



AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, June 15, 2023, 2:00 P.M.

L.A. Care Health Plan, 10th Floor, CR 1025, 1055 W. 7th Street, 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 live and in person at the meeting. A form will be available at the meeting to submit public comment.

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

<https://lacare.webex.com/lacare/j.php?MTID=m31f0c919033a917c56085658d6d2c0a5>

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

Meeting number: 2485 178 6535 Password: lacare

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., June 15, 2023, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME

Stephanie Booth, MD, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve May 18, 2023 Meeting Minutes P.4 *Chair*
4. Chairperson's Report *Chair*
 - Educational Requests From The Committee
 - Committee Charter Update
5. Chief Compliance Officer Report P.15 Thomas Mapp
Chief Compliance Officer
6. Quality Improvement Report Felix Aguilar-Henriquez, MD
*Medical Director,
Quality, Health Services*
7. Transitional Care Services (CalAIM) P.41 Elaine Sadocchi-Smith,
*Director, Facility Site Review
Director, Population Health Management*
8. Stars Update (D-SNP) P.58 Donna Sutton,
Senior Director, Stars Excellence, Health Services

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

9. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
10. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Two potential cases
11. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Thomas Mapp, Chief Compliance Officer and Serge Herrera, Privacy Director
12. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
 - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
 - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT

The next meeting is scheduled on August 17, 2023 at 2:00 p.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

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 AND 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 <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

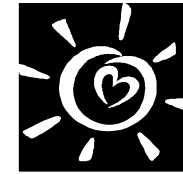
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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 18, 2023



L.A. Care
HEALTH PLAN

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

Members

Stephanie Booth, MD, *Chairperson*
Al Ballesteros, MBA
Hilda Perez
G. Michael Roybal, MD

Senior Management

Augustavia J. Haydel, *General Counsel*
Thomas Mapp, *Chief Compliance Officer*
Sameer Amin, MD, *Chief Medical Officer*
Noah Paley, *Chief of Staff*
Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
Linda Greenfield, *Chief Product Officer*
Gene Magerr, *Information Security Officer* Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*
Demetra Crandall, *Director, Customer Solution Center Appeals and Grievances*
Steven Chang, *Senior Director, Care Management, Care Management*

* *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 2:03 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. There were no members of the public present either in person attending virtually by WebEx or telephone.</p>	
APPROVAL OF MEETING AGENDA	<p>The Meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Roybal)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The April 20, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES
CHAIRPERSON REPORT	There was no Chairperson report.	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and 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>Mr. Sobetzko gave a Issues Inventory update. He asked the committee to refer to the presentation to view the full report.</p> <ul style="list-style-type: none"> • Issues Reported in 2022 and 2023 <ul style="list-style-type: none"> - 127 items are listed in the issues inventory as of April 30, 2023 - 40 issue items were added to the inventory <ul style="list-style-type: none"> ➤ one newly added issue remains in new/in review status ➤ 20 newly added issues are in open status ➤ 19 newly added issues have been remediated - 38 issues require remediation <ul style="list-style-type: none"> ➤ Two in new status: <ul style="list-style-type: none"> ○ Three of the four existing new issues are now in open status, leaving one existing issue in new status ○ One new issue is in new status ➤ 36 in Open status: <ul style="list-style-type: none"> ○ Three of the four existing new issues are now in open status ○ Four of the 17 existing in process issues were remediated in April ○ 20 new issues are in open status <p>Issues Reported Prior to 2022 25 issues were updated to remediation status. Remediation had been completed and documentation had been received, but Issues Inventory update was incomplete.</p> <p>The following items were closed out, but were not a part of the Internal Audit process.</p> <ul style="list-style-type: none"> • Non-Compliance – Dual Eligible Special Needs Plans (D-SNP) Member Notice Process: The Enrollment Services team identified 65 D-SNP member notices that were out of Center for Medicare 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																																
	<p>and Medicaid Services compliance. A reconciliation process is needed for the member notice process to ensure member notices are accurately triggered and transmitted. Vendor deployed correction to enrollment code on the 834 file. Revised policy and desk level procedure for the D-SNP enrollment process to include the reconciliation process.</p> <ul style="list-style-type: none"> • D-SNP Failure to Provide Accurate Member Materials: On January 19, 2023, L.A. Care disclosed to CMS that approximately 18,600 members received member ID cards with an incorrect phone number for dental services. Mailed out corrected ID cards along with the cover letters on January 27, 2023 (English) and February 6, 2023 (all threshold languages). Checklist has been created to ensure all fields are validated and additional levels of review is added to the Quality Assurance process. • DSNP Enrollment - Reconciliation GAP: Lack of a formal enrollment reconciliation process to determine member eligibility. Vendor deployed correction to enrollment code on the 834 file. Revised policy and desk level procedure for the D-SNP enrollment process to include the reconciliation process. <p>Ms. Crandall gave an update about on Appeals & Grievances (A&G) Trend Analysis for 2022 and 2023.</p> <p>CMC/DSNP Background/Goals/Results</p> <table border="1" data-bbox="401 760 1736 1130"> <thead> <tr> <th data-bbox="401 760 856 802">CMC/DSNP Grievances</th> <th colspan="5" data-bbox="856 760 1736 802">CY 2022</th> </tr> <tr> <th data-bbox="401 802 856 883">Category</th> <th data-bbox="856 802 974 883">Count</th> <th data-bbox="974 802 1150 883">% of Total Grievance</th> <th data-bbox="1150 802 1360 883">Rate</th> <th data-bbox="1360 802 1604 883">Rate Goal/1000 Member Months</th> <th data-bbox="1604 802 1736 883">Goal Met?</th> </tr> </thead> <tbody> <tr> <td data-bbox="401 883 856 925">Access</td> <td data-bbox="856 883 974 925">3,613</td> <td data-bbox="974 883 1150 925">41%</td> <td data-bbox="1150 883 1360 925">17.17</td> <td data-bbox="1360 883 1604 925">10</td> <td data-bbox="1604 883 1736 925">No</td> </tr> <tr> <td data-bbox="401 925 856 967">Attitude and Service</td> <td data-bbox="856 925 974 967">2,517</td> <td data-bbox="974 925 1150 967">29%</td> <td data-bbox="1150 925 1360 967">11.96</td> <td data-bbox="1360 925 1604 967">10</td> <td data-bbox="1604 925 1736 967">No</td> </tr> <tr> <td data-bbox="401 967 856 1010">Billing and Financial Issues</td> <td data-bbox="856 967 974 1010">2,121</td> <td data-bbox="974 967 1150 1010">24%</td> <td data-bbox="1150 967 1360 1010">10.08</td> <td data-bbox="1360 967 1604 1010">10</td> <td data-bbox="1604 967 1736 1010">No</td> </tr> <tr> <td data-bbox="401 1010 856 1052">Quality of Care</td> <td data-bbox="856 1010 974 1052">521</td> <td data-bbox="974 1010 1150 1052">6%</td> <td data-bbox="1150 1010 1360 1052">2.48</td> <td data-bbox="1360 1010 1604 1052">10</td> <td data-bbox="1604 1010 1736 1052">Yes</td> </tr> <tr> <td data-bbox="401 1052 856 1094">Quality of Practitioner Office Site</td> <td data-bbox="856 1052 974 1094">11</td> <td data-bbox="974 1052 1150 1094">0%</td> <td data-bbox="1150 1052 1360 1094">0.05</td> <td data-bbox="1360 1052 1604 1094">10</td> <td data-bbox="1604 1052 1736 1094">Yes</td> </tr> <tr> <td data-bbox="401 1094 856 1130">Total</td> <td data-bbox="856 1094 974 1130">8,783</td> <td data-bbox="974 1094 1150 1130">100%</td> <td data-bbox="1150 1094 1360 1130">41.75</td> <td data-bbox="1360 1094 1604 1130">20</td> <td data-bbox="1604 1094 1736 1130">No</td> </tr> </tbody> </table> <p>Quantitative Analysis - Grievances (CMC/DSNP):</p> <ul style="list-style-type: none"> • The goals for the Quality of Care and Quality of the Practitioner Site were met • All other categories and the total rate did not meet the goal. <ul style="list-style-type: none"> - The rate for Access exceeded the goal by the largest margin, 7.17 - The total grievance rate goal was exceeded by 21.75 grievances per 1000 member months • Access is the leading cause of grievances with 41% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume. 	CMC/DSNP Grievances	CY 2022					Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?	Access	3,613	41%	17.17	10	No	Attitude and Service	2,517	29%	11.96	10	No	Billing and Financial Issues	2,121	24%	10.08	10	No	Quality of Care	521	6%	2.48	10	Yes	Quality of Practitioner Office Site	11	0%	0.05	10	Yes	Total	8,783	100%	41.75	20	No	
CMC/DSNP Grievances	CY 2022																																																	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?																																													
Access	3,613	41%	17.17	10	No																																													
Attitude and Service	2,517	29%	11.96	10	No																																													
Billing and Financial Issues	2,121	24%	10.08	10	No																																													
Quality of Care	521	6%	2.48	10	Yes																																													
Quality of Practitioner Office Site	11	0%	0.05	10	Yes																																													
Total	8,783	100%	41.75	20	No																																													

