DRAFT

AGENDA
COMPLIANCE & QUALITY COMMITTEE MEETING
BOARD OF GOVERNORS
Thursday, February 15, 2024, 2:00 P.M.
L.A. Care Health Plan, 1st Floor, CR 100, 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. Members of the Committee or staff may also participate in this meeting via teleconference or videoconference.

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=md47cf62684febfe2672ae76d3bd152b7

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting number: 2494 632 1278 **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.

If we receive your comments by 2:00 P.M. on February 15, 2024, it will be provided to the Committee members 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. 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.

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 January 18, 2024 Meeting Minutes P.3 — *Chair*
4. Chairperson's Report — *Chair*
   - Education Topics
5. Compliance & Quality Committee Charter Update — Todd Gower, *Chief Compliance Officer*
6. Chief Compliance Officer Report P.18 — Todd Gower
   - 2023 Year End Review P.21
   - 2024 Compliance Work Plan **(COM 100)** P.35
   - Training Updates P.51
   - Issues Inventory P.53

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- Delegation Oversight Auditing Status P.63
- Utilization Management Compliance P.68
- Quality Compliance P.72
- Regulatory Audit Exhibits P.80

7. Chief Medical Officer Report P.99 — Sameer Amin, *MD*, *Chief Medical Officer*

8. Chief Health Equity Officer Report P.118 — Alex Li, *MD*, *Chief Health Equity Officer*
   - Quality Improvement Health Equity Committee (QIHEC) Update

9. Public Comment on Closed Session

ADJOURN TO CLOSED SESSION (Est. time 20 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:
    Three potential cases

12. THREAT TO PUBLIC SERVICES OR FACILITIES
    Government Code Section 54957
    Consultation with: Todd Gower, Chief Compliance Officer, Serge Herrera, Privacy Director, and Gene Magerr , Chief Information Security Officer

13. 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 March 21, 2024 at 2:00 p.m.

Public comments will be read for up to three minutes.

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

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

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

NOTE: THE COMPLIANCE AND QUALITY COMMITTEE CURRENTLY MEETS ON THE THIRD THURSDAY OF MOST MONTHS AT 2:00 P.M.

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT http://www.lacare.org/about-us/public-meetings/board-meetings and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at http://www.lacare.org/about-us/public-meetings/board-meetings and can be requested by email to BoardServices@lacare.org.

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

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

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

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 18, 2024

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

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

Senior Management
Sameer Amin, *MD, Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*
Augustavia J. Haydel, *General Counsel*
Alex Li, *Chief Health Equity Officer*
Edward Sheen, MD, *Senior Quality, Population Health & Informatics Executive, Quality Improvement*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*

** Absent ** Via Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, *MD*, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:00 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 2 AYES (Booth, and Roybal)**
PUBLIC COMMENT	**Andria McFerson, RCAC 5 Member, submitted via text message** *My name is Andria from RCAC I have a question regarding the stakeholder meetings under proper compliance to not have the stakeholder meetings throughout the year? and with that the only stakeholder meetings were listening sessions? Also that no delegations of Robert's Rule of Order be practiced or allowed by staff? is that properly under*	

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	compliance and is it under compliance that a chair can dictate whether we have ECAC meetings with no agreement mutually from all co-chairs and if so due to the request of staff are they under compliance or do they need to be investigated and can we have a RCAC meeting to discuss these things in order to make sure that it's carried out properly and if the state did not mandate that through out 2023 that we don't have regular ECAC or RCAC meetings where where are right violated? Chairperson Booth thanked Ms. McFerson for her comment and added that she understands the rules around having the RCACs and all of the input from from the public. She noted that State changed some requirements and L.A. Care is dealing with implementing the new requirements. She thinks that everything is going to be addressed with this new implementation and hopes that it will fix everything and answer all those questions. Ms. Haydel thanked Chairperson Booth and stated that staff is working on reviewing the State requirements and as much as this is a complaint, it will be resolved in a manner of a complaint.	
APPROVAL OF MEETING MINUTES	Chairperson Booth asked staff if they received her edits to the meeting minutes. Linda Merkens, *Senior Manager, Board Services*, confirmed that the minutes were updated with her edits. **The November 16, 2023 meeting minutes were approved as submitted.**	**Approved unanimously.**
CHAIRPERSON REPORT • **Education Topics** • **2024 Committee Meeting Schedule**	Chairperson Booth gave a Chairperson's Report. Chairperson Booth spoke about ongoing efforts to gather educational topics and discussed plans for the 2024 meeting committee schedule. There was uncertainty about the committee membership, and Chairperson Booth expressed the need to attract more individuals to join. She highlighted that the day marked the kickoff for the new year of compliance and quality, emphasizing a shift in approach to address stagnation and promote growth. Chairperson Booth alluded to upcoming discussions on operational improvements, ensuring regulatory compliance, and enhancing patient care. She expressed excitement about the developments and thanked the audience for their attention.	
CHIEF COMPLIANCE OFFICER REPORT	Todd Gower, *Chief Compliance Officer*, and Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the full written report can be obtained from Board Services)*. Mr. Gower thanked the Chair and outlined the agenda for the Chief Compliance Officer Report. He highlighted three major motions for approval: 2024 Risk Assessment, 2024 Internal Audit Plan, and the Compliance Program Plan. He introduced Joni Noel, *Senior Vice President, Healthcare, RGP*, who would be presenting on industry topics and trends, and discussed the upcoming discussions on risk	

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	management, delegation oversight, and auditing. Mr. Gower mentioned changes in Compliance, focusing on the review of delegation oversight and the creation of teams for delegation monitoring and oversight auditing. He highlighted the evolving compliance program, including the establishment of mission and vision statements for maturity and ongoing reviews. Mr. Gower outlined the three lines of defense in Compliance: operational units as the first line, Compliance as the second line, and audit services as the third line, emphasizing the importance of independence in supporting the organization. Ms. Noel gave the following report: Ms. Noel initiated her report by expressing pleasure in meeting the attendees and thanking them for their time. She acknowledged the need to expedite the presentation in the interest of time but assured the audience of a follow-up document that would elaborate on the latest trends in detail, specifically focusing on the developments anticipated in 2024. She highlighted the extensive and enduring relationship her team has with L.A. Care, emphasizing their commitment to support and partnership. As an Executive with 25 years of experience, leading a global healthcare practice that spans the entire healthcare ecosystem, Ms. Noel mentioned their gratitude in having Mr. Gower previously as part of their team. She noted over 15 years of collaboration and more than 50 completed engagements between her organization and L.A. Care. Ms. Noel briefly touched upon recent projects, including assistance with L.A. Care's internal audit function and the anticipation of collaborating with Maggie and her group in the future. She also highlighted their excitement about the upcoming Member Experience project scheduled to start in February. Ms. Noel discussed provider trends, spoke about the challenges and opportunities within the healthcare workforce. She addressed the shortage of clinical and operational staff, emphasizing the increasing reliance on external resources and the associated costs. The discussion further delved into the complexities of navigating revenue cycles and the need for automation to manage denials and streamline claims processing. Ms. Noel then explored the synergistic future of personalized medicine and generative Artifical Intellegence (AI), citing a client example from Texas utilizing AI in clinical trials to enhance patient outcomes. She stressed the significance of these technologies across the healthcare ecosystem and hinted at a deeper discussion on these topics concerning payers. The presentation moved on to unveil the fusion of in-person and virtual care, particularly focusing on the enduring significance of telehealth. The triad of patient engagement, experience, and price transparency was identified as pivotal in addressing the growing need for patient-centric healthcare. Ms. Noel underscored the importance of empowering and engaging patients to proactively manage their health, contributing to improved outcomes and reduced healthcare costs. Shifting to payer trends, Ms. Noel provided an overview of past investment areas, including health optimization, interoperability, data and analytics, consumer experience, value-based payments, and	

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	payment integrity. She then introduced newer trends, starting with the increased focus on Medicare Advantage differentiation and benefit maximization. The discussion covered the anticipated shift towards quality-centered differentiation strategies in response to a saturated market. Ms. Noel proceeded to discuss the implementation of generative AI in the payer space, emphasizing its potential to automate routine administrative tasks and improve employee productivity and engagement. She shared statistics and examples highlighting the impact of AI on customer service cost reduction and increased satisfaction scores for major payer organizations. Next, the integration of digital therapies for improved health outcomes was explored. Ms. Noel predicted payers becoming primary investors in digital therapy, surpassing traditional life science companies and venture capital funds. The importance of evolving reimbursement criteria for wider adoption and the alignment of compensation models with innovative therapies and member experiences were emphasized. The presentation continued with an exploration of investment in health equity and personalization, predicting collaboration between payers and healthcare providers to ensure equitable outcomes. This involved a concerted effort to strengthen provider-payer relationships and personalized care to meet the specific needs of underserved communities. Ms. Noel discussed the enhancement of care navigation, identifying it as crucial in addressing delayed medical care and rising chronic diseases. She advocated for proactive healthcare measures, including advocacy solutions and efficient care navigation tools focused on price transparency, informed decision-making, and efficient navigation. Ms. Noel expressed gratitude and reiterated the forthcoming detailed document that would provide an in-depth exploration of the discussed trends. She encouraged further discussion on these topics and shared Mr. Gower's contact information for additional inquiries or discussions with their experts. Member Roybal inquired about the prevalence of AI in various aspects of healthcare, particularly focusing on prior authorizations and fraud, waste, and abuse detection. He sought insights into the broader application of AI in ensuring compliance with regulations and meeting appropriate benchmarks over the next five years. Expressing anticipation, Member Roybal envisioned a significant expansion in the use of AI within these domains. Ms. Noel acknowledged the increasing presence of technology, including AI, in addressing fraud, waste, and abuse within the healthcare sector. She emphasized the need for a comprehensive data strategy and cautioned about potential cybersecurity concerns, urging organizations to establish clear policies on AI usage. Ms. Noel highlighted the importance of a well-thought-out plan, mentioning that successful organizations often implement a 5-year roadmap, starting with routine tasks and gradually incorporating high-value pilot projects. She noted that while AI can reduce costs and enable analysis of 100% of a population, the development of models remains expensive, with the data strategy being a crucial component. Ms. Noel anticipated that as more players enter the market, competition may drive down the costs associated with building AI models.	

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	Chairperson Booth expressed skepticism and raised concerns during the discussion. While acknowledging the positive aspects of the presented ideas, particularly in the context of AI, Chairperson Booth highlighted ongoing challenges with interoperability that have persisted for two decades. He expressed apprehension about potential issues arising from individualized tweaks in AI implementations, creating obstacles for collaboration and seamless integration. Booth questioned the practicality of the presented solutions, emphasizing the need to address the inherent problems and challenges associated with these technologies. Mr. Gower acknowledged Chairperson Booth's concerns about AI and highlighted ongoing discussions with Ms. Noel and Mr. MacDougall on developing a comprehensive strategy for AI implementation. While recognizing the importance of addressing AI challenges and use cases, Mr. Gower emphasized the need for a cautious and well-thought-out approach. He assured that Compliance is committed to supporting the organization by leveraging the right technology and processes, starting with prioritizing and carefully implementing use cases to ensure successful integration. Mr. Gower provided an overview of the compliance program plan, highlighting its revision and the addition of key elements. He emphasized the importance of incorporating broader information, considering expanded products, Dual Eligible Special Needs Plans (D-SNP), and addressing prior risk issues. Notably, definitions and references have been added to the section, set for approval later. Mr. Gower mentioned the inclusion of three committees: the risk committee, implementation oversight committee, and delegation oversight committee, stressing their significance in evaluating organizational operations. The goal is to ensure comprehensive coverage and organized information for presentation to the internal compliance committee. Additionally, Mr. Gower outlined plans for revisiting the program plan every six months to align with organizational changes and maintain flexibility. He expressed the intent to keep leadership informed about compliance through updates and the compliance work plan, slated for presentation in February. Richard Rice, *Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization,* gave a Delegation Oversight Monitoring update. Mr. Rice provided an update on the delegation oversight process, emphasizing ongoing monitoring of delegates. The team conducts monthly and quarterly audits, reviewing quantitative and qualitative measures for Service Authorization Requests (SAR). Quantitative measures for the 1st and 2nd quarters of 2023 were discussed, along with corrective action plans for identified issues. The presentation highlighted specific groups with corrective action plans and their corresponding issues. Mr. Rice explained the process of addressing and mitigating issues through retraining and ongoing audits. The team is also working on pushing out annual training to delegates to enhance	

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	understanding and compliance with auditing processes. Further updates on the 3rd and 4th quarters will be presented in the next quarterly presentation. Chairperson Booth expressed concern about external audits identifying issues from the past year, making it challenging to address problems that had emerged during that time frame. She highlighted the difficulty in rectifying issues when they are discovered after the fact, despite efforts to address them promptly upon discovery. She asked if those were audits that were done by L.A. Care. Mr. Gower responded that they are. Chairperson Booth asked Mr. Rice if he thinks the overall picture and see that somebody's got a better best practice going on and try to implement that or have these other places implemented something like that. Mr. Rice clarified that his team engages in ongoing monitoring rather than a full audit of the entire process. They focus on reviewing files and server logs, actively sharing best practices among the 40 Participating Physicians Groups (PPGs) they audit. The team also collaborates on identifying groups that excel or face challenges, and corrective action plans (CAPs) are used to address issues. Additionally, the annual training includes information on best practices and what the auditors should be observing, facilitating knowledge sharing. Chairperson Booth expressed concern about providers' lack of engagement and speculated that they may perceive data collection as the organization's problem rather than their own. She highlighted the need to improve buy-in from frontline individuals who may resist participating in such processes. She questioned whether there has been any observed improvement in this aspect and if anyone sees potential enhancements in provider engagement. Mr. Rice acknowledged improvements from their auditing standpoint but couldn't directly address Chairperson Booth's concerns about provider engagement. He expressed optimism about ongoing improvements in the processes they are monitoring. Mr. Sobetzko gave an update on Issues Inventory. Mr. Sobetzko provided a recap of previous years' issues and discussed two new issues. The first issue pertains to alternative format selection for visually impaired members, as required by a CMS rule effective January 1. The organization is currently non-compliant, but a project is underway to address this by integrating it into a larger customer service project. The second issue involves internal communication problems, particularly with phone service and systems connections. While not extensively discussed previously, Mr. Sobetzko is now tracking these internal communication issues separately to identify patterns and assess potential impacts on members reaching out to the organization. Chairperson Booth asked if the phone service and systems connections is L.A. Care's fault. Mr. Sobetzko clarified that while the root causes of internal communication issues have typically been attributed to phone companies like AT&T and Verizon, there is a growing frequency of such problems. He expressed the need to track and identify patterns in these issues. Additionally, he	

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	discussed the closure of two issues – one involving a corrective action request from the Department of Health Care Services (DHCS), where subsequent data demonstrated compliance, and another related to provider signature language for medical and CMS prior authorization forms, which was clarified as a request for information rather than an actual issue. Maggie Marchese, *Senior Director, Audit Services, Executive Services,* gave an Internal Audit (IA) 2023 Close Out and 2024 Annual Work Plan update. 2023 IA Workplan – Status A total of 18 IA projects – This excludes projects to support Compliance such as Risk Mitigation follow-up activities and other Investigations. • 4 completed • 2 with draft or final audit reports being completed • 11 moved to the 2024 audit work plan due to timing of availability, priority and preparedness to test Mr. Sobetzko gave 2023 Risk Assessment update. Mr. Sobetzko reported on four risks identified in 2023. The assessment timeliness risk remains a very high risk and is still in the top 10 risks for 2024. The project closure for this risk was delayed, and while reporting has been done, it was deprioritized due to other essential reports, with finalization work ongoing in IT Support. Regarding the other three risks, the mitigation activities from management action plans are in place, and although some are no longer categorized as high risk, they are now considered medium risks based on the implemented mitigation plans. The staffing risk, specifically related to skilled hires and time to hire, has been further analyzed, providing additional data points. Despite changes in risk levels, this risk remains in the top 10 list for 2024. *(The full presentation can be obtained from Board Services)* Mr. Gower asked for a motion to simultaneously approve the 2024 Internal Audit Plan (COM 100), 2024 Risk Assessment (COM 101), 2024 Compliance Program (COM 102). ***To approve the 2024 Internal Audit Plan, as submitted.*** ***To approve the 2024 Risk Assessment, as submitted.*** ***To approve the 2024 Compliance Program Plan, as submitted.***	**Approved simultaneously and unanimously.**

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CHIEF MEDICAL OFFICER REPORT	Dr. Amin gave a Chief Medical Officer Report (a copy of the meeting materials can be obtained from Board Services). Dr. Sameer Amin, Chief Medical Officer, provided an extensive report during the meeting, expressing regret for his remote attendance due to ongoing discussions with local health plan leadership. He emphasized the importance of discussing the quality of care and proceeded to summarize major events since the last meeting. The report began with an overview of the MCAS and Performance Sanctions issued on December 5. Dr. Amin detailed DHCS's preliminary intent to sanction for $89,000, highlighting disparities in the new framework. He noted a collaboration with the Department of Health Care Services (DHCS) and outlined discussions and appeals planned to defend the position. He noted the auto assignment for L.A. Care, Dr. Amin reported significant progress. He discussed the sudden change in methodology for default auto assignment rates, expressing concerns about favoring commercial plans over local health plans. Collaborative efforts with DHCS were outlined to rectify calculation errors and reconsider the methodology, with meetings held on a weekly basis. Dr. Amin highlighted four major issues brought to the table, emphasizing the need to compare plans within the county. He expressed optimism about potential improvements in auto assignment numbers, indicating they could align closely with the prior year. The report concluded with pride in the team's efforts and the meaningful collaboration with DHCS, aiming for improvements in the auto assignment process. Member Roybal asked Dr. Amin if he knows where L.A. Care will end up in terms of the split. Dr. Sameer Amin mentioned that DHCS would provide a new preliminary split by the next week, addressing concerns about the loss in January and indicating the new rates might be adjusted to compensate. Dr. Amin stressed that the numbers were not finalized, but active discussions with DHCS were ongoing, expressing optimism about the progress being made. The conversation then shifted to the field medicine plan for the county. Dr. Amin highlighted the community health department's significant progress in collaboration with the county on this initiative. The plan aimed to deliver care to unhoused members in an operationally sound and scalable manner, incorporating street medicine and offering longitudinal primary care. It also provided a pathway for street medicine providers to become the member's official PCP record, if desired. Dr. Amin emphasized the financial planning to support the system and announced upcoming discussions on funding during board meetings. The field medicine plan, expected to reshape healthcare for the unhoused, would focus on high provider density regions and care collaboratives. Stakeholder meetings were ongoing, with plans for implementation starting in March, and a full presentation by the community health team scheduled for the upcoming Board of Governors session.	

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	Member Roybal inquired whether there have been discussions about adjusting reimbursement rates for individuals experiencing homelessness. The suggestion is to consider higher payment rates to account for the increased access to services that homeless individuals may require. It is unclear whether such discussions have taken place at the State level. Dr. Amin responded that at the state level, there hasn't been much progress in adjusting reimbursement rates for homeless individuals. He mentioned a method by which incentive funds can be used to support the community and enhance their infrastructure. Dr. Amin stated that efforts are underway to solidify rates and explore ways to provide more financial support to service providers, particularly in street medicine. He emphasized that the changes won't come through a State-level decision. Additionally, Dr. Amin discussed a reorganization of the case management Utilization Management Department, focusing on reducing over and under utilization. They have a new medical director leading the effort, preparing a dashboard and prioritizing high-impact initiatives. This realignment aligns with the county's and DHCS's call for more value-based and guideline-based care. Dr. Amin also mentioned the completion of hiring in-house medical directors to provide clinical collaboration across the organization, with specific focuses on appeals and grievances, claims, fraud, waste, abuse, and other areas. The goal is to enhance clinical support throughout the organization.	
CHIEF HEALTH EQUITY OFFICER REPORT	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member, submitted via text:** *My name is Andria of RCAC 5 and ask Madam chair that you please allow us any rights to have all questions answered to the public about all stakeholders comments are not properly or legally answered So with that what do the Stakeholders of the community need to do at this point? My question clearly states that the public stakeholders meetings were denied for the year of "2023" so what is our line of defense against staff or anyone else not staying with-in proper compliance with giving efficient answers of why that happened? Did the state mandate that we not have public stakeholders RCAC and ECAC meetings in the year of 2023 did we stay in compliance of state laws or recommendation to not have open public meetings in the year of 2023? Inadvertently stating that things are changing may purposely make the public and stakeholders not aware of their rights to continue Ibelieve Auggie and the practices by other staff members specifically Francisco Oaxaca and some BOARD MEMBERS are focused more on navigation of revenue and not on the freedom of the stakeholders to speak the board about patient outcome stated by the actual stakeholders who are patients who are low-income members of LA Care dat from members of LA Care and not just files from nurses who provide services or medical professionals who lack proper Healthcare practices We need data and surveys and*	

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	actual recommendations consisting of the situations of patient that go through health disparities like stakeholders who are Mothers and Fathers, diabled people, Seniors of all races situations. Engagement can empower our own health data and with the betterment of proper compliance practices from all advisory committees can enhance the patient experience with meaningful insights and give understanding info to protect our health conditions and give information to spread the community about our coverage. Peer-on-peer community information about what they go through could help better the practices of LA Car e, Medical professionals, or providers and better our own health conditions. Because I believe more people are dying and there conditions are worsening. Alex Li, *MD, Chief Health Equity Officer*, gave a Chief Health Equity Report *(a copy of the written report can be obtained from Board Services).* Dr. Li stated that heis on the East Coast and was not able to attend the meeting in person. He provided a comprehensive overview of the progress made in the last six months since the approval and review of the health equity and disparities mitigation plan in August of the previous year. Dr. Li emphasized the positive outcomes of fantastic partnerships, excellent teamwork, and a transformative culture within Health Services regarding disparities. The report included updates on the Equity Practice Transformation Initiative, with 134 practice applicants partnering with health service and health equity. Of these, 47 practices were selected, signaling a significant commitment to investing in primary care, crucial for addressing disparities. Dr. Li also highlighted efforts in leading carriers' health equity accreditation and discussed the importance of addressing missing race-ethnicity data, emphasizing the need for a laser-focused approach in targeting interventions. Dr. Li's involvement as the Co-chair of the California local plan and participation in National Academy of Science round table discussions underscored the organization's leadership role in the health equity conversation. The report showcased the collaboration with the current public health initiative, aiming to reduce the medical debt burden experienced by county residents, with nearly $3 billion in unpaid medical expenses. Dr. Li expressed pride in strengthened relationships with school districts, recognizing the interlinked nature of education, entertainment, and health and wellness. Detailed data on health disparities, including diabetes control and maternal health, was presented, with a callout on the importance of addressing black maternal health. The report highlighted initiatives such as the health equity zone and the formation of a coalition with Children's Hospital of Los Angeles, focusing on community stakeholder meetings and addressing various health-related issues in schools. Dr. Li shared examples of four students' cases, demonstrating the need for nuanced approaches to health disparities. The presentation delved into postpartum care and resiliency in schools, emphasizing the importance of catching up for those who fell behind during the pandemic. Future steps were outlined,	

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<tr><th>AGENDA ITEM/ PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td></td><td>including the creation of QR codes for patient and provider access to resources, as well as a framework of seven questions for incorporating equity into project initiatives. Dr. Li expressed excitement about the potential health equity accreditation, sought to identify key strategic partners, and emphasized ongoing efforts in improving health equity and diversity training. Dr. Li conveyed a commitment to aligning the organization's mission with community partners, aiming for meaningful progress toward health equity over the next three to six months. The report provided a detailed and insightful overview of the organization's efforts, initiatives, and accomplishments in advancing health equity and mitigating disparities.</td><td></td></tr>
<tr><td>QUALITY OVERSIGHT COMMITTEE (QOC) UPDATE</td><td>Edward Sheen, MD, Senior Quality, Population Health, and Informatics Executive , gave a Quality Oversight Committee (QOC) meeting update (a copy of the meeting materials can ve obtained from Board Services).

