

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – October 12, 2022

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

Hilda Perez

John Raffoul*

G. Michael Roybal, MD

Nina Vaccaro

* *Absent*

Senior Management

Augustavia J. Haydel, *General Counsel*

Thomas Mapp, *Chief Compliance Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*

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

Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care's employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

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. There were no members of the public present either in person attending virtually by WebEx or telephone.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal and Vaccaro)

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The September 15, 2022 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES
CHAIRPERSON REPORT	Chairperson Booth feels that things are taking a long time for the committee charter review. She is working on essential things that are required and expected. It is difficult finding good documents about other organization's quality reports. The quality part doesn't have anything specific to health care. She is finding that in any business there is overlap of quality and compliance. She is not sure of when specialists will be able to share with the committee.	
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>Preview of Upcoming Reports (Development of 2023 Work Plan and 2022 Year in Review) The development of the 2023 Work Plan will have a delegation work plan, internal audit, and risk assessment.</p> <p><i>(Board Members Raffoul and Perez joined the meeting at 2:15 p.m.)</i></p> <p><u>2022 Internal Audit Plan Review of Completed Audits</u> Todd Gower, <i>Consultant, Compliance Internal Audit</i>, said that when Compliance completes the final reporting and documented corrective action plan by the business owner, they will have followed up activities of the corrective actions for closure. Upon completion, they will reaudit them again depending on the risk and severity of the corrective action plan. He said Compliance wants to allow some flexibility, and follow up review from a corrective action update. All the action, had not taken place and initial follow up had gaps that had to be closed, with meeting controls in place. Communication with members was not accurate or clearly followed as far as the scripts were concerned. L.A. Care needs to make sure that members are properly enrolled and making sure that transportation benefit is properly administered. There is some coordination that needs to be hardened up. There are controls and monitoring that need to be put in place with vendor exclusion. There are some corrective action plans that closed since the last Friday</p> <p><u>Issue Inventory Update</u></p>	

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	<p>Mr. Sobetzko reported that the 2022 Issue Inventory continues to be updated and going through a clean-up process. The repository now has 240 items of which 53% show remediated and L.A. Care prioritized issues. Mr. Gower there was much capturing of dated issues, where there current status as a risk required some unification. These have been put on “active” status temporarily. The risk assessment survey of the leaders has been initiated.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Seidman gave the following report:</p> <p>He noted that there is no written report in the packet this month. He said that this is the first time that staff, Board members, and the public are able to meet in person since March 2020. Indoor public masking has been downgraded to personal preference. No one in the room is wearing a mask and it is now personal preference for everyone in indoor public places. It is now late October and it is the start of the flu season and it does appear to be starting earlier and more intensely this year as was predicted based on the most recent flu season in the southern hemisphere. The push is for people to get both flu and the new bivalent COVID-19 vaccines. He pointed that the pandemic is by no means over and hospital systems can still be overwhelmed. There are also new subvariants called the “Scrabble” variants beginning to emerge, but BA.5 is still the predominant subvariant in the US.</p> <p>Dr. Seidman announced that the Charles Drew University has received its preliminary accreditation to begin to accept applications for their own indepemtent four year medical school. This is a major accomplishment they’ve been working on for more than 5 years. They have offered a joint program in partnership with UCLA for the past 40 years called the Drew/UCLA Medical Education Program. The newly accredited medical school at Charles Drew University plans to enroll a class of 60. He noted he is a proud alumni of the Drew/UCLA program.</p> <p>Board Member Vacarro asked if there will be 60 additional slots. Dr. Seidman responded that the Drew/UCLA program will continue and that the 60 new slots are “net new” to be enrolled in the new independent medical school.</p>	
POPULATION HEALTH MANAGEMENT AND INITIAL HEALTH ASSESSMENT	<p><i>(Board Member Raffoul left the meeting at 3:05 p.m.)</i></p> <p>Elaine Sadocchi-Smith, <i>Director, Population Health Management, Director, Facility Site Review</i> gave a report on Population Health Management and Initial Health Assessment <i>(A copy of the report can be obtained from Board Services.)</i>.</p> <ul style="list-style-type: none"> – L.A. Care’s Population Health Management (PHM) strategy addresses National Committee for Quality Assurance’s PHM standards and requirements. It also addresses how L.A. Care provides services to members through a holistic patient-centered model of care engaging members regardless of where the 	

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	<p>member lies on the continuum of health and a comprehensive Transition of Care program specifically addressing CalAIM requirements.</p> <ul style="list-style-type: none"> – She also provided an overview of the Initial Health Assessment (IHA). IHA is a Medi-Cal requirement for all newly enrolled members to complete with their provider within 120 days of enrollment, based on DHCS's AllPlan Letter 08-003 (APL 08-003). Primary Care Physicians are responsible for ensuring members complete an IHA. <p>Member Vacarro said she doesn't understand how a primary care physician visit can serve as a proxy for IHA. Screening for Adverse Childhood Experiences is listed here. She asked if the full L.A. Care network is aware and exposed to how those screenings are done.</p>	
FACILITY SITE REVIEW	<p>Ms. Sadocchi-Smith gave a presentation on Facility Site Review <i>(a copy of the presentation can be obtained from Board Services).</i></p> <p>The 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:</p> <ul style="list-style-type: none"> • 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. <p>Board Member Perez thanked Chairperson Booth for putting herself in the members situation. She appreciates the empathy she shows.</p>	
BEHAVIORAL HEALTH	<p>Betty Santana, <i>Senior Manager, Quality Improvement Initiatives, Quality Improvement</i>, gave a presentation about Behavioral Health <i>(A copy of the presentation can be obtained from Board Services.).</i></p> <p>Betty Santana gave a report on Behavioral Health Quality Improvement Initiatives. All product lines have added metrics related to behavioral health for both primary and specialty care. The Initiatives team works closely with the Behavioral Health Department and Beacon Health Options (our vendor) to determine priorities and develop interventions to improve member care. Some areas of focus in 2022 include Follow-Up Care for Children Prescribed ADHD Medication, Metabolic Monitoring for Children and Adolescent on Antipsychotics, Antidepressant Medication Management, Follow-up after Hospitalization for Mental Illness, and Diabetes Monitoring for People with Diabetes and Schizophrenia.</p>	

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	Chairperson Booth commented regarding a letter addressed to patients who were recently started on anti-depressant medication. She noted the letter did a good job of encouraging patients to refill their medication and to continue taking it. However, the letter continues on: to remind patients about the different health screenings for which they may be due; to provide resources for the patient (or loved ones) in case of a substance use problem; and to give instructions for follow-up (in case the addressed individual was seen in the E.R. or had been hospitalized. Chairperson Booth remarked that the letter is impersonal and the list of what is meant to be “helpful information” could feel overwhelming, especially for someone who had recently been diagnosed with depression. She asked for the team to consider a re-write with that in mind.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:45 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, 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 Ralph M. Brown Act:</p> <p>One Potential Case</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>	
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:

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Stephanie Booth, MD, *Chairperson*

Date Signed: _____

11/22/2022 | 7:11 AM PST

APPROVED