



**AGENDA**  
**COMPLIANCE & QUALITY COMMITTEE MEETING**  
**BOARD OF GOVERNORS**

**Thursday, August 17, 2023, 2:00 P.M.**

L.A. Care Health Plan, 10th Floor, CR 1017,1018, 1055 W. 7<sup>th</sup> 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/weblink/register/r215257f6e749be6e87a5cdb29c1cf5e0>

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

**Meeting number: 2482 641 8244 Password: lacare**

**Teleconference Site**

**Hilda Perez**

Lynwood Community Resource Center  
3200 E Imperial Hwy, Lynwood, CA 90262

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., August 17, 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 June 15, 2023 Meeting Minutes P.4 *Chair*
4. Chairperson’s Report *Chair*
5. Chief Compliance Officer Report P.14 *Thomas Mapp  
Chief Compliance Officer*
  - Issues Inventory P.15
  - Risk Management Update P.20
  - Internal Audit P.27
  - Special Report - Provider Quality Review Backlog Update P.31
6. Chief Medical Officer Report P.39 *Sameer Amin, MD  
Chief Medical Officer*
7. HEDIS Results P.57 *Thomas Mendez  
Director, Quality Performance Informatics,  
Quality Performance Management*
8. Medi-Cal Managed Care Accountability Set (MCAS) P.66 *Betty Santana,  
Senior Manager, Quality Improvement  
Initiatives*
9. Public Comment on Closed Session

**ADJOURN TO CLOSED SESSION (Est. time 30 minutes)**

10. PEER REVIEW  
Welfare & Institutions Code Section 14087.38(o)
11. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:  
Four potential cases
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 September 21, 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](mailto: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](mailto: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](mailto:BoardServices@lacare.org). AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7<sup>th</sup> Street, Los Angeles, CA.

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

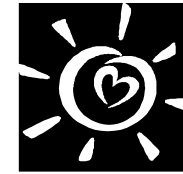
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting 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 – June 15, 2023

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 \*  
G. Michael Roybal, MD

**Senior Management**

Felix Aguilar-Henriquez, MD  
Terry Brown, *Chief of Human Resources*  
Linda Greenfield, *Chief Product Officer*  
Augustavia J. Haydel, *General Counsel*  
Thomas Mapp, *Chief Compliance Officer*  
Noah Paley, *Chief of Staff*  
Acacia Reed, *Chief operating Officer*

\* Absent \*\* Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance &amp; Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance &amp; 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.</p> <p>There were no members of the public present either in person attending virtually by WebEx or telephone.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The Meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)</p>
<b>PUBLIC COMMENT</b>	<p>There was no public comment.</p>	

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVAL OF MEETING MINUTES</b>	<p>Chairperson Booth said she figured out the average rate issue from the previous meeting. Member Roybal stated that they are not rates.</p> <p><b>The May 18, 2023 meeting minutes were approved as submitted.</b></p>	<p><b>Approved unanimously by roll call.</b></p> <p><b>3 AYES</b></p>
<b>CHAIRPERSON REPORT</b> <ul style="list-style-type: none"> <li>• <b>Educational Requests From The Committee</b></li> <li>• <b>Committee Charter Update</b></li> </ul>	<p>Chairperson Booth asked the committee if they have any topics they would like to bring before the committee for educational purposes or that the Board needs to be educated in. She noted that Board Services can collect any suggestions. She said that this is something that the committee can consider.</p> <p>Chairperson Booth noted that she is working with staff on a review of the committee charter.</p> <p>Ms. Haydel stated that Board Services and Legal Services are reviewing and it will then go to the Health Services and Compliance Departments. L.A. Care will then bring on a consultant to focus on Compliance and Quality issues, and all those recommendations and revisions will then come to the committee. The committee will send their recommendations to the Board for review with a motion placed on the Board’s agenda.</p>	
<b>CHIEF COMPLIANCE OFFICER REPORT</b>	<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>. Mr. Mapp announced that Mitra Madjdi has a new role with Compliance in reporting and data management with regulatory agencies.</p> <ul style="list-style-type: none"> <li>• Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, introduced Marie Grijalva, <i>Manager, Regulatory Analysis and Communications</i>, for a 2024 Department of Health Care Services (DHCS) Operational Readiness Update. <ul style="list-style-type: none"> <li>- Medi-Cal Managed Care Request for Proposal for commercial plans was released February 9, 2022. <ul style="list-style-type: none"> <li>o Included new managed care contract requirements for all Medi-Cal plans</li> <li>o These new contracts were to be implemented January 1, 2024</li> </ul> </li> <li>- In June 2022, DHCS kicked off an operational readiness assessment for Medi-Cal managed care plans. <ul style="list-style-type: none"> <li>o Deliverables were grouped into nearly 250 individual artifacts</li> <li>o Due dates range between August 1, 2022 through December 29, 2023</li> </ul> </li> <li>- DHCS will be conducting Go Live Assessments of the plans to determine if a plan is a “go” or “no go” for January implementation. It is tentatively scheduled for September 2023. <ul style="list-style-type: none"> <li>o Compliance anticipates conducting onsite readiness review for a subset of operational readiness areas along with some virtual activities</li> </ul> </li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Additional details will be provided in the coming weeks</li> <li>- The new contract integrated in CalAIM requirements (e.g., Enhanced Care Management, Population Health Management).</li> <li>- 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.</li> <li>- DHCS has more specific requirements including (but not limited to): <ul style="list-style-type: none"> <li>○ Structure and duties of Community Advisory Committees;</li> <li>○ Memorandum of Understanding (MOU)/agreements with third parties (DHCS to provide plans with MOU templates and guidance);</li> <li>○ Quality improvement and health equity activities, including NCQA health equity accreditation; and</li> <li>○ Emergency preparedness and response.</li> </ul> </li> <li>- DHCS has been particularly prescriptive when it comes to documentation, including the exact verbiage that must be included in Plan documents.</li> </ul> <p>Member Roybal asked if there is concern about trying to contract in a timely way going forward, because of these templates. He asked about flexibility. Ms. Grijalva responded that there are some concerns about that exactly for the reason he stated. One of the MOU requirements raised with DHCS in the past has been in regards to plans to contract with all local education agencies within their county. L.A. Care has 80 in its county so it may not be realistic and it might be difficult to meet the guidelines.</p> <ul style="list-style-type: none"> <li>● Mr. Sobetzko reported on the Issues Inventory. <ul style="list-style-type: none"> <li>- Issues Reported in 2022 and 2023</li> <li>- 130 items are listed in the Issues Inventory as of May 31, 2023</li> <li>- Three issue items were added to the inventory</li> <li>- Three newly added issues are in Open Status</li> <li>- 34 issues require remediation</li> <li>- Zero in New status:</li> <li>- Two in New status as of April 30, 2023 are now in Open status</li> <li>- 34 in Open status:</li> <li>- Two in New status as of April 30, 2023 are now in Open status</li> <li>- Three new items are now in Open status</li> <li>- Seven items in Open status as of April 30, 2023 are now in Remediated status</li> <li>- Seven items Remediated in May</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	<ul style="list-style-type: none"> <li>- Issues Reported Prior to 2022</li> <li>- 21 issues are in Open status. Actively monitoring Corrective Active Plan development and implementation to ensure remediation progress is occurring.</li> </ul>				
	<b>Issue Name and Description</b>	<b>Date Reported</b>	<b>Business Unit</b>	<b>Status</b>	
Health Risk Assessments (HRAs) - Policy Change: HRA policy/process change began effective January 2023.	May 25, 2023	Care Management		Open	
Duplicate Encounters Communication - DHCS: DHCS identified duplicate revenue code and procedure code lines in the encounter communication.	May 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.	May 1, 2023	A&G, IT		Open	
<b>Issue Name and Description</b>	<b>Date Reported</b>	<b>Accountable Exec / Business Unit</b>	<b>Remediation Description</b>	<b>Date Remediated</b>	
<b>Claims Payment for Prop 56 add on:</b> DHCS inquiries about correct payment from LA Care to Totally Kids Sun Valley for prop 56 add on.	April 6, 2023	Claims	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	May 24, 2024	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
				<p>Letter_Totally Kids 2023-03-03 attachment.</p> <p>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.</p> <p>Answered Open Questions: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.</p> <p>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.</p>	
<p>Chaiperson Booth asked Mr. Sobetsko to define “FS-PSA” and “FFSRDD.” Mr. Sobetzko responded that it stands for Free Standing-Pediatrics Subacute Facility and Fee For Service Rate Development Division.</p>					



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Brandy Hall, <i>Program Manager, Compliance</i> , gave an Internal Audit Update ( <i>a copy of the written report can be obtained from Board Services</i> ).	
<b>QUALITY IMPROVEMENT (QI) UPDATE</b>	<p>Felix Aguilar-Henriquez, MD, MPH, FAAFP, <i>Medical Director, Quality, Health Services</i>, gave a Quality Improvement (QI) Update.</p> <p>Dr. Aguilar thanked the Board for allowing him to provide an update and is welcome to any suggestions or recommendations they may have. He noted that Board input is essential to improving care for members and helping providers do that. He spoke about the work that L.A. Care does with its Direct Network of providers. On June 28, L.A. Care will host an advisory committee of providers to help L.A. Care better understand their needs. The Transform LA group, consists of 21 practices and 107 practitioners covering 37,000 Direct Network members. QI is working on health education and has selected MediKeeper as the application to help members with health education. He said that L.A. Care is one of two health plans to roll out the Doula benefit.</p> <p>He reported on Provider Quality Issues backlog. Appeals &amp; Grievances staff are working closely together to improve the workflow. He would like to hear from the Board about how L.A. Care can improve provider engagement.</p> <p>Chairperson Booth thanked Dr. Aguilar for his update.</p> <p>Member Ballesteros welcomed Dr. Aguilar and thanked him for attending the meeting and for his work in the past with the Federally Qualified Health Centers (FQHC). He said that him joining L.A. Care will provide tremendous opportunity for the organization to connect with the providers FHQCs and the county clinics.</p> <p>Chairperson Booth asked if Direct Network providers be members of an Independent Physician Group (IPA). Dr. Aguilar responded that they can be. Noah Paley, <i>Chief of Staff</i>, stated that they can be and many of them are. L.A. Care is filling the role of the IPA and engaging providers. L.A. Care is also improving the provider opportunity reports to break out the membership that is assigned to directly contracted primary care providers.</p>	
<b>POPULATION HEALTH MANAGEMENT AND TRANSITIONAL</b>	<p>Elaine Sadocchi-Smith, <i>Director, Population Health Management</i>, gave a presentation about Population Health Management (PHM) and Transitional Care Services (TCS) (<i>a copy of the written report can be obtained from Board Services</i>.)</p> <ul style="list-style-type: none"> <li>• Care transitions: <ul style="list-style-type: none"> <li>- When a member is transferring from one setting or level of care to another,</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CARE SERVICES (CalAIM)</b></p>	<ul style="list-style-type: none"> <li>• California Advancing and Innovating Medi-Cal (CalAIM) Population Health Management (PHM) Transitional Care Services (TCS): <ul style="list-style-type: none"> <li>- 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 Department of Health Care Services (DHCS).</li> </ul> </li> </ul> <p>DHCS is allowing a phased in approach, by January, 2024 health plans are required to complete transitional care services for all members.</p> <p>Admission, Discharge and Transfer (ADT):</p> <ul style="list-style-type: none"> <li>• Starting January 1, 2023, plans are responsible for ingesting and utilizing ADT feeds when they exist</li> <li>• 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.</li> </ul> <p>Prior Authorizations and Timely Discharges:</p> <ul style="list-style-type: none"> <li>• Starting January 1, 2023, plans must ensure timely prior authorizations and discharges.</li> </ul> <p>Communication of Assignment to the Care Manager for DHCS High Risk Members:</p> <ul style="list-style-type: none"> <li>• DHCS High Risk members receiving TCS, their assigned care managers (including ECM and CCM) must be notified within 24 hours of transition.</li> </ul> <p>Chairperson Booth asked if the prior authorizations are only in regards to the hospitalizations. Ms. Sadocchi-Smith stated that it's just for the transitions. That is done through Utilization Management.</p> <p>Care Manager Responsibilities for DHCS High Risk Members:</p> <ul style="list-style-type: none"> <li>• Responsible for coordinating and verifying that members receive all appropriate transitional care services.</li> <li>• 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.</li> <li>• Responsible for ensuring that information sharing, and communication occur with appropriate providers to assist members in successful transitions, including with the member's PCP.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>• While L.A. Care has some TCS activities in place, over the coming year we will need to:</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>- Develop and execute a plan to ramp up transitional care services for all DHCS High Risk members <ul style="list-style-type: none"> <li>o Develop provider communications to outline PPG responsibilities</li> <li>o Have added TCS language to delegation agreements and universal provider manual approved</li> </ul> </li> <li>- Develop a plan to ensure transitional care services are completed for ALL members by January 1, 2024: <ul style="list-style-type: none"> <li>o A plan to provide TCS to low risk and medium risk members and</li> <li>o A plan to ensure TCS occurring at the Provider/PPG level is monitored and includes oversight at the provider/PPG level</li> </ul> </li> <li>- Ingest and deliver ADT data for all TCS populations and the ability to assign a care manager and notify (business case submitted)</li> <li>- 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.</li> </ul>	
<b>STARS UPDATE (D-SNP)</b>	<p>Donna Sutton, <i>Senior Director, Stars Excellence, Health Services</i>, gave a Stars Quality Update (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>There are two Stars quality rating programs. Stars Quality Program impacts the Medicare Plus program and there is a quality rating system program impacting the L.A. Care Covered line of business. Both programs measure performance based on a collection of measures. Current projected overall performance for MY2022 is 2.5 Stars: Medicare D-SNP is 2.5 Stars and L.A. Care Covered is 3 Stars. Goal for measurement year 2023 is a 3.5 overall star rating for Medicare D-SNP and an overall star rating of 3 for L.A. Care Covered.</p>	
<b>ADJOURN TO CLOSED SESSION</b>	<p><u>PUBLIC COMMENT</u></p> <p>Submitted by Andria McFerson on Thursday, June 15, 2023 at 2:39 PM:  <i>I am not quite sure if this would be regarding item number 8 or the closed session but I believe for the record, I am not quite sure whether you are aware that the RCAC and ECAC advisory committee were decided on by the CO&amp;E staff to change into a transitional period without a vote from the board of Governor or the ecac so please investigate the budget this change in the stakeholder committee.</i>  <i>Andria McFerson ECAC 6</i></p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>My name is Andria McFerson ECAC/RCAC 6 Chair, In response to the inquiry on my comment for item number 8 on the agenda submitted earlier today by myself, in the comment topic and within the actual email that my comment was for agenda item 8 and it was for today's Compliance and quality committee meeting of June 15, 2023 once again stated in the email. I feel that practices as such this particular situation is misleading, harassment and without Equity.</i></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 3:35 P.M.</p> <p>PEER REVIEW Welfare &amp; 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: Two potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer and Serge Herrera, Privacy</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"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• 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</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting was adjourned at 4:37 p.m.</p>	