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<tr><th>CMC/DSNP Grievances</th><th colspan="5">CY Qtr3 Jul – Sep 2023</th></tr>
<tr><th>Category</th><th>Count</th><th>% of Total Grievance</th><th>Rate per 1000 Member Months</th><th>Rate Goal/1000 Member Months</th><th>Goal Met?</th></tr>
<tr><td>Access</td><td>1,235</td><td>32%</td><td>22.39</td><td>10</td><td>No</td></tr>
<tr><td>Attitude and Service</td><td>1,217</td><td>31%</td><td>22.07</td><td>10</td><td>No</td></tr>
<tr><td>Billing and Financial Issues</td><td>1,165</td><td>30%</td><td>21.12</td><td>10</td><td>No</td></tr>
<tr><td>Quality of Care</td><td>258</td><td>7%</td><td>4.68</td><td>10</td><td>Yes</td></tr>
<tr><td>Quality of Practitioner Office Site</td><td>10</td><td>0%</td><td>0.18</td><td>10</td><td>Yes</td></tr>
<tr><td>Total</td><td>3,885</td><td>100%</td><td>70.44</td><td>20</td><td>No</td></tr>
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Goals for Quality of Care and Quality of Practitioner Site were met
All other categories and the total rate did not meet goal.

Rate for Access concerns exceeded goal by the largest margin: 12.39 per 1000 member months
Total grievance rate goal was exceeded by 50.44 grievances per 1000 member months

Access Issues were the leading cause of grievances with 32% of total Q3 2023 CY volume.
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

LACC/D Grievances	CY Qtr3 Jul – Sep 2023				
Category	Count	% of Total Grievance	Rate per 1000 Member Months	Rate Goal/1000 Member Months	Goal Met?
Access	1,418	24%	3.65	5	Yes
Attitude and Service	1,143	19%	2.95	5	Yes
Billing and Financial Issues	3,213	54%	8.28	5	No
Quality of Care	161	3%	0.41	5	Yes
Quality of Practitioner Office Site	6	0%	0.02	5	Yes
Total	5,941	100%	15.31	10	No

Billing and Financial Issues category and the total rate did not meet goal.

- Rate for Billing and Financial Issues exceeded goal by the largest margin, 3.28 per 1000 member months
- Total grievance rate goal was exceeded by 5.31 grievances per 1000 member months

Billing and Financial Issues were the leading cause of grievances with 54% of the total Q3 2023 CY volume

Highlights/Goals Met
42 out of 48 Total Goals for all lines of business were met (88%)
27% of L.A. Care's grievances had been resolved by the next business day

A&G volume from Qtr2 to Qtr3 2023 decreased for the following:

- CMC/DSNP appeals decreased by 31%
- LACC grievances decreased by .2%
- LACC appeals decreased by 12%
- MCLA grievances decreased by 3%
- MCLA appeals decreased by 15%

Reoccuring Challenges

- CMC/DSNP - Access, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter
    - The average Rate per 1,000/Member Month was 25.24, exceeded goal by 15.24
- CMC/DSNP - Attitude and Service, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter
    - The average Rate per 1,000/Member Month was 23.85, exceeded goal by 13.85
- CMC/DSNP - Billing and Financial Issues, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter
    - The average Rate per 1,000/Member Month was 24.17, exceeded goal by 14.17

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• CMC/DSNP - Total Rate, did not met the Rate per 1,000/Member Month goal for 3rd consecutive quarter
	  • The average Rate per 1,000/Member Month was 77.26, exceeded goal by 57.26
	• LACC/D - Billing and Financial Issues, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter
	  • The average Rate per 1,000/Member Month is 9.13, exceeded goal by 4.13
	• LACC/D - Total Rate, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter
	  • The average Rate per 1,000/Member Month was 16.54, exceeded goal by 6.54
	
	Initiatives
	• A&G continues enhancement of grievance & appeal categories to support data analytics
	• A&G is in process of evaluating internal and vendor options for new A&G technology platform system
	• A&G team is developing a Grievance Forum to enhance visibility and increase collaboration between A&G and business partners with tracking, trending, and grievance mitigations.
	• The Forum will create new standardized specific reports for each business partner to communicate appeals and grievance service-related trends. The reports will provide trending data that highlight top grievances.	

ADJOURN TO CLOSED SESSION	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member, submitted via text message** *What is Section 54957 of the government Code?* *ANY PERSON WHO INTEFERES WITH THE CONDUCT OF A NEIGHBORHOOD COUNCIL MEETING BY WILLFULLY INTERRRUPTING AND/OR DISRUPTING THE MEETING IS SUBJECT TO REMOVAL. Madam chair can the legal counsel confirm that Section 87303. 87303 was practiced No conflict of interest code shall be effective until it has been approved by the code reviewing body. Each agency shall submit a proposed conflict of interest code to the code reviewing body by the deadline established for the agency by the code reviewing body. If this comment applys to this code I needed to know regarding to this code….There were actually no state laws or BOG deadlines made so I would ask that the BOG address these practices made during the year of 2023 when the RCAC and ECAC's right to practice the Brown Act were taken and give the stakeholders their right to have public meetings until this is implemented* Augustavia J. Haydel, Esq., *General Counsel*, 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	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	session at 3:35 P.M. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) 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 THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer 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	The Committee reconvened in open session at 4:20 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:20 p.m.	

Respectfully submitted by:

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

APPROVED BY:

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

The following public comments were submitted after the agenda item began

Andria McFerson, RCAC 5 Member, submitted via text message:

…So Lastly, again, was it non compliant to NOT HAVE proper RCAC OR ECAC MEETINGS IN THE YEAR OF 2024? WAS IT LEGAL TO NOT FOLLOW the REQUEST OF INFORMATION TODAY DURING THE BOG MEETING TODAY ABOUT THE ADVISORY COMMITTEES RIGHTS IN 2023? CAN WE HAVE REGULAR RCAC MEETINGS UNTIL THE STATES MANDATES ANY CHANGES TO STAKEHOLDER MEETINGS? DID STATE MANDATE ANY CHANGES BEFORE THE CHANGES TO THE COMMITTEE MEETINGS WERE CHANGED BY STAFF IN 2023 AND RIGHT NOW OUR WE SUPPOSED TO HAVE MEETINGS RIGHT NOW UNTIL THE GOVERNMENT OR STATE MANDATES ANY CHANGES? IF NOT WHO WHO VIOLATED THIS IMPLEMENTATION WHO MADE THIS DECISION DID THE BOARD TAKE THA RIGHT AWAY TO NOW PRACTICE PROPER PROTOCOL FOR 2024?

Andria McFerson, RCAC 5 Member, submitted via text message:
I BELIEVE Peer-on-Peer community health information about what the public stakeholders go through could help better the practices of LA Care and better the care of Medical professionals, or providers and better our own health conditions. Because I believe more people are dying and there conditions are worsening. So Lastly, again, was it compliant to NOT HAVE proper RCAC OR ECAC MEETINGS for the public IN THE YEAR OF 2023? WAS IT LEGAL TO NOT FOLLOW the REQUEST OF INFORMATION TODAY DURING THE BOG MEETING TODAY ABOUT THE ADVISORY COMMITTEES RIGHTS IN 2023? CAN WE HAVE REGULAR RCAC MEETINGS UNTIL THE STATE MANDATES ANY CHANGES TO STAKEHOLDER MEETINGS IN 2024? DID STATE MANDATE ANY CHANGES BEFORE THE CHANGES WERE MADE TO THE COMMITTEE MEETINGS? WERE THESE CHANGES BY STAFF IN 2023 AND RIGHT NOW ARE WE SUPPOSED TO HAVE MEETINGS? RIGHT NOW UNTIL THE GOVERNMENT OR STATE MANDATES ANY CHANGES CAN WE CONTINUE TO HAVE PUBLIC MEETINGS IN 2024? IF WE CONTINUE TO NOT HAVE PUBLIC MEETINGS WITH THIS IMPLEMENTATION FROM LA CARE I WOULD LIKE TO KNOW WHO MADE THIS DECISION? IF OUR RIGHTS WERE VIOLATED DID THE BOARD KNOW OUR RIGHTS WERE TAKEN AWAY TO NOW PRACTICE PROPER PROTOCOL HAVING FULL MEETINGS NOT JUST LISTENING SESSIONS WITH ACCESS TO THE BROWN ACT AND ROBERTS RULE OF ORDER FOR 2023 AND 2024?

Compliance & Quality Committee (C&Q)
Chief Compliance Officer Report
February 15, 2024
- In Person Only -

COMPLIANCE OFFICER OVERVIEW		
ITEM #:	**DESCRIPTION:**	**OWNER / PRESENTER:**
1	2023 Year End Review	Todd Gower
2	2024 Compliance Work Plan & Motion – For Approval	Todd Gower
RISK MANAGEMENT		
3	Training Updates	Mike Sobetzko
4	Issues Inventory	Mike Sobetzko
AUDIT SERVICES		
5	Delegation Oversight Auditing Status	Marita Nazarian
BUSINESS UNIT PRESENTATIONS		
6	Utilization Management Compliance	Jennifer Rasmussen
7	Quality Compliance	Dr. Edward Sheen
ADJOURN		

Compliance & Quality Committee (C&Q) Meeting

L.A. Care HEALTH PLAN
For All of L.A.

February 15, 2024

Compliance Officer Overview & Agenda

Presenter(s): Todd Gower and Compliance Management Team

- 2023 Year End Review (Word document included)
- 2024 Compliance Work Plan & Motion – For BoG Approval
- Training Update
- Issues Inventory
- Delegation Oversight Auditing
- Utilization Management Compliance
- Quality Initiative Compliance

2023 Year End Review

L.A. Care HEALTH PLAN®

For All of L.A.

Presenters: Todd Gower and Compliance Management Team

OFFICE OF THE CHIEF COMPLIANCE OFFICER

This year, the Compliance department underwent a few reorganization efforts to simplify the structure, consolidate functionally similar units, and allocate work more effectively across department senior leadership. The Compliance department now consists of two verticals comprised of several sub-units that are focused on preventing, detecting and correcting potential and actual issues:

1. **Regulatory Compliance (Regulatory Operations)**
   a. Regulatory Analysis and Communications (RAC), Material Review, and Enterprise Performance Optimization (EPO) transitioned to this vertical
2. **Risk Management and Operations Support (Risk Management Support)**
   a. Privacy and Special Investigations Unit (SIU) moved into this vertical
   b. Provider Training transitioned from Human Resources

Additionally, **Audit Services** transitioned outside of Compliance to report directly to the Chief Executive Officer and Board of Governors (through the Compliance and Quality Committee). Audit Services is comprised of both Internal and Delegate Audits, the latter transitioning out of EPO.

The following summaries from each sub-unit reflect certain of the major initiatives and work we have performed to support L.A. Care, its members, providers and other affected parties.

REGULATORY COMPLIANCE (REGULATORY OPERATIONS)

The existing Regulatory Operations vertical was centralized in November 2023 to further streamline operations and align compliance efforts in the regulatory space. By centralizing both Regulatory Compliance and EPO, the Regulatory Compliance vertical ensures greater collaboration and improved efficiencies in the management of our internal and delegated responsibilities. The Regulatory Operations vertical includes Regulatory Audits and Monitoring, Regulatory Affairs and Reporting, Regulatory Analysis and Communications, Material Review, and Delegation Oversight & Monitoring and Internal Oversight & Monitoring.

Regulatory Audits and Monitoring

Audit Management

The Regulatory Audits & Monitoring unit managed and provided support for 11 regulatory and preparatory audits for the 2023 calendar year. These included a California Department of Health Care Service's (DHCS) Medical Audit and Focused Audits of Behavioral Health and Transportation Services, a Department of Managed Health Care's (DMHC) Routine Survey, and L.A. County Department of Public Social Services (DPSS) Annual Monitoring audits.

Audit Preparedness

Audit preparedness activities in 2023 focused on L.A. Care's readiness to engage in a CMS Program Audit of our new D-SNP line of business. Regulatory Audits worked with ATTAC Consulting Group (ACG) for the performance of a Compliance Program Effectiveness audit. In addition, the team collaborated with key business units and IT to develop and implement program audit data tables, ahead of a further preparatory audit of L.A. Care D-SNP's Organization Determinations, Appeals and Grievances (ODAG) data and performance.

High-Priority Remediation activities

The Regulatory Audits team collaborated with business units throughout the enterprise to develop Corrective Action Plans (CAPs) and responses to over 60 unique findings from the 2021 DMHC Routine Survey and the 2022-2023 DHCS Medical Audit, and is engaged in ongoing follow-up to ensure implementation. In addition, Regulatory Audits continued tracking the implementation and effectiveness of remediation steps taken in response to Enforcement Matters.

Regulatory Affairs and Reporting

Regulatory Inquiries and Disclosures

Regulatory Affairs worked closely with our DHCS and CMS Contract Managers to address and resolve regulatory inquiries throughout the 2023 calendar year, including, but not limited to, provider terminations, claims issues, P&P and data requests, and various surveys. L.A. Care received a total of 701 regulatory requests: 646 from DHCS, 39 from CMS, and 16 other regulatory requests from DMHC and other organizations. This is a 59.3% increase compared to 2022 (n=440 requests); with 230 (36%) of DHCS requests being member and provider issues.

The Regulatory Affairs team also managed the submission of a non-compliance self-disclosure to our state and federal regulators which involved a mailing misprint sent to our Medicare population. Four new CAPs were implemented to address identified non-compliance issues and with work continuing on two previously implemented CAPs. During

fiscal year FY 2022 - 2023, Regulatory Affairs were able to successfully close three CAPs with DHCS.

Regulatory Reporting

In 2023, the Regulatory Reporting team managed the collection, review, and submission of 74 regulatory reports to DHCS and CMS. The unit also implemented six new regulatory reports due to newly issued regulatory guidance and requirements. The unit has continued to work on implementing customized and comprehensive technical specification guides. These technical specifications will properly serve to house information for all reports including data sources, business owners, and queries. In addition, enhancements were made to the team's reporting functions, and continues to focus on building an effective quality assurance program to ensure data and reports are complete and accurate.

Regulatory Analysis and Communications (RAC)

Regulatory Change Management

The RAC team continued to enhance Regulatory Change Management (RCM) program tools and resources, including the Detailed Regulatory Analysis templates, feedback matrixes, and other communications. The team also introduced Impact Assessment Meetings to the RCM process, which are intended to assist in understanding operational impact, identifying risks, and initiate in the development of implementation plans. RAC also partnered with the EPO team to implement Plan Partner regulatory communication and implementation validation activities. Additional enhancements are under development, including the integration of the Project Management Office and Portfolio team into the RCM Program and implementation of the regulatory intake form and Governance Risk Compliance (GRC) system.

For Calendar Year (CY) 2023, there were 64 APLs, 464 HPMS memos, and nine CMS final rules analyzed and distributed by the RAC team. However, two of the biggest RCM initiatives in 2023 remained the 2024 DHCS Contract Operational Readiness (OR) and D-SNP implementation efforts.

- *2024 DHCS OR*: L.A. Care submitted a total of 235 artifacts for OR, with only two pending DHCS approval as of February 2024. In September 2023, DHCS approved L.A. Care to go live, with the 2024 contract officially signed in December 2023.
- *D-SNP Implementation*: L.A. Care also successfully implemented a combination of D-SNP state and federal policy and contract changes, including those for the 2024 Medicare Program Final Rule. RAC helped validate the implementation of these

requirements, with UM requirements from the 2024 CMS final rule announced as the topic of forthcoming CMS focused audits.

Policy Management

RAC collaborated with EPO to enhance the monthly reporting and distribution process of new and revised P&Ps to ensure Plan Partners are provided up-to-date information on policy changes. Additionally, enhancements to the policy management workflow continue to progress, with further workflow enhancements slated for the upcoming year with the implementation of the new Governance Risk Compliance (GRC) system.

Research and Requirements

In FY 2022-2023, the RAC team completed 221 research requests and inquiries. This is a 35% increase compared to last fiscal year (n=164). For Q1of FY 2023-2024 (October – December 2023), 55 research requests have been completed. Due to the continued high number of requests, the RAC team continues to work with consultants to support these inquiries.

Material Review

Podio Review Process

A two-year material life cycle field was added to all the Podio workspaces. This field will determine when materials are due for review. An auto-generated email is sent to the impacted Business Units with a request to review the documents uploaded in Podio. At that time, the Business Units will determine if revisions are needed or if existing content is current. If no revisions are necessary, that Podio submission will have a new review date populated. This process will help ensure materials remain compliant or revised as needed due to regulatory changes. Prior to this, materials were not reviewed on a regular basis, which led to outdated templates being used.

Texting Campaigns

The following texting campaigns were reviewed for compliance with regulatory requirements and submitted to DHCS:

- CG-CAHPS;
- Comprehensive Diabetes Care;
- Fight the Flu;
- Controlling Blood Pressure;
- Adult Access to Preventive/Ambulatory Health Services;
- Colorectal Cancer Screening;
- Well Child Visits 0-15 months;

- Well Child Visits 15-30 months; and
- Breast Cancer Screening.

All nine campaigns are approved and were launched during 2023.

L.A. Care's Medi-Cal Redetermination Outreach Efforts

The Unit supported the Medi-Cal Product team with the review of the Managed Care Plan Submission form. DHCS approval was received in September 2023 allowing L.A. Care to communicate with all beneficiaries regardless of their current eligibility status (e.g., enrollment is on hold for further validation or not on hold and deemed eligible). These outreach efforts encourage completion of Medi-Cal redetermination / renewal form packets. Various communications methods were developed, such as member website updates to include resources, texting campaigns, flyers, letters, and robocalls.

Claim Denials and Member Reimbursement Notifications

In response to a request from CMS, the Unit supported the Claims Integrity Unit with the development of five DSNP claims denial member notifications. The new templates were successfully processed via the Podio platform and templates implemented accordingly. Additional templates, relating to member reimbursements, for the other LOBs (MCLA, LACC, and PASC) were created as best practice and have been implemented. In total 20 templates were finalized and now in the Claims Integrity inventory of letters.

Template Distribution Process to Delegates

An enhanced delegate template distribution and review process was implemented in 2023. The Unit SharePoint site now centralizes tracking logs that include details about the various templates distributed; delegate sample template review and approval dates; and other information utilized by the audit team(s) within Compliance. This has proven to be a benefit to the audit teams as they perform delegate audits. Centralizing this information reduces the need or wait time for Advisors to provide requested information to our internal auditors.

Promoting the Medi-Cal Program – Annual Certification Training

L.A. Care is contractually required to have a training and certification program for all staff who promote the Medi-Cal program. The annual training is conducted during the 3rd quarter and includes internal staff, as well as, Plan Partners (Anthem and Blue Shield Promise). Participants are required to attend a two hour webinar followed by a test. All participants who successfully received a passing score of 85% are certified for two years. The training results are submitted to DHCS upon completion of the annual training sessions.

D-SNP Medicare Plus Website Monitoring

The Unit collaborated with Medicare Product team to review the Podio website submission process and identify opportunities for improvement. The roles and responsibilities for various Business Unit were identified which will ensure website content is updated on an ongoing basis (e.g., functional links, readable PDFs, etc.). Historically, content owners were not clearly identified which led to outdated content existing on (all) the websites.

Delegation Oversight Monitoring

Performance Improvement

EPO is responsible for maintaining a centralized, integrated, proactive internal and external performance monitoring program. Collectively, this program uses quantitative and qualitative Key Performance Indicators ("KPIs") to systematically assess, track and trend, and report on performance against applicable requirements, quality standards, and policy targets. EPO employs attestations to reinforce accountabilities and assure Subcontractor compliance with requirements that are not able to be assessed through evidence, such as the non-performance of prohibited actions.

EPO continues to ensure the organization is apprised, and that appropriate analyses are performed and that remediation plans are developed and implemented. EPO developed and utilized a standardized performance improvement framework to document root causation, impact analyses, and remediation plans for all issues it works with the business to remediate, to demonstrate robust Plan oversight.

In 2023, EPO also continued its focus on assembling operational metrics to support business unit performance and enterprise goal reporting. Operational metrics performance is shared via monthly scorecards to the business units. In addition EPO will continue reporting on Enterprise Goals for fiscal year ending September 30, 2024.

Ongoing Delegate Clinical Oversight Monitoring

EPO conducts individual monitoring of L.A. Care's delegates on a monthly and quarterly basis to ensure that quantitative and qualitative measure are meeting regulatory compliance. For 2023, EPO conducted over 2,500 audits across all Line of Businesses, including, but are not limited to, Service Authorization Requests (SAR), Initial Health Assessment (IHA), and Continuity of Care (COC) Case File Reviews. A total of 260 CAPs were also initiated through the monitoring program. EPO provided guidance to delegates through feedback on CAPs, detailed feedback on case files reviews, and met with delegates, as needed. EPO also provided annual refresher training on audited elements.