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN	
	CMC/DSNP Appeals		CY 2022				
	Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months		Goal Met?
	Access	453	96%	2.15	10		Yes
	Attitude and Service	0	0%	0.00	10		Yes
	Billing and Financial Issues	16	3%	0.08	10		Yes
	Quality of Care	1	0%	0.00	10		Yes
	Quality of Practitioner Office Site	0	0%	0.00	10		Yes
	Total	470	100%	2.23	20		Yes
	<p>Quantitative Analysis - Appeals (CMC/DSNP):</p> <ul style="list-style-type: none"> All goals for each individual category and total grievances were met. Access Issues were the category that had the most relative volume of appeals; the rate was still 7.85 under the goal. <p>Member G. Michael Roybal, MD, noted that looking under the “Rate” column it looks like the rate was totaled instead of taking the average of the total count by the number of members. If it is added up it equals 41. He asked how there be a rate of 41 when the highest number is 17. He said it looks like the column was added instead of dividing by the number of members. Ms. Crandall responded that he is correct and she will make that edit. Member Roybal said that he noticed that in all of them. That may be a calculation error. He asked if this information is available by participating physician groups (PPG) and is L.A. Care is working with those groups that have higher rates or have bigger issues in terms of access with these particular categories. Ms. Crandall responded that for PPGs they are unable to go to the level of detail by provider, but they are able to identify the PPGs that members that filed grievances are affiliated. That information can be shared with provider network teams and they can share that with the different PPGs. They meet with their product teams and provide them with high level information. All PPGs receive this information because they must respond to those grievances. They are aware of the concern they have individually. Specifically by provider she does not have that information today. Member Roybal asked if PPGs are required to provide a corrective action plan if their rate is higher than the average or the median. Additionally, is there any criteria for asking any PPG for a corrective action plan and asking for a certain goal. Ms. Crandall responded that A&G currently does not have that process in place, but there could be something in place through the contracting team. She may have to get back to him.</p> <p>Mr. Mapp stated that one of the challenges within the current system that is in place, it is not easy to categorize volume and cases by PPG. They are working towards that so they can have an easier ability to make that kind of communication. Member Roybal stated that it will make it easier to help PPGs that are</p>						

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																																
	<p>having issues and help identify them. Member Roybal would like to see them improve, but if L.A. Care can't provide data and then ask for feedback from them and a way to fix it. Member Roybal noted that L.A. Care gets stuck in this loop that continues to have higher rates for certain categories and there is no improvement.</p> <p>Ms. Crandall stated that for access those categories encompass delays in authorizations, durable medical equipment, seeing a provider, or getting pharmacy services. For billing and finance, those items include billing discrepancies, coverage disputes, and denial of payment requests. Quality of Care items are continuity of care, refusal for referral, and issues that occur at a providers office. The last category refers to issues with provider facilities.</p> <p>Member Al Ballesteros stated that the classification under access are pretty broad. He asked if they can be broken down by percentage. It's indicative of a much bigger problem. It may be more related to the provider shortage than it is related to a denied authorization. Ms. Crandall responded that her staff can make that edit.</p> <p>Personal Assistane Services Council (PASC) Background/Goals/Results</p> <table border="1" data-bbox="396 716 1734 1073"> <thead> <tr> <th data-bbox="396 716 852 756">PASC Grievances</th> <th colspan="5" data-bbox="852 716 1734 756">CY 2022</th> </tr> <tr> <th data-bbox="396 756 852 834">Category</th> <th data-bbox="852 756 968 834">Count</th> <th data-bbox="968 756 1142 834">% of Total Grievance</th> <th data-bbox="1142 756 1356 834">Rate</th> <th data-bbox="1356 756 1602 834">Rate Goal/1000 Member Months</th> <th data-bbox="1602 756 1734 834">Goal Met?</th> </tr> </thead> <tbody> <tr> <td data-bbox="396 834 852 875">Access</td> <td data-bbox="852 834 968 875">1,511</td> <td data-bbox="968 834 1142 875">39%</td> <td data-bbox="1142 834 1356 875">2.51</td> <td data-bbox="1356 834 1602 875">5</td> <td data-bbox="1602 834 1734 875">Yes</td> </tr> <tr> <td data-bbox="396 875 852 915">Attitude and Service</td> <td data-bbox="852 875 968 915">771</td> <td data-bbox="968 875 1142 915">20%</td> <td data-bbox="1142 875 1356 915">1.28</td> <td data-bbox="1356 875 1602 915">5</td> <td data-bbox="1602 875 1734 915">Yes</td> </tr> <tr> <td data-bbox="396 915 852 956">Billing and Financial Issues</td> <td data-bbox="852 915 968 956">1,446</td> <td data-bbox="968 915 1142 956">37%</td> <td data-bbox="1142 915 1356 956">2.40</td> <td data-bbox="1356 915 1602 956">5</td> <td data-bbox="1602 915 1734 956">Yes</td> </tr> <tr> <td data-bbox="396 956 852 997">Quality of Care</td> <td data-bbox="852 956 968 997">181</td> <td data-bbox="968 956 1142 997">5%</td> <td data-bbox="1142 956 1356 997">0.30</td> <td data-bbox="1356 956 1602 997">5</td> <td data-bbox="1602 956 1734 997">Yes</td> </tr> <tr> <td data-bbox="396 997 852 1037">Quality of Practitioner Office Site</td> <td data-bbox="852 997 968 1037">6</td> <td data-bbox="968 997 1142 1037">0%</td> <td data-bbox="1142 997 1356 1037">0.01</td> <td data-bbox="1356 997 1602 1037">5</td> <td data-bbox="1602 997 1734 1037">Yes</td> </tr> <tr> <td data-bbox="396 1037 852 1073">Total</td> <td data-bbox="852 1037 968 1073">3,915</td> <td data-bbox="968 1037 1142 1073">100%</td> <td data-bbox="1142 1037 1356 1073">6.51</td> <td data-bbox="1356 1037 1602 1073">10</td> <td data-bbox="1602 1037 1734 1073">Yes</td> </tr> </tbody> </table> <p>Quantitative Analysis – Grievances (PASC):</p> <ul style="list-style-type: none"> • All goals for each individual category and total grievances were met. • Access Issues were the category that had the most relative volume of appeals; the rate was still 2.49 under the goal. • Access is the leading cause of grievances with 39% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume. 	PASC Grievances	CY 2022					Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?	Access	1,511	39%	2.51	5	Yes	Attitude and Service	771	20%	1.28	5	Yes	Billing and Financial Issues	1,446	37%	2.40	5	Yes	Quality of Care	181	5%	0.30	5	Yes	Quality of Practitioner Office Site	6	0%	0.01	5	Yes	Total	3,915	100%	6.51	10	Yes	
PASC Grievances	CY 2022																																																	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?																																													
Access	1,511	39%	2.51	5	Yes																																													
Attitude and Service	771	20%	1.28	5	Yes																																													
Billing and Financial Issues	1,446	37%	2.40	5	Yes																																													
Quality of Care	181	5%	0.30	5	Yes																																													
Quality of Practitioner Office Site	6	0%	0.01	5	Yes																																													
Total	3,915	100%	6.51	10	Yes																																													

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN	
	PASC Appeals		CY 2022				
	Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months		Goal Met?
	Access	120	94%	0.20	5		Yes
	Attitude and Service	0	0%	0.00	5		Yes
	Billing and Financial Issues	7	5%	0.01	5		Yes
	Quality of Care	1	1%	0.00	5		Yes
	Quality of Practitioner Office Site	0	0%	0.00	5		Yes
	Total	128	100%	0.21	10		Yes
	Quantitative Analysis – Appeals (PASC):						
	<ul style="list-style-type: none"> All goals for each individual category and total grievances were met. Access Issues were the category that had the most relative volume of appeals; the rate was still 4.80 under the goal. 						
<p>Chairperson Booth stated that when Member Roybal brought up the issue about rates as being a sum, maybe that is what was intended by staff, because comparing that sum to the goal of what was set was also a sum of the sub goals. Maybe it is supposed to be a sum. Member Roybal said it can't be a sum, because it's a rate. Chairperson Booth noted that it is a rate, but it is being compared, otherwise why would it be based off per 1,000 member months. Member Roybal said it is true, but if it is added up it doesn't work.</p>							
Billing and Financial Issues							
<ul style="list-style-type: none"> Billing Discrepancy identified as the top billing and financial issue along with balance billing has been the top concerns with L.A. Care members. Member education on benefit of premium, deductible and co-payment continue cause member abrasion. Although it is a top issue, over 49 percent of L.A. Care's billing and financial grievances have been resolved by the next business day. 							
<p>Member Ballesteros noted that members under Medi-Cal managed Care plans do not have copays and asked how are members billed if they are on Medi-Cal. Chairperson Booth responded that sometimes people will get balanced billed. Member Roybal responded that sometimes members do not know they are not supposed to be billed and are billed and then they pay it. There are providers that take advantage of the fact that members don't know that they are fully covered. Member Ballesteros asked if they are billed by L.A. Care. Ms. Crandall responded that they are not billed by L.A. Care. Members might not provide their ID Cards and can be billed. Member Ballesteros asked if members know that it is not L.A. Care. Ms. Haydel</p>							

