡Las pruebas de detección de cáncer cervical pueden salvarle la vida!

lacarehealth and acs_california

以下是有關子宮頸癌的一些簡要資訊：

定期進行子宮頸癌篩檢有助於預防或儘早發現子宮頸癌。

篩檢子宮頸癌有兩種方法：HPV 檢測和巴氏試驗。

L.A. Care 和美國癌症協會敦促女性與醫生討論，看看自己可能需要做哪種篩檢試驗。

參加子宮頸癌篩檢，挽救寶貴生命！

Next Steps

- Empowering provider groups to **analyze data and identify disparities** in patient populations
- Partnering with providers to ensure L.A. Care is receiving **social determinants of health data**
- Collaborating with **member councils** and **health promotoras** to enhance member outreach and programs
- Expanding languages coverage
- Collaborating with **community-based organizations** and services providers to develop culturally tailored solutions

Questions?



BOARD REPORT EXECUTIVE SUMMARY

Report Title:

QI-Practice Transformation Programs

Date:

06/16/2025

Prepared By:

Cathy Mechsner, Manager, QI-Practice Transformation Programs

1. Purpose of the Report

The Practice Transformation Programs (PT) are a specialized domain of the QI Department to help L.A. Care providers and practices build care delivery quality improvement capacity. This report provides the Board with a status update on the PT programs and improvements that have been achieved.

2. Background / Context

In the past year, the PT team has worked on five programs, two of which have concluded.

- *Help Me Grow LA: LAC was a grant recipient from First 5 LA to improve developmental screenings for children aged 0-5 years. Concluded.*
 - *Transform LA: 3-year technical assistance program. Supports DN primary care practices to improve care delivery and health outcomes.*
 - *Equity & Practice Transformation (EPT): 3-year, DHCS \$350M initiative, to improve health outcomes and equity for Medi-Cal beneficiaries.*
 - *EQulP-LA: 2-year CHCF study to improve primary care delivery and reduce health disparities in LA County for Medi-Cal beneficiaries of color. In closeout.*
 - *Provider Engagement & Outreach Workgroup & Provider Advisory Collaborative: QI workgroups to advance collaboration between Direct Network providers and LAC teams.*
-

3. Key Considerations / Analysis

- *Transform LA will graduate 5 practices that have completed transformation and HEDIS improvement goals and will begin 1 year of sustainability. Two practices have completed all 3 years of the program.*
 - *Equity & Practice Transformation's 42 practices completed 3 of 6 rounds of milestone submissions. Expect to issue Directed Payments in June to the practices.*
 - *EQulP-LA practices improved in QI foundational areas: health equity vs. health equality, workflow mapping, PDSA cycles, patient/family engagement, and CalAIM knowledge.*
 - *Help Me Grow LA achieved goal to increase screenings by 15% over baseline: 30.3% MPL = 35%, L.A. Care '24: 45%*
 - *Provider Engagement & Outreach Workgroup & Provider Advisory Collaborative developed the DN Quick Reference Guide & FAQs and updated the Disruptive and Threatening Member Removal (DTMR) policy.*
-

4. Recommended Action / Decision Requested

The purpose of this report is to inform the Board of the status of these programs.

Board Action Needed:

- ☒ For Information Only
- ☐ For Discussion
- ☐ For Approval / Decision (specify below)

Proposed Motion (if applicable):

Not applicable.

5. Next Steps / Timeline

- *Transform LA & EPT: Pilot program in development to deliver practice transformation support across additional LOBs and larger number of practices*

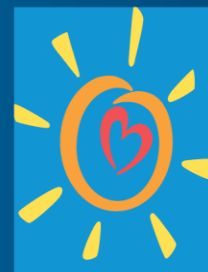
- *PE&O/PAC: Expand PAC membership in conjunction with DHCS-approved DN expansion*
 - *Help Me Grow LA & EQulP- LA: Continue to support directly through other PT programs and to incorporate program learnings within QI programs supporting members.*
-

Attachments / Supporting Materials:

None.