Respectfully submitted by:

APPROVED BY:

Victor Rodriguez, *Board Specialist II, Board Services*  
Malou Balones, *Board Specialist III, Board Services*  
Linda Merkens, *Senior Manager, Board Services*

\_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*  
Date Signed: \_\_\_\_\_

THE FOLLOWING COMMENTS WERE SUBMITTED AFTER THE BOARD WENT INTO CLOSED SESSION:

Submitted by Andria McFerson

*Hello ,*

*My name is Andria McFerson as decided by (CO&E Staff) I am now as of today, FORMER ECAC chair of LA Care RCAC 6 region which is in the S LA, Inglewood Area. I was just called today by Frank that the staff chose to remove the Executive Community Advisory Committee Chair's without a motion or a a vote agreed on by the majority basically stating that if we moved out of our region we are no longer chairs but, that is when we met in person and had a full quorum of RCAC members to vote on another ECAC chair in-person we will not have those meetings again this year. I'm asking Ms. Haydel and Tom Mapp to investigate because sad to say they only called myself so far the only Black Chair that has made that transition and all other chairs who moved who are not Black were not transitioned to another location and they are still Executive Chairs. I will be there advocating for Black equality at your meeting and events and this is an official complaint email to the BOS please investigate and reply soon. For the record Staff Victor Rodriguez refused to state my other public comment I posted earlier for this meeting.*  
*Andria McFerson*



**L.A. Care**  
HEALTH PLAN<sup>®</sup>

**To:** Compliance & Quality Committee of the Board of Governors  
**From:** Thomas Mapp, Chief Compliance Officer  
**Subject:** Chief Compliance Officer Report – OPEN SESSION  
**Date:** August 17, 2023

### **COMPLIANCE OFFICER OVERVIEW**

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

1. Issues Inventory – Mike Sobetzko
2. Risk Management Update- Michael Sobetzko
3. Internal Audit – Todd Gower
4. Special Report-Provider Quality Review Backlog Update- Rhonda Reyes-Christine Chueh

# Compliance & Quality Committee Issues Inventory Update



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

**Presenter(s): Michael Sobetzko**

**Todd Gower**

**August 17, 2023**



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

# Issues Inventory Update | July Summary

Presenter(s): Michael Sobetzko & Todd Gower

- **Issues Reported in 2022 and 2023**

- **151** items are listed in the Issues Inventory as of July 31, 2023<sup>(1)</sup>
- **8** issue items were added to the inventory
  - 4 newly added issues are in New/In Review Status
  - 2 newly added issues are in Open Status
  - 2 newly added issues are in Closed Inventory Status
- **41** issues require remediation
  - 4 in New/In Review status;
  - **37** in Open status:
    - (-) Two new items are now in Open status
- **2** items Closed to Inventory in July

- **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 06/30/2023	As of 07/31/23
New	0	4
Open	35	37
<b>Total New &amp; Open Issues</b>	<b>35</b>	<b>41</b>
	<b>+</b>	
Deferred	16	16
Remediated	91	91
Closed to Inventory (duplicates/not an issue)	1	3
<b>Total Inventory Count</b>	<b>143</b>	<b>151</b>

(1) Includes issues reported in 2022 and 2023



# Issues Inventory Update | Added in July 2023

Presenter(s): Michael Sobetzko & Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<p>CMS D-SNP Audit Readiness Organization Determinations, Appeals, and Grievances (ODAG) - Payment-Member Reimbursement Process</p> <p>Currently investigating the member reimbursement process after the transition of work from Appeals and Grievances to the Provider Dispute Resolution (PDR) team to ensure that the process will remain compliant.</p>	7/25/2023	Claims	New/In Review
<p>CMS D-SNP Audit Readiness Organization Determinations, Appeals, and Grievances (ODAG) – Payment – Member Reconsideration</p> <p>The Provider Dispute Resolution (PDR) team is exploring better automation to pull data as required by CMS to submit as an audit data universe.</p>	7/25/2023	Claims	New/In Review
<p>Blue Shield Plan Provider Submission</p> <p>Investigating the timely submission of Plan Partner provider and facility information.</p>	7/25/2023	Provider Network	New/In Review

# Issues Inventory Update | Added in July 2023

Presenter(s): Michael Sobetzko & Todd Gower

Issue Name and Description	Date Reported	Business Unit	Status
<p>Provider Network Data Validation Timeliness</p> <p>L.A. Care has been unable to pro-actively validate provider data changes consistently and timely due to implementation issues with California's centralized platform for provider data management - Symphony.</p>	7/13/2023	Provider Network	New/In Review
<p>Physician Administered Drugs Payment</p> <p>Tracking issue –Plan is completing timely payment for physician administered drugs.</p>	7/20/2023	Claims	Open
<p>Notice of Non-Compliance (NONC) for Call Center Monitoring -Timeliness Study Q12023</p> <p>CMS conducted a timeliness study measuring the average hold times and disconnect percentage rates for Part C and Part D current beneficiary customer service phone lines and pharmacy technical help desk phone lines from January 2 - January 27, 2023. The study revealed a disconnection rate (abandonment rate) of 5.36% vs the target rate of 5% or less.</p>	7/4/2023	Call Center	Open

# Issues Inventory Update | Closed to Inventory in July 2023

Presenter(s): Michael Sobetzko & Todd Gower

Issue Name and Description	Date Reported	Accountable Exec / Business Unit	Closed Description	Date Closed
<p>Behavioral Health Services Access Data for Children</p> <p>California State Auditor inquired about the kind of data the Plan collects and requires form providers to collect relating to MediCal access.</p>	7/14/2023	Provider Network Angela Pena & Sueqethea Jones	Regulatory Audits and Monitoring is responding to this issue.	7/26/2023
<p>66th percentile (QTI) measure reporting</p> <p>Covered California Quality Transformation Initiative (QTI) measure is to be reported at the 66th percentile. The STARs unit is seeking guidance for what data set and methodology is to be used for the percentile calculation.</p>	7/14/2023	Quality Improvement STARs Maria Casias	Closing – not an issue.	7/24/2023

# Compliance & Quality Committee Risk Management Update



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**Presenter(s): Michael Sobetzko**

**August 17, 2023**

# Risk Management Update

Presenter(s): Michael Sobetzko

Risk #	Risk Title	Risk Mitigation Plan Status
C2	HRA Assessment / Reassessment Timeliness	On Track
C13	Compliance Program Effectiveness	On Track
O4	Provider Quality: PQI - Untimely Processing	Validating
O20	Staffing: Staffing / Skilled Hires / Time to Hire	On Track

#### Risk Mitigation Plan Status Key

Off Track	Delayed	On Track	Validating	Mitigation In Place
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# Risk Management Update

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

Risk #	C2
Risk Title	HRA Assessment / Reassessment Timeliness
Risk Statement	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
Risk Owner	Steven Chang, Rebecca Cristerna, Oscar Linares
Risk Mitigation Activities	<ul style="list-style-type: none"> <li>• Implement new workflows to identify populations requiring annual reassessments</li> <li>• Implement new workflows and monitoring reports to ensure annual assessment completion</li> <li>• Conduct D-SNP readiness project</li> <li>• Internal Audit will conduct an effectiveness review of the risk mitigation plan implementation.</li> </ul>
Implementation Documentation	<ul style="list-style-type: none"> <li>• Report showing monthly progress of reduced backlog</li> <li>• Updated Policy HS-CM-013</li> </ul>
Prior Update	<ul style="list-style-type: none"> <li>• Workflows for MCLA and D-SNP HRA completion process are completed.</li> </ul>
Status Update	<ul style="list-style-type: none"> <li>• Expected implementation date for D-SNP and MCLA Monitoring reports for HRA Timeliness changed from 7-27-23 with a post-production validation completion date of 8-04-23. Issues were found with the report and the development team is reassessing the completion timeline, which is now TBD.</li> <li>• For MCLA, there are two monitoring reports:               <ul style="list-style-type: none"> <li>• HRA timeliness (Will be completed by the IT production team in phases):                   <ul style="list-style-type: none"> <li>• Phase 1 is expected to be completed pending report completion (TBD). Phase 2 will start after Phase 1 (TBD).</li> </ul> </li> <li>• Report to determine which MCLA members require and HRA:                   <ul style="list-style-type: none"> <li>• This is to comply with new regulatory requirements that became effective 1/2023. This report was scheduled to be completed 2-3 months ago and is currently pending with IT to put into production and may be deployed with the next IPro update scheduled for next week.</li> </ul> </li> </ul> </li> <li>• <b>Audit:</b> Planning validation project.</li> </ul>