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>responded that it will not have an L.A. Care letterhead and the bill would not be coming from L.A. Care, it would be sent by the provider. Members also receive an Explanation of Benefits that states they are not to be billed for any services. Mr. Mapp noted that this report also covers other lines of business that do have copays and those members may be charged more than what they are supposed to.</p> <p>Barrier Analysis:</p> <ul style="list-style-type: none"> • Lack of member knowledge regarding coverage benefit limits and managed care requirements. • Large influxes of calls to the customer service department which at times lead to extended wait times. • A large percentage of D-SNP grievances were related to access to care issues specific to L.A. Care’s supplemental vendors. • Pharmacies had to adjust their billing practices, specifically to split-bill appropriately to Magellan for Part B crossover claims for DSNP members. A fax blast was sent to pharmacies regarding this change. <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> • The A&G team is collaborating with internal product teams to improve the members’ experience especially regarding access to care issues. • The team is focusing on STAR measures. Monitoring reports are being created to conduct root cause analysis on Complaints Tracking Module (CTM) and Appeals to raise L.A. Care’s STAR rating. CTM is a Centers for Medicare & Medicaid Services (CMS) term for DSNP complaints. • CMS obtains complaints from beneficiaries via 1-800-MEDICARE. The CTM system tracks and processes complaints, referred to as CTMs, received from beneficiaries and providers specifically related to the Part D Medicare Prescription Drug Program. • PCT (A&G system of record) Updates: Continued enhancement of grievance & appeal categories in PCT to support data analytics. • In preparation for D-SNP updates were made to PCT, A&G reports, policies and procedures and the creation of new letter templates • Improve our communication with our Plan Partners to make sure we are able to meet the regulatory timeframes for cases received from our Regulators. • Cross-Functional JOM: A&G and Call Center has established a JOM to address cross-functional challenges, and enhance our members’ service and experience. The current focus is billing and financial concerns. • A&G collaborated with an advisory firm to provide a customized work plan for success. The teams have identified and implemented some improvements to department structure, staffing, and procedures that are integral to processing appeals and grievances 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Mapp noted that the take aways for this report are:</p> <ul style="list-style-type: none"> • More grandular data • Data by PPG • More information regarding remediation activities that will help solve member problems and reduce the need for them to file grievances. <p>Chairperson Booth mentioned that she had asked for appeal volumes to be on a 12 month rolling cycle. She asked the committee if that is something that they would be interested in having. <i>Committee members agreed.</i></p> <p>Dr. Amin stated that he asked for that data recently and it will be coming to the committee regardless. It is needed for internal purposes.</p> <p>Mr. Sobetzko gave a Risk Management Update (<i>a copy of the written report can be obtained from Board Services.</i>).</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, presented the May 2023 Chief Medical Officer Report (<i>a copy of the written report can be obtained from Board Services.</i>).</p> <p>Provider Quality Review (PQR)/Potential Quality Issues (PQI) PQR, Appeals, and Grievances Data Discrepancies: As previously stated, the PQR team received an additional 503 cases from Grievances in February 2023. A remediation plan to close the additional cases has been implemented in addition to monthly audits of A&G cases not sent to PQI, to ensure PQIs are being properly routed. As of March 31, 2023, 441 cases remain open from the new backlog; the goal is to complete cases by August 2023.</p> <ul style="list-style-type: none"> • The risk management and operation support team is now engaged with A&G and PQR team to review the oversight/monitoring manual forwarding communication/reporting process for PQI cases. • Joint meetings continue with Customer Solution Center/ A&G, Department of Health Services and Call the Care to address ongoing optimization, issues and corrective action plans. <p>He stated that L.A. Care is in the process of hiring to address the backlog, but is on track to complete them.</p> <p>Quality Improvement (QI)-Accreditation: Stars/ Healthcare Effectiveness Data and Information Set (HEDIS)</p> <ul style="list-style-type: none"> • MY2022 performance continues to be projected at an overall 2.5 (with rounding). In March, the HEDIS overall domain improved (2.41 to 2.71) but the Operations domain overall declined (3.40 to 3.24). HEDIS improved due to +1 Star Rating improvement in Care of Older Adults (COA) Medication Review, COA Pain Assessment, Osteoporosis Management in Women and Plan All Cause Readmission. Operations fell due to a 1 Star rating decline in Reviewing Appeal Decisions due to a change in cut-point assumptions. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Root-cause analysis continues for Grievance and Appeals (timeliness and overturn rate) and complaints lodged directly with CMS through the Complaints Tracking Module (CTM) for MY2023 and MY2022. Outcome of efforts includes corrective actions and project management to ensure timely implementation of recommendations. An additional analysis to be conducted to identify if G&A and CTM have correlation on connections to member disenrollment. • Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey at the contract level for MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to DSNP contract being new. However, the plan will conduct a CAHPS survey at the PPG level during Q4 to help guide programs and PPG evaluations for MY2024. • For the High Touch HEDIS / Pharmacy Call Center Outreach Request For Proposal, three vendors were selected and their solutions were demonstrated in March. The winner is AdhereHealth. • The TTY/ Foreign Language Star Measure is currently exceeding the goal of 80% (for Part C and Part D) for MY2023. Current performance is 86% for Part C (3 Star) and 100% for Part D (5 Star). • Pharmacy Medication Adherence measures are performing at similar levels in MY2023 as in prior years when comparing February and March activity. This will yield an overall domain rating of 2 Stars or less unless the rate of month over month decline is reduced. • The HEDIS audit season is underway and all deliverables are on target. Both Advent and HSAG Audits took place in March with some minor follow-ups but overall successful. Non-Standard Data submissions and approvals are due March 31, 2023. Medical Records collection for hybrid pursuit is currently on target. • Align. Measure. Performance (AMP) measure sets file generation is on target with plan to submit in April. • Prospective HEDIS MY2023 is running in parallel to retrospective. First prospective rate tracker will be available this month. <p>Dr. Amin noted that Dr. Parrish will be departing L.A. Care. He said that she has been working at L.A. Care for sometime now and for many years has been a key leader in informatics. She has made a decision to leave LA Care. She has been working from the East Coast and is planning to take a role closer to her home and family. Dr. Parrish stated that it has been a pleasure to work with everyone at L.A. Care. With everything they have been able to achieve she knows there is still so much more that they still need to do. She thinks she is leaving everyone in a terrific spot in both quality and informatics work. L.A. Care has an amazing set of teams that are doing so many things in the areas that Dr. Amin spoke about and in other areas as well. The committee will hear from some of the teams today. She is very happy with what L.A. Care has been able to do at L.A. Care and in the County of Los Angeles. She really appreciates so much what the committee has done to help her and her teams. She wishes everyone the best.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Managed Care Accountability Set MY2023/RY2024	<p>Rachael Martinez, RN, BSN Senior Manager, Incentives, Population Health, gave a report about L.A. Care’s Managed Care Accountability Set for 2023 and 2024 <i>(a copy of the written report can be obtained from Board Services.)</i>.</p> <ul style="list-style-type: none"> • Top priority measures are set to a Minimum Performance Level (MPL), the national NCQA 50th percentile. • Not meeting the MPL may lead to sanctions and additional projects • Plan-Do-Study-Act (PDSA) or Strengths, Weaknesses, Opportunities, and Threats (SWOT). • This year there are 18 measures held to the MPL, plus 24 reportable measures that may be added in subsequent years. • DHCS has proposed increasing measures held to MPL to 25 in 2024. • Two new measures come from the CMS Core Set of measures (i.e., not HEDIS) and are now held to MPL for MY 2023: <ul style="list-style-type: none"> - Developmental Screening in the First Three Years of Life - Topical Fluoride for Children <p>Member Roybal asked if the state allows self collected cervical cancer screening. In some parts of the world they allow self collected screening. Many of his patients that have transportation issues or child care, it is easier for them to do their own screening. Ms. Rachel responded there is nothing approved by the Federal Drug Administration (FDA) to do self collected cervical cancer screening, but she thinks it is something that should be talked about and looked at more. In past years L.A. Care has met this measure. Much of it has to do with the pandemic and not as many people going into their well care visits. L.A. Care can take this need to its auditors and contractors, but at the moment there is no self collected cervical cancer screening. Dr. Parrish noted that the NCQA will not allow self testing until the FDA approves it. She has personally emailed the FDA for three years and has not given a response, but she thinks L.A. Care should keep pushing for it.</p>	
Care Management Training	<p>Steven Chang, Senior Director, Care Management, gave a Care Management Department update <i>(a copy of the written report can be obtained from Board Services.)</i>.</p> <p>Member Hilda Perez stated that she loved everything that Mr. Chang mentioned in his presentation. Starting with his pace. She listened to everything that he said and she is really happy to be part of this organization and all the efforts so that members find what they want to do and how to do it. And their health gets better and they live happier. She noted that the Health Promoters also use motivational interviewing and it is something as part of the community find very useful. They do it more often than doctors, because they do not see their doctors often and they may not have time. Some doctors only have 15 minutes to see their</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>patients. The Health Promoters train to provide this information to members. She believes member education is key. The more they are informed the are, the better their health will be.</p> <p>Chairperson Booth asked that is nothing is put on the care plan that the patient doesn't want does it mean it does not get documented. Mr. Chang responded that it does not. L.A. Care goes through assessment with members. If members say they are not comfortable working on that condition, staff has a separate area in the notes to document it. The next care manager will be able to see those notes.</p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:50 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:51 P.M.</p> <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: Five potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION 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 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	The meeting was adjourned at 4:37 p.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: _____
Stephanie Booth, MD, *Chairperson*
Date Signed: _____