Centralized Dashboard

In 2023, EPO continues to create a Centralized Dashboard. The Dashboard is designed to consolidate all performance intelligence in one place to break down information siloes and obviate the need to consult multiple sources to glean performance status by function, by business unit, or by Entity. The Dashboard, through ongoing reporting will allow proactive monitoring on the status of delegated and non-delegated functions. EPO has been and continues to work with stakeholders in order to ensure that the capabilities needed are built into the Dashboard to see a holistic view of performance.

Data Quality

In 2023, EPO continued with projects to improve the quality of data used by the organization to evaluate performance. These efforts have been conducted in collaboration with the Information Technology/Data Governance units. These projects are leading to the creation of Data Marts for business functions to allow the generation of accurate and quality reports.

RISK MANAGEMENT SUPPORT

The Risk Management Support vertical includes Risk Management and Business Continuity, Special Investigations Unit, Privacy, and Provider Training.

Risk Management and Business Continuity

Enterprise Risk Management

Risk Management performs an annual risk assessment to identify, rank, and calibrate the risks faced by L.A. Care. For 2023, three of the top 10 risk have received significant mitigation, three additional risks have completed their management action plans and are now part of the Internal Audit plan to be assessed and mitigations validated. The remaining risks are being reviewed as part of the 2024 risk assessment process. The Risk Management team has launched an enhanced Annual Risk Assessment process for 2024 to increase awareness and visibility of the Organization's risks to support the outcome of establishing a stronger foundation for future risk assessment and internal control environment activities.

Annual Disaster Recovery

Beginning in September 2023, Compliance and Information Technology Departments planned and executed our annual disaster recovery exercise with significant support from our business partners who participated in our remote work test activity. This year's testing was focused on C1 applications (the most critical applications) that are part of a vendor

platform solution. Testing for in house applications will occur in early 2024 due to the revamp of disaster recovery infrastructure that is underway, which is supported by a third party firm.

Business Continuity

Enterprise annual required training of the Business Continuity Management Program was deployed, via LMS, to all staff to provide information on L.A. Care's emergency and disaster response protocol. Policy for governmental declared disasters was revised to meet all requirements. LA Care has contracted with a third party to support disaster recovery and business continuity planning. Business continuity and emergency response requirements for the 2024 DHCS Contract have been moved to a 2025 go live date by DHCS.

Special Investigations Unit – Fraud, Waste and Abuse (FWA)

During CY 2023, the SIU received 761 FWA leads and opened 352 healthcare fraud investigations that involved hospice fraud, home health care fraud, laboratory fraud, E/R up-coding, duplicate billings, pharmacy fraud, false billings and provider fraud. Many of these cases have been conducted in collaboration with State and Federal Law Enforcement and have resulted in 4 arrests and 12 convictions. In addition, the SIU's efforts have resulted in $7.3 million in savings and recoveries during 2023.

The L.A. Care SIU Investigators once again were presenters at the regional and annual conferences of the National Healthcare Anti-Fraud Association (NHCAA). The SIU also provided speakers to the CA Department of Justice (DOJ) Managed Care Anti-Fraud Conference, the Payment Integrity Congress and the Covered California Fraud Conference.

During CY 2023, the SIU continued to develop our delegation oversight program of Planned Partner and PPG SIUs. This ongoing communication has led to a tremendous exchange of information as we collaborate with our Planned Partners and PPG's on matters of healthcare fraud. SIU continued their quarterly healthcare fraud roundtables with our PP and PPG SIU counterparts and brought in speakers from the Department of Healthcare Services (DHCS), Department of Justice (DOJ) and Advize as well as LexusNexus to facilitate FWA training and provided a forum for the exchange of information regarding suspected FWA matters. We continue with our vigorous FWA plan with a focus on investigations and recovery activities.

Privacy

Privacy Dashboard

The Privacy team developed a dashboard for monitoring and managing privacy activities. The dashboard helps track and analyze trends, detect non-compliance, and assess workloads.

Intranet Page

Privacy collaborated with Information Security and Health Care Legal Services to create an intranet page related to Information Security and Privacy programs. The intranet page provides a centralized, easily accessible, and efficient platform to socialize the programs by increasing awareness, communication, and accountability.

Resource Page

Privacy also created a resources page to centralize federal and state rules and regulations. Privacy will use this resource page to review NPRM, OCR guidance, and NIST publication updates to ensure compliance with evolving regulatory environment.

Investigations

In 2023, Privacy conducted 100 investigations related to HIPAA violations. Most investigations were related to misdirected information, unauthorized disclosure, and IT incidents.

- 22% of the investigations were breaches reported by our Business Associates requiring federal and state notification.
- 61% were incidents that did not require notification.
- 17% were considered events that did not impact member PHI.

Right of Access

In 2023, Privacy received 466 PHI access requests. L.A. Care is required to provide our members with access to their PHI that we maintain in our designated record set. Privacy processed all requests within the regulatory timeframe of 30 calendar days from receipt.

Preliminary Contract Review

In 2023, Privacy, in collaboration with Information Security, reviewed 736 contract in SciQuest. The preliminary reviews required Privacy and Information Security Questionnaires to evaluate vendor risk, ensuring regulatory compliance, and protecting member data.

Provider Training

In June, 2023, Provider Training moved out of Human Resources into Compliance. External Learning Provider Training is responsible for creating and constructing learning and

educational opportunities for contracted entities to provide services to L.A. Care members. In some cases, the training is specific to our contracted entities who work with our member. In other cases, the training does include L.A. Care employees who partner with contracted entities in enhancing learning opportunities to ensure the services our members receive is appropriate.

This FY 2022-2023, a total of 16,173 providers received the benefit of Regulatory/Informative and Informational trainings and webinars facilitated by the External Learning Provider Training Unit.

New Provider Onboarding Training (NPOT) – Direct Network

The Direct Network External Learning Provider Training captures provider's information (provider name, company name, NPI Number, email address and phone number) for providers that attend New Provider Onboarding Training on a particular date. This effort tracks whether providers who are onboarded complete the Training within the 10 days of their contract effective date.

For this fiscal year, External Learning delivered 51 ILT New Provider Onboarding Training Sessions, there were 383 providers trained. Our overall NPOT Compliance rate for the year was 89.4%.

New Provider Onboarding Training (NPOT) – Delegated Network

For the Delegated Network External Learning Provider Training receives a monthly report from each PPG that indicates the number of PCP's, Specialists and/or Mid-Level Providers who joined the specific PPG the prior month. On the report, the PPG shares the provider's information (provider name, company name, NPI Number, email address and phone number) along with providing a copy of the Welcome letter, attestation ad sign in sheet to validate the provider information included on the respective report. This effort tracks whether providers on boarded did complete the Training within the 10 days of their contract effective date.

For this fiscal year, PPGs reported 1518 PCPs & Specialists for the fiscal year. Our Overall Compliance for PCPs & Specialists in the Delegated Network was 96.00%. PPGs also reported 738 Mid-Level providers for the fiscal year. Our Overall NPOT Compliance for Mid-Level Providers in the Delegated Network was 98.60%

Process Implements

Provider Training implemented three major process improvement opportunities to enhance the provider experience and improve overall Compliance.

- *Provider Information Form (PIF) Process*: The team integrated provider training requirements into the Credentialing process to increase awareness and compliance with training requirements. For the Direct Network, a PIF Process was established in Therefore. A "flag" was added in the credentialing process that requires PCPs and Specialists to complete their 10-Day New Provider Onboarding Training and submits valid documentation in addition to credentialing and facility site review. Once External Learning Provider Training confirms receipt of valid documentation, the documentation is uploaded to Therefore and the Provider can move forward to configuration and the opening of panels.
- *Upgraded Cisco WebEx – Learning Management Systems (LMS) (L.A. Care University)*: Provider training sessions via an Instructor-led method are facilitated through LMS and Cisco WebEx by logging in to L.A. Care University via Employee Central. These systems were upgraded.
- *On-Demand Training Modules*: Provider Training implemented On-Demand Training modules via L. A. Care University, which provides PCPs, Specialists, Mid-Level and Ancillary Providers a more flexible and convenient option to complete New Provider on Boarding Training. Once the module is successfully completed, an electronic attestation will launch and a date and time stamped signature is captured to confirm the completion of the training.

AUDIT SERVICES

In 2023, L.A. Care's audit program underwent a transformation from external staffing by a consulting firm to the establishment of a dedicated internal audit department within the organization. The new Audit Services Department encompasses both internal audit and delegate audit. In its staffing efforts, L.A. Care hired a Senior Director in August 2023 followed by a Director in November 2023. Additionally, Audit Services has opened three (3) Internal Auditor III positions.

To support the independence of the internal audit program and to allocate dedicated resources for conducting audits, the Audit Services Department was restructured and moved

out of the Compliance Department. It now reports directly to the CEO and Quality & Compliance Committee.

Internal Audit

There were 18 audit projects on the annual 2023 Audit Work Plan:

- Four (4) audits have been completed.
- There were four (4) with draft or final audit reports and they are being completed at this time.
- Ten (10) are being moved to the 2024 Audit Work Plan.

In 2024, there are 19 audit projects in total, comprised of 7 audits, 8 follow-up assessments, and 4 Risk Mitigation Plan Implementation Effectiveness Reviews.

As of November 2023, Internal Audit is being led by the Director of Internal Audit, who reports to the Senior Director of Audit Services. Internal Audit continues utilizing audit staff provided by RGP and is actively recruiting to bring in-house internal audit staff. There are currently three Internal Auditors III positions that have been approved.

Delegation Oversight and Audit

Delegate Audits

The Delegation Oversight Audit (DOA) team managed:

- Five (5) pre-delegation assessments for the D-SNP Line-of-Business;
- The 2024 DHCS Contract Operational Readiness assessment of Plan Partners conducted by HMA consultants;
- 33 Annual Audits; and
- CAP Validations for 42 delegates that were audited the previous year.

DOA Account and Communication Managers communicate and work with each of delegates and DOA auditors to reach our goal of completing audits within six months. Currently about 85% of 33 audits have had their Final Findings issued and 42% of audits have being closed (i.e. CAPs accepted).

The Auditors have also collaborated with other business units such as Quality Improvement and Provider Training to retrieve documents delegates submit on a monthly/quarterly basis to L.A. Care in order to reduce the duplicative work and time to obtain these documents from each delegate. We will continue to discuss and develop processes with these business units in the upcoming year.

Delegate Oversight Reporting

In 2023, Delegation Oversight (DO) Reporting kicked off the year by conducting a PPG Reporting Requirements Training. With over 200 attendees representing L.A. Care's delegates, the training provided guidance and education in areas such as updated reporting templates, submission schedules and timeframes. As L.A. Care transitioned from the CalMedi Connect (CMC) to D-SNP product, DO Reporting prioritized the provision of accurate and timely D-SNP Model of Care program data and reports related to risk stratification, health risk assessments, care coordination, care management, interdisciplinary care team and transition of care to its delegates.

Overall, DO Reporting collected from its PPGs, Specialty Groups and Plan Providers over 600 report logs to be utilized in oversight, monitoring and regulatory reporting activities. In addition, a total of 208 live data validation activities were conducted with PPGs within their medical management system to ensure accuracy and data integrity.

2024 Compliance Work Plan and Motion for Board of Governors Approval

Presenter: Todd Gower, Chief Compliance Officer

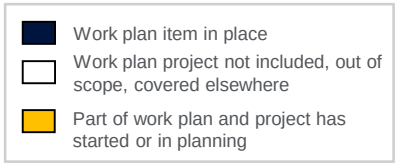
Importance of a Robust Compliance Workplan

An effective compliance program promotes an organizational culture that supports integrity, accountability, and ethical behavior. Compliance is not just a set of policies and procedures in a binder but is dependent on the behavioral norms of the organization in much the same manner as quality.

Compliance is not entirely subjective; it is bound by clearly defined regulatory and corporate integrity standards. The framework can be broken down into 7 key elements. The seven elements of an effective compliance program are:

2023 Compliance Work Plan Status

tied to the OIG 7 Elements



Policies & Procedures

- Mission, Vision, & Value Statements
- Policies & Procedures (P&Ps)
- P&Ps with Compliance Requirements
- Policy Management
- Regulatory Change Management

Training & Awareness

- Regular & Frequent Communication
- Culture/Tone of Compliance & Regulatory Change
- Participation of training and timely content
- Medicare Awareness

Effective Communication

- Periodic reporting to mgmt. & committees
- Required regulatory reporting
- Compliance effectiveness dashboard
- Governance structure for L.A. Care
- Reporting & tracking of potential FWA
- FDR & Delegation Oversight Committee

Risk Management

- Inventory Material Regulatory Requirements
- Review current Compliance risk
- Issues mgmt. & recommendations
- Responding to government investigations/exams
- Response plan/process for investigating alleged noncompliance
- Hotline triage and review
- Vendor Risk Mgmt
- Proactive COI Monitoring

Monitoring & Auditing

- Monitoring & tracking of Regulatory Change
- Payment Integrity
- Other Compliance Assessment/Audit & Monitoring
- FWA Monitoring & Auditing
- Periodic Compliance Program Evaluation

Use of Technology

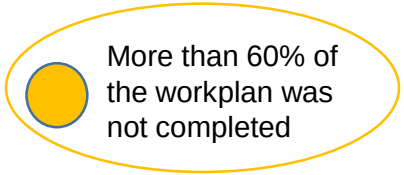
- Technology to support compliance program
- Defined measures (KRI & KPIs)
- Potential Recoveries and refund monitoring

People, Skills, Culture

- Roles & Responsibilities
- Performance mgmt. & incentives
- Enforcement & Disciplinary Accountability
- Culture/Tone from Top
- Organizational Design

This does not depict Compliance Maturity in each of the categories

2023 Compliance Work Plan Status



2023 Overview: 20 Projects. Many of the projects touched significant portions of the OIG 7 elements, but left gaps in the work plan to make sure there is an effective Compliance Program.

Completed (7)

- We would need to validate these projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews.

Started (11)

- These projects have either started in 2024 or were part of projects from 2023. Key projects tie to expanding usage of the current compliance workflow engine (SAI GlobalC360), Business Continuity/Disaster Recovery, Delegation Oversight, Internal Audit maturity, and Regulatory Operations maturity

Planning (2)

- The remaining projects, which are tied to privacy and regulatory operations maturity. We should start these projects in 2024.

2023 Project Updates

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	In place[1]	Risk to Complete	Current Status	Comments (additional notes)
1	Regulatory Compliance Quarterly Reporting	Regulatory Compliance	01/01/23	12/31/23	Design and launch a trending and actionable implementation report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits and deficiencies and corrective action plans. • The report will be communicated to senior management and used to monitor business unit investigation and remediation activities to any particular trends. • Each section will also include any new initiatives or programs and implementation updates.	Visibility of regulatory focus to inform organizational priorities from a regulatory and compliance perspective.	N	Started	N	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Funnel this through the GRC project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.
2	Regulatory Reports Quality Assurance & Monitoring	Regulatory Compliance	01/01/23	12/31/23	Continue to develop and expand the Regulatory Reporting Quality Assurance process including the following actions: • Comprehensive technical specifications document for regulatory reports including regulatory review tools. • Data validation protocols for data that may pose a high-risk to the organization if it is found to be inaccurate • Streamline coordination of report development and ensure data governance	Ensure submissions are timely, complete, and accurate upon submission to regulators. Improve report quality, and ensure reports are usable and accurate through increased data governance.	Y	Planning	N	Resources	Scoping for approval if needing resources (people and tech)	Project plan is scheduled to start mid-February 2024. Regulatory Report Department is on point for carrying forward the completion of this initiative.
3	Delegate Member Communication - Validation & Monitoring Process	Material Review	10/01/22	9/30/23	Implement process for distribution of member communications/letter templates to delegates: • Regulatory required communications for all LOBs • Best practice (i.e., not required by regulations) • Develop tracking tool • Draft Communication Work plan (identify roles, responsibilities, action required, deadlines, etc.) • Report distribution results and/or delegate compliance rates to Business Units, Committees, etc.	Delegates contracted for UM functions, D-SNP, etc. will distribute approved/compliant letters to members	Y	Need to Test	Y	NA	Project closed and ready for follow-up review of effectiveness	Regulatory Compliance will review and analyze to ensure all LOB's are captured and the tracking is effective and real-time.
4	Improve Policy Management Program	Regulatory Analysis and Communication	10/01/22	12/31/23	Improve enterprise-wide Policy Management Program: • Update Policy template • Review and revise Policy Management Workflow • Implement new workflow to all affected parties, with monitoring to ensure enterprise-wide compliance with policy management requirements	Ensure that policies and procedures and consistently developed, reviewed and updated.	Y	Started	N	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Policy Template updates and Policy Management workflow review Completed. Funnel this through the GRC project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.
5	Enhance enterprise-wide Regulatory Change Management (RCM) Program	Regulatory Analysis and Communication	10/01/22	12/31/23	Enhance the enterprise-wide regulatory change management program, including but not limited to: • Develop and socialize Regulatory Implementation Dashboard • Implement Regulatory Implementation Artifact Inventory • Review and revise Regulatory analysis templates and change management workflow	This enhancement will assure complete implementation of new or updated regulatory requirements and improve regulatory audit performance.	N	Started	N	NA	Effectively in place	Please note that these enhancements will be further enhanced as part of the GRC and ERCM project.

1 – In Place – Is the process that describes the project functional or not. Y- means the project is complete and the process &/or policy or program in place. N – means the project is not complete and needs more time to complete

2023 Project Updates *(continued)*

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	In place[1]	Risk to Complete	Current Status	Comments (additional notes)
6	Create the 2023 Business Continuity Plan	Risk Management/ Business Continuity	10/01/22	12/31/23	• Create new BCP P&Ps to incorporate all DHCS 2024 requirements • Meet all deliverables for 2024 Operational Readiness associated with BCP and emergency preparedness • Conduct DR testing, Business Impact Analysis (BIA) and develop departmental BCPs to reflect multiple scenarios • Test enterprise level BCP by end of 2023	Required to ensure effective business operations and comply with new DHCS contractual requirements effective 1/1/2024.	N	Started	N	Resources and Tech	Approved and execution is in Planning phase (waiting for resources to start)	Deliverable requirements are now 2025 and vendor work has begun and DR Process and BCP complete of Q3 2024.
7	Enhance and improve risk assessment process	Risk Management/ Business Continuity	10/01/22	9/30/23	• Catalog risks from key stakeholders and document current and desired management of risks • Build Management Action Plans (MAP) to support remediation efforts and allow Compliance to monitor progress • Integrate the Annual Risk Assessment into the 2023 Internal Audit Work Plan	Improve effectiveness of annual risk assessment and remediation actions.	Y	Need to Test	Y	NA	Effectively in place	
8	Develop plan for acquisition of software to manage workflow, tracking and reporting of all compliance activities	All	10/01/22	12/31/23	• Collection and prioritization of business requirements • Vendor request for proposals • System Design and Implementation • Training for Compliance and Business users	Create stronger tracking of compliance tasks and reduce duplication of efforts.	Y	Started	N	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Q4 2024 is the completion date.
9	Develop HIPAA Resource Page	Privacy	January 2023	December 2023	Develop an intranet resource page to centralize Privacy and InfoSec resources related to workflows, guidance, relevant rules/regs, micro trainings, and policies.	Increase organizational understanding of HIPAA and how it is operationalize to reduce privacy/InfoSec violations.	N	Started	N	NA	Execution process	Waiting for Communications to finalize the internet page and then it will be socialized to the organization.
10	Create BAA review tool to align contracts with federal/state/ and contractual requirements.	Privacy	January 2023	December 2023	Develop a BAA matrix to help Privacy staff review BAAs to ensure HIPAA risks are identified, and that a review worksheet is completed for auditing and monitoring purpose.	Reduce liability and exposure due to misidentified risks.	Y	Need to Test	Y	NA	Effectively in place	Need to Test with new requirements on Cyber and Ransomware risk
11	External facing HIPAA Policy	Privacy	January 2023	December 2023	Create an external facing HIPAA policy used to communicate our privacy and security expectations with our vendors and delegates.	Enforce compliance with HIPAA, state regs and contractual requirements.	Y	Planning	N	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Approved and execution is in Planning phased (waiting for resources to start)

1 – In Place – Is the process that describes the project functional or not. Y- means the project is complete and the process &/or policy or program in place. N – means the project is not complete and needs more time to complete

2023 Project Updates *(continued)*

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	In place[1]	Risk to Complete	Current Status	Comments (additional notes)
12	Launch Internal Audit Unit within Compliance Department	Internal Audit	January 2023	6/1/23	Complete management and staffing plan for new internal audit unit	Reduce external consultant expenditures	N	Started	N	Resources	Execution process	Yes, due to Todd's appointment as CCO. Also, with Maggie (IAS Senior Director) being hired in November 2023 and Gennadiy now in his role as IAS Director hired in August 2023 to reduce the PM consulting spend with taking the lead in 2024. However, 4 internal audit positions are still open to fill the gap and reduce expenditures.
13	Improve quality and integrity of enterprise and network performance data	EPO	07/14/05	12/31/23	Aggregate and distill all applicable requirements into performance criteria, validate these criteria with stakeholders, implement quantitative and qualitative metrics and attestations, and systematically measure the performance of retained and delegated functions against these standards.	TBD	Y	Started	N	Prioritizing and Reconciling	Currently in process through the EPO Program	These KPIs and processes are currently being built.
14	Enhance risk-based approach for annual delegate audits	Delegation Oversight, Audit Services	01/01/23	9/30/23	Continue design and documentation of risk-based method for selecting and sequencing the entities that must be audited, as well as the topics and methods to be used. • Risk audits will identify areas of high risk and tailor auditing protocols and plans. • Design and implement focused network provider audits for targeted and real-time examinations of entities that are considered at high risk of non-compliance for certain functions.	Risk-based auditing will reduce administrative burden and improve timeliness of audit completion, while maximizing the benefits of the audits. Focused audits will target categories of high risk and remediation of ongoing nonperformance.	Y	Started	N	Prioritizing and Reconciling	Execution process: risk-based audit Approved and execution is in planning phase: Focus Audit	For Risk-based audit, topics to be audited implemented in April 2023 and method for selection implemented in Jan. 2024. Focus provider audits were designed but not performed in 2023 due to the immaturity of the compliance infrastructure.
15	Develop track and trend tools and processes for network audit findings.	Delegation Oversight, Audit Services/ Compliance	01/01/23	9/30/23	Ensure that audit results and corrective actions are tracked and reported centrally, and that evidence-based action is taken on all systemic issues or patterns showing improvement opportunities.	Improves ability to monitor performance and compare performance over time.	Y	Started	N	Prioritizing and Reconciling	Scoping for approval if needing resources (people and tech)	A centralized log of audit results and corrective actions can be created; however, the process will be manual pending GRC implementation. Compliance infrastructure needs to mature in order to take evidence based action on systemic issues and patterns.