Compliance & Quality Committee

Cathy Mechsner, MBA, Manager
QI - Practice Transformation Programs



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Compliance
The Heartbeat of Accountability

June 16, 2025

SUMMARY: Practice Transformation Programs Annual Report

Presenter Name: Cathy Mechsner, Manager, Practice Transformation Programs
Compliance & Quality Committee Meeting, June 16, 2025

Key Takeaway: The Practice Transformation Programs (PT) are a specialized domain of the QI Department to help L.A. Care providers and practices build care delivery quality improvement capacity.

Key Objective: Provide the Board a status update on PT programs and improvements that have been achieved.

Risk Statement:

Risk Rating (*inherent or residual impact and likelihood*):

- **Inherent | Residual impact:** Medium
- **Likelihood of occurrence:** Low

Is this in response to regulatory corrective action: N

Is this in response to compliance or internal audit corrective action plan: N

Supporting Details:

- Review of current and concluded 2025 PT programs
- Review of program accomplishments and lessons learned
- Review of future actions

Report Content & Background

1. **Transform LA:** 3-year technical assistance program. Supports DN primary care practices to improve care delivery and health outcomes
 - 5 phases of process improvements, 4 HEDIS measures: A1c Poor Control/GSD, CBP, CIS-10, W30
 - Enrollment: 19 practices, 77 providers, 14,416 DN members, 20% of total DN members
2. **Equity & Practice Transformation (EPT):** 3 yr, DHCS \$350M initiative, to improve health outcomes and equity for Medi-Cal beneficiaries
 - Enrollment: 42 practices (21 independent/21 FQHCs), 569K LAC Medi-Cal members.
 - Directed Payment program: practices receive payments based upon completion of 25 milestones.
3. **EquiP-LA:** **In closeout**, 2-year CHCF study to improve primary care delivery and reduce health disparities in LA County for Medi-Cal beneficiaries of color
 - 3 IPAs and L.A. Care supported 31 practices; 31K Medi-Cal members
 - 4 phases of workflow/process improvements, 3 HEDIS measures w/Health Equity: A1c Poor Control/GSD, CBP, COL
4. **Help Me Grow LA (HMG LA):** **Concluded**. First 5 LA grant program to increase awareness of the importance of developmental milestones, improve the number of screenings and intervention referrals
 - 3-year Early Identification & Intervention (EII) education program and provider pilot for 6 practices
 - Supported children ages 0-5 years old
5. **Provider Engagement & Outreach Workgroup & Provider Advisory Collaborative:** QI workgroups to advance collaboration between Direct Network providers and LAC teams
 - PAC is adjunct of the workgroup; 7 DN physician members from Transform L.A..
 - Provide input on QI programs, engagement approaches, and explore new programs.

Selected Key Findings

1. Transform LA:

- Graduating practices desire continued practice transformation support
- Practices love the consistent in-person/program follow-up with PT coaches

2. Equity & Practice Transformation (EPT) Practices are making progress on:

- Developing policies to implement empanelment: patient/care team assignments
- Developing capabilities to report stratified (REaL) data for HEDIS measures

3. EQuIP-LA

- Practices deepened their understanding of QI foundational areas: health equity vs. health equality, REaL data, and patient/family engagement
- PT team learned to tailor quality improvement tools and processes to meet practices where they are

4. Help Me Grow LA (HMG LA)

- Multi-pronged approach to educate members and providers is required
- Automating manual tasks to support screenings and referrals is valuable

5. Provider Engagement & Outreach Workgroup & Provider Advisory Collaborative:

- Provider satisfaction survey results indicate the need to improve ongoing communication and collaboration between L.A. Care and Direct Network providers

Highlights/Goals Met

1. Transform LA

- Graduating 5 practices this year, completing transformation and HEDIS improvement goals, and 1 year of sustainability.
- 2 practices have completed the 2 years of transformation and 1 year of sustainability of their improvements results.

2. Equity & Practice Transformation (EPT)

- 42 practices completed 3 of 6 rounds of milestone submissions
- DHCS has provided \$2.7M in Directed Payments to date for disbursement to practices. However, they are revising the payment methodology, final revisions are expected in June.