L.A. Care
HEALTH PLAN[®]

To: Compliance & Quality Committee of the Board of Governors
From: Thomas Mapp, Chief Compliance Officer
Subject: Chief Compliance Officer Report – OPEN SESSION
Date: June 15, 2023

COMPLIANCE OFFICER OVERVIEW

The Compliance Officer Overview contains the following reports and status updates:

1. DHCS 2024 Operational Readiness Audit – Marie Grijalva
2. Issues Inventory – Mike Sobetzko
3. Internal Audit – Todd Gower

Compliance and Quality Committee Meeting



L.A. Care
HEALTH PLAN®

For All of L.A.

Compliance Department

June 15, 2023

Compliance Officer Overview

Presenter(s): Thomas Mapp

- DHCS 2024 Operational Readiness Audit – Marie Grijalva
- Issues Inventory Update – Mike Sobetzko
- Internal Audit – Todd Gower (RGP)

2024 DHCS Operational Readiness Updates



Marie Grijalva

Manager, Regulatory Analysis and Communications

Background

- Medi-Cal Managed Care RFP for commercial plans was released 2/9/2022.
 - Included new managed care contract requirements for all Medi-Cal plans
 - These new contracts were to be implemented 1/1/2024
- In June 2022, DHCS kicked off an operational readiness assessment for Medi-Cal managed care plans.
 - Deliverables were grouped into nearly 250 individual artifacts
 - Due dates range between 8/1/2022 through 12/29/2023
- DHCS will be conducting Go Live Assessments of the plans to determine if a plan is a “go” or “no go” for January implementation.
 - Tentatively scheduled for September 2023
 - Anticipates conducting onsite readiness review for a subset of operational readiness areas along with some virtual activities
 - Additional details will be provided in the coming weeks

2024 DHCS Operation Readiness Updates

- L.A. Care has submitted a total of 189 artifacts.
 - All deliverables submitted prior to April 2023 have been approved.

Current Status	Total To-Date
Additional Information Request (AIR)	6
Approved	149
DHCS – Review in Progress	34
Grand Total	189

as of 5/31/2023

2024 DHCS Operation Readiness Updates

- Future Dates & Deliverables*:

Due Date	# of Deliverables
6/5/2023	1
6/14/2023	3
7/10/2023	1
7/14/2023	11
8/4/2023	10
8/18/2023	4
9/15/2023	2
9/18/2023	3
12/29/2023	10
TBD	19
Total Remaining	64

*as of 5/16/2023

Observations

- The new contract integrated in CalAIM requirements (e.g., Enhanced Care Management, Population Health Management).
- There is a strong focus on oversight, training, and monitoring of delegated entities. This was also prevalent recent All Plan Letters (APLs) and the new annual Subcontractor Network Certification filing.
- DHCS has more specific requirements including (but not limited to):
 - Structure and duties of Community Advisory Committees;
 - Memorandum of Understanding (MOU)/agreements with third parties (*DHCS to provide plans with MOU templates and guidance*);
 - Quality improvement and health equity activities, including NCQA health equity accreditation; and
 - Emergency preparedness and response.
- DHCS has been particularly prescriptive when it comes to documentation, including the exact verbiage that must be included in Plan documents.

Questions



Compliance & Quality Committee
Issues Management Updates
Through 05/31/23



L.A. Care
HEALTH PLAN®

For All of L.A.

Issues Inventory Update

May 2023 Summary

- **Issues Reported in 2022 and 2023**
 - **130** items are listed in the Issues Inventory as of May 31, 2023⁽¹⁾
 - **3** issue items were added to the inventory
 - 3 newly added issues are in Open Status
 - **34** issues require remediation
 - 0 in New status:
 - (-)Two in New status as of 04/30/23 are now in Open status
 - 34 in Open status:
 - (-) Two in New status as of 04/30/23 are now in Open status
 - (-) Three new items are now in Open status
 - (+) Seven items in Open status as of 04/30/23 are now in Remediated status
 - **7** items Remediated in May
- **Issues Reported Prior to 2022**
 - **21** issues are in Open status. Actively monitoring CAP development and implementation to ensure remediation progress is occurring.

Issue Status	As of 04/30/23	As of 05/31/23
New	2	0
Open	36	34
Total New & Open Issues	38	34
	+	
Deferred	16	16
Remediated	72	79
Closed to Inventory (duplicates)	1	1
Total Inventory Count	127	130

(1) Includes issues reported in 2022 and 2023

Issue Inventory Update

Issues Added in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
Health Risk Assessments (HRAs) - Policy Change: HRA policy/process change began effective January 2023.	05/25/2023	Care Management	Open
Duplicate Encounters Communication - DHCS: DHCS identified duplicate revenue code and procedure code lines in the encounter communication.	05/03/2023	Encounter, Claims	Open
PCT System Enhancements to support A&G Cases: A&G needs to provide a list of enhancements to the PCT IT system to allow L.A. Care to better comply with regulatory reporting requests.	05/01/2023	A&G, IT	Open

Issue Inventory Update

Issues Remediated in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
<p>Transportation Benefit Audit - Transportation Network Report (TNR): Lack of Sufficient Data – CRM:</p> <p>Finding #3: APL 22-008, MCP Monitoring and Oversight (page 14) states “MCPs must conduct monitoring activities no less than quarterly” which may include the “[e]nrollment status of NEMT and NMT providers.” However, the weekly TNR, which CRM uses to perform monitoring, does not contain sufficient data to verify that transportation providers who have emergency enrollment only provided trips during the time frame the provider was enrolled. The transportation provider’s emergency enrollment approval date, and emergency enrollment effective dates are missing – and those dates would be needed to perform the monitoring. Interviews with CRM’s Account Manager and CTC demonstrated there is an inconsistent data element definition for the “Approved Date” column of the TNR, which CRM uses to perform monitoring, resulting in an inability to monitor correctly.</p>	10/6/2022	PNM-CRM	<p>Accountable Executive Name and Title: AJ Lopez, Director of Provider Contracting & Relationship Management</p> <p>Estimated Completion Date: 09/22/2022</p> <p>Corrective Action Plan Description: CRM has included the following new columns in the template TNR: 1. Emergency Medi-Cal Enrollment Approval Date 2. Emergency Medi-Cal Enrollment Effective Date 3. Emergency Medi-Cal Application Date.</p>	5/31/2023

Issue Inventory Update

Issues Remediated in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
<p>Transportation Benefit Audit - Incomplete Exclusion Screening - CRM : Finding #6: Title 42 § 455.436 requires organizations to perform exclusion screening of all providers no less frequently than monthly. Sample testing showed exclusion screening of the transportation providers Uber Health and Lyft were not screened, and these providers performed services for fifteen (15) of 39 rides sampled.</p>	10/6/2022	CRM	<p>Accountable Executive Name and Title: AJ Lopez, Director of Provider Contracting & Relationship Management</p> <p>Estimated Completion Date: 07/31/2022</p> <p>Corrective Action Plan Description: CTC reported that as of July 2022, they have added both vendors Lyft and Uber to the StreamVerify which is ran monthly. SteamVerify checks for both SAM and OIG as part of the exclusion screening. Additionally, please see attached for CTC's updated policy and procedure.</p>	5/31/2023