1 – In Place – Is the process that describes the project functional or not. Y- means the project is complete and the process &/or policy or program in place. N – means the project is not complete and needs more time to complete

2023 Project Updates *(continued)*

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	In place[1]	Risk to Complete	Current Status	Comments (additional notes)
16	Design and implement centralized performance dashboard for enterprise and network data	EPO	01/01/23	9/30/23	The results and trends enterprise rom these three Programs, as well as all other information germane to understanding internal and external performance will be consolidated and presented centrally to all stakeholders through the Centralized Dashboard. • EPO will work collaboratively with IT, across the Enterprise, and notably with Quality Improvement (QI), with Legal, and within Compliance, including with Regulatory Compliance, Enterprise Risk Management, the SIU, and Privacy, to ensure relevant data is represented on the Centralized Dashboard.	The Centralized Dashboard consolidates all performance intelligence in one place and allows proactive monitoring and reporting on the status of delegated and non-delegated functions.	Y	Started	N	Tech and Data	Currently in process through the EPO Program	The dashboard is part of the EPO Program to be built.
17	Complete Communications and Engagement Survey	EPO	10/01/22	5/1/23	• Complete the survey of the L.A. Care Enterprise Stakeholders to determine opportunities to streamline the touchpoints and bi-directional communications with L.A. Care's Service Delivery Network. • Develop strategies to addresses issues identified in survey.	Improve touchpoints and communications with the Network regarding performance requirements, oversight activities, audits, and other matters will increase efficiencies for L.A. Care and the Network.	Y	Need to Test	Y	NA	Survey was completed and presented to Q&C.	Survey was completed. Summary was presented to Q&C discussing findings and it and it was determined that currently there was no changes in current communication processes.
18	Focus investigations on priority fraud matters and development of strategies to prevent fraudulent behavior.	Special Investigations Unit	01/01/23	12/31/23	The SIU will focus on priority fraud matters such as hospice fraud, fraudulent prescribing of opioids, duplicate billings, pharmacy fraud, false billings and provider fraud. • The SIU will continue to work closely with our State and Federal Law Enforcement partners. • Develop strategies to change the behavior of fraudulent providers to stop future payments by L.A. Care that constitute fraud, waste of abuse.	Complete recovers and prevent fraud, waste and abuse.	Y	Need to Test	Y	Prioritizing and Strategy needed	Effectively in place	Cases are not prioritized, but SIU is functional
19	Provide oversight of our Planned Partner and delegate SIU Units	Special Investigations Unit	01/01/23	12/31/23	The SIU will continue to oversee our Planned Partner and PPG SIUs. • SIU will maintain ongoing communication and continue to exchange information and collaborate with our Planned Partners and PPG SIUs on matter of healthcare fraud. • The SIU will continue to host quarterly healthcare fraud roundtables with our PP and PPG SIU counterparts.	We share the vast experiences of the L.A. Care SIU personnel and ensure This collaboration and information sharing leads to an increase in leads and better healthcare fraud investigations.	Y	Need to Test	Y	NA	Effectively in place	Cases are not prioritized, but SIU is functional
20	Establish internal investigations unit	Special Investigations Unit	01/01/23	3/31/23	Hire internal investigations staff and complete appropriate staff training.	Avoid expense and delay associated with using outside counsel and consultant resources to conduct investigations.	N	Need to Test	Y	Resources, Prioritizing and Strategy needed	Effectively in place	Effectively being done by HR - This is a shared resource issue

1 – In Place – Is the process that describes the project functional or not. Y- means the project is complete and the process &/or policy or program in place. N – means the project is not complete and needs more time to complete

2024 Draft Compliance Work Plan

2024 Overview: 28 Projects

Testing effectiveness (7)

- Work with Audit Services to validate these completed projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews.

2023 Rollover (13)

- These projects have either started in 2024 or were part of projects from 2023.

New Projects (8)

- These projects focus on the OIG 7 elements, Medicare Compliance and overall Corporate Compliance

2024 Proposed Work Plan

- Work plan item in place
- Work plan project not included, out of scope, covered elsewhere
- Part of work plan and project has started or in planning

Policies & Procedures

- Mission, Vision, & Value Statements
- Policies & Procedures (P&Ps)
- P&Ps with Compliance Requirements
- Policy Management
- Regulatory Change Management

Training & Awareness

- Regular & Frequent Communication
- Culture/Tone of Compliance & Regulatory Change
- Participation of training and timely content
- Medicare Awareness

Effective Communication

- Periodic reporting to mgmt. & committees
- Required regulatory reporting
- Compliance effectiveness dashboard
- Governance structure for L.A. Care
- Reporting & tracking of potential FWA
- FDR & Delegation Oversight Committee

Risk Management

- Inventory Material Regulatory Requirements
- Review current Compliance risk
- Issues mgmt. & recommendations
- Responding to government investigations/exams
- Response plan/process for investigating alleged noncompliance
- Hotline triage and review
- Vendor Risk Mgmt
- Proactive COI Monitoring

Monitoring & Auditing

- Monitoring & tracking of Regulatory Change
- Payment Integrity
- Other Compliance Assessment/Audit & Monitoring
- FWA Monitoring & Auditing
- Periodic Compliance Program Evaluation

Use of Technology

- Technology to support compliance program
- Defined measures (KRI & KPIs)
- Potential Recoveries and refund monitoring

People, Skills, Culture

- Roles & Responsibilities
- Performance mgmt. & incentives
- Enforcement & Disciplinary Accountability
- Culture/Tone from Top
- Organizational Design

This does not depict Compliance Maturity in each of the categories

Draft 2024 Projects – 2023 Carryover

13 Projects rolling over into 2024

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
1	Prior Year Project	Regulatory Reports Quality Assurance & Monitoring	Regulatory Compliance	01/01/24	12/31/24	Continue to develop and expand the Regulatory Reporting Quality Assurance process including the following actions: • Comprehensive technical specifications document for regulatory reports including regulatory review tools • Data validation protocols for data that may pose a high-risk to the organization if it is found to be inaccurate • Streamline coordination of report development and ensure data governance	Ensure submissions are timely, complete, and accurate upon submission to regulators. Improve report quality, and ensure reports are usable and accurate through increased data governance.	Y	Planning	Resources	Scoping for approval if needing resources (people and tech)	Project plan is scheduled to start mid-February 2024. Regulatory Report Department is on point for carrying forward the completion of this initiative.
2	Prior Year Project	External facing HIPAA Policy	Privacy	01/01/24	12/31/24	Create an external facing HIPAA policy used to communicate our privacy and security expectations with our vendors and delegates.	Enforce compliance with HIPAA, state regs and contractual requirements.	Y	Planning	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Approved and execution is in Planning phased (waiting for resources to start)
3	Prior Year Project	Develop plan for acquisition of compliance software to manage workflow, tracking and reporting of all compliance activities	All	01/01/24	12/31/24	• Collection and prioritization of business requirements • Vendor request for proposals • System Design and Implementation • Training for Compliance and Business users	Create stronger tracking of compliance tasks and reduce duplication of efforts.	Y	Started	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Q4 2024 is the completion date.
4	Prior Year Project	Create the 2023 Business Continuity Plan	Risk Management/ Business Continuity	01/01/24	12/31/24	• Create new BCP P&Ps to incorporate all DHCS 2024 requirements • Meet all deliverables for 2024 Operational Readiness associated with BCP and emergency preparedness • Conduct DR testing, Business Impact Analysis (BIA) and develop departmental BCPs to reflect multiple scenarios • Test enterprise level BCP by end of 2023	Required to ensure effective business operations and comply with new DHCS contractual requirements effective 1/1/2024.	N	Started	Resources and Tech	Approved and execution is in Planning phase (waiting for resources to start)	Deliverable requirements are now 2025 and vendor work has begun and DR Process and BCP complete of Q3 2024.
5	Prior Year Project	Regulatory Compliance Quarterly Reporting	Regulatory Compliance	01/01/24	12/31/24	Design and launch a trending and actionable implementation report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits and deficiencies and corrective action plans. • The report will be communicated to senior management and used to monitor business unit investigation and remediation activities to any particular trends. • Each section will also include any new initiatives or programs and implementation updates.	Visibility of regulatory focus to inform organizational priorities from a regulatory and compliance perspective.	N	Started	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Funnel this through the GRC and ERCM project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.

Draft 2024 Projects – 2023 Carryover

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
6	Prior Year Project	Improve Policy Management Program	Regulatory Analysis and Communication	01/01/24	12/31/24	Improve enterprise-wide Policy Management Program: • Review and revise Policy Management Workflow • Implement new workflow to all affected parties, with monitoring to ensure enterprise-wide compliance with policy management requirements	Ensure that policies and procedures and consistently developed, reviewed and updated.	Y	Started	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Funnel this through the GRC project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.
7	Prior Year Project	Enhance enterprise-wide Regulatory Change Management (RCM) Program	Regulatory Analysis and Communication	01/01/24	12/31/24	Enhance the enterprise-wide regulatory change management program, including but not limited to: • Develop and socialize Regulatory Implementation Dashboard • Implement Regulatory Implementation Artifact Inventory • Review and revise Regulatory analysis templates and change management workflow	This enhancement will assure complete implementation of new or updated regulatory requirements and improve regulatory audit performance.	N	Started	NA	Working with IT and teams to make sure we have appropriate requirements in place	Please note that these enhancements will be further enhanced as part of the GRC and ERCM project.
8	Prior Year Project	Develop HIPAA Resource Page	Privacy	01/01/24	12/31/24	Develop an intranet resource page to centralize Privacy and InfoSec resources related to workflows, guidance, relevant rules/regs, micro trainings, and policies.	Increase organizational understanding of HIPAA and how it is operationalize to reduce privacy/InfoSec violations.	N	Started	NA	Execution process	Waiting for Communications to finalize the internet page and then it will be socialized to the organization.
9	Prior Year Project	Launch Internal Audit Unit within Compliance Department	Internal Audit	01/01/24	12/31/24	Complete management and staffing plan for new internal audit unit	Reduce external consultant expenditures	N	Started	Resources	Execution process	Yes, due to Todd's appointment as CCO. Also, with Maggie (IAS Senior Director) being hired in November 2023 and Gennadiy now in his role as IAS Director hired in August 2023 to reduce the PM consulting spend with taking the lead in 2024. However, 4 internal audit positions are still open to fill the gap and reduce expenditures.
10	Prior Year Project	Improve quality and integrity of enterprise and network performance data	Delegation Oversight	01/01/24	12/31/24	Aggregate and distill all applicable requirements into performance criteria, validate these criteria with stakeholders, implement quantitative and qualitative metrics and attestations, and systematically measure the performance of retained and delegated functions against these standards.	TBD	Y	Started	Prioritizing and Reconciling	Currently in process through the EPO Program	These KPIs and processes are currently being built.
11	Prior Year Project	Enhance risk-based approach for annual delegate audits	Delegation Oversight, Audit Services	01/01/24	12/31/24	Continue design and documentation of risk-based method for selecting and sequencing the entities that must be audited, as well as the topics and methods to be used. • Risk audits will identify areas of high risk and tailor auditing protocols and plans. • Design and implement focused network provider audits for targeted and real-time examinations of entities that are considered at high risk of non-compliance for certain functions.	Risk-based auditing will reduce administrative burden and improve timeliness of audit completion, while maximizing the benefits of the audits. Focused audits will target categories of high risk and remediation of ongoing nonperformance.	Y	Started	Prioritizing and Reconciling	Execution process: risk-based audit Approved and execution is in planning phase: Focus Audit	For Risk-based audit, topics to be audited implemented in April 2023 and method for selection implemented in Jan. 2024. Focus provider audits were designed but not performed in 2023 due to the immaturity of the compliance infrastructure.

Draft 2024 Projects – 2023 Carryover

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
12	Prior Year Project	Develop track and trend tools and processes for network audit findings.	Delegation Oversight, Audit Services/ Compliance	01/01/24	12/31/24	Ensure that audit results and corrective actions are tracked and reported centrally, and that evidence-based action is taken on all systemic issues or patterns showing improvement opportunities.	Improves ability to monitor performance and compare performance over time.	Y	Started	Prioritizing and Reconciling	Scoping for approval if needing resources (people and tech)	A centralized log of audit results and corrective actions can be created; however, the process will be manual pending GRC implementation. Compliance infrastructure needs to mature in order to take evidence based action on systemic issues and patterns.
13	Prior Year Project	Design and implement centralized performance dashboard for enterprise and network data	Delegation Oversight	01/01/24	12/31/24	The results and trends enterprise rom these three Programs, as well as all other information germane to understanding internal and external performance will be consolidated and presented centrally to all stakeholders through the Centralized Dashboard. • EPO will work collaboratively with IT, across the Enterprise, and notably with Quality Improvement (QI), with Legal, and within Compliance, including with Regulatory Compliance, Enterprise Risk Management, the SIU, and Privacy, to ensure relevant data is represented on the Centralized Dashboard.	The Centralized Dashboard consolidates all performance intelligence in one place and allows proactive monitoring and reporting on the status of delegated and non-delegated functions.	Y	Started	Tech and Data	Currently in process through the EPO Program	The dashboard is part of the EPO Program to be built.

Draft 2024 Projects – 2023 Validation

7 Projects to validate effectiveness from 2023

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
14	Testing Effectiveness	Enhance and improve risk assessment process	Risk Management/ Business Continuity	Testing TBD	Testing TBD	• Catalog risks from key stakeholders and document current and desired management of risks • Build Management Action Plans (MAP) to support remediation efforts and allow Compliance to monitor progress • Integrate the Annual Risk Assessment into the 2023 Internal Audit Work Plan	Improve effectiveness of annual risk assessment and remediation actions.	Y	Need to Test	NA	Effectively in place	Needs to be approved by C&Q
15	Testing Effectiveness	Create BAA review tool to align contracts with federal/state/ and contractual requirements.	Privacy	Testing TBD	Testing TBD	Develop a BAA matrix to help Privacy staff review BAAs to ensure HIPAA risks are identified, and that a review worksheet is completed for auditing and monitoring purpose.	Reduce liability and exposure due to misidentified risks.	Y	Need to Test	NA	Effectively in place	Need to work with Audit services to test
16	Testing Effectiveness	Delegate Member Communication - Validation & Monitoring Process	Material Review	Testing TBD	Testing TBD	Implement process for distribution of member communications/letter templates to delegates: • Regulatory required communications for all LOBs • Best practice (i.e., not required by regulations) • Develop tracking tool • Draft Communication Work plan (identify roles, responsibilities, action required, deadlines, etc.) • Report distribution results and/or delegate compliance rates to Business Units, Committees, etc.	Delegates contracted for UM functions, D-SNP, etc. will distribute approved/compliant letters to members	Y	Need to Test	NA	Project closed and ready for follow-up review of effectiveness	Need to work with Audit services to test. Regulatory Compliance will review and analyze to ensure all LOB's are captured and the tracking is effective and real-time.
17	Testing Effectiveness	Complete Communications and Engagement Survey	Delegation Oversight	Testing TBD	Testing TBD	• Complete the survey of the L.A. Care Enterprise Stakeholders to determine opportunities to streamline the touchpoints and bi-directional communications with L.A. Care's Service Delivery Network. • Develop strategies to addresses issues identified in survey.	Improve touchpoints and communications with the Network regarding performance requirements, oversight activities, audits, and other matters will increase efficiencies for L.A. Care and the Network.	Y	Need to Test	NA	Survey was completed and presented to Q&C.	Need to work with Audit services to test. Survey was completed. Summary was presented to Q&C discussing findings and it and it was determined that currently there was no changes in current communication processes.
18	Testing Effectiveness	Focus investigations on priority fraud matters and development of strategies to prevent fraudulent behavior.	Special Investigations Unit	Testing TBD	Testing TBD	The SIU will focus on priority fraud matters such as hospice fraud, fraudulent prescribing of opioids, duplicate billings, pharmacy fraud, false billings and provider fraud. • The SIU will continue to work closely with our State and Federal Law Enforcement partners. • Develop strategies to change the behavior of fraudulent providers to stop future payments by L.A. Care that constitute fraud, waste of abuse.	Complete recovers and prevent fraud, waste and abuse.	Y	Need to Test	Prioritizing and Strategy needed	Effectively in place	Need to work with Audit services to test. Cases are not prioritized, but SIU is functional
19	Testing Effectiveness	Provide oversight of our Planned Partner and delegate SIU Units	Special Investigations Unit	Testing TBD	Testing TBD	The SIU will continue to oversee our Planned Partner and PPG SIUs. • SIU will maintain ongoing communication and continue to exchange information and collaborate with our Planned Partners and PPG SIUs on matter of healthcare fraud. • The SIU will continue to host quarterly healthcare fraud roundtables with our PP and PPG SIU counterparts.	We share the vast experiences of the L.A. Care SIU personnel and ensure This collaboration and information sharing leads to an increase in leads and better healthcare fraud investigations.	Y	Need to Test	NA	Effectively in place	Need to work with Audit services to test. Cases are not prioritized, but SIU is functional
20	Testing Effectiveness	Establish internal investigations unit	Special Investigations Unit	Testing TBD	Testing TBD	Hire internal investigations staff and complete appropriate staff training.	Avoid expense and delay associated with using outside counsel and consultant resources to conduct investigations.	N	Need to Test	Resources, Prioritizing and Strategy needed	Effectively in place	Need to work with Audit services to test. Effectively being done by HR - This is a shared resource issue

Draft 2024 Projects – New for 2024

8 new Projects for 2024

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
21	New Project	Revitalize Delegation Oversight (DO) program	Delegation Oversight	01/01/24	12/31/24	Create an new Delegation Oversight Charter, Quarterly reporting cadence and improve visualization of metrics	Effective delegation oversight	Y	Started	NA	Draft DOM charter started and 1st meeting took place in December	Needs to be approved by C&Q
22	New Project	Create Risk Management Committee	Corp Compliance	01/01/24	12/31/24	Create an new Risk Management Charter, Quarterly reporting cadence and improve visualization of Risk Management metrics	Effective risk management	Y	Started	NA	Draft RM Charter being created	Needs to be approved by C&Q
23	New Project	Compliance Dashboard	Corp Compliance	01/01/24	12/31/24	Develop compliance dashboard to provide key metrics of an effective compliance workplan	Effective compliance program	N	Started	Tech and Data	Draft Requirements have been started	Needs to be approved by C&Q
24	New Project	Communication plan and roll-out	Corp Compliance	01/01/24	12/31/24	Develop detailed communication plan to help calibrate communication protocols, frequency of information and audience for the communications. This will include further build out of communications with all the Chairs, the subcommittee of the BOG and LA Care leadership.	Effective lines of communication	N	Started	NA	Draft Communication plan created to be shared at Feb 5 meeting	Needs to be approved by C&Q
25	New Project	First-Tier-Downstream Related Entity (FDR) / Vendor Risk Management (VRM) Monitoring and Auditing	Corp Compliance	01/01/24	12/31/24	Create an effective FDR program at LA Care. This includes supporting from IT Security, Compliance, Legal, Finance, Procurement.	Effective FDR / VRM Compliance program for Medicare and Medicaid	Y	Started	Resources	Initial assessment underway from the last CPE audit	Needs to be approved by C&Q
26	New Project	Hotline Operations	Corp Compliance	01/01/24	12/31/24	Create a new awareness campaign for our Hotline system along with appropriate reporting for substantiation and investigation. Be able to track the insights that could lead to an SIU or internal investigation	Effective lines of communication	N	Planning	Resources	Needing to work with the hotline vendor. Moved responsibility from EA to Risk Management	Needs to be approved by C&Q
27	New Project	Medicare Awareness Program	Medicare Compliance	01/01/24	12/31/24	Develop a robust Medicare and DSNP Compliance awareness program. To include modifying the current communication plan, monitoring and auditing.	Effective Medicare Compliance	Y	Planning	Resources	Hiring Sr Director to focus on Medicare compliance	Needs to be approved by C&Q
28	New Project	Member Data Validation	State and Federal Compliance	1/01/24	12/31/24	Develop a robust quarterly monitoring process of member data This will help validate marketing and care efforts to nonqualified members. The data will have to be validated against a 3rd party resource to check movement of members within the county, state, or country	Effective Medicare and Medicaid Compliance	N	Planning	Technology	In planning stage with a workgroup of HCS, Product team, Compliance and IT	Needs to be approved by C&Q

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: February 15, 2024

Motion No. COM 100.0324

Committee: Compliance and Quality

Chairperson: Stephanie Booth, MD

Issue: Approve 2024 Compliance Work Plan

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted in**

Background: The Compliance Work Plan summarizes the planned projects and activities as well as the Compliance Work Plan schedule for 2024.

Member Impact: None

Budget Impact: None

Motion: To approve the 2024 Compliance Work Plan, as submitted.

Training Update

Presenter: Michael Sobetzko, Sr. Director, Risk Management and Operations Support

Compliance Training Results

January 2024	2023 Annual Compliance Training			2024 New Hire Compliance Training		
	# Complete	# Incomplete	Percentage Completed	# Complete	# Incomplete	Percentage Completed
L.A. Care Employees	1832	3	99.80%	1116	40	96.50%
L.A. Care Contingent Workers	231	11	95.50%	526	41	92.80%
Board of Governors	13	0	100%	N/A	N/A	N/A
Note: 3 incomplete are EE's on LOA						

Issues Inventory

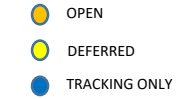
Presenter(s): Michael Sobetzko, Sr. Director, Risk Management and Operations Support

Issues Inventory Update – Summary

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Reported	5												
Open	2												
Closed to inventory	1												
Deferred													
Remediated													
Tracking Only	2												
Monitoring Only													

- **Open** – Issues confirmed by Compliance Risk Operations that require oversight and monitoring with business units.
- **Closed to Inventory** – Issues in which business units' are seeking guidance about a regulation or best practice process.
- **Deferred** – Issues in which regulatory guidance (DHCS, DMHC, or CMS) is pending to resolve or issue resolution is dependent on another business units' implementation of a system or process.
- **Remediated** – Issues that require formal or informal corrective action plans for resolution.
- **Tracking Only** – Issues managed by other Compliance areas (such as Regulatory Affairs, Audits, Analysis, Communication and Internal Audit In which the risk management staff is following up for current status updates to closure.
- **Monitoring Only** – Issues in which corrective action plans are completed and monitoring is to be done by Compliance.