# Risk Management Update

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

<b>Risk #</b>	C13
<b>Risk Title</b>	Compliance Program Effectiveness
<b>Risk Statement</b>	With the Plan winning new contracts and past CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.
<b>Risk Owner</b>	Tom Mapp
<b>Risk Mitigation Activities</b>	<ul style="list-style-type: none"> <li>Engage third-party to conduct Annual Compliance Program Effectiveness (CPE) assessment</li> <li>Reorganize Compliance department</li> <li>Complete CAP Validation after CPE assessment</li> </ul>
<b>Implementation Documentation</b>	<ul style="list-style-type: none"> <li>CPE assessment report</li> <li>CAP Validation results</li> </ul>
<b>Prior Update</b>	<ul style="list-style-type: none"> <li>Completion of outstanding Compliance Program Effectiveness deliverable – Board Training (12/2022)</li> <li>Reorganization of Compliance department (2/2023)</li> <li>Vendor engaged to perform Annual Compliance Program Effectiveness (CPE) assessment</li> </ul>
<b>Status Update</b>	<p><b>Previous CPE Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Regulatory Audits will be coordinating with ATTAC Consulting Group (vendor) to conduct the 2023 CPE Audit. The Statement of Work (SOW) is in process and a start date for the Audit is TBD.</li> <li>Regarding the findings from the 2021 CPE Audit:               <ul style="list-style-type: none"> <li>Additional CAPs have been accepted for a portion of Condition 2 (concerning distribution of compliance materials to governing body) and for Observation 1 (concerning the availability of compliance information to members).</li> <li>We are coordinating with other units in the reorganized Compliance Department to finalize additional responses and CAPs for Conditions 2 – 4 and Observations 2 – 5, ahead of the 2023 CPE Audit.</li> </ul> </li> </ul>

# Risk Management Update

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

<b>Risk #</b>	O4
<b>Risk Title</b>	Provider Quality: PQI - Untimely Processing
<b>Risk Statement</b>	Where PQI processing is not timely completed, L.A. Care could experience regulatory non-compliance with its attendant penalties, fines, and potential member and provider harm
<b>Risk Owner</b>	Christine Chueh, Maria Casias, Rhonda Reyes
<b>Risk Mitigation Activities</b>	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> Implement staffing changes to assist with the closure of backlog cases</li> <li>• <b>Monitoring:</b> Implement monitoring with PQI and Grievances using monthly reports</li> <li>• <b>Prioritization:</b> Implement prioritizing aging case assignments using PQI internal tracking log and weekly reports</li> <li>• <b>Audit:</b> Internal Audit will conduct an effectiveness review of the risk mitigation plan implementation.</li> </ul>
<b>Implementation Documentation</b>	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> Org Chart (implemented, pending documentation)</li> <li>• <b>Monitoring:</b> Monthly Open Aging Report (implemented, pending documentation)</li> <li>• <b>Monitoring:</b> PQI Missing Cases from Grievances Monthly Report for reconciliation (implemented, pending documentation)</li> <li>• <b>Monitoring &amp; Prioritization:</b> Weekly Open Aging Report by Clinical Reviewer by Aging Status (implemented, pending documentation)</li> <li>• <b>Monitoring &amp; Prioritization:</b> PQI Internal Tracking Log (implemented, pending documentation)</li> </ul>
<b>Prior Update</b>	<ul style="list-style-type: none"> <li>• <b>Staffing:</b> 4 triage nurses and 17 clinical review nurses. Staffing for working backlog is complete.</li> <li>• <b>Monitoring:</b> Ongoing monitoring efforts in collaboration with grievances to ensure an additional backlog is not created. The untimely case is pending peer review committee and will be closed end of May. New report will be available 5/12/2023, to identify additional issues, and leadership review of the monitoring report will be conducted. Secondary backlog issue caused by mistyped email address in Syntranet; remediation is monitoring report, DLP development, and leadership review. Remediation is due 05/31/2023/</li> <li>• <b>Prioritization:</b> The PQR team has continued to give older cases priority review.</li> <li>• <b>Outcomes:</b> <ul style="list-style-type: none"> <li>• Cases Due in March: 3 cases remained untimely reduced from 900+ cases in 2022.</li> <li>• All Open Aging Cases as of 04/30/2023 (Including August backlog): 2,614 cases aged (0-151 days), 88 cases aged (152-183 days), 7 cases aged (184-213 days) and 1 case is untimely aging over 214 days.</li> <li>• Making progress on backlog cases due in August.</li> </ul> </li> </ul>
<b>Status Update</b>	<ul style="list-style-type: none"> <li>• <b>Audit:</b> Planning validation project.</li> </ul>



# Risk Management Update

Presenter(s): Michael Sobetzko

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

<b>Risk #</b>	020
<b>Risk Title</b>	Staffing / Skilled Hires / Time to Hire
<b>Risk Statement</b>	As the Plan deals with impacts from the Pandemic and current economic environment, the ability to staff roles is at risk, to include internal frustration. Not addressing the staffing challenges can lead to the plan not filling roles and could negatively impact the Plan and Members.
<b>Risk Owner</b>	Terry Brown
<b>Risk Mitigation Activities</b>	<ul style="list-style-type: none"> <li>Internal Audit will assess the Staffing/Talent Acquisition programs</li> </ul>
<b>Implementation Documentation</b>	<ul style="list-style-type: none"> <li>Assessment report</li> </ul>
<b>Prior Update</b>	<ul style="list-style-type: none"> <li>Compliance requested to delay audit until after March 10</li> <li>Document requests in preparation</li> </ul>
<b>Status Update</b>	The final Staffing/Talent Acquisition Assessment report draft is completed and is in review with the risk owner.

# Risk Management Update

Presenter(s): Michael Sobetzko

Risk #	Risk Title	Risk Mitigation Plan Status
C2	HRA Assessment / Reassessment Timeliness	On Track
C13	Compliance Program Effectiveness	On Track
O4	Provider Quality: PQI - Untimely Processing	Validating
O20	Staffing: Staffing / Skilled Hires / Time to Hire	On Track

Risk Mitigation Plan Status Key				
Off Track	Delayed	On Track	Validating	Mitigation In Place

# Compliance & Quality Committee Internal Audit Update



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**Presenter(s): Todd Gower**

**August 17, 2023**

# Current 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	Completed	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	Fieldwork in progress	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 along with follow-up on Issue log related to EPO.	Mar-Jun 2023
HICE Shared IT Integrity and Security Audits of Delegates - 2023	IT	Ongoing Scoping with HICE and BSC	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.	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 Activity for Risk Management	<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	In Process	Operational	<input type="checkbox"/> Continue to build out a 3-year plan to create a rotating audit program	2023
FWA Program Assessment	FWA Payment Integrity	Kick-off and Started	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	On Hold due to NCQA Review	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

# Current 2023 Internal Audit Plan

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
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	Waiting for DO Audit Team	Audit	<input type="checkbox"/> Audit Plan Partner contracting process	TBD 2023

# Prior Year - 2022 Internal Audit Plan

## (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 In- Follow-up Process	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ 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 In- Follow-up Process	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ 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	Completed	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ 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	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ✓ 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	✓ Part 2: Conduct focused review to validate effective implementation of CAPs.	Document results in Issues Inventory
Mail Room Processes Audit	Ops / Member Services	Completed In- Follow-up Process	✓ Part 1: CAP Monitoring to ensure completion of CAPs. ☐ 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	✓ 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	✓ Final report submitted and provided to Management	CAP plan being validated
Risk Assessment Support	Risk Oversight	Completed	✓ 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	✓ Support Adhoc Investigations as requested from Compliance	Privileged
2023 IA Plan	Risk Oversight	Completed	✓ 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

# Compliance & Quality Committee Provider Quality Review Backlog Update July, 2023



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**Presenter(s): Rhonda Ryes  
& Christine Chueh**

**August 17, 2023**

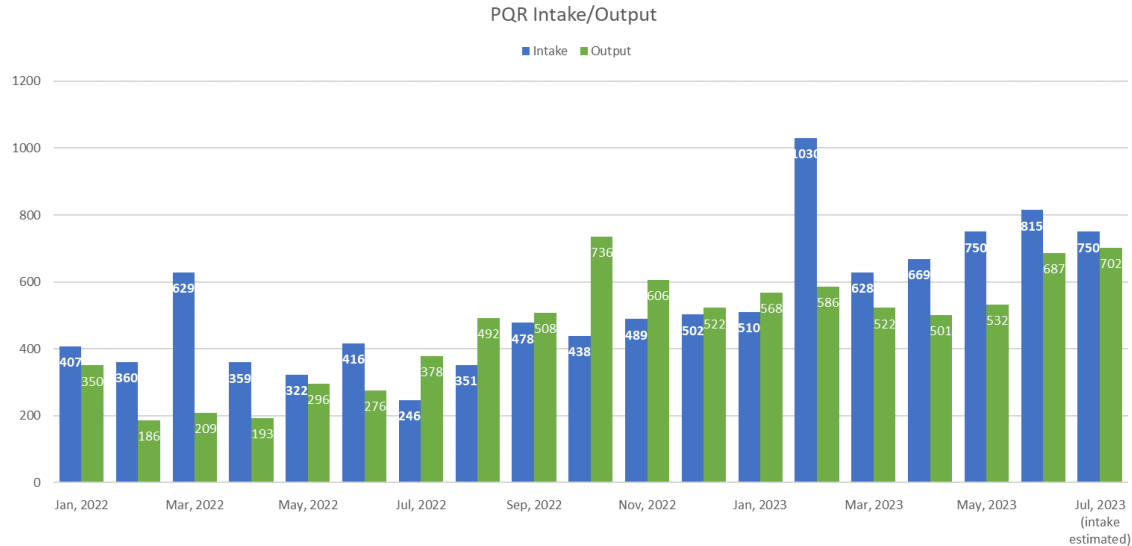
# Provider Quality Review- Risk Assessment

- Backlog Updates **Risk: Low**
  - The second backlog of 503 cases that was delivered to the PQR team, as a result of PQI being routed incorrectly from grievances PCT system, is 87% complete, with 65 cases remaining open. A single 30 day extension will be granted to complete these cases which will then become due in September, 2023. The assigned nurses are on target to close them by the September due date.
- Open Aging continues to increase due to our monthly intake volume exceeding our monthly team capacity **Risk: Moderate**
  - Weekly aging reports are prepared by assigned RN and forwarded to PQR leadership team to address any concerns, provide assistance or reassign cases if needed.
  - A single 30 day extension may be granted for cases approaching due date.
  - New positions approved in June are mostly starting in August 2023. The orientation period is estimated for at least 2 weeks for internal transfers and up to 4 weeks for staff hired from outside of L.A. Care Health Plan.
- Increasing PQI referrals continue month over month **Risk: High**
  - In June 2023, the team received 815 PQI referrals (see slide #3), ~200% increase compare to same year last year.
  - A noticeable increase in inappropriate referrals from A&G has been observed (see slide #4). Examples were shared with A&G leadership in an effort to mitigate findings and provide teaching opportunities.
  - Additional staffing request has been submitted to HR for RRB review August 2023.
  - The PQR and A&G leadership plan to meet at least bi-weekly to review mitigation progress and explore additional opportunities to manage the PQI volume.