Issue Inventory Update

Issues Remediated in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
<p>Claims Payment for Prop 56 add on: DHCS inquiries about correct payment from LA Care to Totally Kids Sun Valley for prop 56 add on.</p>	4/6/2023	Claims	<ol style="list-style-type: none">1. L.A. Care's Senior Director of Claims Integrity, Erik Chase, has reached out to Bob Nydam of Totally Kids Sun Valley and confirmed that L.A. Care will be paying the claims at the rate listed in the DHCS Letter_Totally Kids 2023-03-03 attachment.2. Our Claims department has reached out to Dana Medina from Totally Kids Sun Valley's Billing department to begin the process of reprocessing the claims.3. Answered Open Questions:<ol style="list-style-type: none">1. Are the rates listed in the DHCS Letter_Totally Kids 2023-03-03 specifically for Totally Kids or are these the rates for all FS-PSA? These rates are for all FS-PSA.2. If the rates are for all FS-PSA, will DHCS update the rates on the website and if so when can we expect the website to be updated? As mentioned in the above response these are for all FS-PSA and our FFSRDD colleagues are working to have these uploaded to the website and they anticipate these will be posted in the very near future.	5/24/2023

Issue Inventory Update

Issues Remediated in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
NCQA Mock Audit 1Q2023 - UM 5/UM 9: Timeliness of UM Decisions, Elements A–C. : NCQA requires that written denial notification are sent to the treating “Practitioner.	4/17/2023	Quality Improvement	Per Shirley Perez, UM 5/UM 9 are fixed and on target to submit the audit universes for June 6, 2023.	5/17/2023

Issue Inventory Update

Issues Remediated in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
NCQA Mock Audit 1Q2023 - UM 7: Denial Notices, Elements B, C, E, I: NCQA has a requirements regarding the use of template language and appeal rights.	4/17/2023	Quality Improvement	Gabby Flores: Template - UM7 – Denial Notices <ul style="list-style-type: none">• The revised Denial Notices (templates) for all Line of Business (LOBs) were submitted to the Enterprise Configuration Team by the required deadline.• Templates have been configured and are currently undergoing QA testing.• All related testing and tasks are on target to meet the June 1 deadline.	5/17/2023

Issue Inventory Update

Issues Remediated in May 2023

Presenter(s): Michael Sobetzko and Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Remediation Description	Date Remediated
Mail Room Processes Audit - Shadow Mail Operation: Finding #6: Mail is coming into Building 1200 and processed by CSC staff. There is not one clear owner of the process.	6/8/2022	Facilities, CSC Operations	Updated Authorized Representative Form with the correct address of 1055 West 7th Street. Obtained an email confirmation from iColor confirming the correct address is on the return ARD envelope. DLP-02 Authorized Representative was updated with the correct address and email confirmation that all DLPs were scanned for the incorrect address.	5/11/2023
DHCS Escalation Care Management Referral Delay: A DSNP member contacted the DHCS for assistance with the approval of a Care Mgmt referral.	4/20/2023	Utilization Management	The member's referral was approved on 4/20/23 and a case was created for him on 4/21/23. A Care Manager contacted him the same day. There was no delay identified for this member. He enrolled on 4/1/2023 and there was no prior indication of a need for Care Management services prior to the referral received from the member advocate on behalf of DHCS on 4/20/23.	5/8/2023

Compliance & Quality Committee



L.A. Care
HEALTH PLAN®

For All of L.A.

Internal Audit Updates Through 05/31/2023

Presenter(s): Todd Gower

Trends and Insights from IA

Our Audit Plan Hot Spots series identifies and analyzes the key risk areas that audit departments anticipate focusing on during the next year 2024. Our hot spots research enables our internal audit plan to consider the following:



Benchmark Audit Plan Coverage (to be discussed during Risk Assessment Presentation 2024)

Compare, validate and further examine audit plan coverage.



Educate the Audit Committee (With support from Risk Management)

Educate the audit committee on the current risk trends that affect global organizations.



Drive Audit Team Discussions (Balancing the 22 Projects)

Enable audit teams' discussions during audit engagement planning and scoping.







Assess Key Risks with Risk Management

Determine appropriate questions to ask management during risk assessment and audit scoping.





2023 Internal Audit Risk Trends

Presenter(s): Todd Gower

Projects	Risks	Summary	2023 and 2024 Drivers	2022 Drivers
<p> A) Cyberthreats (Covered by CISO, Privacy and HICE Audits)</p>	<p>Technology Regulatory Reputational Legal</p>	<p>Heightened scrutiny on cyber breach disclosures alongside sophisticated state-sponsored attacks makes cyberthreats a growing risk in 2023, increasing organizations' exposure to reputational, litigation and regulatory risk.</p>	<ul style="list-style-type: none"> State-Sponsored Cyberattacks Cyber Breach Disclosure Requirements 	<ul style="list-style-type: none"> Lapses in Security Controls Increased Employee Vulnerability to Social Engineering
<p> B) IT Governance (Wrapping IT Audit)</p>	<p>Technology</p>	<p>Higher use of ungoverned SaaS increases organizations' risk exposure, and an ongoing IT talent deficit further hinders enterprise agility and digital capability development. This issue leaves organizations exposed to enterprise growth and governance risks.</p>	<ul style="list-style-type: none"> Ungoverned SaaS IT Talent Shortage 	<ul style="list-style-type: none"> Rapid Adoption of New Technologies Access Management Challenges
<p> C) Data Governance (Currently Underway)</p>	<p>Technology Regulatory Legal Reputational Clinical Financial</p>	<p>Organizations increasingly employ AI with little formal oversight and the fragmented regulatory landscape highlights the need for organizations to improve governance over how they use and protect data assets. This can impact healthcare reporting (HEDIS, STARS), clinical studies, clinical outcome consolidations.</p>	<ul style="list-style-type: none"> AI Governance Personal-Data-Related Regulatory Fragmentation 	<ul style="list-style-type: none"> Ineffective Data and Analytics Organizational Models Insufficient Data-Sharing Enablement and Controls
<p> D) Third-Party Risk Management (Under consideration for vendor mgmt. audit)</p>	<p>All</p>	<p>A combination of new third-party ESG reporting requirements and increasing financial and operational constraints elevate the risk of reputational damage from third parties. Further, the current macroeconomic conditions that raise concerns about third parties' financial viability may result in operational disruptions, high costs of switching vendors, and product quality and reliability issues for the organization.</p>	<ul style="list-style-type: none"> Third-Party Reputational Risk Third-Party Viability 	<ul style="list-style-type: none"> Limited Third-Party Risk Monitoring Unsupervised Privileged Access

2023 Internal Audit Risk Trends

Presenter(s): Todd Gower

Projects	Risks	Summary	2023 and 2024 Drivers	2022 Drivers
 E)Organizational Resilience	All	Organizations' ability to withstand crises and disruptions is evermore critical, as they are increasingly being tested. Each crisis reveals more areas of organizational fragility. Health plans not recognizing this lessens their competitiveness, hospitals ignoring this risk can shut-down, life science companies could not launch their products.	<ul style="list-style-type: none"> • Geopolitical Conflict • Diminished Change Capacity 	<ul style="list-style-type: none"> • Climate Degradation • Regulatory Interest in Operational Resilience
 F)Environmental, Social and Governance (ESG)	Emerging Risk Regulatory Reputation al	Expanding and new ESG regulations and increased stakeholder scrutiny mean organizations must build meaningful ESG policies into their strategies to follow all current regulations and avoid accusations of greenwashing.	<ul style="list-style-type: none"> • Expanded ESG Reporting Standards • Increased Scrutiny of ESG Practices 	<ul style="list-style-type: none"> • Increasing Capital Tied to ESG Performance • Increased Legal and Regulatory Action on ESG
 G)Supply Chain	All	Increasing geopolitical conflict, resulting in localization measures and logistical challenges across supply chains, has contributed to rising prices and diminishing ability to access critical materials. Organizations face the risk of declines in revenues, profitability, operational effectiveness and the ability to compete.	<ul style="list-style-type: none"> • Renationalization of Supply Chains • Logistics Challenges Stemming From China's "Zero-COVID" Policy 	<ul style="list-style-type: none"> • Key Goods and Materials Shortages • Logistics and Shipping Challenges
 H)Macroeconomic Volatility	Emerging Financial Clinical Technology	A global economic downturn and a sharp rise in interest rates across the world increase risks to organizational assets and cash flows, threatening long-term financial performance and exacerbating an already highly uncertain operating and risk environment.	<ul style="list-style-type: none"> • Rising Interest Rates • Currency Volatility 	<ul style="list-style-type: none"> • Heightened Inflation Uncertainty • Variances in the Global Economic Recovery