Issues Inventory Years 2019 - 2023



Year	2019	2020	2021	2022	2023	2024
Total	**6**	**134**	**32**	**105**	**210**	
Open	1		4	8	39	
Closed to Inventory					118	
Deferred			3	21	1	
Remediated	5	134	25	76	32	
Tracking Only					20	
Monitoring Only						

Issues Inventory – Summary Backlog Open

Issues - 2022	
Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing-PQI Case Influx - 1530	Internal Audit is identifying additional observations that impact PQI timeliness and a follow up on these observations are TBD.
Transportation Benefit Audit - Missing Member-Initiated NEMT Trip Workflow – UM - 1458	Corrective Action Plans have been submitted and currently under review by Compliance for closure.
Transportation Benefit Audit - PCS Forms: Incomplete – UM and CRM - 1456	Corrective Action Plans have been submitted and currently under review by Compliance for closure.
Transportation Benefit Audit - PCS Forms: Missing Forms - UM and CRM - 1455	Corrective Action Plans have been submitted and currently under review by Compliance for closure.
Transportation Benefit Audit - Lack of UM Monitoring of PCS Form Quality – UM - 1453	Corrective Action Plans have been submitted and currently under review by Compliance for closure.
Enforcement Matter 22-062 - 1298	Legal is pending a response from DMHC.
OCR / HIPAA Enforcement Action - 1293	The HHS/OCR CAP (a 12-step plan) agreed upon by LACHP will run for 3 years from the effective date 8-01-23.
2021 CPE Audit Finding - First Tier Downstream Monitoring -1246	The Delegation oversite program implementation is expected in Q1/2024.

Issues Inventory – Summary Backlog Open

Issues - 2021	
Advance Warning of Encounter Data Quality Deficiencies - 1287	Deficiencies will be included in the 2024 Risk process.
2021 DPSS Audit - Failure to Complete Background Check -1210	Internal Audit confirming inclusion of background checks and pass status in 2023 Audit.
NCQA CR5 and CRED Policy CR 10 - 1209	A&G to continue report development of PPG level complaint identification.
County Programs Memorandum of Understanding (MOUs) - 1165	Ongoing process to work out MOU resources.
Issues - 2019	
Member Out Of Pocket (MOOP) Process - 1187	Ongoing work on MOOP process

Issues Inventory Update - Open

Issue Name and Description	Date Reported	Business Unit	Status
LA3654 MCLA Annual Mailing Kit Issue – The Marketing and Production team coordinated the fulfillment of 2024 Medi-Cal Annual Mailing Kits. As of December 11th, ~500k (English) kits have been distributed that are missing DHCS' required language assistance information. (1539)	12/14/2023	Compliance - Material Review	Open
D-SNP Palliative Care January 2024 Readiness – L.A. Care will not be compliant with the implementation of D-SNP Palliative Care requirements for January 1st due to defining the appropriate diagnosis and procedure codes to utilized. (1537)	12/12/2023	Medicare Product	Open

Issues Inventory Update - Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Closed Description
Even More Inquiry (Potential SIU Case) EvenMore sent a potential SIU case inquiry. The issue was a member received a call from their medical group on 12/07/2023 advising to schedule a follow up appointment for a previous hospitalization a few weeks ago. Per the member, the hospitalization was in August. The medical group advised the member to contact their health plan. (1540)	12/12/2023	Michael Devine/SIU	A review of the is case indicates no indication of fraud.

Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
Enhanced Care Management L.A. Care's is investigating their readiness for implementing the Enhance Care Management requirements of APL 23-032 which outlines the improvements to quality of life and health outcomes for Medi-Cal managed care members. (1542)	12/26/2023	Regulatory Analysis & Communication	Tracking Only
Mental Health and Substance Use Disorder Coverage L.A. Care will not be compliant with the implementation of Mental Health and Substance Use Disorder guidelines set forth in the most recent versions of treatment criteria developed by the nonprofit professional association for the relevant clinical specialty when conducting utilization review of covered health services and benefits for the diagnosis, prevention and treatment of mental health and substance abuse disorders. APL21-002. (1538)	12/12/2023	Regulatory Analysis & Communication	Tracking Only

Issue Inventory Update – Deferred Issues

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Closed Description	Date Closed
Inappropriate and Untimely Forwarding of Appeals and Grievances Cases to SIU Appeals and Grievances cases involving potential FWA issues were not sent to the SIU for review in a timely manner. (1417)	3/15/2023	Demetra Crandall/ Customer Solution Center – Appeals and Grievances	Deferred: No DHCS timeline changes for forwarding SIU cases regardless of the time it takes the Health Plan to determine a potential SIU case.	12/16/2023

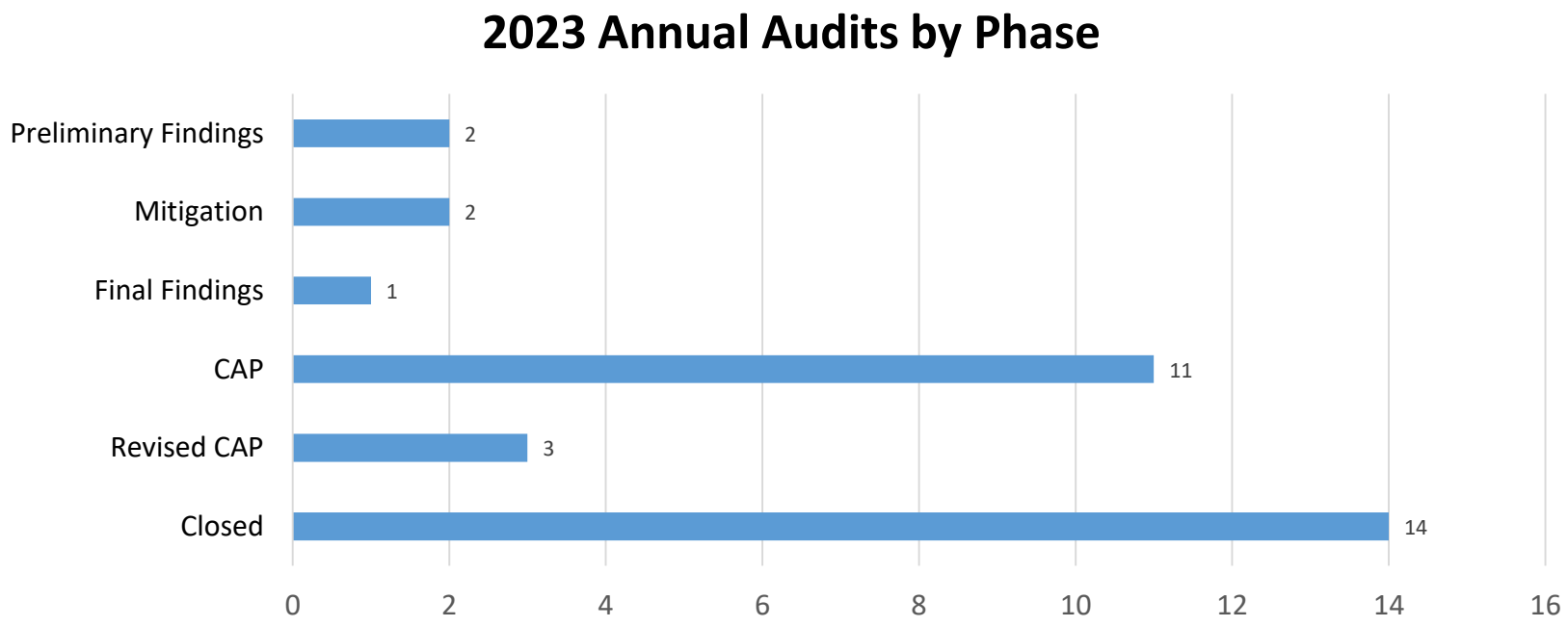
Issue Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Accountable Exec./ Business Unit	Remediation Description	Date Remediated
Direct Network UM Decision Notification Timeliness Report – The UM decision notification timeliness July scorecard had an internal calculation issue. The issue was fixed prior to publishing the report. The error was, the last provider notification letter for in patient concurrent admissions was reported instead of the initial notification letter to provider. (1485)	8/11/2023	Tara Nelson/Utilization Management	The scorecard has been corrected.	12/27/2023
PQI Backlog Cases via A&G Transmission – PQI have back log cases from A&G due to incorrect email address errors via manual email transmission. (1422)	3/17/2023	Dementra Crandall/ Customer Solution Appeals and Grievances	The report was implemented to capture missed cases to PQI business unit due to manual email transmissions.E3	12/8/2023

Delegation Oversight Audit

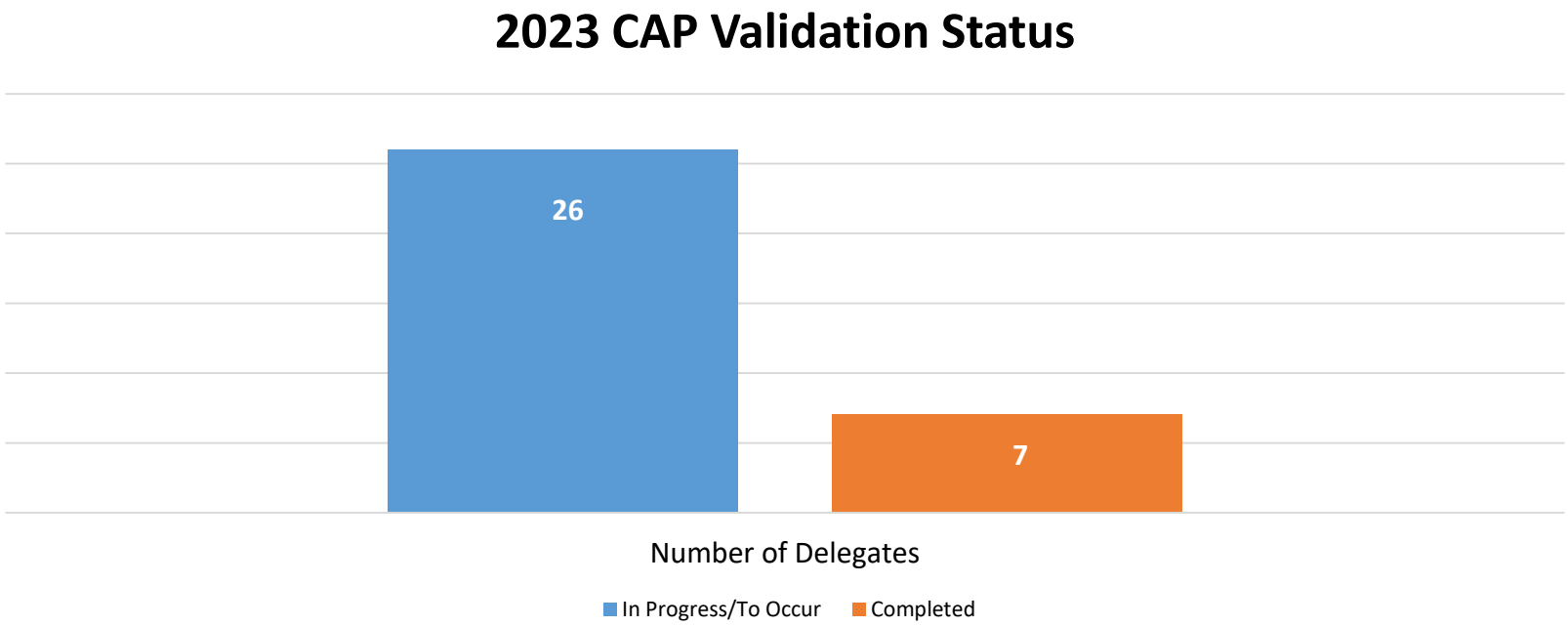
Presenter: Marita Nazarian, Director, Delegation Oversight Audit

2023 Delegation Oversight Audits



2023 Delegating Oversight – CAP Validations

CAP Validation occurs 60 days after CAPs are accepted.



2023 Delegation Oversight Audits – Results Overview & Future Plans

- Delegates Areas of Success:
  - Cultural and Linguistics requirements
  - Privacy Policy and Procedures
  - Utilization Management Policy and Procedures and UM Programs

- Next Steps:

  Areas identified with repeat findings will undergo:
  - Deep dive into details of delegates findings.
  - Presentation to the Delegation Oversight Committee.
  - Collaboration with Delegation Oversight Monitoring team to develop metrics and monitor repeated findings.

2024 Delegating Oversight Audits: Outlook

- **43** Audits scheduled from January – December
  - 3 D-SNP Risk Based Audits: 3 PPGs with highest D-SNP membership
  - 2 Plan Partners
  - 30 PPGs
  - 8 SHPs/Vendors

- 2024 Risk Based Delegation Oversight Audit Scope:
  - Past audit findings
  - DSNP requirements
  - NCQA requirements

Utilization Management Compliance

Presenter: Jennifer Rasmussen, Clinical Operations Executive

Authorization Request Timeliness Monitoring

Timeliness of Auth Decisions & Notifications	2023	Q1 2023	Q2 2023	Q3 2023	Q4 2023
All LOB (95%)	98%	97%	98%	99%	99%
Direct Network (MCLA subset: 95%)	97%	95%	96%	98%	99%
DSNP (95%)	97%	N/A	N/A	98%	96%

Description of Data: Overall timeliness for each LOB per quarter, all above goal of 95%

Relevance: Tight monitoring due to past enforcement action and CAPs in place for timeliness

Maintenance Activities:

- Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends.
- Ongoing system improvements/streamlining opportunities within our current UM platform.
- Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests.

Quality Assurance – Letters

Letter Template and Content

- Letters are a regulatory hot spot with history of findings and current CAPs. Heavy emphasis on inclusion of all required aspects for DMHC, DHCS, NCQA, and CMS for their LOB inclusions, respectively
- UM Actions:
  - Policy team established to monitor templates and audit samples for letter requirements to ensure regulatory compliance
  - Medical Director education with associated monthly audits assessing notice of action (NOA) verbiage appropriate
  - Letter library created and maintained by UM leadership in collaboration with MD team with NOA verbiage templates for MD use, ensuring consistency across MDs
  - Routine meetings with the MD team and quality to review audit fallouts or issues found

Current Issues: QNXT Conversion

UM Platform Transition

- SyntraNet to QNXT Transition Plan, planned for second half of 2024
  - Utilizing lessons learned from SyntraNet implementation in 2021, a team of leaders from each unit is participating in the planning and implementation
  - Multi-disciplinary UM team developing configuration requirements consisting of Sr. Director, Program Manager, Quality, Education, and various subject matter experts
  - Workgroup establishing a defined training plan for all staff, as well as focused education for specific areas/departments
  - Supplemental staffing requested to provide support for team education and transition, as productivity will be decreased due to virtual classroom time and learning a new system

Quality Initiatives Compliance

Presenter: Dr. Edward Sheen, Senior Quality, Population Health and Informatics Executive

Compliance Risk Summary – Open Corrective Action Plans (CAPs) from Audits

Accreditation

- **NCQA Open CAP for 2023 Health Plan Accreditation survey: UM7B denial letters missing language**. The issue has already been corrected; half of files selected in the survey were actually prior to our updates and improvements taking effect.
- Accreditation is conducting mock file review prior to CAP survey to ensure all delegates are complying with letter language change

DHS

- **NCQA Discretionary Survey UM13C**: Not enough denial files to review per 8/30 methodology due to DHS eConsult specialty referral process

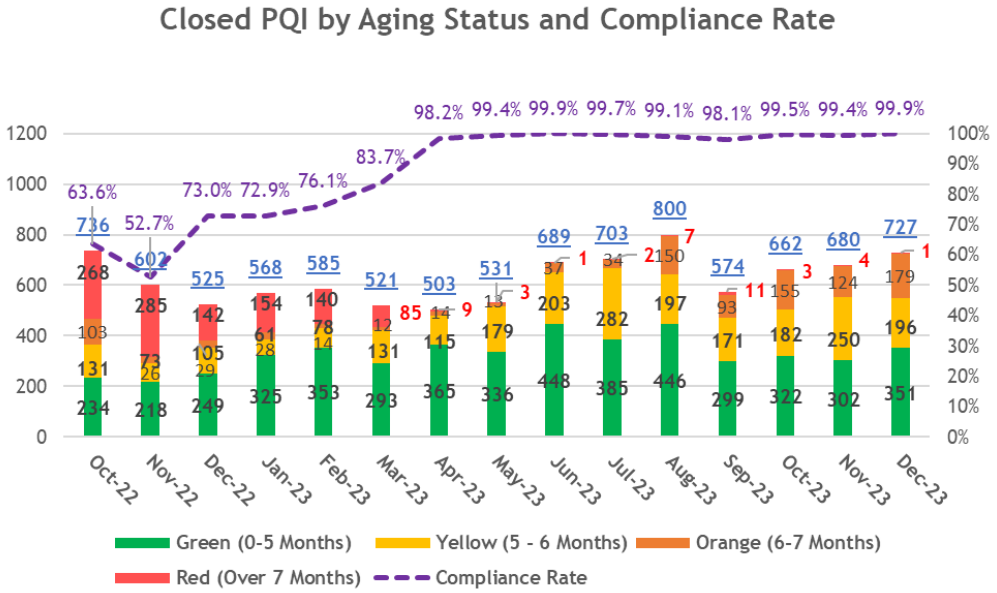
2021 DMHC Routine Survey

- **PASC-SEIU**: Implementation of procedures for overseeing delegated quality assurance functions. Inconsistency in QI policies and procedures being applied to PASC-SEIU product line when PASC-SEIU is accountable/applicable line of business.
- MCLA:
  1) PQR to implement reasonable procedures to investigate PQI in timely manner
  2) PQR to improve process to address confirmed quality issues identified in PQI referrals

Compliance Risk Summary – Provider Quality Review: Case Timeliness

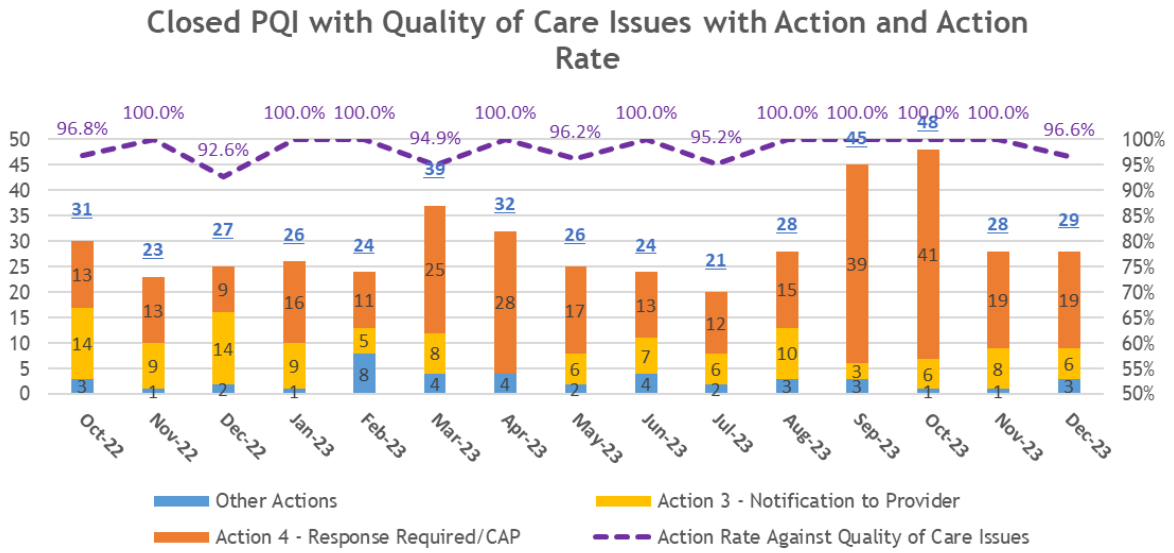
PQR team monitors timely case closure and risk by grouping cases into risk categories based on number of months cases have aged from dates PQIs are received

- Annual FY 2022/2023 timely closure rate was 85%; during this reporting period, team was working on closure of backlog of untimely cases
- Staffing has since increased to ensure timely closure and implementation of additional monitoring activities
- FY Q1 2023/2024 timely closure rate: 99.6%



Compliance Risk Summary – Provider Quality Review – Effective Actions

- Upon completion of PQI review, the clinical reviewer, medical director, or peer review committee shall determine actions to address quality findings.
  - FY 2022/2023: 346 quality findings with 339 (98%) actions taken
  - Q1 2023/2024: 105 quality findings with 104 (99%) actions taken



Compliance Risk Summary – PPG, Delegate, and Vendor Issues

Team	Issue Summary
Accreditation	**NCQA**: Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies
Accreditation	**Access to Care:** • PPGs with low survey response rates: Direct Network, Citrus Valley, and DHS • PPGs with delayed/no response to quarterly oversight and monitoring: Adventist Health Physicians and South Atlantic Medical Group
Initiatives	**Blood Lead Screening - Initial Health Assessments**: Rates have improved but still under 50th percentile; not all providers are meeting this level or responding to attestation requirement. Three delegated IPAs have not returned signed attestation.

Access & Availability – Key Metrics

Access to Care: Annual Provider Appointment Availability Survey + After Hours

	MY 2022 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Variance
Primary Care			
Urgent	73%	**84%**	11%
Routine	88%	**94%**	6%
Preventive (Adult)	97%	**98%**	1%
Preventive (Child)	91%	**94%**	3%
Prenatal	96%	**98%**	2%
In-Office Waiting	99%	**98%**	-1%
Call Back	70%	**80%**	10%
Reschedule	96%	**96%**	0%
No Show Process	99%	**99%**	0%
Specialist			
Urgent	57%	**80%**	23%
Routine	72%	**80%**	8%
Prenatal	84%	**96%**	12%
In-Office Waiting	96%	**97%**	1%
Call Back	51%	**80%**	29%
Reschedule	92%	**91%**	-1%
No Show Process	98%	**99%**	1%
After Hours			
Access	76%	**81%**	5%
Timeliness	65%	**80%**	15%

Quality Measures – Financial Risk from new DHCS Policies

- L.A. Care received preliminary “intent to sanction” based on Medi-Cal Accountability Set (MCAS)
- Although L.A. Care was in highest tier for quality based on regional benchmarks, DHCS’s sudden shift in methodology at end of the year was based on questionable methodology including unrealistic “100%” targets and benchmarks. This is basis for current appeal and widespread intense health plan concerns.
- For MY 2023 L.A. Care is at risk to miss MPL on 8 measures as two new measures with large gaps in state data required for management were added to MCAS Set
- Additionally for 2024, the Quality Withhold program will be in effect: early estimates of ~$15 million at risk.

