



AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS

Thursday, September 21, 2023, 2:00 P.M.

L.A. Care Health Plan, 10th Floor, CR 1017,1018, 1055 W. 7th Street, Los Angeles, CA 90017

Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

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

<https://lacare.webex.com/lacare/j.php?MTID=m82b4b9000fe5487c97b355dd8fcfc52e>

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

Meeting number: 2483 965 3767 Password: lacare

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

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

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

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., September 21, 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 August 17, 2023 Meeting Minutes P.4 *Chair*
4. Chairperson's Report *Chair*
 - Education Topics
5. Chief Compliance Officer Report P.14 *Thomas Mapp
Chief Compliance Officer*
 - Prevention, Detection, and Correction P.16
 - Operational Readiness P.23
 - Report on Plans for Notice of Non-Compliance/CAP Management Update P.30
6. Chief Medical Officer Report *Sameer Amin, MD
Chief Medical Officer*
7. Access & Availability *Priscilla Lopez
Manager, Quality Improvement Accreditation,
Quality Improvement*
8. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 30 minutes)

9. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
10. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Five potential cases
11. 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 October 19, 2023 at 2:00 p.m.

Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE AND QUALITY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO

BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org. **AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT** the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

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

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Summary – August 17, 2023

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



Members

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

* Absent ** Via Teleconference

Senior Management

Augustavia J. Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 Terry Brown, *Chief of Human Resources*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Felix Aguilar-Henriquez, MD, *Medical Director, Quality, Health Services*
 Mike Sobetzko, *Senior Director, Risk Management and Operations Support*
 Miguel Varela Miranda, *Senior Director, Regulatory Compliance*
 Magdalena Marchese, *Senior Director, Audit Services*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:06 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Perez)
PUBLIC COMMENT	There was no public comment.	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The June 15, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topic 	<p>Chairperson Booth gave the following report:</p> <p>Member Booth encouraged committee members to share ideas for further learning. Member Booth highlighted the historical context of the separation of powers in government, emphasizing the principles of checks and balances. Member Booth drew attention to a shift away from this separation of powers, especially in the healthcare field, where certain entities possess the authority to both create rules and enforce them, raising concerns about fairness. Member Booth's report encompassed a range of topics, from educational needs within the committee to broader concerns about the consolidation of powers and the challenges of a multi-faceted role in the healthcare system.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report: <i>(a copy of the full written report can be obtained from Board Services)</i>.</p> <p>Mr. Mapp introduced Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance, Compliance</i>, and Magdalena Marchese, <i>Senior Director, Audit Services, Compliance</i>, to the committee.</p> <p>Mr. Sobetzko gave a an Issues inventory Update and Risk Management Update. Mr. Sobetzko stated that there were four new issues added to the inventory, and are currently in the vetting process to confirm the validity. There were two ongoing open items, along with two previous issues that had been closed but were still being monitored. The new issues primarily revolved around the transition of work related to the member reimbursement process from the field agreements unit to the provider dispute resolution unit. This transition raised questions about workflows and data automation, which were being investigated to ensure a smooth transition. Another issue concerned the electronic data interchange file, specifically what provider data needed to be submitted via this file. Conversations with plan partners were ongoing to resolve this matter. Another issue pertained to network data validation timeliness, aligning with regulations like the No Surprises Act and senate bill requirements. It was likely that meeting all validation timeliness thresholds might be challenging. Mr. Sobetzko also introduced a tracking item regarding physician-administered drug payments, emphasizing its importance and the need to ensure correct compensation, particularly for providers like Planned Parenthood. Lastly, there was an open issue regarding notice of non-compliance for call center timeliness, stemming from a CMS timeliness study conducted in Q1 2023. The study revealed a disconnection rate slightly above the 5% target, leading to an ongoing effort to address the non-compliance and improve preparedness for future open enrollment periods.</p>	