2023 Internal Audit Risk Trends

Presenter(s): Todd Gower

Projects	Risks	Summary	2023 and 2024 Drivers	2022 Drivers
 <p>I) Workforce Management (Currently Auditing)</p>	<p>Clinical Technology Regulatory Financial Reputational</p>	<p>A combination of competitive labor markets with an expected cooling of economic growth fosters further uncertainty for organizations with regards to workforce management. With organizations undecided on their talent needs (in the case of a recession and the future of remote or hybrid work not yet fully determined), those who commit too quickly or too far face talent and business losses that are not easily reversible.</p>	<ul style="list-style-type: none"> Uncertain Talent Needs Uncertain Long-Term Effects of Hybrid Working Models 	<ul style="list-style-type: none"> Cultural Disconnects in a Hybrid Workforce COVID-19 Workplace Management Uncertainty
 <p>J) Cost Pressures</p>	<p>Financial</p>	<p>Organizations are struggling with persistent cost pressures driven by an unyielding inflationary environment and an increase in regulatory complexity that has heightened the pressure on organizations to reduce costs and revisit their growth strategies.</p>	<ul style="list-style-type: none"> Persistent Inflation Changes to Tax Regimes 	<ul style="list-style-type: none"> Not a 2022 hot spot
 <p>K) Culture</p>	<p>Emerging Operational</p>	<p>Organizations are increasingly expected to weigh in on social and political issues as societal divisions spill over into the workplace and create potential rifts in organizational culture. At the same time, employees are experiencing high levels of disconnectedness from their organizations and co-workers, increasing exposure to risks from attrition to misconduct.</p>	<ul style="list-style-type: none"> Employee Disconnectedness Increasing Social and Political Expectations 	<ul style="list-style-type: none"> Not a 2022 hot spot
 <p>Climate Degradation (Under consideration in IA Plan)</p>	<p>Operational Emerging Financial</p>	<p>As the long-term impacts of climate change begin to take hold, an increased recurrence of extreme weather events threaten business continuity and vulnerable critical infrastructure.</p>	<ul style="list-style-type: none"> Increased Recurrence and Effects of Extreme Weather Events Vulnerable Critical Infrastructure 	<ul style="list-style-type: none"> Not a 2022 hot spot

2023 Internal Audit Plan (22 Projects)

Presenter(s): Todd Gower

Considered
 On Hold
 In process/operational
 With Mgmt..
 Completed

Project Title	Risk Focus	Status	Type	Internal Audit Project High-Level Descriptions	Proposed Timing
Staffing / Talent Acquisition Process Assessment	Staffing	Wrapping Up	Assessment	<input type="checkbox"/> Assess the current staff management program to include talent acquisition process, workforce management, and retention oversight.	Mar-Jun 2023
Data Management Governance Audit	IT	Kick-off	Audit	<input type="checkbox"/> Assess overall data management governance	May-Aug 2023
Delegation Oversight Auditing and EPO Delegation Oversight Monitoring Program Assessment	Delegation Oversight	Oh Hold	Assessment	<input type="checkbox"/> Assess current Delegation Oversight program effectiveness <input type="checkbox"/> EPO Process review by outside consultant. Will re-engage after process improvement review.	Mar-Jun 2023
HICE Shared IT Integrity and Security Audits - 2023		In Process	Audit	<input type="checkbox"/> Ongoing effort, with CAP presented for final Mgmt. actions by Delegation Entities. IT Security is involved to make sure L.A. Care Mgmt. is tracking.	TBD 2023
Compliance Operations Support	Compliance Support	Ongoing	Compliance Support	<input type="checkbox"/> Provide staffing support for compliance operations activities as needed, including internal investigations and delegation oversight.	2023
Risk Management Support	Risk Oversight	Ongoing	Operational	<input type="checkbox"/> Provide support on Risk Assessment, Risk Management activities, Issue Management activities, and GRC selection.	2023
2024 Risk Assessment	Risk Oversight	In Process	Assessment	<input type="checkbox"/> Conduct 2024 Risk Assessment	Mar - Oct 2023
2024 IA Plan	Risk Oversight	Ongoing	Operational	<input type="checkbox"/> Continue to build out a 3-year plan to create a rotating audit program	2023
FWA Program Assessment	FWA	In Process	Assessment	<input type="checkbox"/> Assess FWA program, including policies and procedures, reporting, case initiation and closure processes, cost containment (recovery, recoupment, and cost savings) and CAP process.	Jul-Sep 2023
Provider Quality PQI - Untimely Processing	PQI - Untimely Processing	In Process	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # O4.	Jul-Oct 2023
Improper Denial of Out-of-Area Emergency Services Claims Risk Mitigation Plan Effectiveness Review	Claims	In Process	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # O14.	Sep-Nov 2023

2023 Internal Audit Plan (Continued)

Presenter(s): Todd Gower

Considered
 Delayed/On Hold
 In process/operational
 With Mgmt..
 Completed

Project Title	Risk Focus	Status	Type	Internal Audit Project High-Level Descriptions	Proposed Timing
A&G: Process, Oversight and System Limitations Risk Mitigation Plan Effectiveness Review	A&G	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # C1.	Nov-Feb 2024
A&G: Knox Keene Violations Risk Mitigation Plan Effectiveness Review	A&G	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # C3.	Nov-Feb 2024
HRA Assessment Timeliness Risk Mitigation Plan Effectiveness Review	Provider Network	On Hold	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # C2. <input type="checkbox"/> On hold until further notice	Jan-Apr 2024
IT - Appropriate Access Controls Risk Mitigation Plan Effectiveness Review	IT	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # O19.	Sep-Nov 2023
Disaster Recovery / Business Continuity Risk Mitigation Plan Effectiveness Review	IT	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # E3.	Nov-Jan 2024
Business Collaboration / Accountability / Culture to support IT Risk Mitigation Plan Effectiveness Review	IT	Considered	Risk Mitigation Plan Implementation Effectiveness Review	<input type="checkbox"/> Conduct an effectiveness review of risk mitigation plan implementation for risk # E1.	Feb-May 2024
DSNP Program Assessment	Key Programs	Considered	Assessment	<input type="checkbox"/> Assigned to D-SNP coordination team	TBD 2023
Provider Network – Access	Network	Considered	Assessment	<input type="checkbox"/> Validate Network Access oversight and risk .	Sep-Nov 2023
Marketing and Member Services	Member Services	Considered	Audit	<input type="checkbox"/> Annual effectiveness audit related to member services	Nov-Jan 2024
Provider Dispute Resolution Audit	Provider Network	Considered	Audit	<input type="checkbox"/> Audit PDR process	TBD 2023
Plan Partner Contracts Audit	Provider Network	Considered	Audit	<input type="checkbox"/> Audit Plan Partner contracting process	TBD 2023

Closeout- 2022 Internal Audit (11 Projects)

Presenter(s): Todd Gower

○ Considered ● Significant closing process ● Follow-up ○ With Mgmt. ● Completed

Audit	Risk Focus	Status	Status Comments	Next Steps
Transportation Benefits	Admin	Completed Follow-up	<input type="checkbox"/> Part 1: CAP Monitoring to ensure completion of CAPs. <input type="checkbox"/> Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
Out of Area Emergency Services Claims and Grievances Audit	Claims & A&G	Completed Follow-up	<input type="checkbox"/> Part 1: CAP Monitoring to ensure completion of CAPs. <input type="checkbox"/> Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
IT Project Management and IT Configuration Audit	IT	Completing	<input type="checkbox"/> Part 1: CAP Monitoring to ensure completion of CAPs. <input type="checkbox"/> Part 2: Conduct focused review to validate effective implementation of CAPs.	Receive management response from stakeholders
HICE Shared IT Integrity and Security Audits - 2022	IT	Completed	<input checked="" type="checkbox"/> Part 1: CAP Monitoring to ensure completion of CAPs. <input checked="" type="checkbox"/> Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
DHCS 2021 Medical Audit	Ops/Claims	Completed	<input checked="" type="checkbox"/> Part 2: Conduct focused review to validate effective implementation of CAPs.	Document results in Issues Inventory
Mail Room Processes Audit	Ops / Member Services	Completed Follow-up	<input checked="" type="checkbox"/> Part 1: CAP Monitoring to ensure completion of CAPs. <input type="checkbox"/> Part 2: Conduct focused review to validate effective implementation of CAPs.	Continue obtaining and reviewing CAP completion evidence.
Follow-up: Sales and Marketing (Regulatory audit 2020 and IA 2021)	Member Services	Completed	<input checked="" type="checkbox"/> Final report submitted and provided to Management- All CAPs Closed	Complete final audit on effectiveness in 2023- Date TBD following Risk Assessment
Follow-up: Provider terminations	Network	Completed	<input checked="" type="checkbox"/> Final report submitted and provided to Management	CAP plan being validated
Risk Assessment Support	Risk Oversight	Completed	<input checked="" type="checkbox"/> Consolidated survey results and in process of prioritization, linking prior year risks and scheduling interviews with Risk Team	2023 Risk Assessment and IA Plan
Internal Investigations	Compliance	Completed	<input checked="" type="checkbox"/> Support Adhoc Investigations as requested from Compliance	Privileged
2023 IA Plan	Risk Oversight	Completed	<input checked="" type="checkbox"/> Normalized Audit Plan in Draft and waiting for Risk Assessment outcomes to formalize a 3-year plan	2023 IA Plan to present to C&Q and BOD



L.A. Care
HEALTH PLAN®

For All of L.A.