3. EQuIP-LA

- Practices improved in QI foundational areas: health equity vs. health equality, workflow mapping, PDSA cycles, patient/family engagement, and CalAIM knowledge.
- 1 practice developed a patient outreach dashboard, and 1 practice launched in-house CHW program

4. Help Me Grow LA (HMG LA)

- Achieved goal to increase screenings by 15% over baseline: 30.3% MPL = 35%, L.A. Care '24: 45%
- Presented program findings at several conferences: Zero to Three, HMG National Forum, IHI practice coaching forums, and First 5 LA Board of Commissioners.

5. Provider Engagement & Outreach Workgroup & Provider Advisory Collaborative

- Developed the DN Quick Reference Guide & FAQs and DN practice level data reports
- Updated Disruptive and Threatening Member Removal (DTMR) policy

Any Areas of Poor Performance

1. Transform LA:

- Recruitment of new practices is slow but steady

2. Equity & Practice Transformation (EPT):

- Some practices have limited engagement with their practice coach (small, independent)

3. EQUIP-LA:

- Practices did not achieve HEDIS measure improvement goals of 20% for CBP, COL, and A1C Poor Control/GSD.

4. Help Me Grow LA (HMG LA):

- The pilot practices did not achieve the Referrals improvement goal of 15% for children who need intervention services at Regional Centers.

5. Provider Engagement & Outreach Workgroup & Provider Advisory Collaborative:

- None

Root Cause Analysis for any Areas of Poor Performance

1. Transform LA:

- Some overlap with other PT programs

2. Equity & Practice Transformation (EPT):

- Some practices (small, independent) are overwhelmed by the amount of change and engagement required to succeed in the program
- Limited engagement due to smaller staff, which is patient-focused

3. EQUIP-LA:

- Practices focused on launching EHRs; not able to report REaL data.
- In some practices the practice Point of Contact is also patient-facing which can limit his/her engagement with the program.

4. Help Me Grow LA (HMG LA):

- Lack of standardized intake processes across Regional Centers and provider training.
- No closed feedback loops with Regional centers and practices for referred patients.

Recurring Issue(s)

1. **Transform LA:**

- Office Ally (EMR) data mapping issues are occurring again for A1C Poor Control due to vendor's software changes
- Incorporating L.A. Care HEDIS data into Cozeva

2. **Equity & Practice Transformation (EPT):**

- Program management office continuing to “build the plane while flying”
- Ongoing challenges across all MCPs to report stratified HEDIS practice level data in the format that the program office requests

3. **EQulP-LA:**

- Ongoing data validity challenges with HEDIS measure data for CBP, COL, and A1C Poor Control/GSD.

Actions Taken

1. Transform LA:

- Resumed working with Office Ally (EMR) to correct data mapping issues
- Requested Office Ally to provide updated documentation, when available, for practices to correct patient records and data reports

2. Equity & Practice Transformation (EPT):

- L.A. Care program team working closely with Population Health Management Learning Center and practices to identify program challenges and solutions
- Engage monthly with other MCPs to confer on challenges and solutions

3. EQUIP-LA:

- Working extensively with Quality Performance Management (QPM) to resolve data validity issues.
 - Identified duplicated records in data reports and process is underway to scrub data.
- Still working with CQC (program management office) to complete remaining HEDIS report deliverables

Follow-up/Next Steps

1. **Transform LA:**

- Ongoing recruitment of new DN practices
- Pilot program in development to deliver practice transformation support across additional LOBs and larger number of practices

2. **Equity & Practice Transformation (EPT):**

- Continue to incorporate feedback from PHLC & DHCS on program policies & procedures

3. **EQulP-LA:**

- Complete remaining program close-out tasks
- Continue QI support for practices through other PT programs:
 - 3 practices in EPT; 1 practice in TLA

4. **Help Me Grow LA (HMG LA):**

- Continue to incorporate program learnings within QI programs supporting members ages 0-5 years old

5. **PE&O/PAC:**

- Expand PAC membership in conjunction with DHCS-approved DN expansion

Questions?