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	<p>Risk Management Update</p> <p>Mr. Sobetzko first discussed an assessment of ongoing work related to various monitoring reports. The target date for completion and moving into production by July 27 is currently under reassessment, with plans to potentially align it with the next system update. The timeline remains "to be determined," and efforts are underway to evaluate the updates as part of a validation project within the next two months., Mr. Sobetzko mentioned that progress had been made regarding the Compliance Program Effectiveness since the issue was opened. Several corrective actions had been taken to address observations from the compliance program audit conducted in late 2021. While some observations had been resolved, there were a few issues to be addressed. The plan is to close them out in 2023 and initiate a new compliance program effectiveness audit, likely with the same consultant. In the Provider Quality area, there was a focus on addressing the issue of untimely processing. Substantial work had been carried out to resolve this issue, including changes to the organization chart, monthly monitoring of aging reports, and efforts to understand and reconcile missing cases. An issue related to insufficient automation causing manual email typing for case transitions had also been identified and addressed with reporting and monitoring. While automation prospects from the system were limited, further updates on the situation would be provided at a later date.</p> <p>Dr. Amin addressed two key points from Mr. Sobetzko's report. Firstly, he clarified that the backlog issues identified earlier had been addressed, and the team had taken measures to ensure such backlogs would not recur. Secondly, he provided an update on the email issue, stating that the team was actively seeking a platform that would facilitate improved synchronization and operational efficiency for both the team and the internet platform. Dr. Amin indicated that the late stages of the RFP (Request for Proposal) process were underway, with the expectation of implementing a new system by or in 2024.</p> <p>Mr. Sobetzko described the risk item related to staffing and talent assessment. He noted that a substantive change had been implemented in staffing processes, which had improved the situation significantly. He mentioned that the risk item was closely tied to an internal audit focusing on the timeliness of hiring processes, and the final staffing and talent assessment report from internal audit had been drafted and was currently under review.</p> <p>Todd Gower, <i>Consultant</i>, gave an Internal Audit Update. Mr. Gower provided an overview of the audit plan for 2023, which extends into the fiscal year and calendar year. He discussed the audits currently underway and highlighted that several audits were initiated and follow-up audits from the previous year were being reviewed for completeness of corrective actions. Mr. Gower also shared a slide illustrating the audit schedule, emphasizing efforts to align the scheduling and accommodate potential adjustments. He mentioned that a couple of audits were on hold due to specific circumstances.</p>	

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	<p>Member Ballesteros asked for clarification about the Internal Audit process. He asked if the audit looks at the reviews Compliance makes or looking at the work itself. Mr. Mapp responded that it looks at the work as whole.</p> <p>Chrstitine Chueh, <i>Senior Manager, Provider Quality, Quality Improvement</i>, and Rhonda Reyes, <i>Quality Improvement Program Manager III, Quality Improvement</i> gave an update on the Provider Quality Review (PQR) Risk Assessment (<i>the written report can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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. <p>Summary</p> <ul style="list-style-type: none"> • PQR leadership continues to leverage help from HRBP to expedite the recruiting process and fill approved positions as soon as possible. • If an effort to reduce inappropriate PQI referrals (triage 0), PQR continues to provide feed back to grievances for additional staff training on what constitutes a PQI. 	

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	<ul style="list-style-type: none"> • Continue to think outside the box to mitigate risk while staffing up: <ul style="list-style-type: none"> ○ Reduced meeting times ○ Postponement of selected meetings and internal oversight review of grievances 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 	
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Amin presented the August 2023 Chief Medical Officer Report <i>(the written report can be obtained by contacting Board Services.)</i></p> <p>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!</p> <ul style="list-style-type: none"> • Compliance Scorecard measures – Q2 2023 most recent available <ul style="list-style-type: none"> ○ Overall performance for all Lines of Business <ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> ○ Direct Network only (Medi-Cal subset) <ul style="list-style-type: none"> - 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) 	

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	<ul style="list-style-type: none"> - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly undertakings. <p>UM Team Development Since January 1, 2023, 42 new FTEs have been hired</p> <ul style="list-style-type: none"> • Nearly all Leadership positions are filled • Physicians <ul style="list-style-type: none"> ○ 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 July 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. <p>DHCS Audit Focus Areas</p> <ul style="list-style-type: none"> • Coordination between UM and Grievance & Appeals <ul style="list-style-type: none"> ○ The two teams along with the Quality Medical Director have been having at least monthly collaboration meetings since March of this year. 	