Population Health Management (PHM) and Transitional Care Services (TCS)



Elaine Sadocchi-Smith FNP, MPH, CHES
Director of Population Health Management
June 15, 2023



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

CalAIM Transition of Care Overview

❖ Care transitions:

- ❖ When a member is transferring from one setting or level of care to another,

❖ California Advancing and Innovating Medi-Cal (CalAIM) Population Health Management (PHM) Transitional Care Services (TCS):

- ❖ Implementation began January 1, 2023. Health Plans must develop and execute a plan to ramp up transitional care services and ensure that all TCS are complete for all members designated as **high risk (HR) by DHCS**.
- ❖ Department of Health Care Services (DHCS) is allowing a phased in approach, by January, 2024 health plans are required to complete transitional care services for **ALL** members.

Overview of New CalAIM TCS Requirements – January 2023

Admission, Discharge and Transfer (ADT):

- ❖ Starting 1/1/2023, plans are responsible for ingesting and utilizing ADT feeds when they exist
- ❖ The DHCS PHM Service will not have ADT feeds at launch, so health plans are expected to establish infrastructure to utilize ADT feeds locally as described above.

Prior Authorizations and Timely Discharges:

- ❖ Starting 1/1/2023, plans must ensure timely prior authorizations and discharges.

Communication of Assignment to the Care Manager for DHCS High Risk Members:

- ❖ DHCS High Risk members receiving TCS, their assigned care managers (including ECM and CCM) must be notified within 24 hours of transition.

Overview of New CalAIM TCS Requirements – January 2023

Care Manager Responsibilities for DHCS High Risk Members:

- ❖ Responsible for coordinating and verifying that members receive all appropriate transitional care services.
- ❖ Responsible for establishing a relationship with the member that enables them to coordinate care during discharge planning to when the member arrives in their new setting.
- ❖ Responsible for ensuring that information sharing, and communication occur with appropriate providers to assist members in successful transitions, including with the member's PCP.

Discharge Risk Assessment and Discharge Planning for DHCS High Risk Members:

- ❖ A **discharge risk assessment** should be completed prior to discharge to assess a member's risk of re-institutionalization, re-hospitalization, destabilization of a mental health condition, and/or substance use disorder (SUD) relapse.

Overview of New CalAIM TCS Requirements – January 2023

Necessary Post-Discharge Services and Follow-Ups for DHCS High Risk Members:

- ❖ Plans must ensure needed post-discharge services are provided, and follow-ups are scheduled,

Additional Guidance for Members Enrolled with Multiple Payors:

- ❖ If the plan is not the primary source of coverage for the triggering service (e.g., hospitalization for a dual-eligible member, an inpatient psychiatric admission covered by an specialty mental health system (SMHS) plan, such as L.A. County Department of Mental Health and Clareon (Beacon Health Options (Beacon) *name change*), the plan should coordinate with that payor to ensure coordination of care

L.A. Care Business Units: Transition of Care Services (TCS) - Current State

❖ Admission Discharge and Transfer Data

- ❖ Daily internal notification ADT report in place for all lines of business
- ❖ External ADT report in place for Duals Special Needs Plan (D-SNP)
- ❖ The LA Care Health Information Ecosystem (HIEc) connects to 3 Health information Exchanges (HIE)
 - ❖ Los Angeles Network for Enhanced Services (LANES)
 - ❖ Data access: Portal and Reports
 - ❖ Collective Medical “Premanage” and Emergency Department Information Exchange (EDIE)
 - ❖ Data access: Portal and Reports
 - ❖ Safety Net Connect “eConnect”
 - ❖ Data access: Portal, nightly flat file
- ❖ Business case in development to ingest and deliver ADT data for all TCS populations. On hold until IT has incorporated clinical data repository Q3 – Q4 2023.

L.A. Care Business Units: Transition of Care Services (TCS)-Current State

❖ Care Management (CM)

- ❖ Manage TCS for those enrolled with high risk and CCM programs
 - ❖ Calculating member volume and distributing High Risk members appropriate for ECM, MLTSS, CCM and identifying increases in staffing needs
- ❖ Coordination of TCS and discharge planning occur and are documented in the care plan with Care Manager assuming member is participating in HR or CCM **and** member had an admission/discharge in a facility participating in Health Information Exchange (HIE).
- ❖ PCP/PPGs to manage Pregnancy and Children with Special Health Care Needs (CSHCN) members TCS needs
 - ❖ Looking into expanding contract requirements for PPGs

L.A. Care Business Units: Transition of Care Services (TCS) - Current State

❖ Behavioral Health (BH)

- ❖ Inpatient psychiatric admissions for MCLA members are carved out and managed by Department of Mental Health (MPH)
 - ❖ The transitions of care are supported and arranged by hospital staff
 - ❖ DMH provides hospitals with supportive services to transition members to lower levels of care
- ❖ Inpatient psychiatric admission for D-SNP, LACC and PASC members are managed by Carelon Behavioral Health
 - ❖ Carelon has dedicated aftercare and care management teams to support members with aftercare appointments
- ❖ County Mental Health providers can discuss individual cases with L.A. Care's BH team ad hoc.

❖ Utilization Management (UM)

- ❖ Complete authorizations for discharge planning from hospital to Skilled Nursing Facility (SNF) and hand-off to SNF. Once member is in SNF the care coordination is handled by Managed Long Term Support and Services (MLTSS).

L.A. Care Business Units: Transition of Care Services (TCS) - Current State

❖ **Managed Long Term Support Services (MLTSS)**

- ❖ MLTSS to manage members transitioning from Long Term Care (LTC) to the hospital
- ❖ Utilization Management (UM) manages the authorization to the hospital. Once the member is transitioned back to the SNF/LTC, MLTSS continues the care coordination.

❖ **Enhanced Care Management**

- ❖ ADT data based on e-Connect is shared on a weekly basis to all Enhanced Care Management (ECM) contracted providers. ECM Care Manager manages TCS for members already in ECM.
- ❖ Collective Medical Technology's (CMT) EDIE emergency room admissions data is available to those ECM contracted providers who participate.

L.A. Care Business Units: Transition of Care Services Oversight – Current State

- ❖ **Quality Improvement Population Health Management (PHM)**
 - ❖ Facilitation of cross-functional efforts to meet CalAIM TCS requirements
 - ❖ Documenting entire process for regulators and accreditation
- ❖ **Enterprise Performance Optimization (EPO)**
 - ❖ Monitoring of Direct Network MCLA members receiving Care Management including TCS.
- ❖ **Compliance**
 - ❖ Future state

TCS Requirements GAP:

ADT Feed

- ❖ Ingesting and utilizing **ADT feeds**. L. A. Care currently receives ADT feeds from ~70% of the hospitals in Los Angeles County participating in the three Health Information Exchanges (HIE), that we have contracted.
 - ❖ For the remainder of the hospitals in the county, L.A. Care receives face sheets upon member admission, discharge, or transfer.
 - ❖ Dual Eligible Special Needs Plans (D-SNP) contractor will be required to have contracted hospitals and SNFs use HIE for all member admissions.
- ❖ **Remediation:**
 - ❖ Daily internal notification ADT report in place for all lines of business
 - ❖ External ADT report in place for Duals Special Needs Plan (D-SNP)
 - ❖ Readmission risk assessment automated tool: Q2 – Q3, 2023
 - ❖ Business case developed and submitted to ingest and deliver ADT data for all TCS populations. On hold until IT has launched and incorporated clinical data repository – completion due Q3-Q4 2023.

TCS Requirements GAP:

TCS for DHCS High Risk Members

❖ **Care Manager to be assigned to High Risk and Complex Case members who need transitional care services**

- ❖ TCS management is completed internally for MCLA members enrolled in high risk and complex case management.
- ❖ Oversight and coordination for TCS occurring at the PPG/PCP level need to be developed.
- ❖ Not all complex care members who have been identified through IPro risk stratification and ADT feeds are enrolled in the CM program.
- ❖ MCLA Behavioral Health Facility admissions are carved out of L.A. Care (Carelon responsibility) real time data is not available.

❖ **Remediation:**

- ❖ Revising Ipro risk stratification and segmentation to include expanded data identification sources
- ❖ Calculating TCS volume for DHCS High Risk members and distributing the cases to ECM, MLTSS, CCM, and PPG programs
- ❖ Identifying staffing needs to expand to meet TCS requirements
- ❖ Looking into expanding contract requirements with PPGs to manage TCS, particularly with low and medium-risk members, pregnant and children with special needs.