Quality Measures – Sanctions

YTD as of 1/5/2024

Rates have improved recently which may lessen monetary impact for MY 2023

Measure Description	Measure Type	MY 2023 Admin Rate	YTD Admin Rate MY 2022	YTD MY 2022 vs MY 2023	50th%	MY2022
Cervical Cancer Screening (CCS)	H	50.10%	49.78%	0.32%	57.11%	51.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA)	A	25.20%	21.89%	3.31%	36.34	26.15%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	28.40%	28.74%	-0.34%	54.87	35.70%
Lead Screening in Children (LSC)	H	55.45%	53.72%	1.72%	62.79%	54.34%
Prevention - Topical Fluoride For Children	A	8.99%	0.24%	8.75%	19.3	0.28%
Well-Child Visits in the First 30 Months of Life (W30)	A	43.47%	43.03%	0.44%	58.8	45.63%
Well-Child Visits in the First 30 Months of Life (W30)	A	62.88%	61.61%	1.27%	66.76	62.64%
Child and Adolescent Well-Care Visits (WCV)	A	40.91%	37.83%	3.08%	48.07	46.64%

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	QUALITY ASSURANCE		
1	**The Plan did not consistently identify potential quality issues in grievances.** Section 1370; Rule 1300.70(b)(1)(A) and (B).	1	**2018, 2020**
2	**The Plan failed to implement reasonable procedures for investigating potential quality issues in a timely manner.** Section 1368(a)(1); Section 1370; Rule 1300.68(d)(2); Rule 1300.70(a)(1), (a)(4)(D), (b)(1)(B), and (c).		**N**
3	**The Plan did not consistently take effective action to correct confirmed quality issues identified in PQI referrals.** Section 1370; Rule 1300.70(a)(1), (a)(4)(D), and (b)(1)(A)		**N**
4	**The Plan did not consistently investigate quality issues identified by state licensing entities and take effective action to ensure providers are delivering appropriate care to all enrollees.** Section 1370; Rule 1300.70(a)(1), (b)(1)(A) and (B).		**N**
5	**The Plan failed to maintain sufficient organizational and administrative capacity to provide services to enrollees.** Section 1367(g); Rule 1300.67.3(a)(2) and (3); Rule 1300.70(b)(2)(F).		**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	APPEALS & GRIEVANCES		
6	**The Plan's governing body did not periodically review grievance reports.** Section 1368(a)(1); Rule 1300.68(b)(5), (d)(8), and (e)(1)-(2).	3	**2015, 2018, 2020**
7	**The Plan's grievance officer failed to continuously review the operation of the grievance system to identify emergent patterns of grievances.** Section 1368(a)(1); Rule 1300.68(b)(1).	4	**N**
8	**The Plan's grievance officer failed to oversee the grievance system for compliance with the Knox-Keene Act.** Section 1368(a)(1); Rule 1300.68(b)(1).	5	**N**
9	**The Plan's grievance system failed to monitor the number of grievances pending over 30 calendar days.** Section 1368(a)(1); Rule 1300.68(e)(1).	6	**N**
10	**The Plan failed to review, track, and monitor grievances processed by its delegates.** Section 1368(a)(1); Rule 1300.68(b)(1), (e)(1) and (2).		**N**
11	**The Plan failed to permit enrollees to submit expedited grievances to the Department without first participating in the Plan's grievance process.** Section 1368(b)(1)(A); Rule 1300.68(h); Rule 1300.68.01(a)(4).		**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	APPEALS & GRIEVANCES *(Cont.)*		
12	**Upon receipt of a grievance requiring expedited review, the Plan did not immediately inform enrollees of their right to contact the Department.** Section 1368.01(b); Rule 1300.68.01(a).	8	**N**
13	**The Plan did not consider the enrollee's medical condition when determining its response time to expedited grievances.** Section 1368(a)(1); Rule 1300.68.01(a)(3).	9	**N**
14	**The Plan did not consistently send enrollees a written statement on the disposition or pending status of expedited grievances within three days of receipt.** Section 1368.01(b); Rule 1300.68.01(a)(2).	10	**N**
15	**The Plan did not consistently send a written acknowledgment letter within five calendar days of receipt of a standard grievance.** Section 1368(a)(4)(A); Rule 1300.68(d)(1).		**N**
16	**The Plan did not consistently resolve standard grievances within 30 calendar days of receipt.** Section 1368.01(a); Rule 1300.68(a).	11	**N**
17	**The Plan did not consistently send a written resolution letter within 30 calendar days of receipt of a standard grievance.** Section 1368(a)(5); Rule 1300.68(d)(3).		**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	APPEALS & GRIEVANCES *(Cont.)*		
18	**The Plan did not consistently resolve all issues raised in grievances.** Section 1368(a)(1); Rule 1300.68(a)(4).	12	**N**
19	**The Plan did not maintain a grievance system capable of tracking and monitoring issues raised in grievances as coverage disputes and disputes involving medical necessity.** Section 1368(a)(1); Rule 1300.68(e)(2).	13	**N**
20	**The Plan did not maintain procedures for implementing decisions by the Department's Independent Medical Review organization.** Section 1368(a)(1), (b)(1)(A) and (3); Section 1374.30(b); Section 1374.34(a); Rule 1300.68(g).	15	**N**
21	**The Plan's online grievance submission process was not easily accessible through a hyperlink on the Plan's internet website home page or member services portal clearly identified as "GRIEVANCE FORM."** Section 1368.015(b).	16	**N**
22	**The Plan did not ensure grievance forms and a description of the grievance procedure were readily available at each of the Plan's facilities, on the Plan's website, and from each contracting provider's office or facility.** Section 1368(a)(3); Rule 1300.68(b)(7).	17	**N**
23	**The Plan did not notify enrollees about its grievance system on an annual basis.** Section 1368(a)(2); Rule 1300.68(b)(2)	18	**N**
24	**The Plan did not include the statement required by Section 1368.02(b) in the appropriate format on all required documents.** Section 1367.01(h)(4); Section 1368.02(b); Section 1368.015(c)(3); Rule 1300.68(d)(7).	19	**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	ACCESS AND AVAILABILITY		
25	**The Plan did not maintain a process for monitoring whether its provider networks experienced a 10 percent change.** Section 1367.27(r); Rule 1300.52(f).	20	**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	UTILIZATION MANAGEMENT		
26	**The Plan did not consistently provide enrollees with a written notification of a decision to deny or modify a request for health care services on the basis of medical necessity that included a clear and concise explanation of the reason for the Plan's decision and the clinical reasons for the Plan's medical necessity determination.** Section 1367.01(h)(4).		**N**
27	**The Plan did not consistently document only licensed physicians made decisions to deny or modify requests for health care services based on medical necessity.** Section 1367.01(e).		**N**
28	**The Plan did not consistently make decisions to deny or modify requests for health care services within required timeframes.** Section 1367.01(h)(1) and (2).		**2018**
29	**The Plan did not consistently notify providers of decisions to modify or deny requested health care services within 24 hours.** Section 1367.01(h)(3).		**2018, 2020**
30	**The Plan did not consistently provide timely notification to enrollees of decisions to modify or deny requested health care services.** Section 1367.01(h)(3).		**2018**
31	**The Plan did not perform adequate oversight of its delegates to ensure compliance with required utilization program standards.** Section 1367.01(a), (h) and (j); Rule 1300.70(b)(2)(A) and (B); Section 1386(b)(1).	21	**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	UTILIZATION MANAGEMENT *(Cont.)*		
32	**The Plan did not ensure its delegate's specialist referral process complies with applicable utilization review requirements.** Section 1367.01(a), (h), and (j).	22	**N**
33	**The Plan did not maintain adequate quality assurance processes to ensure its own compliance with required utilization program standards.** Section 1367.01(j); Section 1370; Rule 1300.70(b)(2)(A)-(B).		**N**
34	**The Plan did not maintain a process to provide enrollees diagnosed with a terminal illness with the required information when the Plan denies treatment, services or supplies deemed experimental.** Section 1368.1(a).		**N**
35	**The Plan did not maintain a standing referral process.** Section 1374.16(a).		**N**
36	**The Plan failed to demonstrate it included the required notice language when disclosing criteria or guidelines used as the basis to modify, delay, or deny requested health care services.** Section 1363.5(b)(5) and (c).		**N**

Exhibit A DMHC Findings (Local Initiative)

#	Finding Description	JPA Shared Finding #	Repeat Y/N
	EMERGENCY SERVICES AND CARE		
37	**The Plan did not provide annual notification to all noncontracting hospitals in the state with the necessary contact information to request authorization of post-stabilization care.** Section 1371.4(a) and (j)(1); Section 1262.8(b), (j) and (k).	23	**N**
38	**The Plan did not ensure its delegates make timely post-stabilization care authorization decisions.** Section 1371.4(a), (e); Rule 1300.71.4(b)(1) and (2).		**N**
	PRESCRIPTION DRUG COVERAGE		
39	**The Plan did not maintain a process for commercial enrollees to seek an external exception request review by an independent review organization.** Section 1367.24(k); Section 1368.01(c); and 45 CFR 156.122(c)(3).	25	**N**
40	**The Plan did not inform commercial enrollees of their right to file a grievance seeking an external exception review request in formulary exception request denial and modification letters.** Section 1367.24(b); Section 1367.01(h)(4).	26	**N**
41	**The Plan did not consistently include a description of the criteria or guidelines used and the clinical reasons for the decision in formulary exception denial and modification letters.** Section 1367.01(a) and (h)(4).	27	**2018**
42	**The Plan did not ensure enrollees can continue to receive previously approved nonformulary drugs when appropriately prescribed.** Section 1367.22(a); Section 1367.24(c).	28	**N**

Exhibit B: DMHC Findings (JPA)

#	Finding Description	LIHA Shared Finding #	Repeat Y/N
	QUALITY ASSURANCE		
1	**The Plan did not consistently identify potential quality issues in grievances.** Section 1370; Rule 1300.70(b)(1)(A) and (B).	1	**2018, 2020**
2	**The Plan failed to implement reasonable procedures for overseeing delegated quality assurance functions.** Section 1370; Section 1386(b)(1); Rule 1300.70(a)(4)(D), (b)(2)(B)-(C), and (c).		**N**

Exhibit B: DMHC Findings (JPA)

#	Finding Description	LIHA Shared Finding #	Repeat Y/N
	APPEALS & GRIEVANCES		
3	**The Plan's governing body did not periodically review grievance reports.** Section 1368(a)(1); Rule 1300.68(b)(5), (d)(8), and (e)(1)-(2).	6	**2015, 2018, 2020**
4	**The Plan's grievance officer failed to continuously review the operation of the grievance system to identify emergent patterns of grievances.** Section 1368(a)(1); Rule 1300.68(b)(1).	7	**N**
5	**The Plan's grievance officer failed to oversee the grievance system for compliance with the Knox-Keene Act.** Section 1368(a)(1); Rule 1300.68(b)(1).	8	**N**
6	**The Plan's grievance system failed to monitor the number of grievances pending over 30 calendar days.** Section 1368(a)(1); Rule 1300.68(e)(1).	9	**N**
7	**The Plan did not consistently identify all oral expressions of dissatisfaction as grievances.** Section 1368(a)(1); Rule 1300.68(a)(1).		**N**
8	**Upon receipt of a grievance requiring expedited review, the Plan did not immediately inform enrollees of their right to contact the Department.** Section 1368.01(b); Rule 1300.68.01(a).	12	**2018, 2020**

Exhibit B: DMHC Findings (JPA)

#	Finding Description	LIHA Shared Finding #	Repeat Y/N
	APPEALS & GRIEVANCES *(Cont.)*		
9	**The Plan did not consider the enrollee's medical condition when determining its response time to expedited grievances.** Section 1368(a)(1); Rule 1300.68.01(a)(3).	13	**N**
10	**The Plan did not consistently send enrollees a written statement on the disposition or pending status of expedited grievances within three days of receipt.** Section 1368.01(b); Rule 1300.68.01(a)(2).	14	**N**
11	**The Plan did not consistently resolve standard grievances within 30 calendar days of receipt.** Section 1368.01(a); Rule 1300.68(a).	16	**N**
12	**The Plan did not consistently resolve all issues raised in grievances.** Section 1368(a)(1); Rule 1300.68(a)(4).	18	**N**
13	**The Plan did not maintain a grievance system capable of tracking and monitoring issues raised in grievances as coverage disputes and disputes involving medical necessity.** Section 1368(a)(1); Rule 1300.68(e)(2).	19	**N**
14	**The Plan impermissibly processed coverage disputes as exempt grievances.** Section 1368(a)(4)(A), (B)(i), and (5); Rule 1300.68(d)(1), (3), and (8).		**N**
15	**The Plan did not maintain procedures for implementing decisions by the Department's Independent Medical Review organization.** Section 1368(a)(1), (b)(1)(A) and (3); Section 1374.30(b); Section 1374.34(a); Rule 1300.68(g).	20	**N**

Exhibit B: DMHC Findings (JPA)

#	Finding Description	LIHA Shared Finding #	Repeat Y/N
	APPEALS & GRIEVANCES *(Cont.)*		
16	**The Plan's online grievance submission process was not easily accessible through a hyperlink on the Plan's internet website home page or member services portal clearly identified as "GRIEVANCE FORM."** Section 1368.015(b).	21	**N**
17	**The Plan does not ensure grievance forms and a description of the grievance procedure were readily available at each of the Plan's facilities, on the Plan's website, and from each contracting provider's office or facility.** Section 1368(a)(3); Rule 1300.68(b)(7).	22	**N**
18	**The Plan did not notify enrollees about its grievance system on an annual basis.** Section 1368(a)(2); Rule 1300.68(b)(2).	23	**N**
19	**The Plan did not include the statement required by Section 1368.02(b) in the appropriate format on all required documents.** Section 1367.01(h)(4); Section 1368.02(b); Section 1368.015(c)(3); Rule 1300.68(d)(7).	19	**N**

Exhibit B: DMHC Findings (JPA)

#	Finding Description	LIHA Shared Finding #	Repeat Y/N
	ACCESS AND AVAILABILITY		
20	**The Plan did not maintain a process for monitoring whether its provider networks experienced a 10 percent change.** Section 1367.27(r); Rule 1300.52(f).	25	**N**
	UTILIZATION MANAGEMENT		
21	**The Plan did not perform adequate oversight of its delegates to ensure compliance with required utilization program standards.** Section 1367.01(a), (h) and (j); Section 1368.1(a)(1), (2), and (3); Section 1374.16(a); Section 1363.5(c); Section 1368.02(b); Rule 1300.70(b)(2)(A) and (B); Section 1386(b)(1).	31	**N**
22	**The Plan did not ensure its delegate's specialist referral process complies with applicable utilization review requirements.** Section 1367.01(a), (h), and (j).	32	**N**
	EMERGENCY SERVICES AND CARE		
23	**The Plan did not provide annual notification to all noncontracting hospitals in the state with the necessary contact information to request authorization of post-stabilization care.** Section 1371.4(a) and (j)(1); Section 1262.8(b), (j) and (k).	37	**N**
24	**The Plan did not ensure its delegates maintain complaint emergency services policies.** Section 1371.4(a), (e); Rule 1300.71.4(b)(1) and (2).		**N**

Exhibit B: DMHC Findings (JPA)

#	Finding Description	LIHA Shared Finding #	Repeat Y/N
	PRESCRIPTION DRUG COVERAGE		
25	**The Plan did not maintain a process for enrollees to seek an external exception request review by an independent review organization.** Section 1367.24(k); Section 1368.01(c); and 45 CFR 156.122(c)(3).	39	**N**
26	**The Plan did not inform enrollees of their right to file a grievance seeking an external exception review request in formulary exception request denial and modification letters.** Section 1367.24(b); Section 1367.01(h)(4).	40	**N**
27	**The Plan did not consistently include a description of the criteria or guidelines used and the clinical reasons for the decision in formulary exception denial and modification letters.** Section 1367.01(a) and (h)(4).	41	**2018**
28	**The Plan did not ensure enrollees can continue to receive previously approved nonformulary drugs when appropriately prescribed.** Section 1367.22(a); Section 1367.24(c).	42	**N**
29	**The Plan's formulary did not include a table of contents.** Section 1367.205(a)(3); Rule 1300.67.205(b)(2).		**N**

Exhibit C: DHCS Findings

Category 1 – Utilization Management *(7 Findings)*	
1.1.1 Medical Director Oversight of Post-Stabilization Authorizations	• The Plan did not ensure that medical necessity decisions for post-stabilization services were made by qualified medical personnel.
1.1.2 Referral Tracking	• The Plan did not track and monitor specialty referrals requiring prior authorization through the Plan.
1.1.3 Under and Over-Utilization	• The Plan did not have a mechanism to detect under- and over-utilization of health care services.
1.3.1 Written Consent for Appeals	• The Plan did not ensure that it obtained members' written consent for authorized representation to file appeals on their behalf.
1.5.1 Delegation of Utilization Management	• The Plan did not ensure that one of its delegated entities (Delegated Entity A), complied with all UM and prior authorization requirements. • **This is a repeat of prior year finding 1.5.1 – Delegation of Utilization Management.**

Exhibit C: DHCS Findings

Category 1 – Utilization Management Continued *(7 Findings)*	
1.5.2 Delegate and Subcontractor Ownership and Control Information	• The Plan did not collect and review ownership and control disclosure information for Delegated Entity B. • **This is a repeat finding from the prior years 2021 and 2019; 1.5.3 Oversight of Network Delegate and Subcontractor Ownership and Control and 1.1.1 Documentation of the Plan's Oversight of its Delegates and Subcontractors**
1.5.3 Notification to Contract Manager for the Subcontractor Ownership and Control Disclosure Requirements.	• The Plan did not notify the contract manager within three business days that Delegated Entity B was out of compliance with the ownership and control disclosure requirements.

Exhibit C: DHCS Findings

Category 2 – Case Management and Coordination of Care *(3 Findings)*	
2.1.1 Initial Health Assessment	• The Plan did not ensure the completion of an IHA for new members within 120 days of enrollment.
2.1.2 Anticipatory Guidance for Lead Exposure	• The Plan did not ensure anticipatory guidance was provided to parents or guardians of age-appropriate members.
2.1.3 Blood Lead Screening (BLS) Tests	• The Plan did not ensure the provision of BLS tests to child members at ages one and two and did not document the reason for not performing a BLS test in the child's medical record.

Exhibit C: DHCS Findings

Category 4 – Member's Rights *(5 Findings)*	
4.1.1 Misclassification of Grievances	• The Plan did not properly classify QOC or Quality of Service (QOS) grievances.
4.1.2 Quality of Care (QOC) Grievances	• The Plan did not ensure that QOC grievances were immediately submitted to the Plan's Medical Director for action.
4.1.3 Timely Resolution of Quality of Care Grievances	• The Plan did not resolve the members' QOC grievances within 30 days of receipt of the grievance. • **This is a repeat finding of prior year finding - 4.1.1 - Grievances Letters**
4.1.4 Grievance Resolution Letters	• The Plan did not send grievance resolution letters with clear and concise explanation of the Plan's decisions to members. • **This is a repeat of prior year finding - 4.1.4 Resolution Letter Decisions.**
4.1.5 Written Consent for Grievances	• The Plan did not ensure that members' written consent was obtained for authorized representation when a grievance was filed on a member's behalf.

Exhibit C: DHCS Findings

Category 5 – Quality Improvement *(1 Findings)*	
5.3.1 Provider Training	• The Plan did not train newly contracted providers within ten working days after being placed on active status.

CMO Report
February 2024

Medical Management Division

Care Management

Enhanced Care Management (ECM)

In November, L.A. Care temporarily halted recovery and reconciliation efforts due to concerns raised by ECM providers regarding contract language. However, in December, Finance resumed these efforts, successfully recovering over $2M of the owed $25M by the end of 2023. A formal reinstatement communication is pending legal approval. Discussions are ongoing for claims spanning April 2023 to March 2024.

- *Data Integrity:* Significant challenges have been encountered in tracking ECM enrollment within L.A. Care's UM (Syntranet) and payment (QNXT) systems, affecting regulatory reporting and per-member-per-month (PMPM) provider payments. With L.A. Care now overseeing Syntranet, efforts are underway to rectify these issues, with a renewed commitment to address concerns by March 2024. The ECM team, with the support of the newly hired Clinical Data Analyst, is actively creating enrollment dashboards to track referral and enrollment trends and key performance indicators (KPIs) internally and for our plan partners. We aim to leverage this data by Q2 2024 to identify opportunities to grow enrollment.

- *Payment Model:* A fee-for-service (FFS) rate structure, developed in Fall 2023 and initially planned for implementation in January 2024, has been delayed until at least April 2024 due to provider concerns that the loss of capitation will affect their ability to sustain the existing staffing model. The ECM team has been holding meetings with providers to get a better understanding of the challenges with the proposed rates and is collaborating closely with the finance and actuary team to adjust the rates and/or payment model as needed. The objective is to foster continued growth in enrollment while also incentivizing providers to deliver the necessary level of care to our members with the highest needs

- *Clinical Oversight:* A comprehensive overhaul of the provider audit and oversight program was completed in Q4 2023, including the revision of policies and procedures, the provider reference guide, audit tools, and the audit corrective action plan (CAP) process. A pilot program started in January 2024 to guide the finalization of the program. Monthly ECM report cards will communicate audit results featuring aggregated network data, enabling providers to assess their performance relative to other network providers. The full oversight program launch is planned for the end of Q1 2024.

- *Network:* Efforts to develop a dashboard overlaying provider network capacity with ECM eligible membership experienced a temporary pause but are set to resume with the recent hire of a Clinical Data Analyst. The dashboard is planned for implementation by the end of Q2 2024 as a complementary tool to the LA County provider capacity report, helping to fulfill capacity planning and DHCS reporting requirements.