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	<ul style="list-style-type: none"> ○ 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 July 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/overturn 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 <ul style="list-style-type: none"> ○ Unused authorizations ○ Auth tracking, trending ○ Enhanced reporting to Utilization Management Committee ○ Expansion of over/underutilization ● Under/overutilization <ul style="list-style-type: none"> ○ 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 data 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 have 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. 	

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HEDIS RESULTS	<p>Thomas Mendez, <i>Director, Quality Performance Informatics, Quality Performance Management</i>, presented information about L.A. Care’s HEDIS Results (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Mendez presented a report on L.A. Care's Healthcare Effectiveness Data and Information Set (HEDIS) results for the year 2022. He explained that this report summarized the final HEDIS results for the California Department of Health Care Services (DHCS), Medicare Managed Care and Cal MediConnect, which transitioned to CalAIM for measurement year 2022. He highlighted L.A. Care's efforts to improve HEDIS performance, address challenges, and enhance data analysis and reporting. Mr. Mendez highlighted several key findings, noting improvements in various rates compared to the previous year, although performance was still below pre-pandemic levels. He also mentioned an increase in the usage of telehealth visits, which presented challenges in capturing certain services comprehensively. The report covered both administrative and hybrid measures, highlighting significant declines in areas such as cervical cancer screening, childhood immunizations, and weight assessment and counseling for nutrition. Mr. Mendez emphasized the need to explore self-referral options for certain screenings to address these issues. The presentation included highlights of goals met, including improvements in several measures such as blood pressure control for diabetics and childhood immunization status. However, he acknowledged that performance was still below the baseline of measurement year 2019. Mr. Mendez discussed areas of low performance and recurring issues, including measures that did not meet the minimum performance threshold. He noted improvements in some measures that had not met the threshold in the previous year. The presentation also covered root cause analysis, actions taken to support data analysis, and provider outreach and education on HEDIS requirements. Mr. Mendez outlined various data and reporting enhancements, such as developing dashboards and prospective provider opportunity reports. Additionally, he mentioned plans to evaluate point-of-care tools to assist providers more effectively.</p>	
MEDI-CAL MANAGED CARE ACCOUNTABILITY SET (MCAS)	<p>Betty Santana, <i>Senior Manager, Quality Improvement Initiatives, Quality Improvement</i>, gave a presentation on L.A. Care’s Medi-Cal Managed Care Accountability Set (MCAS) (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Ms. Santana provided an informative report on L.A. Care's MCAS measures. She began by explaining that MCAS comprises core measures that come from CMS and HEDIS to assess performance. Last year, there were 39 measures, and this number continues to grow incrementally each year. In the previous year, six out of the 15 measures did not meet the minimum performance level. Ms. Santana delved into the reasons behind these declines, citing the lingering effects of the pandemic on children's health measures, issues with late immunizations, and data gaps. She acknowledged challenges in measures related to cervical cancer screening and follow-up after mental illness. Despite these challenges, there were positive outcomes, with many children's measures showing improvement, and 9</p>	

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	<p>measures meeting the minimum performance threshold. Additionally, two out of three measures that previously fell short displayed significant improvements. Ms. Santana highlighted ongoing investigations into data gaps and challenges, emphasizing a commitment to member outreach, provider engagement, and intervention design to boost performance in these measures. Addressing access to care remained a priority, with plans to expand mobile and at-home services. Ms. Santana outlined the strategies aimed at enhancing performance in MCAS measures. These strategies involve collaboration with members and providers, an increased focus on data accuracy, and initiatives to improve access to care.</p> <p>Dr. Amin mentioned that there are ongoing efforts to ensure the reliability of the quality metrics used. He expressed the complexity of the data flow involved in quality metrics, highlighting that data moves through multiple channels from providers to vendors to the state and back to their organization. One aspect of their focus is conducting a forensic analysis of their measures to ensure that data is consistently transferred without any gaps. Dr. Amin also raised the issue of encouraging on-ground providers to effectively utilize the opportunity reports provided to them. These reports cover various aspects such as risk adjustment, quality, and UM processing. He emphasized the importance of integrating these reports into the workflow of providers and simplifying the process to make it as convenient as possible for them. Dr. Amin acknowledged that adapting providers to meet evolving standards and requirements could be challenging but assured that foundational processes were being improved to address these issues effectively.</p> <p>Member Ballesteros raised concerns about the challenges faced by FQHCs (Federally Qualified Health Centers) and their role in the safety net. He mentioned turnover issues within these centers, particularly noting a significant turnover among medical assistants in recent years. Member Ballesteros emphasized that these medical assistants often play a crucial role in identifying and flagging various issues within the healthcare system. Additionally, he touched upon the broader issue of provider shortages in the community healthcare sector.</p> <p>Dr. Amin responded to Member Ballesteros by acknowledging the challenges associated with turnover and provider shortages, particularly in FQHCs. He emphasized the need for practical solutions to address these issues. He explained that the sheer volume of opportunity reports provided to healthcare providers can be overwhelming, making it unrealistic to expect medical assistants to manage them effectively. Instead, he proposed prioritizing and consolidating these reports to make them more manageable for medical assistants. He highlighted the importance of integrating these reports into the provider's workflow to streamline the process. He emphasized that expecting medical assistants to manually collate and organize reports for every patient is impractical, given their busy schedules. Dr. Amin stressed the need to support healthcare providers in a more efficient and effective manner to</p>	