L.A. Care: Phase 1 TCS Staffing Approved

Additional staffing for LAC CM to take on TCS for IPro Complex members and the Direct Network. (Very conservative assumptions for staffing needed.)

ROLE	Fully Staffed FTE
Community Health Workers (TCS)	7
Care Coordinators (TCS)	3
Supervisor, Care Management	2

L.A. Care: Phase 2 TCS Staffing Approved

Additional staffing for LAC CM to take on the rest of DHCS High Risk TCS populations except for CSHCN and Pregnant Individuals.

ROLE	Fully Staffed FTE
Community Health Workers (TCS)	38
Care Managers (Increase from TCS)	8
Care Coordinators (TCS)	18
Supervisor, Care Management (TCS)	6
Supervisor, Care Coordinators (TCS)	2
Clinical Oversight Reviewer (TCS)	2
Manager, Care Management	2

TCS Requirements GAP:

Oversight of TCS at PPG/PCP level

- ❖ For TCS cases that are managed by the PPG, need to develop an oversight process including:
 - ❖ Assignment of Care Manager
 - ❖ Discharge planning documentation that is exchanged

❖ **Remediation:**

- ❖ HIM Dashboard and DHCS KPI request submitted to HIM team (in development; Data available Q2 2023). Includes all DHCS KPIs, including TCS.
- ❖ Review of PPG contracts to expand TCS requirements to PPG level
 - ❖ PHM and TCS language added to delegation agreements and universal provider manual.

Next Steps

- ❖ While L.A. Care has some TCS activities in place, over the coming year we will need to:
 - ❖ Develop and execute a plan to ramp up transitional care services for all DHCS High Risk members
 - ❖ Develop provider communications to outline PPG responsibilities
 - ❖ Have added TCS language to delegation agreements and universal provider manual approved
 - ❖ Develop a plan to ensure transitional care services are completed for ALL members by 1/1/2024:
 - ❖ A plan to provide TCS to low risk and medium risk members **AND**
 - ❖ A plan to ensure TCS occurring at the Provider/PPG level is monitored and includes oversight at the provider/PPG level
 - ❖ Ingest and deliver ADT data for all TCS populations and the ability to assign a care manager and notify (business case submitted)
 - ❖ Staffing resources in CM to provide for the single point of contact care manager to be able to document TCS, discharge risk assessment, discharge planning services, medication reconciliation, and post-discharge referrals in a system of record that can be coordinated with all service providers.

Questions/Discussion



Stars Quality Update



L.A. Care
HEALTH PLAN®

For All of L.A.



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

Donna Sutton
Senior Director – Stars Excellence
June 15th, 2023

Overview

Programs within L.A. Care measured by Star quality programs from CMS

CMS
(Centers for Medicare and Medicaid)
Facilitates oversight of health plans



Health plans
Provides actionable data to help
improve the quality of care



Consumers
Provides information to help make
informed healthcare decisions

Medicare Plus Program
Dual Special Needs (HMO D-SNP)

Stars Quality Program

40

Performance Evaluated
by Measures

5

Measure Domains

Screenings & Tests
Pharmacy
Member Satisfaction
Health Outcomes
Regulatory / Access

L.A. Care Covered (LACC)
Covered California

Quality Rating System

37

3

Clinical Quality
Enrollee Experience
Plan Efficiency,
Affordability & Mgt.

Stars Rating Scale

Both Stars quality program leverages a 5-Star scale:

<i>Numeric</i>	<i>Graphic</i>	<i>Description</i>
5	★ ★ ★ ★ ★	<i>Excellent</i>
4	★ ★ ★ ★	<i>Above Average</i>
3	★ ★ ★	<i>Average</i>
2	★ ★	<i>Below Average</i>
1	★	<i>Poor</i>

Cut-points for the Star ratings scale is based on:

- *National benchmarks*
- *Performance of other Health Plans*
- *Tend to increase year over year*

Stars Quality Program Cycle

Medicare Stars Quality Program

CY2023
Measurement Year
Health Plan's perform is measured via predefined metrics

CY2024
Performance Analysis Year
CMS reviews performance, establishes Star Rating cut-points

CY2025
Star Rating Year
CMS awards Star Rating to Health Plans

CY2026
Payment Year
CMS pays Health Plans

- **Significant incentive payments for above average performance**
- **Financial payments occur 3 years after performance**

State Based Exchange Quality Rating System

CY2023
Measurement Year
Health Plan's perform is measured via predefined metrics

CY2024
Performance Analysis Year
CMS issues the proof sheets to Health Plans and State Exchange Administrators

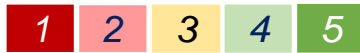
CY2025
Star Rating Year
CMS awards Star Rating to Health Plans

- **Financial penalties are implemented at the State level for low performance**
 - **Quality Transformation Initiatives (QTI)**
 - QTI measures (4) score < 66 percentile
 - Enrollee Experience = 3 Star Rating or >
 - Significant financial penalties
 - **25-2-2 Program**
 - Score < 25 percentile on Clinical Quality composite
 - Removal from the exchange



Projected CMC Performance Utilizing D-SNP Cut-Points

Star Rating Legend



	MY2021 (Actual)	MY2022 (Projected)	MY2023 (Goal)
Screenings & Tests	3.00	2.63	3.00
Pharmacy	2.38	1.85	2.70
Regulatory / Access	3.40	3.24	3.50
Member Satisfaction	2.30	2.06	
Health Outcomes	4.00	4.00	
Overall Rating	2.93	2.65	3.31

MY2022 is using LAC projected cut-points and March 2023 reporting
 MY2021 is using final CMS cut-points and performance info

- Performance the same or stronger in MY2022
 - Reduced Star rating due to increase in measure cut-points
- Strategy
 - Improve year over year (YOY) incremental measure performance
 - Increase pace to match or exceed changes in cut-points
 - Ramp up Member Satisfaction performance; measures excluded for a new plan

Medicare D-SNP plan effective 1/1/23

LACC 5 Year Plan to 4+ Star Rating

Star Rating Legend					
1	2	3	4	5	
	MY2021 Actual	MY2022 Projected	MY2023 Goal	MY2024 Goal	MY2025 Goal
Clinical Quality	75.663	75.634	77.000	79.000	81.000
Enrollee Experience	87.695	87.067	89.000	91.000	93.000
Plan Efficiency, Affordability and Mgt	75.818	75.938	77.000	79.000	81.000
Overall Rating	77.694	77.590	79.000	81.000	83.000

MY2022 – MY2025 reflected as domain composite scores

MY2022 utilizing MY2021 benchmarks and HEDIS data through April 2023

Strategy

- Long term goal: 4.0 overall Star Rating
- Focus on incremental, sustainable improvement

Areas of priority:

- Clinical Quality to 4 Star rating
- Enrollee experience to 2+ Star Rating

Supporting Participating Provider Groups (PPGs)

Efficiency & Impact



Improved PPG Meeting Process

- More collaborative approach
- Increased frequency of meetings
- Improved coordination

Sharing best practices across network

Integrating program deployments with existing PPG processes

Reporting



Deployed (Q4/2022)

Interim, manual Provider Opportunity Reports (D-SNP)

- Summarized performance
- Year to date (YTD) Current Year vs YTD Prior Year
- # of Gaps to Close to Next Star Rating Level

Future (Early Q3/2023)

Automated, enhanced Provider Opportunity Reports (D-SNP and LACC)

- Detailed performance data by measure

Analytics

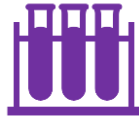


Increased focus on analytics

- Factors contributing to blood pressure compliance
- Correlation study between Annual Wellness visits and HEDIS gap closure

New Program Deployments

Screenings & Tests



High touch outreach via a 3rd party call center:

- Cancer screenings
- Diabetes measures
- Annual Wellness Visits

Deploying in-home tests for Colorectal Cancer screening, A1C and Kidney Health

Redeployed Osteoporosis Management in Women intervention:

- Concierge approach by assisting member to schedule a DEXA or obtaining Rx fill
- Enhanced to include scheduling in-home DEXA with 3rd party vendor

Pharmacy



Increased engagement from L.A. Care Pharmacy Department and our PBM (Pharmacy Benefit Management)

- Earlier and increased outreach frequency to members not adherent to medication

Leveraging pharmacy interns and in-house pharmacists to assist with Medication Review measures

Operations



Improved our call transfer rate for Foreign Language interpreters

- Implemented a “command center” to address issues with rapid resolution

Conducted root cause analysis to address Complaints about the Health Plan

- Improving enrollment process to provide clearer explanation of benefits

Reduced untimely Part C appeals

- Improved processes followed L.A. Care staff