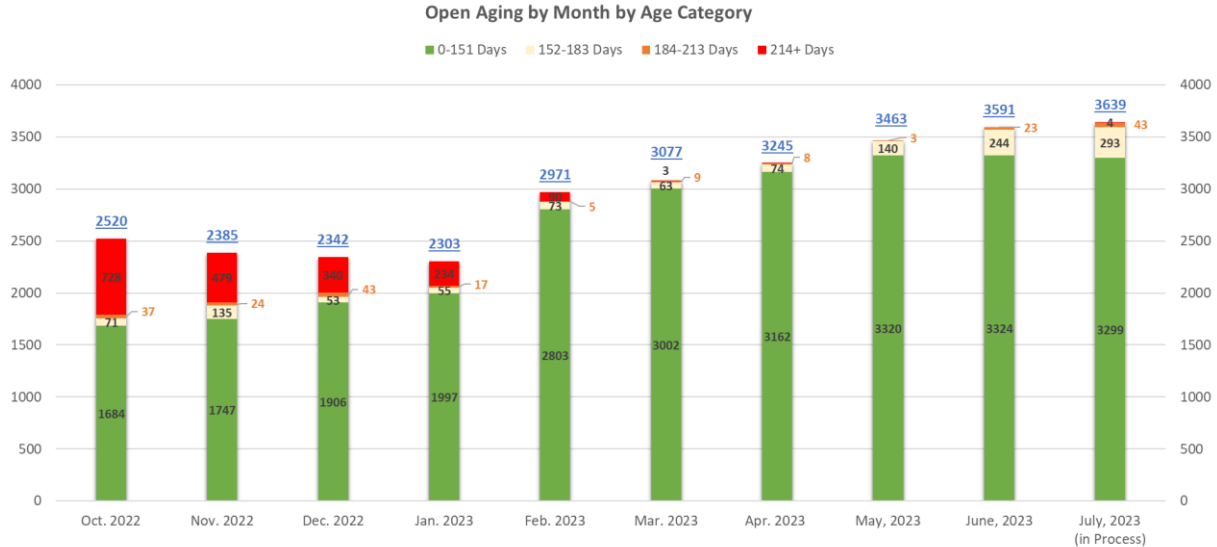
# Provider Quality Review- Referral Volume

- PQR Intake
  - PQR intake continues to be higher than closed rate.
  - PQR intake for July is currently estimated at 750 but may be higher.
  - A&G leadership shared that they also noted a significant increase in grievances, which contributed to the increasing PQR intake in 2023 and continuing in May and onwards.
- PQR Closed
  - The team closed 702 cases in July, higher than the previous months, as result of All Hands on Deck and a few outside the box approaches to maximize review output.



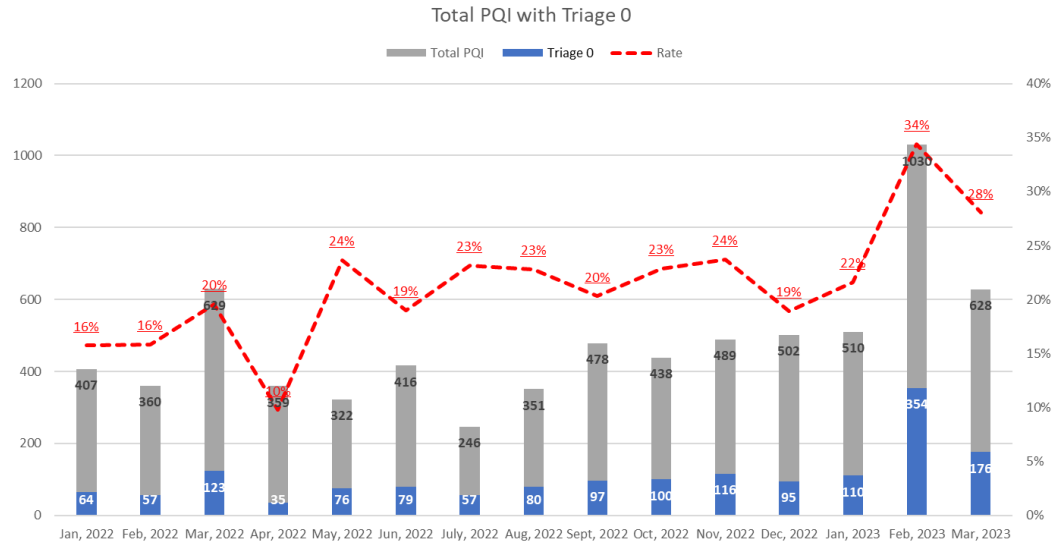
# Provider Quality Review- Open Aging

- Open Aging Report by Month
  - Open aging continues to rise due to increase volume of PQIs being received.
  - July, 2023 is noted as in progress as we complete our intake process.
  - 4 cases considered untimely due to cases being complex, pending Peer Review Committee decision or additional medical records required to complete the review.



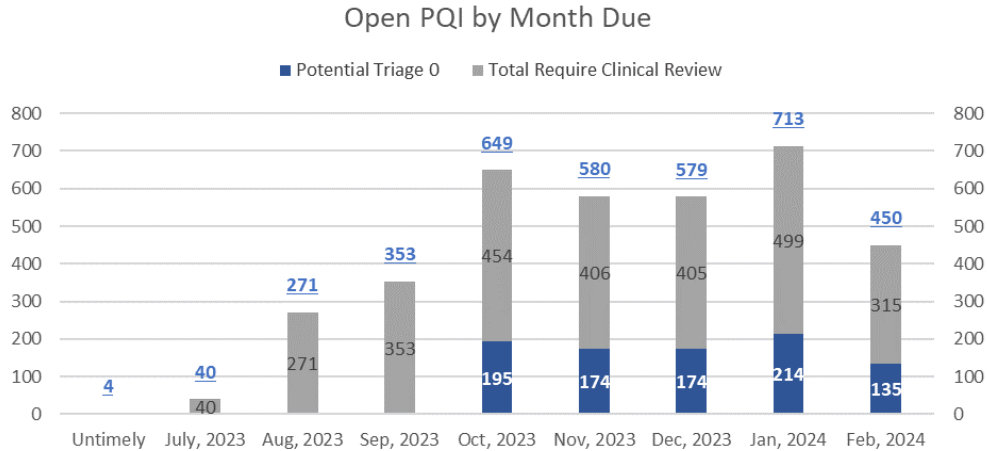
# Provider Quality Review- Triage 0

- PQI being referred that do not meet referral criteria have continued to increase.
  - Over the past year, we have seen about a 10-15% increase in triage 0 cases.
  - While triage 0 cases take less time to review and close, numbers in high volume take a considerable amount of time to review.
  - The PQR team continues to share examples of the triage 0 cases with grievances as a teaching opportunity to reduce the number of these cases being referred.
  - Additional opportunities for analysis and training may be possible if we are able to identify inappropriate referrals by user name.



# Provider Quality Review- Monthly Workload

- For the purpose of calculating risk, the below graph is showing the total PQI by month due.
  - Based on our current staffing and closed rate per RN, we should have minimal cases entering the untimely aging category in the coming months.
  - The triage 0 cases are estimated in blue at a 30% rate. The totals shown is grey are the cases that we anticipate will require clinical review.
  - Once we are fully staffed with new hires, our team capacity will be 575 cases for clinical review. Triage 0 cases are processed separately by our triage RNs.



# Staffing Update

- 9 RNs starting soon
  - 2 RNs started on 07/31/2023 (internal transfers)
  - 6 RNs starting on 08/14/2023
  - 1 RN starting on 09/25/2023
- 8 new desired positions have been submitted to HR for RRB review in late August
  - 1 ALD Coordinator
  - 2 ALD QI Specialist
  - 4 ALD Clinical RN's
  - 1 FTE Nurse Supervisor
- 2 Specialist positions are to be backfilled (1 FTE, 1 ALD)
- 2 RNs on LOA
  - 1 RN will return in October
  - 1 RN will return in November

# Summary

## All Hands on Deck

- PQR leadership continues to leverage help from HRBP to expedite the recruiting process and fill approved positions as soon as possible.
- In an effort to reduce inappropriate PQI referrals (triage 0), PQR continues to provide feedback to grievancees for additional staff training on what constitutes a PQI.
- Continue to think outside the box to mitigate risk while staffing up:
  - Reduced meeting times
  - Postponement of selected meetings and internal oversight review of grievancees and CSC cases until October, 2023
  - Paired up Specialists to work with Triage RNs to identify inappropriate referrals early in the process
  - PQR leadership assistance with the identification of PQI referrals deemed inappropriate not requiring clinical review
  - “All hands on deck” to encourage staff working extra cases as possible



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## Chief Medical Officer Report

August 2023

### Care Management/Utilization Management / MLTSS Departments

#### Care Management

##### **Enhanced Care Management (ECM)**

Noah Ng, the new Director of ECM, has been conducting a full assessment of staff roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide. While some aspects of the assessment continue, numerous operational, compliance and financial improvements have started.

- **Data Integrity**

- Issue: System and process issues affect the accuracy of member enrollment. Monitoring and reconciliation reporting has been difficult in our current systems.
- Actions Taken
  - Revised process went live in June to help track ECM enrollment data
  - Coordinators from CM team are correcting enrollments to be complete by August 4.
  - Creating code sets to assist with accuracy and completeness of enrollment data
  - Developing Referral and Enrollment KPI for internal use and for DHCS reporting

- **Payment Model**

- Issues: 1) The current system requires a complicated data and reconciliation process that lacks the incentive for providers to have high engagement and face-to-face interactions with our highest risk members. 2) In July, DHCS updated the ECM policy guide update to require MCPs pay providers for outreach regardless of member enrollment. To address this we will need to pay providers FFS for all outreach claims.
- Actions Taken
  - Collaborations with Finance team to conduct a full payment reconciliation on CY 2022 and Q1 2023 by end of Q3.
  - Working with Actuary to develop a fee-for-service (FFS) rate structure for ECM with the goal of moving from capitation to FFS by Q1 2024.
  - Actuary developed outreach rate. PNM is reviewing contracts and working with our configuration team to ensure we can start paying providers for all ECM outreach

- **Clinical Oversight**

- Issue: As we mature our ECM system, we need to enhance our clinical oversight of the network with clear consequences for providers with poor clinical performance or noncompliance with requirements.
- Actions Taken:
  - Clinical staff have been relieved of non-clinical tasks to create capacity for oversight activities.
  - A new audit tool has been developed and is being tested; established audit case volume and frequency for clinical staff.
  - Developing reports to assess provider performance such as average time from referral to enrollment and rates of face-to-face interventions
- **Network**
  - Issue: Need to improve our continuous evaluation of the adequacy and fit of the ECM network.
  - Action Taken: Working with IT to develop a dashboard that overlays the provider network expertise and capacity with our ECM eligible membership.
- **Regulatory Notifications**
  - Issue: Improve speed of member notifications.
  - Actions Taken
    - Compliant Notice of Action letter in approvals process prior to loading in core system
    - Termination reasons have been created and confirmed to meet readability standards
- **Staffing**
  - Issue: Insufficient staffing of ECM for a growing program. Need to advance our training efforts.
  - Actions Taken
    - Job aids and reference guides have been developed to establish new or updated processes.
    - Staff have been trained accordingly and received coaching on correct processes.
    - A Director-level consultant from Toney Healthcare is directly supporting multiple assessment and remediation efforts.
    - Functions/tasks have been assigned to more appropriate personnel (e.g. nonclinical tasks to coordinators) or have been discontinued
    - We are assessing productivity and capacity with new functions to develop a new staffing model
- **Documentation**
  - Issue: Clinical staff were documenting in multiple systems.
  - Actions Taken
    - New SharePoint Intake Form went live in July which reduces need for manual entry by loading them directly in the core system
    - Staff have been instructed to put all documentation in core system and discontinue use of shared drives; compliance will be monitored.



## **Transitional Care Services (TCS)**

CM team began implementing the TCS program in Q1 2023 using Care Managers (CM) and Community Health Workers (CHWs). In Q2, four CHWs who had been part of a similar Transition of Care pilot in the Social Services department moved to the CM department and were trained on the TCS model. The RRB approved forty-five additional CHW positions. To date, 14 have been hired.

According to the DHCS Population Health Policy Guide, in 2023 health plans are required to provide TCS for all high risk members with qualifying admissions to hospitals and skilled nursing facilities and in 2024 expand to all members with qualifying admissions or certain emergency room visits. Ramping up the program has been difficult due to the sheer volume of admissions spread across over 100 hospitals and 400 SNFs. One challenge comes in knowing which members have been admitted and discharged since local health information exchanges (HIEs) lack complete coverage of all facilities in scope. Secondly, whether this program is staffed by the health plan, hospitals, PPGs, ECM providers, external vendors or some combination, the health plans in LA and other high population counties have found it difficult to find and hire sufficiently skilled case managers, CHWs and care coordinators to meet the outlined requirements. Additionally, our efforts have met resistance and lack of engagement from hospitals who are now required to provide members with discharge instructions that include specific information, including the name and number of the assigned TCS staff. Finally, while L.A. Care sends a weekly list of admissions from one of the Health Information Exchanges to ECM providers, we need to increase the frequency and comprehensiveness of the files or ensure ECM providers register for the HIEs to get real-time, direct notifications.