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	ensure that quality measures and appropriate coding are not overlooked. He mentioned that these discussions are ongoing within the organization, and he expressed optimism about the team's response to these challenges at L.A. Care.	
ADJOURN TO CLOSED SESSION	<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 & 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>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	The meeting was adjourned at 4:37 p.m.	

Respectfully submitted by:

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: _____

Compliance & Quality Committee

Open Session



L.A. Care
HEALTH PLAN®

For All of L.A.



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

September 21, 2023

Chief Compliance Officer Overview

Presenter(s): Thomas Mapp

- Prevention, Detection and Correction-Closing the loop on Compliance Issues- Michael Sobetzko
- Operational Readiness- Miguel Varela
- Report on Plans for Notice of Non Compliance/CAP Management Update- Richard Rice

Prevention , Detection & Correction Closing the loop on Compliance Issues



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Michael Sobetzko

Seven Core Compliance Program Requirements

The foundation of effective compliance programs

- 1) Written Policies, Procedures, and Standards of Conduct** - These articulate L.A. Care's commitment to comply with all applicable federal and state standards and describe compliance expectations according to the Code of Conduct.
- 2) Compliance Officer, Compliance Committee, and High-Level Oversight** – L.A. Care must designate a compliance officer and a compliance committee accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program. L.A. Care's senior management and governing body must be engaged and exercise reasonable oversight of the compliance program.
- 3) Effective Training and Education** - This covers the elements of the compliance plan as well as preventing, detecting, and reporting FWA.
- 4) Effective Lines of Communication** - Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good faith compliance issues reporting at L.A. Care and with our delegates and vendors.
- 5) Well-Publicized Disciplinary Standards** – L.A. Care must enforce standards through well-publicized disciplinary guidelines.
- 6) Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks** - Conduct routine monitoring and auditing of L.A. Care's and our delegates and vendors operations to evaluate compliance with requirements as well as the overall effectiveness of the compliance program.
- 7) Procedures and System for Prompt Response to Compliance Issues** - L.A. Care must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

Prevention, Detection and Correction

Applying the 7 core requirements to the Compliance “Lifecycle”

Issues and risks are part of our dynamic business environment

- The seven core requirements of a Compliance program offers a guide to building the program itself and align to form the fundamentals of prevention, detection and correction.
- The work of the Compliance department and the overall Compliance program is to prevent, detect and correct issues and risks, and to improve the plans compliance.
- These elements create a closed loop approach to managing compliance.

The Compliance Officer and Compliance Committee drive every aspect of prevention, detection and correction. Through guidance and oversight they steer actions and align the organization.

Prevention, Detection and Correction

Prevention

Written Policies, Procedures, and Standards of Conduct – Annual review of all policies; Creation of policies and procedures to align with changing business requirements; Publication of policies and procedures to employees; Distribution of applicable policies to delegates.

Effective Training and Education – New hire and annual training of core compliance material; Provider training; Review of outgoing materials.

Effective Lines of Communication – Communication of issues and risk through appropriate committees; Communication of new requirements; Clarification of requirements; Compliance hotline and ethics hotline.

Well Publicized Disciplinary Standards - Access to policies and guidelines; Internal investigations; Conflict of interest process.