- *Justice Involved Initiative (JI):* The ECM team continues to collaborate with L.A. County correctional facilities, in partnership with Health Net and HMA consultants, to fulfill DHCS requirements for this

program offering eligible incarcerated individuals access to a targeted set of Medicaid services in the three-month period prior to their release by October 1, 2024. The focus of this work is on identification and credentialing of a JI ECM provider network, establishment of data exchange processes with IT, hiring of a JI Liaison position, and achievement of internal system readiness for acceptance of JI aid codes activation.

- *Enrollment:* L.A. Care aims to enroll 30,000 members into ECM in 2024, utilizing strategies such as ad-hoc target enrollment lists, collaboration with Community Supports (CS) teams, lower enrollment criteria, presumptive authorization, and community outreach. Challenges include the payment model change, staffing levels, IT constraints, and resource impact from the JI Initiative.

- *Staffing:* Current staffing includes 9 FTEs and 1 consultant, with 6 positions in recruitment and 4 new positions pending approval. An oversight tool is in development to ensure adequacy of staffing to support the program's functions effectively.

Transitional Care Services (TCS)

- *Outreach and Engagement:* From January 31, 2023, to January 19, 2024, L.A. Care's CM team conducted outreach on over 4,300 TCS high-risk cases. In October, outreach peaked at 991 cases, dropping in November due to holidays, PTO, and a staff resignation. Member engagement increased to 48%. In December, outreach continued on 705 cases. Hiring slowed at the end of 2023 but resumed in January, aiming to reach the goal of outreaching to 3K high-risk admissions per month by the end of Q1 2024.

- *Service Expansion:* In January 2024, the TCS team went live with several initiatives:
    - TCS Central Intake Line for non-high-risk members, with an average call volume of about 20 calls per week during the first three weeks.
    - TCS for members in long-term care residing in nursing homes and Intermediate Care Facilities for the Developmentally Disabled.

- *Team Composition:* As of January 2024, the TCS team includes:
    - Leadership: 1 Director, 1 TCS Manager, 4 TCS Supervisors, 1 TCS Care Coordinator Supervisor.
    - 27 TCS Community Health Workers (CHWs).
    - 9 Care Coordinators.
    - Care Managers who also work on TCS based on higher acuity or when the member transitioning already has an assigned CM.
    - Anticipated hiring of 13 additional TCS CHWs over the next 2 months. The CM team is working with other departments on TCS implementation and compliance

- *Collaboration and Compliance:* The CM team collaborates with other departments on TCS implementation and compliance:
    - The Network team provides time for TCS education and discussion in PPG JOMs and facilitated communications with hospitals through the webinars and the HASC workgroup.
    - Our IT partnership involves integrating DHCS updates on high-risk populations into iPro, our predictive modeling engine used for monthly member risk stratification. DHCS has specified certain populations as high risk, which we have incorporated into iPro to distinguish high-risk

members from low-risk ones, as they require different interventions. However, recent DHCS policy revisions have identified additional high-risk populations, including some specific to TCS. As a result, iPro helps determine whether a hospitalized member should receive high-risk TCS interventions or low-risk TCS interventions.

General Care Management

- The CM department experienced significant growth, increasing from 135 staff members in January 2023 to 208 in January 2024, marking a 54% rise. This expansion was driven by the need to meet new requirements, such as Population Health mandates, including TCS, and the integration of ECM staff previously housed in the Safety Net Initiatives department. Throughout the calendar year 2023, 61 new staff were onboarded. However, ongoing hiring remains challenging due to the high number of open positions and capacity constraints within the leadership team for conducting interviews, onboarding, and training new hires. Attrition has also contributed to these challenges. CM leaders are collaborating with Human Resources to explore opportunities to mitigate voluntary departures.

- CM is actively engaged in the adoption and integration of new Population Health Management (PHM) requirements mandated by the Department of Health Care Services (DHCS). This includes configuring the iPRO to accommodate updated and newly introduced DHCS high-risk populations. These populations encompass individuals meeting criteria for Specialty Mental Health Services/Substance Use Disorder (SMHS/SUD), those transitioning to or from Skilled Nursing Facilities (SNFs), and individuals within the 12-month post-partum period.

- In Q2 of 2024, as part of the *QNXT technical upgrade*, the team will transition to the new version of Clinical Care Advanced (CCA) system. Selected team members underwent training during the first week of January to prepare for user acceptance testing. Training sessions for end-users are scheduled for February. The many changes introduced by the upgrade do not fundamentally alter core functionality or user approach, having minimal impact on daily work for staff. The upgrade includes enhancements to the user interface and additional automation, which are likely to improve efficiency once fully configured. CM serves as the lead for Health Services CCA users, which include MLTSS, Behavioral Health, and Social Services.

- *DSNP*: Quarterly and annual regulatory reports for HRA and CM measures are due to CMS in late February 2024. Recent efforts have intensified as submission deadlines approach, with the CM team heavily involved in completing and retesting reports. CM is actively collaborating with EPO, Compliance, and the Electronic Data Management team (EDM) to ensure timely submission of regulatory reports.
    - CM continues to work on adopting and implementing new DSNP requirements. These efforts include significant IT work such as:
        - Configuring a new Health Risk Assessment (HRA) into CCA to account for new required DSNP elements. The HRA is the foundation for nearly all care coordination processes. Consequently, in addition to the HRA, all current operational and regulatory reports as well as related operational processes will need revisions to account for the new HRA.
        - Updating note templates and modules in CCA in order to track and report face-to-face activities in accordance with new DSNP program expectations.

Utilization Management

UM Team Development

In 2023, the department filled 70 positions and grew from total FTE of 162 in January 2023 to 204 in January 2024 (26% increase, excluding physicians). As of 1/9/24, 15 positions were open (7% vacancy). Critical positions recently filled include:

- Medical Directors – five new incremental started since November 2023
- Inpatient Manager (external hire)
- Outpatient Director (external hire)
- Quality Supervisor (internal promotion)
- Policy Nurse (external hire)
- Supervisor, Inpatient (internal transfer)
- Supervisor, Quality Team (internal promotion)

- The ER/Admit team phone queue went live in mid-May, but still has two openings that have been difficult to fill. The onboarding of a new Inpatient Manager to oversee this team should help. Despite the staffing challenges, the team has performed well, exceeding the service level metric standards. Post-stabilization and transfer requests make up 95% of calls.

- The Discharge Planning team has also been challenging to staff and has 3/6 positions filled. Leadership is working with our Compensation team to adjust salary and evaluate reclassification to RN from LVN level.

- In early November, the Inpatient clinical teams restructured to a pod system to better distribute work based on hospital volume and contract type (DRG and per diem). Workflow processes, productivity and quality are being monitored to evaluate the effectiveness of this model and to make adjustments to ensure compliance and to facilitate engagement with specific hospitals and to support complex discharge planning needs.

Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action. The DMHC Preliminary Report for the 2021 Routine Survey also listed two timeliness findings for which UM has submitted corrective action plans.) UM performance continues to be stable and maintaining a high level of compliance.

- *Compliance Scorecard measures* – Q4 calendar year 2023 most recent available
  - Overall performance for Medi-Cal, LACC and PASC: All measures above 95%
  - Direct Network only (Medi-Cal subset): 20/20 measures > 95%. In November L.A. Care submitted the final quarterly undertakings to DMHC with Direct Network scores and narratives on process enhancements and staffing levels. These were initiated to track LAC's performance and administrative capacity with the insourcing of UM and CM from Optum Health that was effective 1/1/22.
  - DSNP
    - Two measures at 100%
    - Two measures at 99%
    - Two measures above 90% (93.6% and 91.8%, both of which improved from November to December)

- Two measures at 0% due to EPO looking for verbal notifications, however, UM is in discussion with EPO to reassess as written notifications were sent timely and verbal notification is not required.

UM Cross-Functional Collaborations

- *Coordination between UM, Grievance & Appeals and Quality:* The three teams successfully engaged with Mazars consultants to redesign the end-to-end clinical grievances process to promote timely and accurate identification and resolution of potential quality of care issues, and seamless handoff to the Provider Quality Review (PQR) team for potential quality of care issue (PQI) investigation and remediation. The teams including CSC, A&G and PQR are modifying their respective policies and procedures and job aids to effectuate the changes made to the workflow and to achieve alignment and full implementation end of Q1.

- *California Children's' Services (CCS):* The new UM Supervisor with CCS focus began reviewing all pediatric authorization requests to determine whether the member is already enrolled in CCS or needs to be referred to CCS. All complex kids with CCS or CCS eligible diagnoses will get referred to CM/ECM/PPG. For the last quarter of 2023, inpatient cases for members under 21 averaged 113 with an average of 51 (45%) identified as carve-out eligible and redirected to CCS.
    - UM nurses from inpatient and outpatient teams have been selected and trained to take over review of all pediatric cases.
    - In December, leaders from UM and CM and Drs. Shah and Kagan began weekly workgroups for program development, processes, and reporting. Dr. Shah established office hours where UM and CM staff working pediatric cases can get input and assistance.
    - We have resumed quarterly meetings with the LA County CCS team and are working with Compliance on execution of the new MOU associated with the 2024 Medi-Cal contract
    - In mid-January, Dr. Shah gave a presentation to the Children's Health Consultant Advisory Committee (CHCAC) meeting. She provided an overview of the state program and described the above activities that L.A. Care's cross-functional team implemented so far in the development of our CCS program. The CHCAC expressed interest in continuing to receive updates.

Hospital Collaboration

- The UM inpatient team continues its weekly meetings with multiple hospitals to provide support for complex discharge planning needs.

- We have revamped our difficult placement forms and developed a handout for hospital clinical teams, clarifying the criteria and process for effectively collaborating with the Difficult Placement Team.

- During the December Hospital Association of Southern California (HASC) workgroup, we presented updates on UM team and processes, along with insights into TCS, recuperative care, and the significance of hospitals' engagement in Health Information Exchanges (HIEs). These exchanges facilitate health plans and PPGs in accessing near-real-time information on admissions, discharges, and transfers.

- Additionally, in December, our team engaged in sessions with extended delegate PPGs regarding L.A. Care's contracting endeavors with hospitals for observation and administrative day rates. We discussed how PPGs are expected to handle these requests in accordance with our policy.

IT Systems

- Syntranet – nearly all enhancements planned for implementation by 12/28/23 were deployed in the system and are now in use. Several that did not pass user acceptance testing were held for further development, mainly the SMART forms and the foreign language translation automation for certain lines of business.

- QXNT UM – Plans are in full swing for a conversion from Syntranet to QNXT with a scheduled go-live date of 7/1/24. UM is the lead department on preparation for this conversion, coordinating with subject matter experts from ECM, MLTSS, BH, and Community Health. The UM team is working with L.A. Care IT and Cognizant staff to develop and execute an extensive work plan. At the end of 2023, a contract was signed with another application "Onbase" from vendor Hyland that will facilitate the efficient intake and storage of faxes and the creation and storage of letters. Onbase work kicked off in January and has a very aggressive schedule for configuration, testing and training in order to meet the go live date. The UM department is developing a variety of strategies for successful go live based on lessons learned from the Syntranet conversion (which contributed to the Enforcement Action) including but not limited to: extensive testing, enhanced training, and supplemental staffing.

Managed Long Term Services & Supports (MLTSS)

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to 15 in 2024. In order to administer these programs, the MLTSS department grew from 40 FTE in January of 2023 to 59 in January of 2024 (48% increase) to respond to new requirements (e.g. CalAim Community Supports, carve in of pediatric subacute care) and new populations such as Intermediate Care Facility for Developmentally Disabled (ICF-DD). In 2023, there were 14 new hires and several promotions within the team.

Community Based Adult Services (CBAS)

- Overall, there has been a decrease in CBAS utilization in 2023 compared to 2022. Much of this is due to the end of the COVID rules, which meant CBAS participants had to return to in-person services at the centers. While there was limited allowance for Emergency Remote Services (ERS) to occur on a short-term basis, the MLTSS team strictly enforced the policy by denying inappropriate requests to start or continue ERS. The CBAS census had a moderate trend down with about 10.5K members at the start of the year and flattened out starting in April at an average of 9.5K.

- New staff completed training by end of 2023 and are now reviewing new and modified requests for 5-days/week services to determine the appropriate visit frequency for the member's condition and prevent avoidable over-utilization. In 2023, approximately 65% of members are authorized to attend up to 5-days/week. By performing UM on new and modified requests for 5-days/week, we anticipate bringing that percentage down during this first phase. Volume and capacity will be analyzed to assess for timing and scope of subsequent phases.

- The collaboration with AAL to quantify the impact of prior efforts to appropriately reduce CBAS frequency found that 95% of authorizations were processing correctly with a matched claim. The results validated the UM team's efforts to ensure appropriate utilization were effectuated

- For 4% of claims paid that did not attach to authorizations, there was a good match with another authorization with the majority. For those without matches (system or manual), AAL found that providers were paid inappropriately despite lack of authorization or with use of incorrect dates/frequency of services and are in review for potential payment recoveries of up to $1.8M. The second part of this effort will use all findings to work with the Claims team to ensure controls are established to prevent erroneous payments going forward. Since using the authorization edit features could affect auto-adjudication, the Claims team is evaluating potential impacts to other aspects of the claims process.

CalAIM & Community Supports (CS)

The MLTSS team is currently administering the following CS services: Personal Care and Homemaker Services; Caregiver Respite; Environmental Accessibility Adaptations. Each of these CS have low referrals and approvals. In collaboration with the Community Health team, MLTSS has been promoting the CS offerings in numerous forums including the JOMs (Joint Operating Meetings) occurring with PPGs (Preferred Provider Groups), hospitals and SNFs (Skilled Nursing Facilities). CS were marketed in approximately 20 JOMs from October 2023 to January 2024 as well as to CBAS providers during the quarterly webinar.

- Personal Care and Homemaker Services: referrals have steadily increased, doubling in the second half of the 2023 and ended with December as the highest month with 154

- Caregiver Respite: the average monthly referrals remains in the low double digits with the highest month at 28 in November 2023

- Environmental Accessibility Adaptations: the first part of 2023 had single digit referrals each month but in the second half ranged from 14-28. The majority of referrals are for Personal Emergency Response systems, however, at the end of the year we completed the first significant home modification requests.
    - Installed a stair-lift for 82-year-old woman whose family was carrying her up and down the stairs every day. Not only is this safer for both member and family, it also reduces the member's prior isolation in her upstairs bedroom.
    - Installed a custom ramp for a 65-year-old woman with chronic pain and history of falls. Prior to installation member was confined to her home due to the stairs and her spouse's inability to help. Member reports feeling less isolated because she can get out of the house and so is the spouse who can help her safely exit the home.

New Populations/Benefits Standardization

- Starting January 1st, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care will be included under FFS Medi-Cal, with benefits being managed by Regional Centers. However, the transition has been slow due to various reasons. There are around 190 facilities in the county, most of which are new to managed care. They have been cautious in starting and completing the contracting process and have many inquiries regarding authorizations and billing. The

MLTSS team has been actively involved in webinars and workshops along with other plans, DHCS, and the ICF-DD trade association to educate and involve these facilities. To ensure a smooth transition as required, L.A. Care will issue necessary Letters of Agreement (LOAs) and honor existing authorizations. The Managed Care Plans (MCPs) in L.A. County are collaborating to align policies and procedures to help facilities navigate through managed care for themselves and their residents.

- Pediatric Sub-Acute Carve-In effective 1/1/2024. Two of the three facilities in L.A. County were contracted and the third is in the processes of contracting. We have approximately 175 members in these facilities. In January, introductory calls were conducted with each facility. Updates were made to the prior auth form which is completing the Podio approval process.

Palliative Care

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit in 2023 was limited to full-benefit-only Medi-Cal members (excludes partial and full duals). While referrals only had a slight increase in the second half of 2023 (average went from 48/mo to 56/mo) the census had a steady increase month over month, starting in January 2023 at 110 and rising to 271 by December. The program has also benefited from referrals resulting in the redirection of members who do not meet criteria for hospice.

- Effective 1/1/24 the benefit expanded to full duals in DSNP (under Medi-Cal) and is expected to further increase referrals and the census from sources such as Care Management Interdisciplinary Care Team case conferences and the new geriatric health group added to the DSNP primary care provider offerings to medically complex members.

Nursing Facilities

- Over the course of 2023 there was a steady decrease in members receiving skilled care. The average census for the first half of the year was 214 and dropped to 197 for the second half. At this time, we are unable to attribute this drop to any particular factors and will look to develop other metrics to attempt to assess potential causes.

- The long-term care population was steady over 2023, averaging just under 12K members.

- *Recontracting*: The MLTSS leader and Dr. Kagan are wrapping up a months-long collaboration with Contracting and Finance to revise contracts for Skilled Nursing Facilities (SNF) providing both skilled and long-term care, incorporating rate tiers. The objective is to streamline the process for facilities to accommodate members with complex medical and social needs, often leading to extended stays in acute hospitals due to challenges in finding suitable discharge options. In January, HMA reviewed the proposals and suggested additional modifications. Additionally, the Rockport system has partnered with L.A. Care and has begun admitting members under a Letter of Agreement (LOA). Their contract is expected to be the first one finalized in February under the new rate tiers.

In Home Support Services (IHSS)

- The IHSS census was significantly lower in January 2023 compared to all other months. The MLTSS team refers an average of 200 members per month to IHSS. From April to December there was a steady decline in member receiving IHSS from nearly 40K to just over 27K based on data from DPSS. Since our referral volume was steady over the course of 2023, we are not sure what contributes to the decline. The team reached out to DPSS to validate the data L.A. Care receives and determine whether

this is a data/reporting issue or if there are other reasons for the changes, such as Medi-Cal redeterminations. We are still awaiting their response and will provide and update upon receipt.

- As part of the new 2024 Medi-Cal contract, L.A. Care must execute a new MOU with DPSS. The process has been initiated with DPSS, however, it has been delayed due to staffing issues in our contracting department. Regardless of the final execution date, the MOU effective date will remain 1/1/24. Because IHSS has been a core MLTSS program since 2014, many of the items in the MOU are already in place, including but not limited to: a referral process for new application or change in condition, policies and procedures, data sharing, disaster recovery, dispute resolution, member transferring from one setting to another, and quarterly reporting. The first meetings with DPSS occurred in January.

Community Health Department

Community Supports (CS) Operations & Reporting:

- CS Provider Network
    - CS Certification Application process for July 2024 cycle in-progress. Certification Applications were due on January 12, 2024. In total, there were 28 applications received for multiple CS (providers can apply for more than one CS utilizing the same application) that will move forward in the review process as follows:
        - Housing Deposits: 2
        - Short Term Post Hospitalization Housing: 3
        - Recuperative Care: 3
        - Respite Services: 7
        - Personal Care Homemaker Services: 7
        - Medically Tailored Meals: 3
        - Sobering Centers: 1
        - Asthma Remediation: 4
        - Day Habilitation: 8
    - The CS monthly webinar for CS providers was was held on January 26, 2024 and focused on new CS programs: Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services/Nursing Facility Transition to a Home.

- CS July 2024 Model of Care (MOC) submission was submitted to DHCS on January 29, 2024 and includes CS final elections, MOC template and supporting documents, and CS provider capacity report.

- CS staff participated in L.A. Care's Equity & Resilience Grantee Orientation and presented information about CalAIM and Community Supports on January 22, 2024.

Social Services

On January 1st 2024, we implemented our Recuperative program changes. As part of these updates, we introduced a presumptive eligibility workflow. This workflow enables hospitals to collaborate directly with our recuperative care providers to promptly locate suitable recuperative care facilities for patients. We also created a recuperative care provider spreadsheet to help referring parties make direct referrals to our recuperative care providers under the new presumptive eligibility process.

Behavioral Health

L.A. Care has contracted with a second sobering center, effective January 1, 2024.

HHSS/HD CS

- Finance has approved a financial restructure of HHSS payments, transitioning from a monthly capitation structure to a new system where providers can submit up to two claims per month, each paid at half the previous capitation rate. Implementation planning is currently underway. HHSS is in conversation with the County and the Los Angeles Homeless Services Authority (LAHSA) for a proposed triaging of Inside Safe members with LA Care's Housing Navigation CS and ECM.

- *Members Enrolled (as of 1/16/2024):* 10,463 members enrolled in HHS

- *Provider Network:* Currently 28 contracted for HHSS, of which 15 also contracted for Housing Deposits
    - January 2024 provider load includes 9 new providers in process
    - Network capacity: Q4 2023 report in progress
        - Q3 2023 (reported as of 9/3/2023): total: 29,063/DHS: 26,034/Non-DHS: 3,029

- *Claims Needed Report:* CS staff have prepared December 2023 Claims Needed Report for HHSS Providers. This report will help HHSS providers be more compliant and timely in submission of HHSS claims

HHIP

The Measure Period 2 (MP2) report has been submitted, indicating projected earnings of 82.5% of the total $118 million. Investment priorities for MP2 include Field Medicine and the Field Medicine/Skid Row Action Plan (FM/SRAP), with contracting projected for Q2. The development of the FM/SRAP care collaborative structure is currently underway, with stakeholder meetings in progress. Additionally, there are ongoing efforts in eviction-prevention investment agreements, with an initial investment made through the Mayor's Fund Eviction Prevention and completion of the second installment agreement. Work is also advancing on the Stay Housed LA program, with the final draft of the proposal, work plan, and budget under review. Furthermore, an investment agreement draft with CEO-HI/Brilliant Corners for interim housing accessibility is currently under review.

Field Medicine/Street Medicine

Launch and operational planning for the Field Medicine program are currently underway, encompassing several key aspects: finalizing the proposal for a countywide Street Medicine program and identifying suitable providers; developing contracts and rates for the Street Medicine network; refining operational procedures; and advancing systems development and infrastructure. Additionally, efforts are ongoing to align operations with HealthNet and other plan partners. Moreover, progress is being made in deploying HHIP funds to Street Medicine providers, with the development of a framework currently in progress.

Day Habilitation CS

The Statement of Work (SOW), Policies and Procedures (P&P), and Memorandum of Cooperation (MOC) are currently in progress and have been submitted to DHCS on January 29th. Operations planning and launch activities are also underway, involving the development of program guidelines and payment structures, as well as initiating the systems build-out process with IT. Furthermore, progress is being made in the certification application process for provider contracting, with applications currently under review, in preparation for the July 1st launch.