While the above is not an exhaustive list of the challenges, they represent critical points that L.A. Care has been communicating to DHCS regularly since 2022. We have advocated through multiple methods: directly in established forums such as CEO/CFO meetings, in DHCS ad-hoc surveys, in letters and discussions facilitated by trade associations Local Health Plans of California and the California Association of Health Plans. DHCS has now indicated they are willing to modify and reissue the guidance. L.A. Care has provided our recommended changes. While we await formal updates, we have adjusted to reduce provider abrasion and modified recruitment efforts.

## **General CM**

- CM continues to work on adopting and implementing new PHM requirements from DHCS. These efforts require significant IT work and are underway.
- Cal-MediConnect to DSNP transition – We are continuing to work on operational and regulatory reports required for completion of Health Risk Assessments (HRAs), in order to reduce manual workarounds.
- New HRA requirements have been incorporated and are in the internal review process prior to undergoing system configuration. Reporting configuration will have to be updated before the new HRA can be used.
- Cognizant QNXT/CCA upgrade slated for Q1 2024 will bring needed functionality. CM recently submitted preliminary requirements for the vendor's review.
- CCS
  - UM System SyntraNet will be updated to display dates of birth in the work queues or dashboards that would allow team members to identify members under 21 that will facilitate referrals to CCS and to CM/ECM. Requirements have been written and approved, exact implementation date TBD.

- Our current MOU with county CCS agency is from 1999. In July, DHCS released a new MOU template with a draft All Plan Letter. The team is reviewing and will work with other departments to implement on TBD schedule.

## Utilization Management

**Timeliness Corrective Action Plans** (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action). UM has made extraordinary progress in this area!

- Compliance Scorecard measures – Q2 2023 most recent available
  - Overall performance for all Lines of Business
    - 38/46 measures > 95%
    - 43/46 measures > 90%
    - Three measures between 85-89% are for member notification timeliness. Corrective actions in flight include:
      - Reducing delays due to foreign language translations with a solution between SyntraNet and translation vendor to automate multiple steps in the process. UpHealth is reviewing requirements.
      - In April we established a dedicated letter team with subject matter expertise and focus on letter timeliness.
      - In August we will start additional pick-ups and mailing by our fulfillment vendor. The three times per day schedule should help reduce untimely notices.
      - Letter automation went into production 7/28. With approval letters automated, the letter team will be able to more quickly process the lower volume of adverse determination notices.
  - Direct Network only (Medi-Cal subset)
    - 15/20 measures > 95%
    - 17/20 measures > 90%
    - 3 measures between 75%-80%, all member notifications
    - Corrective actions same as above (Direct Network is a subset)
    - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly undertakings.

## **UM Team Development**

Since 1/1/23, 42 new FTEs have been hired

- Nearly all Leadership positions are filled
- Physicians
  - In May the RRB approved five additional positions to address volume of work as well as to address numerous clinical gaps identified during the DHCS audit. A new Medical Director started 7/31 and recruitment continues for the remaining positions.
  - Our Medical Director with pediatric and CCS expertise returned from maternity leave in July and will provide subject matter expertise in development of pediatric-focused efforts.
  - Recruitment is ongoing for the Senior Medical Director position
- The Quality team now has seven auditors (five clinical, two nonclinical), two clinical trainers, a policy nurse and is recruiting for two nonclinical trainers and a program manager.
- The ER/Admit team phone queue went live in mid-May, but has three openings which are difficult to fill, especially evening and night shifts. This has also been a tough team to keep staffed as the calls can

be challenging. Maintaining management coverage for nights and weekends has also been difficult and may require creative thinking to solve.

- The Discharge planning team has been slow to staff but will have 5/6 positions filled by August. Because this team will handle both inpatient and outpatient requests, the training is extensive. Our goal is for a soft-opening in the Fall with limited hours that will expand to 7-day a week coverage as additional staff complete training.
- The PDR team that handles the clinical portion of claim disputes is fully staffed. They will soon take over adjacent work to provide documents and analysis in support of claims disputed via litigation, previously worked by UM Quality team.
- A UM-focused data analyst came on in June and is already helping to assess productivity, projecting staff capacity and will soon start on enhancing metrics and developing over/under utilization assessments.

### **UM System SyntraNet**

- In May, vendor UpHealth restarted work on open tickets. They have engaged a third party Excell to assist with project management including ticket tracking and transparency, coordinating work groups and developing training materials.
- UpHealth has allowed the LAC configuration team in IT to take over much of the process related to letters. As a result, many letters that have been pending for months will be available in the system by the end of Q3.

### **DHCS Audit Focus Areas**

- Coordination between UM and Grievance & Appeals
  - The two teams along with the Quality Medical Director have been having at least monthly collaboration meetings since March of this year.
  - A new process was developed for Medical Directors to review grievances that appear to have quality of care concerns ASAP after receipt; Medical Director training to be scheduled.
  - The Medical Directors will be receiving training in the PCT system so that their appeals work will be submitted directly to the A&G team where other appeals documentation is housed.
  - A new Medical Director starts 7/31 and will increase physician capacity to support A&G functions.
  - A framework for metrics and reported was developed to track denials rates, appeal rates, uphold/overtake rates and break down by entity (e.g. LAC, PPG). The business case is under review with the IT reporting team.
  - The Appeals nurses will be training on MCG with the UM team and will participate in the annual Inter-rater Reliability exercise this Fall.
- Developing and implementing audit tools and protocols. Tools have been developed for all functional areas (inpatient, outpatient, nonclinical) On the clinical side, the emphasis is on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
- Letters for Continuity of Care are being configured with expected deployment of Mid-August.
- With the hiring of UM data analyst, work will resume in the following areas
  - Unused authorizations
  - Auth tracking, trending
  - Enhanced reporting to Utilization Management Committee
  - Expansion of over/underutilization
- Under/overutilization
  - We have been actively working to monitor and address overutilization of hospice. This has been an ongoing effort among our clinical analytics department in collaboration with the SIU, PNM

and Legal. The bulk of the work has focused on claims date and we recently expanded to include prior authorizations. Medical Directors and prior auth nurses have received several trainings to identify suspicious hospice referrals and to redirect OON requests to contracted agencies. A cross-functional team meets weekly to review results of data analysis and determine next steps. The efforts of this group has already resulted in a number of recovery letters delivered to hospice agencies for repayment of fees inappropriately billed.

- In April, we asked to discuss our concerns with DHCS and had a meeting in mid-June. Given that our findings matched those found by a 2022 State Auditor report, we used those for context. We presented L.A. Care data from 2022 and explained that our preliminary analysis for 2023 suggests continued trends in the wrong direction.

State Auditor Finding*	L.A. Care Experience
Unusually large number of hospice agencies doing business in LA County	700+ unique hospice agency NPIs billing for services
Low census	Only 138 of the 700 NPIs had 10 or more
Excessive geographic clustering	Glendale (63), North Hollywood (59), Van Nuys (116)
Long lengths of service	85% of cases in 2022 over 6 months
High live discharge rates	Four times the rate of deaths (~3700 vs. 1000 who died)
Employees working for large number of hospice agencies	Physicians who have connections to large numbers of hospices
Stolen Identities of medical personnel	Suspicious cases identified for further investigation
Owners/administrators with multiple hospices	One with over 30, at least 4 of which L.A. Care has paid claims <a href="https://opencorporates.com/officers/us_ca?page=1&amp;q=BIBI+MOHAMMED">https://opencorporates.com/officers/us_ca?page=1&amp;q=BIBI+MOHAMMED</a>
Ineligible patients	Tracking and investigating hospices with high proportion of members who are young and/or with questionable terminal illnesses (heart disease, hypertension)
N/A	Improper billing
N/A	High number of patient handoffs between agencies at 6 month intervals

\* <https://www.auditor.ca.gov/pdfs/reports/2021-123.pdf>

- L.A. Care requested DHCS consider the following as part of the review and update of APL 13-014 Hospice Services and Medi-Cal Managed Care:
  - Option to require prior authorization, particularly for non-contracted (out-of-network) hospices.
  - Align with Medicare clinical LCD requirements (Local Coverage Determinations)
  - Reimbursement model in alignment with Medicare such as clawbacks if death rate does not exceed 70% in 6 months
  - Expansion of pre-payment review options
  - Requirements to submit medical records in addition to Certification of Terminal Illness
  - Contracting options to expeditiously cull the excess providers in the network, and/or additional guidance for adding or maintaining entities at a certain threshold above network adequacy

- Also, we asked DHCS to consider whether any of the above options may be made available on a short-term, temporary basis to health plans in LA County (or others with similar trends) while longer-term solutions are evaluated. DHCS thanked us for the information and suggestions and said they would review within their organization and get back to us. We followed up in July and they said it was still under review.

### **Hospital agitation/abrasion**

Three provider summits were held over the last few months with selected hospital and SNF systems as well as Plan Partners to brainstorm and collaborate on solutions to assist in the appropriate and timely transitions of members with complex needs. Accomplishments to date include:

- Contract related
  - Drafting new contract terms for admin days and observation
  - Updating of legacy contracts (2014)
  - Review of use and effectiveness of carve out payments
- Facility education on
  - Transportation options, escalations process
  - Enhanced Complex Discharge Planning support offered by UM
  - Availability of ECM, CCM, TCS, Community Support Services and Managed Long Term Services & Supports programs
- Developed a template for hospitals to use in seeking skilled nursing placements to meet the member's needs. The template will be used on a pilot basis with one hospital system and one SNF system collaborating with UM to evaluate whether it expedites discharges, before rolling out more broadly. The pilot starts in August and is slated to last two months.
- Regular meetings with hospitals
  - The inpatient team meets regularly with several hospitals to facilitate coordination and discharge of complex members; some are daily check-ins and others are weekly. Facilities include MLK, Cedars, Providence, and Dignity. The team is planning additional weekly discharge rounds with high volume hospitals to review difficult placement cases.
  - Leaders from UM also participated in numerous hospital Joint Operations Meetings (JOM). For example, in July JOMs included UCLA, City of Hope, Providence, Adventist and Alhambra. Provider Network Management is in the process of revamping the JOM schedule and content with the goal to have bi-monthly JOMs with highest volume hospitals to review and address operational challenges.

### **Managed Long Term Services & Supports (MLTSS)**

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to what will be 15 by 2024. In order to maintain current operations and implement new ones from CalAim, 19 additional staff were approved in June and are currently in recruitment.

#### **Community Based Adult Services (CBAS)**

- As part of the post-COVID transition to in-center attendance, the state allowed for some out-of-center services to continue on a limited basis under Emergency Remote Service (ERS) provisions. The CBAS team has been reviewing all ERS requests as they come up for renewal to ensure members are returning to the center for in-person services (core to the CBAS model) or are discharged from the program. Site visits to some centers have shown lack of compliance and LAC has advised California Dept. of Aging (CDA). CDA noted in a recent meeting that ERS policy will be reviewed and reinforced via training that will include input from plans.

- In June the RRB approved two additional nurses to conduct UM activities. The additional staff will focus on reviewing requests to determine the appropriate visit frequency for the member's condition and identify overutilization.

### **CalAIM & Community Supports (CS)**

Planning is in swing for future Community Supports (CS) that will be managed by MLTSS.

- Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In from FFS Medi-Cal (benefits are administered by Regional Centers). Jan 2024 effective.
  - An enterprise project manager was assigned in June to assist in coordinating and tracking this cross-functional implementation and a work plan is being developed
  - In August the team will start the IT workstream which is pending alignment with other health plans for alignment on process and Regional Center role.
  - Staff attend DHCS Workgroups. During the July call, representatives from Regional Centers and the ICF-DD operators expressed numerous concerns about the transition including network preparedness, enrollment, claims, credentialing and contracting.
  - Critical info has not been provided to plans yet which increases risk for implementation challenges: DHCS says they have an APL planned for August but that enrollment files with membership numbers won't be sent until November. Also pending from DHCS are model contract language and credentialing requirements. They have indicated they will push the network readiness initial submission due date to end of September.
- Nursing Facility Transitions/Diversions to Assisted Living Facilities (Transitioning members who meet program and medical criteria for transition out of LTC.) and Community Transition Services/Nursing Facility Transition to a Home. Both launch Jan 2024.
  - Preparations are on track with multiple weekly sessions with IT Solutions Delivery Team.
  - Submitted completed policies and SOWs to DHCS.
  - Workflows completed in May. Service Authorization Requests drafted and are pending engagement with UpHealth.
  - Concluded review of 25 provider LOIs for Community Transitions in July; five invited to proceed to complete the certification application.
- Staffing
  - A new clinical manager came on board in June to oversee Palliative Care, Community Supports, and CalAIM benefits within MLTSS.
  - In June, the RRB approved the following to support CalAim functions
    - Six additional nurses
    - Six coordinators
    - A non-clinical Supervisor
    - Program Manager and Senior Manager
    - Analyst

### **Palliative Care**

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit is currently for full-benefit-only Medi-Cal members (excludes partial and full duals). Benefit expands to full duals in DSNP – under Medi-Cal on 1/1/24
- Resource request for dedicated Palliative Care RN approved in June and in recruitment. Goal to expand and grow the program
- Program awareness has been promoted via webinars
  - For PPGs, hospital, County DHS and ECM providers (May)

- With SNF and CBAS facilities (June).
- Team met with peers at Inland Empire Health Plan (IEHP) on palliative care strategies. IEHP enlists their providers to successfully garner enrollments. LAC will look to operationalize a similar approach.

## **Community Health**

### **Social Services**

- As of July 1<sup>st</sup> LAC is taking recuperative care referrals from the Emergency Department.
- LAC made several changes to the Recuperative Care Community Supports Program to lower the threshold and increase access to receive the services.
- Our CES Liaison staff that was hired to support the community homeless providers has begun to attend community meetings addressing homeless services.

### **Behavioral Health**

- Targeted efforts are in progress to develop behavioral health interventions specifically designed to support individuals with substance use or mental health illnesses upon discharge from the Emergency Department. The primary objective is to ensure that members receive appropriate follow-up care to improve health outcomes.
- Between Q1 and Q2 of 2023, there was a 7.6% increase in the utilization of Behavioral Health Treatment (BHT) services among MCLA members under the age of 21, as compared to the same period in 2022. In response to this sustained growth, L.A. Care has taken a proactive approach by expanding its provider network through the invitation of additional providers.

### **Community Supports Operations & Reporting:**

- CS staff worked alongside ECM team to resubmit revisions to DHCS for the Quarterly Implementation Monitoring Report (QIMR) for 2022 Q1-Q3. Plan partner data changed, and L.A. Care had more claims to support the reporting of Services Received.
- DHCS Member Information Sharing - CS staff are working with internal IT staff to build out the CS Authorization Status File (ASF) and prepare for processing the CS Return Transmission File (RTF) in accordance with DHCS requirements
- Developed draft of DHCS Supplement Data Request for Q1 2023 to provide information for provider payment rates

### **Community Supports - SyntraNet:**

- CS staff outreached to UpHealth to specify assistance required with ASF development, and plan for SyntraNet ingestion of RTF data.
- CS staff are continuing to work with IT and UpHealth on several data discrepancies and issues on both Daily Scrum meetings and Technical CalAIM issue calls

### **HHSS:**

- As of July 28, 2023, just over 11,000 members are enrolled in HHSS
- Contracted provider network increased from 25 to 29 this quarter
- Claims Needed Report: CS staff have prepared the June Claims Needed Report for HHSS Providers. This report will help HHSS providers be more timely in submission of HHSS claims

- Member Information File (MIF) - provider responses from the June 2023 HHSS MIFs are currently being manually entered into SyntraNet by Cognizant
- Provider Capacity Report: Updated Provider Capacity Reports requested for Q1 2023
- Housing Assessment (HA) /Individualizing Housing Support Plan (IHSP):
  - Continue to work with Cognizant for Housing Assessment (HA) /Individualizing Housing Support Plan (IHSP) upload
  - Community Health staff are working with DHS, IT, and UpHealth to build out a bulk upload process to receive outstanding HAs and IHSPs

#### **HHIP:**

- Report on Measurement Period 1 (MP1) metrics submitted 3/10
  - Full amount achievable - \$101,561,616
  - In January we estimated earnings \$78M → Revised to \$92M after MP1 report submission
  - 90% earned = \$91,405,454
- MP2 redistribution of earned dollars: Implement HHIP priority programs (ALD expansion, unit acquisition)
  - CEO HI Agreement completed and target July/August for implementation of ADL expansion and unit acquisition
- In MP2: Metric 2.1 for 10% increase from MP1 numerator
  - Develop relationships with Street Medicine providers to meet numerator increase
  - RFA was released: 9 applications received and 8 approved (pending revisions)
- Metric 3.2: Screening for high utilizers – currently developing strategy for screening

#### **Street Medicine (SM):**

- Healthcare In Action (HIA): Began providing care 4/1/2023
- Developing SM network:
  - L.A. Care members receiving SM, establishing SM workgroup, CCLALAC investment and collaboration, and operationalize and develop processes for SM (HIA)
- Street Medicine Provider Contracts:
  - Currently in development of Standard Contract. Draft of SOW has been developed and is in review & revision. Estimated completion in Aug.
- Work plan for Network Expansion:
  - Developing timeline and strategy for LA Care Street Medicine network and program. Work plan TBD upon SOW completion.
- Priority target list for SM providers and outreach process
  - Target list has been developed. Providers include FQHCs identified through CCALAC and HHIP RFA agencies outreached for SM contracting

#### **QUALITY IMPROVEMENT**

- NCQA Agreed to roll the Discretionary Survey into the Triannual Health Plan Accreditation Survey.
- Direct Network Physician Advisory Committee first meeting was in June, and was a great success!
- QI All Staff meeting was virtual on 7/13/2023
- Health Equity and Practice Transformation Grant from DHCS have been announced. Now we're preparing to handle applicants



- QI continues to support the FQHC Alternative Payment Model Program implementation including encounter data process challenges.

### **Health Education & Cultural Linguistic Services (HECLS)**

- Post-Discharge Meal Benefit for D-SNP integrated into medically tailored meals workflow. New referral form in place that now includes Community Supports – Medically Tailored Meal and Post-Discharge Meal Benefit.
- Doula Benefit launched 1/1/2023 for Medi-Cal members and will launch 7/1/2023 for LACC members.
  - Provider Recommendation Form posted on L.A. Care website.
  - [Doulabenefit@lacare.org](mailto:Doulabenefit@lacare.org) email-box established for doula/provider communication.
  - Doula benefit webinar for prospective doulas hosted by L.A. Care took place on May 23, 2023.
- The Registered Dietitian team expanded the in-person consults for high need members to four Community Resource Center (CRCs) locations.
- Fight the Flu Campaign 2023-24 launch scheduled for September 2023 with texting campaign and automated calls among other interventions including flu clinics at CRC's.
- Member race/ethnicity data remediation and alternative format projects are in flight.
  - Tentative target completion date for Race/Ethnicity data is 4/18/24.
  - Member demographic data governance workgroup convened for enterprise-wide data use and key decision-making.
- New Diversity Equity and Inclusion training requirements for staff and providers. RFP for a training vendor will be issued in partnership with Health Equity.

### **Clinical Initiatives**

- Initiatives is awaiting the new Quality Program requirements from Department of Health Care Services (DHCS) that will describe the type of reporting and actions that will be required to address the six measures that did not meet the minimum performance level (MPL) for Lead Screening in Children (LSC), Cervical Cancer Screening (CCS), Well Child Visits Frist 15 Months (W30A), Well Child Visits Frist 30 Months (W30B), Well Child Visit and Adolescent Well Care (WCV), and Follow-up After Emergency Department for Mental Illness (FUM).
- The Clinical Initiatives team is finalizing the Statement of Work with at-home test kit vendor ixLayer. The three year contract total is \$5,400,000, targeting members not in compliance for the following measures and lines of business:
  - Hemoglobin A1c: L.A. Care Covered Californian (LACC), Dual Eligible Special Needs Plan (D-SNP) and Managed Care L.A. Care (MCLA) Black/African American i.e. disparity focus.
  - Kidney Health Evaluation: D-SNP and LACC
  - Comprehensive Diabetes Kit: Includes Kidney Health and A1c for LACC and D-SNP.
  - Colorectal Cancer Screening: LACC, D-SNP, MCLA Black/African American disparity focus.
- Activities for low performing measures:
  - Child Domain Measures
    - Well-Child Visits in the First 30 Months of Life; 0-15 months (W30 6+), Well-Child Visits in the First 30 Months of Life; 15-30 (W30 2+), Childhood Immunizations Status: Combination 10 (CIS-10)

- Managed Care L.A. Care (MCLA) Chinese robocalls resumed on 5/26, thus concluding the W30 MCLA robocalls.
- A social media campaign addressing well-child visits for infants and toddlers launched 5/1/2023. Analytics showed the paid postings did well compared to the organic postings.
- W30 Member Incentive has been approved by DHCS.
- Healthy Baby: Robocall Script has been approved by DHCS and is ready for Spanish recording.
- Both W30 Text Messaging Campaign Scripts are currently under DHCS review.
- Child and Adolescent Well Care Visits for Children (WCV):
  - Three postcards (3-11 years old, 12-17 years old, and 18-21 years old) are currently in Podio for approvals.
  - Reminder well care visit robocalls for 3-21 year old members started mid-June.
  - Reminder text messages for 18-21 year old members will fall under the umbrella of the Adult's Access to Preventive/Ambulatory Care (AAP) text messaging campaign. This campaign script is currently going through DHCS approval.

#### Lead Screening in Children (LSC)

- LSC has surpassed Measurement Year (MY) 2021 rates, but still is under the Minimum Performance Level (MPL). The Blood Lead Screening Report continues to be uploaded to the L.A. Care Provider Portal every month. An attestation for Participating Physician Groups (PPG) titled "Acknowledgement and Adherence to L.A. Care Blood Lead Screening Guidelines" is in process. A social media campaign and Provider webinar on the topic of lead poisoning prevention are scheduled for fall 2023. The Clinical Initiatives Team is also in communication with community partners in order to possibly leverage their resources.
  - Cervical Cancer Screening (CCS): Cervical Cancer Screening Letters informing members about the importance of getting screened launched in May. Cervical Cancer Screening Robocalls for MCLA Line of Business (LOB) launched in May 2023 in English, Spanish, Mandarin and Cantonese.
  - Follow-up after ED Visit for Mental Illness (FUM): L.A. Care will be collaborating with Carelon on FUM efforts to further improve the FUM rate.
- Initiatives has made the decision to produce automated health reminder calls in languages other than English and Spanish if there are more than a 100 members that need a particular language. Currently there is no State or Federal policy requirement regarding automated calls. This is in an effort to improve care and equity.

### **Practice Transformation Program**

#### **First 5LA/HMG LA**

- Cohort 1 practices (APHCV + Kids & Teens MCG) have generated a 14% increase in screenings conducted and are now screening 25% of our members aged 0-5 years old.
- Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, + White Memorial CMC) have launched screenings and reporting data.
- Completed 40 out of 60 early childhood development classes for the community/members with very positive feedback received.