Prevention, Detection and Correction

Detection

Effective system for routine monitoring, auditing, and identifying compliance risks

- Operational controls; reporting and oversight by functional leadership.
- Compliance monitoring of controls; performance and past noncompliance.
- Issues inventory – Capture, analyze and track.
- Fraud, Waste and Abuse – Special Investigation Unit
- Delegation Oversight/Audit – Performance monitoring; contractual compliance; delegate audit.
- Internal Audit – Annual audit plan; validation audits; targeted focus areas.
- Risk assessment – Assess broad organizational risk based on all risk related information from the organization: risk surveys and key leader interviews, past findings, operational metrics, issues inventory

Prevention, Detection and Correction

Correction

Procedures and Systems for Prompt Response to Compliance Issues

- Regulatory Audit – Remediation of issues, root cause analysis, corrective action plans and monitoring.
- Issues Inventory – Root cause analysis; corrective action plans (CAPs); verification of CAP execution and validation of outcomes.
- Risk assessment - Corrective actions assigned to risk owners. Validation and reassessment of risk level.
- Internal Audit – Corrective action plans.
- Program Audit – Compliance program effectiveness
- Tracking of CAPs; escalation processes; clear roles and responsibilities.

What are the 3 Lines of Defense

First Line: Risk and Lines of Business owners (i.e. Quality, UM, Finance, Claims)

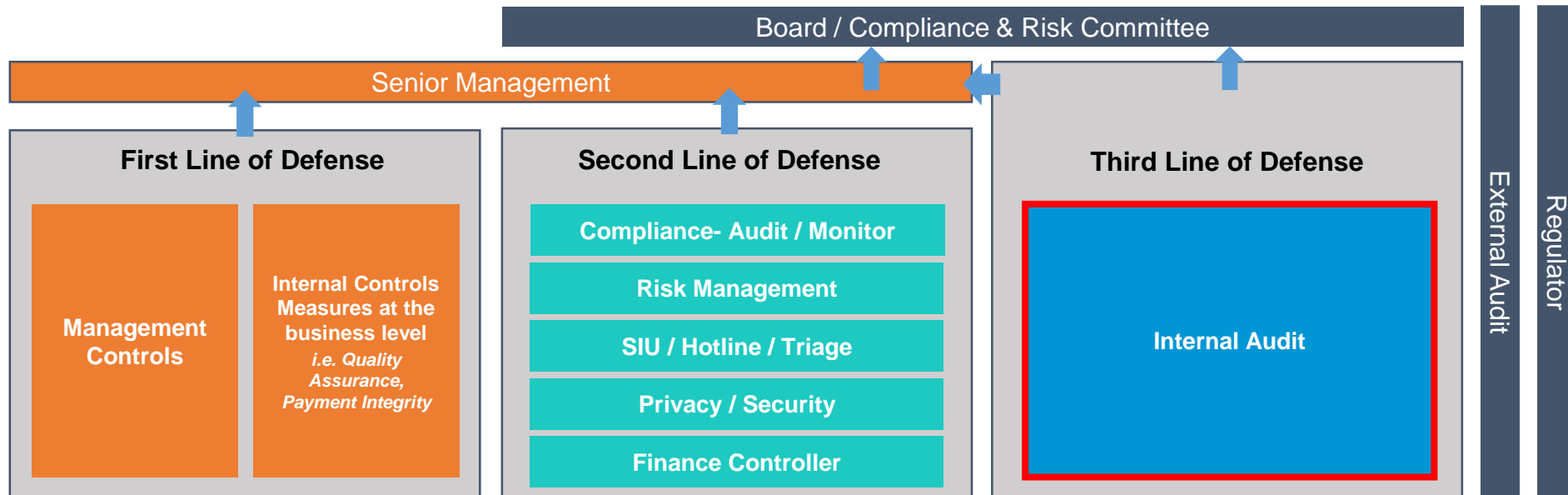
- The first line of defense (1LOD) is provided by front line staff and operational management. The systems, internal controls, control environment and culture developed and implemented by these business units is crucial in anticipating and managing operational and non-financial risks.

Second Line: Risk and Compliance Oversight

- The second line of defense (2LOD) is provided by the risk management and compliance functions. These functions provide the oversight and the tools, systems and advice necessary to support the first line in identifying, managing and monitoring risks. Issuing corrective actions and monitoring progress.

Third Line: Risk assurance (Internal and External Audit/Regulators)

- The third line of defense (3LOD) is provided by the internal audit function. This function provides a level of independent assurance that the risk management and internal control framework is working as designed.



Operational Readiness



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Miguel Varela & Marie Grijalva

2024 DHCS Operational Readiness Updates

Presenter: Marie Mercado Grijalva

- **On 9/1/2023, DHCS approved L.A. Care to go live on 1/1/2024.**
 - The go-live decisions are based upon DHCS' assessment of key deliverables, including network adequacy, delegation oversight, continuity of care, and certain California Advancing and Innovating Medi-Cal (CalAIM) components.
 - L.A. Care will still be conducting implementation oversight activities for both internal business units and Plan Partners.
- DHCS released a new draft of the 2024 contract to plans on 7/7/2023.
 - This updated boilerplate has been revised with applicable contract requirements executed in amendments for calendar years 2021, 2022, and 2023, which the MCPs have seen through already executed contract amendments.
 - DHCS may make additional updates based on feedback from the MCPs, as well as based on any final feedback that comes from the final Executive review cycle.
- L.A. Care is also collaborating with other Medi-Cal managed care plans to identify and ensure any necessary filings with the Department of Managed Health Care (DMHC) that may be needed as a result of the 2024 DHCS Contract.

2024 DHCS Operational Readiness Updates

- L.A. Care has submitted a total of 213 artifacts.
 - All deliverables submitted prior to April 2023 have been approved.

Current Status	Total To-Date
Additional Information Request (AIR)	4
Approved	194
DHCS – Review in Progress	15
Grand Total	213

as of 8/30/2023

2024 DHCS Operational Readiness Updates

Future Dates & Deliverables*:

Due Date	# of Deliverables
9/1/2023*	1
9/28/2023	3
10/1/2023*	1
12/29/2023	10
TBD	20
Total Remaining	35

**Please note deliverables for 9/1/2023 and 10/1/2023 will be submitted to DHCS as well as DMHC via Contract Manager*

D-SNP Pre-Annual Enrollment Period

D-SNP Pre-Annual Enrollment Period (AEP) Call

Presenter: Miguel Varela

- AEP Overview:
 - Annual call with CMS to discuss any significant changes in the organization in the following areas for Plan Year 2024:
 - Operational
 - Leadership
 - Membership
 - Benefits
 - Structural Design
- Met with CMS representatives on Wednesday, September 13th.
 - Preparation call with CMS prior to the opening of the marketing season (October 1, 2023)

D-SNP Pre-Annual Enrollment Period (AEP) Call

- **Enrollment Projections:**

- Steady Net Growth at +6% for Membership and Enrollments
- Projected Increase in Involuntary Disenrollment due to Redetermination
- Projected decrease in Voluntary Disenrollment due to being past the CMC to DSNP transition period

- **Pharmacy:**

- No change in PBM for CY2024
- L.A. Care's PBM will continue to be Navitus Health Solutions.

- **System Changes:**

- No foundational changes to overall application or systems infrastructure.
- IT will be configuring any new regulatory requirements for Benefit Year 2024 into the existing systems/processes.

- **Staffing:**

- Primary Product and functional teams are currently adequately staffed.
- Maintain relationships with temporary staffing agencies to rapidly increase staff for temporary increases in operational needs

Report on Plans for Notice of Compliance / CAP Management Update



L.A. Care
HEALTH PLAN®

For All of L.A.

Presenter(s): Richard Rice Jr.

Notices of Noncompliance/CAP Management

- Enterprise Performance Optimization Department will add the tracking of any CAPs issued to delegates by LA Care Business Units to our current process of tracking Notices of Non-Compliance issued by LA Care.
- This will allow the Compliance Department to have line of sight of any issues that potentially need to be escalated to Sanctions Committee.
- These trackers will be presented both to ICC and C&Q.
- EPO will follow up with Business Units on a monthly basis to ensure CAPS have been closed or on track for closure.
- Future State:
 - EPO is working to re-establish Delegation Oversight Committee to review Delegates' performance based on oversight conducted by LA Care's Business Units.