### **Transform L.A.-Direct Network**

- Current program enrollment: 23 practices, 138 providers, 14,000 DN members (34% of total DN members).
- Twelve practices (with pediatric members) out of 21 are now tracking CIS-10 as a required measure in addition to A1c>9% (Poor Control) and Controlling Blood Pressure.
- Provider Opportunity / Gaps in Care reports will be released at the practice level in July (revised from June), updated from practitioner level only.

### **Provider Engagement & Outreach workgroup**

- Launched Direct Network Provider Advisory Collaborative meeting on 6/28 with 7 practices attending. QI teams provided overviews of each program area; excellent reviews/feedback from providers.

### **EQuIP LA – Direct Network**

- Four DN practices enrolled: Centinela, Dr. Mallu Reddy, Gage Medical, and Pico Rivera Women’s. Program continuing to launch.

### **Equity Practice Transformation Payments Program**

- DHCS released program information 6/30. Program team in place, launch plans underway.

### **Provider Quality Review (PQR)/Potential Quality Issues (PQI)**

- **Aging PQI Cases:** As of June 2023, there were 3,213 cases open. All cases are within the timely aging category. 2946 cases in green (0-151 days), 244 cases in yellow (152-183 days), 23 in orange (184-213 days).
  - Ongoing risk mitigation activities are being performed regularly to ensure timely case closure. This includes;
    - Weekly reporting on aging of cases and case assignments
    - Shorter meeting times to allow more time to review cases
    - Monthly reporting to leadership as well as L.A. Care internal compliance committee
    - Working with RGP and Risk Management to mitigate untimely case findings
    - Additional grievance oversight to assist with proper identification of PQI’s
    - Paired specialist with triage nurses to identify unqualified PQI referrals.
- **PQR, Appeals, and Grievances Data Discrepancies:** 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 June 31, 2023, 150 cases remain open from the new backlog; the goal is to complete cases by August 2023.
  - 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 Call the Car, DHS and selected PPGs to address ongoing optimization, issues and CAPs.
- HR updates: A summer intern started on 7/3/23 to assist in preparing cases for PQI review. 13 re-classification and 6 new positions approved by RRB 6/13/2023:
  - Currently interviewing RN II (7).
  - Positions now in HR’s offering phase: RN Supervisor (1), Specialist III(1)
  - Final offer to RN III (1) and RN II (9) completed.

**Quality Improvement (QI)-Accreditation:**

**National Committee for Quality Assurance (NCQA): Health Plan Accreditation**

- NCQA approved L.A. Care's request to hold the discretionary survey in tandem with the triannual Health Plan Accreditation (HPA) survey.
- NCQA survey submission was completed on 06/13/23.
- NCQA File review survey was on 7/31/23-8/1/23.

**National Committee for Quality Assurance (NCQA): Health Equity Accreditation**

- The Health Equity Accreditation contract has been revised due to NCQA's Health Equity Pricing Policy. Since HEA survey takes place in December of 2023, we will need to adhere to the price increase. The updated HEA NCQA contract has been approved by Dr. Aguilar and Dr. Amin.
- NCQA survey submission will be 12/5/2023.

**STARS/HEDIS**

- MY2023 performance is projected to round up to 3.5 but this is with risk. Year to Date, HEDIS overall domain performance is performing lower than last year and coupled with recent encounter processing issues, current Year End projected performance is too soon to estimate. Operations domain YTD overall has declined from 3.56 to 3.4 due primarily due to poor performance in the "Compliant about the Health Plan" domain; all other measures have significantly improved. Medication Adherence Pharmacy measures are slightly better than last year (up .82% to 1/26%) while the MTM measure is up by 11.29%.
- 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 has started that identifies if G&A and CTM have correlation impacting members disenrolling.
- For the High Touch HEDIS / Pharmacy Call Center Outreach RFP, AdhereHealth was selected as the vendor of choice. Contract is currently in Legal and Procurement review with goal of obtaining signoff and approval by end of July and deployment around end of August / early September.
- Significant focus is on generating the automated Provider Opportunity Reports that will provide YTD performance vs YTD last year performance and gap closure needed to achieve the next Star Rating. Reporting will include overall PPG performance and detailed member compliance information. Goal is to get DSNP issued in early August.

**Population Health Management (PHM)**

- The PHM NCQA year one and two documentation for the 2023 audit have been submitted.
- The PHM team will develop the 2023 PHM Program Description in Q2-Q3 2023 and will include the CalAIM requirements. The CalAIM Strategy document is due October 2023.
- The PHM team is collecting the deliverables for the 2024 Medical Contract Phase III Readiness.
- L.A. Care is on track to develop the CalAIM Key Performance Indicators (KPIs) report that will be shared with DHCS August 15, 2023. It will also be built into a Tableau Dashboard for tracking.

### **Initial Health Assessment (IHA) transitioning to Initial Health Appointment**

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.
- The IHA training is in development. PHM approved the Scope of Work 6/30/2023 and expects a completed provider training by September 2023.
- The IHA workgroup has drafted documentation on the root causes and corrective action plan (CAP) for the two potential DHCS Audit findings on IHA and is awaiting the final DHCS report.
  - CAPs include: enhancing the monitoring tool, possibly widening the sample and adding accountability to PPGs.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal for use in ensuring all new enrollees have a complete initial health visit within 120 days. There is a provider communication being sent out monthly.

### **Annual Cognitive Health Assessment (ACHA) APL 22-025**

- The Policy for APL 22-025 created by the PHM team, approved by DHCS, will go to QOC for internal approval in November.
- Configuration is reviewing the DHCS fee information to operationalize payment of providers.
- Provider Communications department has drafted a communication to send to PPGs.

### **Facility Site Review (FSR)**

- The total Public Health Emergency (PHE) related backlog spanning 3/15/2020-12/31/2021 is now down to **32**. To date three hundred and sixty nine (369) audits have been complete from the backlog.
- In Q2 2023, 31 FSR/MRR audits were conducted from the backlog.
- L.A. Care FSR is working with the LA County Collaborative regarding the backlog to be completed by 12/31/2023.
  - L.A. Care's FSR team developed a FSR tool for mobile units with a subgroup of the collaborative. We have also developed a workflow for FSR audits on mobile units and all MCPs are piloting the mobile unit tool in 2023. Feedback still pending.
  - FSR is working with internal business units and the LA County Collaborative on proposing a condensed version of the FSR/MRR for the APL 22-023 Street Medicine.

### **Population Health Informatics**

#### **Health Information Management (HIM) Analytics**

- VIIP MY 2022 is underway. HEDIS and UM data is currently being ingested in, rolling up by provider type. We are presently ahead of schedule and planning to finish Medi-Cal VIIP prior to Thanksgiving.
- Modeling is currently being performed at the DSNP Physician-level to gauge the data viability of the program.
- The first phase of the STARS Dashboard is complete. This includes the live monitoring of HEDIS and Rx data by PPG. Phase 2, which includes Operations measures and trending is set to begin in the next week.
- HIM continues analytic support for Annual Cognitive Health Screening and IHAs for elderly and new members.
- Social Determinants of Health are being monitored and being developed further by HIM. Tracking is currently underway to monitor improved usage of SDOH z-codes. Additionally, screening codes have been incorporated into the analysis to verify that an SDOH screening occurred.

### Health Information Exchange Ecosystem (HIEc)

- Currently discussing revisions to the Hospital Services Agreement (HSA), which will include a new mandate for hospital participation in Health Information Exchanges (HIEs). Contracted hospitals are being asked to confirm their compliance with CMS 9115 Hospital ADT notification requirements. They are also encouraged to participate in HIEs.
- The selection process for the Clinical Data Repository (CDR) vendor is underway and expected to be completed by July 14, 2023. Following that, contracting will take place with the aim of initiating real-time ADT ingestion through FHIR from LANES & CMT by the end of August 2023.
- Finance has approved a one-time \$2.8 million HIE Incentive proposal. The objective is to enhance HIE adoption among FQHCs and Small/Solo group providers, with incentives tied to achieving Data Exchange Framework (DXF) milestones. The incentive program will be active for a period of 3 years.
- The HIE Participation Measure for VIIP will become a payment measure starting this year. This measure is designed to promote HIE adoption among IPAs and to encourage their contracted providers to participate in HIEs.
- DHCS has released an APL (All-Plan Letter) related to the Data Exchange Framework (DXF), mandating MCPs to sign a DSA (Data Sharing Agreement) by January 31, 2023, and commence exchanging Health and Social Services information by January 31, 2024. L.A.Care has fulfilled the DSA requirement and will initiate the DXF implementation to exchange the required information with LANES.

### Incentives

- Final 2022 HEDIS and other Domain data are being retrieved for final processing to be used in the different P4P Programs.
- Meetings with Anthem and Blue Shield leadership and QI staff happened in July to discuss the newly revised Plan Partner Incentive Program. All parties agreed to the final proposed changes.
- The 2023 Action Plan Welcome Packets have been sent to IPAs. Initial Action Plans are due back to L.A. Care on July 21<sup>st</sup>.
- A new Hospital P4P Program is being designed and developed. Initial discussions occurred in the Inpatient Workgroup, with a set of measures agreed upon. A draft Program Description will be created in July. The goal is to launch the program with the next measurement year, 2024.
- Analysts completed first phase modeling of a physician-level incentive program for the Medicare Plus line of business. Results are being reviewed and will be discussed at the next Incentives and VIIP workgroups.

## PHARMACY

### Star Rating Metrics

- **Medication Adherence:** Our adherence STAR measures continue to trend higher than the same time last year. We are on track to meet our goal for CY2023.
  - Comprehensive Adherence Solutions Program (CASP): Targets DSNP members who are at risk of non-adherence in any of the 3 triple-weighted adherence measures. A business case for Salesforce was submitted to assist our efforts to increase member engagement and ensure compliance with the Telephone Consumer Protection Act (TCPA).

- Vendor Collaboration: In order to target STARS metrics, Pharmacy and the STARS team are moving forward with two new vendors: CVS and Adhere Health.
  - There is a tentative launch date of September 1<sup>st</sup> for the CVS Adherence Program. We are awaiting Legal to arrive at final agreement terms and move to contract execution to meet this timeline.
  - Adhere Health has a tentative launch date of 2024. Pharmacy will assist the STARS team in this launch.
- Participating Physician Group (PPG) Collaboration: Pharmacy is proactively pursuing collaboration opportunities with PPGs to improve medication adherence and statin measures. We will leverage PPG clinical pharmacists to facilitate timely initiation of refills and statin therapy. Successful initial meetings have been held with Optum and Altamed.
- Formulary Team Expanded Rejected Claim & Transition Fill Outreach: Formulary team reviews daily rejected claims and transition fill reports for adherence medications, and conducts outreach to providers and members. Outreach is conducted to ensure appropriateness of rejections, resolve rejections, encourage utilization of preferred alternatives, and submission of coverage determinations as needed. As of 8/1/23, 233 claims identified for outreach were successfully addressed.
- **Medication Therapy Management (MTM) Program**: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and CustomHealth pilot program, achieved 60% completion rate for eligible members in 2023 Q2. This was a significant improvement from 2022 Q2 (43%). We added OutcomesMTM as an additional vendor, during the June resubmission window.
- **Care for Older Adults (COA)**: Pharmacy summer interns have been assisting with medication reviews for this measure. Medication reviews are reviewed by L.A. Care pharmacists and sent to the STARS team on a weekly basis. A newly hired clinical pharmacist will be taking over this process at the conclusion of their internship.
- **Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC)**: Pharmacy, in collaboration with Navitus Clinical Engagement Center, is in the final stages of developing a provider-facing intervention to ensure that eligible members are on appropriate statin therapy. New program will start in late August 2023.

### California Right Meds Collaborative (CRMC)

- CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. An average A1c reduction of 2% in patients with an average baseline A1c of 11.6% (2.7% reduction seen in  $\geq 5$  CMM visits) and an average reduction in systolic blood pressure (SBP) of 16.9 in patients with baseline blood pressure  $>140/90$  mmHg and  $\geq 3$  visits is seen.
- Pharmacy will be sun setting the adherence cohort and transitioning to a bonus payment model for adherence. The CVD cohort will also be transitioning to a continuous enrollment model to help with expansion of the program.

**Clinical Pharmacy Pilot Program (Ambulatory Care)**

- A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. 334 medication therapy problems were identified across all patient visits. Current clinics include Wilmington Community Clinic (started 9/2022), APLA (started 12/2022), and Harbor Community Health Center (started 6/2023).
- Clinical pharmacist will be transitioning away from APLA to focus on other LA Care initiatives. CRMC pharmacists will provide medication management for APLA.

**Community Resource Center (CRC) Flu Clinics**

- Pharmacy is working closely with Health Education, CRC leadership, and North Star Alliances to plan for the upcoming flu season. Expanding from 4 events in 2022 to 10 events in 2023, hosted between September and October. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. Pharmacy is collaborating with USC, CRC leadership, and QPM to discuss a method to ingest health screening results as supplemental data to fill any gaps in care. Contract amendments are currently under review by L.A. Care Legal team.
- Locations, dates, and times have been decided. All Pharmacy Team members have volunteered to attend ≥2 events.

Week	CRC	Date	Time
Week 1 – 9/18-23	Lynwood	Fri, 9/22	10-2pm
	El Monte	Sat, 9/23	10-2pm
Week 2 – 9/25-9/30	Pomona	Fri, 9/29	12-4pm
	East L.A.	Sat, 9/30	10 - 2 p.m.
Week 3 – 10/2-10/7	Pacoima	Thurs, 10/5	12-4 p.m.
	Metro	Fri, 10/6	10 -2 p.m.
Week 4 – 10/9-10/14	Wilmington	Friday, 10/13	1:30-5pm
	Inglewood	Sat, 10/14	10am-2pm
Week 5 – 10/16-10/21	Long Beach	Mon, 10/16	12:30pm-4:30pm
	Palmdale	Fri, 10/20	10 -2 p.m.





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# Healthcare Effectiveness Data and Information Set Measurement Year 2022



**Compliance & Quality Committee (C&Q)**

**Date: August 17<sup>th</sup>, 2023**

**Presenter: Thomas Mendez**



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# HEDIS Submission

## Background

- This report summarizes the final HEDIS results for the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Accountability Set (MCAS), Cal MediConnect (CMC) and L.A. Care Covered (LACC) for Measurement Year (MY) 2022
- Several HEDIS rates for MY2022 have significantly improved over MY2021, but we still below pre-COVID levels, especially for Well-Child Visits, Immunizations, Cancer Screenings. MY2022 also saw a continuing use of Telehealth visits, many of which were not as comprehensive as an in person visit and a lack of member self-reporting so HEDIS services were not always provided or gaps in care closed.
- We submit both Administrative (electronic claim and encounter data) and Hybrid (Admin plus medical record review of an eligible population sample) rates

# Key Findings

## Investigation Still Underway

- LACC Significant Hybrid declines
  - Cervical Cancer Screening (CCS) - 2.9%
  - Childhood Immunizations (CIS) - 9.17%
  - Immunizations for Adolescents (IMA) - 7.43%
  - Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) - all 3 numerators declined between 9.45% and 16.12%
- Medi-Cal Significant Declines
  - CCS - 6.54%
  - WCC Nutrition - 5.11%. Physical Activity—6.09% (Numerators are no longer MCAS MPL or NCQA Healthplan rating)

# Highlights/Goals Met

## DHCS MCAS Rate Highlights Measures Highlights

- 10 out of 15 Reportable Hybrid numerators improved over MY2021. Significant increases:
  - Blood Pressure for Diabetics (BPD) - 6.08%
  - Child Immunization Status Combo 10 - 1.95%
  - Eye Exam for Patients With Diabetes (EED) - 6.81%
  - Hemoglobin A1c Control for Patients With Diabetes (HBD) - Poor Control >9—2.43%. Control<8—4.14%
  - Lead Screening in Children (LSC)—5.6%
- Admin Rate Improvements
  - Depression Screening for Adolescents and Adults (DSF)—Final rate 5.8% (4.77% improvement over MY2021). Kaiser and DHS accounted for 80,070 out of the 80,715 screenings. All other plan partners and MCLA non-DHS all had rates below .1%
  - Developmental Screening in the first 3 yrs of life (DEV) First year—5.47%, 2<sup>nd</sup> year—5.55.%, 3<sup>rd</sup> year 3.38%

# Areas of Low Performance & Recurring Issues

## DHCS MCAS Rate Highlights

- 6 out of the 15 MCAS measures held to the Minimum Performance Level (MPL) did not meet the MPL, which is the National 50<sup>th</sup> percentile
- Lead Screening in Children (LSC) improved 5.6% over MY2021 to 54.5% but was still 9.5% away from the MPL. **LSC is a 1<sup>st</sup> year MCAS MPL measure for MY2022**
- Cervical Cancer Screening (CCS) declined 6.54% over MY2021 to 54.43% and missed MPL by 3.2%. Part of the issue was that the Admin rate on the Hybrid sample was 2.62% below the Admin rate on the Eligible Population. In MY2021, the Admin rate on the Hybrid sample was 3.09% above the Admin rate on the Eligible Population
- Well-child visits in the First 15 Months (W30A) improved **12.27%** over last year but still missed MPL by **10.1%**.
- Well-child visits in the First 30 Months (W30B) improved 3.17% over last year but missed MPL by 3.19%.
- Well-Child and Adolescent Well Care Visits (WCV) rate declined 1.44% from last year and is 2.29% below MPL
- Follow-up after ED Visit for Mental Illness (FUM) rate declined .77% from last year and is **18.81%** below MPL. **FUM is a 1<sup>st</sup> year MCAS MPL measure for MY2022**
- Controlling High Blood Pressure (CBP) and Childhood Immunizations (CIS) reached the MPL of the 50<sup>th</sup> percentile

# Root Cause Analysis for Areas of Poor Performance

- Providers don't maximize the use of gap-in-care reports
- Intervention design need to align with the member audience and incentivize
- Lack of customization in data analysis and segmentation
- Access to care for members
  - e.g. MY 2022 tridemic, recalls to blood lead testing machines, staffing post COVID impacted care

# Actions taken

*Red indicates new interventions.*

	Final MY2022 Rate	MPL	Interventions
Cervical Cancer Screening (CCS)	54.43%	57.64%	Text message campaign; Mailer; Automated call campaign; Social media campaign Partnership with American Cancer Society
Follow-up After Emergency Department Visit for Mental Illness (FUM) – 30 days	35.70%	54.51%	Exploring vendor contract (budgeted); Text message campaign; Enhancing existing CMT (ADT info) reports to improve provider notification;
Lead Screening in Children (LSC)	54.50%	63.99%	Custom gap in care report with attestation; Social media campaign in partnership with the County; Exploring lead screening event with the Department of Public health; Provider webinar; Exploring partnership with Walgreens
Well-Child Visits (W30A&B)	A: 45.63% B: 62.64%	A: 55.72% B: 65.83%	Text message campaign; Automated call campaign; Social media campaign; New incentive offered in 2023; Interactive voice response call; Custom gap in care report (includes Plan Partners); Monthly mailer for newly enrolled members; QI staff or Practice Transformation coaches at 12 sites to improve childhood metrics
Well-Child and Adolescent Well-Care Visits (WCV)	46.64%	48.93%	Automated call campaign; Social media campaign; Mailer; Text message campaign for 18-21 year old members

# Follow up and Next steps

## Top Strategies Underway

- **Senior Clinical Data Analyst assigned to MCAS reporting set**
- **Increased provider outreach and education on HEDIS Requirements**
  - Meeting regularly with IPAs, medical groups, and providers
- **Data and Reporting Enhancements**
  - Developing HEDIS Dashboards to identify improvement opportunities
  - Identify new data streams to improve HEDIS rates
- **Push out Prospective Provider Opportunity Report (POR) earlier in the year so providers have timelier gap in care information**
- **Redesign POR to create more short term opportunities with closing gap in care closure**
- **Evaluating Point of Care Tool, Cozeva, to assist providers with closing gaps in care**



# Questions?





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# MCAS Report to Compliance & Quality Committee (C&Q)



**Compliance & Quality Committee (C&Q)**

**Date: August 17<sup>th</sup>, 2023**

**Presenter: Bettsy Santana, Sr. Manager Clinical Initiatives**



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# Managed Care Accountability Set (MCAS)

## Background

- The Managed Care Accountability Set is comprised of 39 measures in MY 2022
- 15 measures are held to the Minimum Performance Level (MPL) or 50<sup>th</sup> percentile
- Six out of 15 measures did not meet the minimum performance level
- Initiatives is investigating root causes and is working on various initiatives to drive care
- Four measures that fell below the MPL were in Children's Health
  - The others were Cervical Cancer Screenings, and Follow up After and ED visit for Mental Illness-30 days

# Key Findings

## Investigation Still Underway

- Children's Health
  - Services have not returned to prepandemic rates. In reviewing medical records, services are happening but out of timeframe i.e. late. In 2022, RSV, Flu and Covid impacted care in the winter. Many of these metrics have specific age/timing requirements.
- Women's Health –Cervical Cancer rates
  - A true care gap in screenings
  - Still investigating data gap issues
- Behavioral health- Follow up after mental health hospitalization
  - Data gap and care gap

# Highlights/Goals Met

## Measures Highlights

- Many childhood measure this year did improve from the prior year
  - Lead Screenings (LSC)
  - Childhood Immunizations (CIS-10)
  - Well Care Visits for Children 0-15 months (W30 A)
- Childhood Immunizations for Children (CIS-10) met the minimum performance level this year
- Two out of the three measures that did no meet MPL last year improved significantly (CIS-10 and W30 A)

# Areas of Low Performance & Recurring Issues

Did not meet Minimum Performance Level (MPL) in MY2022

- Children’s Health measure performance continues to be a recurring issue.

Measure	Measure Type	MY 2022 Final Rate	MPL MY 2022	Trending this year vs. Last year
Cervical Cancer Screening (CCS)	H	54.43%	57.64	▼
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	35.70%	54.51	▲
Lead Screening in Children (LSC)	H	65.50%	63.99	▲
Well-Child Visits in the First 30 Months of Life (W30) -15 Months	A	45.63%	55.72	▲
Well-Child Visits in the First 30 Months of Life (W30)- 30 Months	A	62.64%	65.83	▼
Child and Adolescent Well-Care Visits (WCV)	A	46.64%	48.93	▼

Measure Type reflects how data is collect. Administrative data (A/Admin) relies on claims and encounter. Hybrid (H) Includes administrative data And Medical record information

# Root Cause Analysis for Areas of Poor Performance

- Members are unaware of the care needed to take control of their health outcomes
- Providers don't maximize the use of gap-in-care reports
- Intervention design need to align with the member audience and incentivize.
- Lack of customization in data analysis and segmentation
- Access to care for members
  - e.g. MY 2022 tridemic, recalls to blood lead testing machines, staffing post COVID impacted care

# Actions taken

*Red indicates new interventions.*

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Well-Child and Adolescent Well-Care Visits (WCV)	46.64%	48.93%	Automated call campaign; Social media campaign; Mailer; Text message campaign for 18-21 year old members



# Follow up and Next steps

## Top Strategies Underway

- **New lead assigned to the MCAS set – That’s Me!**
- **Increased member touch points and incentives on the need for care and services**
  - Texting, social media, mail, live agent via Community Health Workers (CHWs)
- **Increased provider outreach on care gaps via meetings**
  - Meeting regularly with IPAs, medical groups, and providers
- **Involving more members and providers in the design of interventions**
  - Increase member/provider feedback session
  - Established an incentive for clinics to launch their own interventions
- **Data and Reporting Enhancements**
  - Conducting more deep dives, customized care gap list
  - Segmenting our population by engagement
- **Increasing access to care via mobile or at home services**
  - Lead Screening Community events, Test kits, mobile mammography

# Questions?