Pharmacy Department

Star Rating Metrics

- *Medication Adherence Programs:* Our preliminary CY2023 results show a 3-5% increase in our adherence Star measures compared to CY2022. We achieved our CY2023 goals, with final rates pending release at the end of January.
    - Comprehensive Adherence Solutions Program (CASP): The Pharmacy team is strategically expanding its outreach program to target a larger number of high-risk members. To support this initiative, we are in the process of hiring additional staff who will focus on providing high-touch pharmacy outreach services.
    - Pharmacoadherence Mailers: Starting in 2024, L.A. Care will handle the distribution of pharmacoadherence mailers to DSNP and LACC/D members and providers internally, discontinuing the use of Navitus for this purpose. This transition is expected to result in a cost savings of about $154,000 and is scheduled to commence in March 2024.
    - Vendor Collaboration – CVS Adherence Program: Implemented on November 1st, 2023, this initiative aimed to address both non-adherent members and those with a history of utilizing CVS. By the end of December, significant improvements were observed, with 46% meeting the goal for diabetes, 51% for cholesterol, and 49% for hypertension measures.
    - Pack4U/Custom Health Collaboration: The Custom Health Pilot program, which supplies medication-dispensing devices to members in their homes to enhance medication adherence, has been extended until June 30th, 2024.
    - Quality Drug Clinical Care (QDCC): As of January 1st, 2024, L.A. Care Health Plan has transitioned its mail order pharmacy services from Ralphs Pharmacy to QDCC for DSNP, LACC/D, and PASC members. QDCC offers enhancements such as the ability to ship refrigerated medications and diabetic testing supplies. DSNP members also have the option to enroll in auto-refill and auto-ship services. Outreach efforts to transition members who previously used Ralphs Pharmacy to QDCC began on January 2nd, 2024. As of January 23rd, 2024, 65 members have been successfully enrolled in the new service.

- *Medication Therapy Management (MTM) Program*: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), OutcomesMTM, and CustomHealth pilot program, achieved 87.26% completion rate of eligible members in Q4 2023, a notable improvement from Q4 2022 at 71.56%. In 2023, pharmacy introduced a collaboration with internal care management teams, which resulted in 61 completed CMRs out of 74 referred members. With a success rate of 82%, this process will continue in 2024. Pharmacy implemented a hybrid model with MTM vendor on 11/1/23. Pharmacy technicians performed outreach calls in December to schedule CMRs and increase member reach. L.A. Care pharmacists conducted CMRs alongside MTM vendor for additional assistance to boost CMR completion rate.

- *Care for Older Adults (COA):* Participating physician groups (PPGs) were educated at Joint Operations Meetings (JOM) on how to close the gap for their members. Pharmacy is also submitting MTM comprehensive medication reviews to count for this measure. We are projected to achieve a 4

star rating based on the medication reviews that have already been completed by Pharmacy and Navitus (3,097 as of 12/31/2023), in addition to thereviews anticipated to be completed by the PPGs.

- *Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC):* Pharmacy, in collaboration with Navitus Clinical Engagement Center and PPGs (Altamed and Optum), launched various initiatives to facilitate appropriate initiation of statin therapy. We closed 165 and 37 gaps for SUPD and SPC, respectively.

California Right Meds Collaborative (CRMC)

This collaborative effort with USC aims to establish a network of community pharmacies offering comprehensive medication management (CMM) for members with chronic conditions like diabetes and cardiovascular disease. By December 2023, patients completing at least 5 visits with a pharmacist have shown an average A1c reduction of 3% from a baseline of 11.5%. Furthermore, those with a baseline blood pressure >140/90 mmHg and at least 2 pharmacist visits have seen an average reduction in systolic blood pressure (SBP) of 14.4. Multiple CRMC pharmacies have expressed interest in contracting with L.A. Care for the Community Health Worker (CHW) benefit to expand current services.

Clinical Pharmacy Pilot Program (Ambulatory Care)

The program involves a clinical pharmacist working once weekly at different FQHCs, including the Wilmington Community Clinic and Harbor Community Clinic, to enhance medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. Additionally, the clinical pharmacist will aid in closing gaps for COA Medication Review and Transitions of Care (TRC) for DSNP members, while also providing medication reconciliation for Transitional Care Services (TCS) members in collaboration with Care Management.

Quality Improvement Department

Executive Summary

Health Education & Cultural Linguistic Services (HECLS)

- *Community Supports Meals as Medicine program*: The eligibility criteria for the program were expanded effective January 1, 2024. Since implementation, there has been a notable increase in requests, with 99 received as of January 11, compared to 62 in January 2023.

- *My Health in Motion:* The member wellness platform was successfully updated and launched on January 1, 2024, Offering a new look, user interface, and improved features to help members reach their health and wellness goals. These features include interactive workshops, access to expert health coaching, a comprehensive health topics library, and more.

- Final flu campaign activities were completed with a provider communication and an email blast sent to LACC/D members.
- The Adult Weight Management program (in-person group education version) is being piloted at the Inglewood Community Resource Center (CRC) starting January 2024.

- New Digital Literacy Program for D-SNP members went live January 1, 2024, offering members a self-assessment, training support and resources on digital literacy.

- The doula standing recommendation process, established by DHCS and L.A. Care, is currently operational. As of now, 81 L.A. Care Medi-Cal members have been recommended for doula services. Of these, 79 members have already received service, while data for two members from the contracted doula organization is pending.

- The integration of Notice of Action (NOA) letter translation workflow in Syntranet is complete. The new process allows UM staff to select pre-translated verbiage from the library or send/receive translation from the vendor directly using the Syntranet platform.

- Cultural & Linguistic Services presented on the L.A. Care Translation Process at the Temporary Transitional Executive Community Advisory Committee in December.

Initiatives

- In late November, DHCS made significant edits to their draft All Plan Letter (APL) regarding monetary sanctions. These changes led to a Notice to Sanction from DHCS to L.A. Care for $890,000 on December 5th for six measures that allegedly missed the national minimum performance level. Four measure were in the area of children's health, one in behavioral health and one in reproductive health. L.A. Care must also submit a comprehensive strategy to ensure there are activities to support improvement.

- On 11/13, Carelon Health Options launched an outreach program to improve the HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM) measure.

- The at-home test kit vendor, iXlayer, began deploying kits on December 1st. As of 12/21/2023, all of the 44,299 kits have been mailed to members and 1,103 have been returned to the lab and processed for results. This is an initial return rate of 2.5%. Of the returned kits, majority are colorectal cancer screening fit kits (762), followed by kidney health evaluations (213), and diabetes A1c kits (128).

- Refreshes of the Well-Child Visits in the First 30 Months of Life (W30) text messaging campaigns were launched on December 12. These campaigns are specifically aimed at members who will reach 15 and 30 months of age between January and March 2024. A total of 4,406 members were reached through both campaigns, with an average enrollment rate of 98.3%.

- The Covered California (LACC) Colorectal Cancer Member Incentive ($50 gift card) went live on December 20, 2023 in conjunction with email outreach and the team is currently tracking gap closure.

Practice Transformation Programs

First 5LA/HMG LA

In this initiative, Cohort 1 practices (APHCV + Kids & Teens MCG) have achieved a 55.2% screening rate for members aged 0-5 years old, marking a significant 42% increase over the baseline of 14% as of November. Meanwhile, Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, and pending White Memorial CMC's 4Q23 submission) have seen a 12.6% increase in completed screenings compared to the baseline of 0% through September, with data for November pending. Additionally, the initiative has successfully conducted 50 out of 60 early childhood development classes for the community and members as of November 2023.

Transform L.A.-Direct Network

The program currently enrolls 21 practices, comprising 101 providers, and serving 12,826 Direct Network members, which accounts for 31% of the total DN membership. Modern Concepts Medical Group and Whittier Anesthesia (pediatrics practice) are recent additions to the program. There has been notable progress in health outcomes, with the percentage of members with A1C >9% (indicating Poor Control) decreasing to 36%, reflecting an improvement of 11% over the baseline figure of 47%. Similarly, the percentage of members with controlled blood pressure has increased to 61%, marking an 11% improvement over the baseline value of 50.3%.

EQuIP LA – Direct Network

The practices have finalized their AIMs (goal) statements and initiated corresponding Plan, Do, Study, Act (PDSA) improvement cycles to address A1C Poor Control (>9%) and Colorectal Cancer Screening rates. Additionally, efforts are underway in collaboration with Quality Performance Management (QPM) to establish the report format for "rolling 12 months," which will facilitate the submission of measure data for Colorectal Cancer Screening, Controlling Blood Pressure, and A1C Poor Control (<9%). This proactive approach underscores the commitment to continuous improvement and data-driven decision-making within the program.

Equity & Practice Transformation Payments Program

On November 27, 2023, L.A. Care submitted its recommendations for program participation from 134 applicants to DHCS. However, DHCS has informed MCPs that the final list of enrollees, initially expected by December 11, 2023, will now be released "in the near future." Consequently, the program start date, slated for January 1, 2024, is pending until the release of the final list.

Provider Quality

- *Total PQI Processed/PQI Processing Timeliness:* During Q1 FY2023/2024 (October 2023 – December 2023), the PQR team reviewed and closed a total of 2,079 cases. Of these, 2,072 cases, or 99.6% of the total, were closed in a timely manner. Among the closed cases, 815 (39%) were identified as duplicates or triaged to level zero, indicating they did not meet the PQI referral criteria. The remaining 1,264 cases were thoroughly examined for quality of care or service issues. Within this subset, 109 cases (8.6%) revealed quality of care findings, with appropriate actions taken for all except one case, where the provider was no longer contracted with any provider group. Actions taken in response to PQI findings included communication to inform providers of quality review findings (with no response required), requiring provider response for quality review findings, and/or implementing corrective action plans as necessary.

- *Aging PQI Cases:* As of December 31, 2023 there were 3,400 cases open, 3,033 cases in green (1-5 Months), 309 cases in yellow (5-6 months), 57 cases in orange (6-7 months), and one case entered the untimely aging category of 214+ days. The team monitors aging status closely to avoid cases entering into untimely category. Based on the current staffing capacity, the goal is to have cases processed within 6 months without extension required.

- *PQR –A&G & CSC Oversight:* As of January 2024, PQR will be resuming oversight of A&G and CSC grievances processes, to audit & identify any potential missed quality of care or service concerns for PQI investigation. This practice not only helps to ensure quality concerns are addressed but also aligns with regulatory guidelines ensuring appropriate oversight for quality.

- *PQR – Provider Engagement:* The PQR team engaged with provider groups like Preferred IPA to share quality findings and trends that were due to delays in authorizations, and has worked with the group on a quarterly basis for quality improvement. PQR, Call the Car (CTC), our transportation vendor; and the Customer Solutions Center (CSC) are collaborating to roll out enhanced PQI review of transportation issues. Substantiated concerns related to delays in service and continuity of care amongst our D-SNP line business is a notable PQI trend that the PQR team monitors closely.

- *PQR – Staffing Updates:* As of January 2024, all approved positions are filled except two RN backfill positions. We currently have three RNs on leaves of absence (LOAs).

Health Plan Accreditation

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

- L.A. Care is **accredited** for Medicaid, Medicare, and Exchange (Under Corrective Action). Accreditation is effective October 24, 2023 to October 24, 2026.
- L.A. Care received a corrective action plan (CAP) from NCQA for the "must-pass" element UM 7B: Written Notification of Nonbehavioral Healthcare Denials, and must undergo a CAP survey. See details immediately below.
    - **UM CAP Survey:** During the file review, 15 out of the 30 files did not include a statement that members and their treating physicians can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the denial decision was based. However, this letter was corrected and implemented prior to the survey. However, half of the selected files were for dates prior to the issue being corrected. QI sent CAP Summary Form to NCQA in December of 2023. NCQA accepted the CAP for resolving the deficiencies for UM 7B. Next Steps include a mock file review with NCQA Consultants, to be held on February 12-14; and a CAP Survey on 5/20/24.

Health Equity Accreditation (HEA)

L.A. Care's 2023 Health Equity Accreditation NCQA survey submission was on 12/5/2023. The minimum passing score required for accreditation is 80%, and our current self-assessed score stands impressively at

94%. Quality Improvement (QI) held a survey conference call with NCQA on January 3, 2024, to delve into the preliminary findings

Stars/HEDIS

LACC's year-to-date performance for MY2023 demonstrates improvement compared to the previous month's refresh, with Clinical Quality, Plan Efficiency/Affordability, and Overall Rating all showing positive trends. Additionally, the projected year-end performance surpasses the prior month's projection across these domains, with an expected overall rating of 3 for MY2023 and a summary indicator score of 79.797, positioning LACC just .213 points shy of achieving a 4-star rating.

Efforts to improve HEDIS Q4 performance are underway, focusing on reconciliation between PPG performance tracking and LAC received encounter information, reviewing PPG Q4 improvement plans, and assessing supplemental data submissions. Moreover, AdhereHealth has been selected as the vendor of choice for the High Touch HEDIS/Pharmacy Call Center Outreach RFP, with contract negotiations ongoing for implementation in early Q1 2024.

Population Health Management (PHM)

- The PHM team developed five Policies and Procedures (P&Ps) that were approved for the annual update in November 2023 for QOC. These include:
    1. PHM QI-056 P&P
    2. TCS QI-055 P&P
    3. IHA QI-047 P&P
    4. ACHA QI-054 P&P (NEW)
    5. PNA QI-058 P&P (NEW) and new deliverable due in 2025.

- The PHM team is developing the 2024 PHM Program Description and will include the CalAIM requirements and intervention updates.

- CalAIM Strategy document was submitted to Compliance on 10/27 and was approved by DHCS in December 2023. PHM team is leading collaborative efforts with local health departments and plan partners to develop a single unified SMART goal to promote alignment around mutual priorities. The proposed SMART goal is:
    a. We (LA County Health Plans) will work to reduce maternal and infant mortality disparities for Black and Native American persons by 50% in LA County by intentionally/meaningfully supporting (i.e. through funding, collaborative partnership, systems change and data sharing) under-resourced efforts related to the development and implementation of the Community Health Assessments/Community Health Improvement Plans (CHA/CHIPs) in each of the three LHDs in LA County, by December 2025.
    b. Additionally, L.A. Care is collaborating with SCAN for a SMART goal focused on older populations.

- The PHM team is collecting the deliverables for the 2024 Medical Contract Phase III Readiness and is up to date.

Initial Health Appointment (IHA)

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.

- The IHA training has been updated per the new requirements and will be released to providers in January 2024.

- The member and provider newsletter articles for IHA have been submitted for 2024.

- The IHA workgroup has submitted a corrective action plan (CAP) to Compliance on 11/3/2023 to address the final DHSC Audit finding on the IHA. Next steps outlined within the CAP include enhancing reporting and monitoring tools, and strengthening the PPG accountability process with an attestation.

- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal to support IHA completion for members within 120 days of enrollment. Soon they will also receive monthly reporting on members not in compliance. The codes have been revised in the IHA due reports/dashboard and providers will be receiving updated monthly communications.

- The IHA workgroup is developing a provider advisory group to identify pain points and barriers to IHA compliance.

- The IHA workgroup is also clarifying with DHCS on how the Quality MCAS measures will be used as a proxy for IHA compliance and is looking into existing internal reporting to monitor IHA compliance based on the MCAS measures.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- DHCS is sending the reports on providers completing the Dementia Aware training and L.A. Care has notified all providers of the new APL requirements.

Facility Site Review (FSR)

L.A. Care completed all deferred backlog provider site audits by 12/31/2023, aiding other health plans with an additional 29 audits. DHCS updated FSR and medical record request (MRR) standards on 11/30/2023, effective 1/1/2024, with enhancements including heightened oversight of MCP requirements, documentation of training for non-licensed personnel, restriction of medical equipment operation to qualified individuals, and alignment with Pediatric and Adult Preventive Criteria. FSR leadership collaborated with the Healthy Data System (HDS) vendor to update online tools and conduct training. They also collaborated with the LA County Collaborative on a combined mobile unit and street medicine tool piloted by MCPs.

Population Health Informatics

Health Information Management (HIM) Analytics

- Work on the D-SNP Stars Dashboard continues and LACC Dashboard is currently being discussed for development in 2024. Further, the D-SNP Dashboard was shared with leadership and a version for Medi-Cal may potentially be created for the QI JOM.

- CalAIM KPIs are being calculated quarterly and results submitted to DHCS. These CalAIM KPIs are also being shared with AAL for inclusion in their Utilization Management Over-Under Utilization Reports.

- HIM has been working alongside the Initiatives Team in developing reports to be placed on the provider portal to improve follow-up visits to PCPs post ED Utilization. Data from HIE sources are being combined with PCP information weekly for PPGs and Physicians to view on the portal.

- Blood Lead Screenings in Children are continually being monitored by the HIM team. Children without a blood lead screening are being identified by the team and notifications are being sent out to providers in an attempt to increase LA Care's rate.

- The Population Health Assessment, which is a document submitted to NCQA annually showing the different health profiles of LA Care (Member Demographics, Utilization Rates, Top Diagnoses, etc.) is in process and is projected to be completed in late January.

- Continued development of the Hospital Performance Dashboard is ongoing. This Dashboard is updated on an annual basis (may change to quarterly) which reports the performance of Hospitals based on CMS quality metrics. This dashboard is used by various teams when meeting with Hospitals.

Health Information Exchange Ecosystem (HIEc)

- L.A. Care is updating the Hospital Services Agreement (HSA) to require hospital participation in Health Information Exchanges (HIEs), ensuring compliance with CMS 9115 standards for Hospital ADT notifications and mandating engagement with the CalHHS Data Exchange Framework (DXF).

- Skilled Nursing Facilities (SNFs) are also being directed to participate in the CalHHS DXF and collaborate with HIEs for efficient information exchange.

- Starting January 1, 2024, hospital involvement in Health Information Exchanges will be integrated into the Hospital Pay-for-Performance (P4P) program, with incentives available for meeting specific HIE participation milestones.
- Similarly, from January 1, 2024, Skilled Nursing Facilities' participation in HIEs will be a part of their Pay-for-Performance (P4P) program, with rewards for achieving certain HIE participation milestones.

- The implementation of near real-time ADT data ingestion via FHIR from LANES and CMT is ongoing, with API connectivity established with Edifecs, our chosen clinical data repository (CDR) vendor, aiming for a Go-live date of January 31, 2024.

- Plans are in place for a One-Time HIE Adoption Incentive targeting Hospitals and SNFs not yet connected to LANES or CMT, with a $2.1M budget allocated. This initiative aims to enhance HIE metrics in the Incentive Payment Program (IPP) and could lead to an approximate $7M earning if adoption targets are met.

- L.A. Care is proactively working on the implementation of the Data Exchange Framework (DXF) in collaboration with LANES and Edifecs, focusing on the exchange of health and social services information in accordance with DXF policies and procedures.

Incentives

- Final 2022 P4P payments and reports are complete for Medi-Cal VIIP, Physician P4P, Plan Partner, and Direct Network, with LACC and CMC VIIP Programs set for mid-January completion. Planning for the 2024 Provider Recognition Event is ongoing, while PPGs expect 2023 Final action plan results in January 2024 and discuss the 2024 action plans process and timeline.

- A new Hospital P4P Program, previewed with hospital leadership in December, aims for a January 2024 launch, with a similar timeline for a new SNF P4P Program after previewing with SNF leadership on January 16th.

- Monthly Provider Opportunity Report (POR)/Gap in Care (GIC) reports are underway for all provider types, with enhancements planned and the first 2024 prospective POR to be distributed late January/early February.

- Q3 2023 encounter reports for Plan Partners, PPGs, and the Direct Network will be distributed by mid-February.

- The 2023 CG-CAHPS survey begins mid-January for approximately 3 months, with data/reports available Q2 2024, while discussions on 2024 member incentives, including new programs for Colorectal Screening, Child and Adolescent Well Care Visits, are ongoing among stakeholders.

Quality Improvement and Health Equity Committee

Summary Report:

November 21, 2023 and January 30, 20024

C&Q Committee

Alex Li, MD

February 15, 2024

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Brief Background and Context

- **Required by DHCS.**
  - Part of the new 2024 DHCS and California Managed Care Plan Contracts

2.2.3 QIHEC

A. Contractor must implement and maintain a QIHEC designated and overseen by its Governing Board. Contractor's medical director or the medical director's designee must head QIHEC in collaboration with Contractor's Chief Health Equity officer. Contractor must ensure that a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, Subcontractors, Downstream Subcontractors, Network Providers, and Members, actively participate in the QIHEC or in any sub-committee that reports to the QIHEC. The Subcontractors, Downstream Subcontractors, and Network Providers that are part of QIHEC must be representative of the composition of the Contractor's Provider Network and include, at a minimum, Network Providers who provide health care services to Members affected by Health Disparities, Limited English Proficiency (LEP) Members, Children with

- **Formerly Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)**
- **L.A. Care QI-057 Policy: Quality Improvement and Health Equity: Program Structure (November 30, 2023)**

Quality Improvement & Health Equity Committee (QIHEC) Meeting
Minutes – November 21, 2023

Voting Members:

L.A. Care:
- [x] Aguilar, Felix, MD, MPH, FM Med (Co-Chair)*
- [x] Acosta, Marina, MPH*
- [ ] Baird, Thomas
- [ ] Brodsky, Michael MD, Psychiatrist
- [x] Burns, Kevin, MD, FM and Preventive Med*
- [ ] Calhoun, Karl
- [x] Casias, Maria, MPH, RN*
- [ ] Chang, Steven, LCSW, CCM
- [ ] Chueh, Christine, RN
- [ ] Crandall, Demetra, MPH, RN
- [x] Kosyan, Rose*
- [ ] Frost, Kelly
- [x] Li, Alex, MD (Co-Chair)*
- [ ] Lopez, Priscilla, MPH
- [x] Lugo, Maria*
- [x] Mechsner, Cathy, MBA*
- [ ] Mendez, Thomas
- [x] Nelson, Tara, RN, BSN*
- [x] Phan, Ann, PharmD*
- [x] Sadocchi-Smith, Elaine, FNP, MPH*
- [x] Santana, Bettsy, MPH*
- [x] Sheen, Edward, MD *
- [x] Smart-Sanchez, Joycelyn*
- [x] Stone, Susan, MD, Emergency Medicine*
- [x] Theba, Humaira, MPH*
- [ ] Wanyo, Melissa

Anthem Blue Cross:
- [ ] Ali, Kimberly, MPP
- [x] Talavera, Mark, MD – Pulmonary and InterMed*
- [x] Garcia, Laurie*
- [ ] Lam, Darin
- [ ] Lee, Irene
- [x] Lopez, Ambrocia*

Blue Shield of California:
- [ ] Iniguez, Faby
- [x] Martinez, Valerie, DrPH(c), MPH*
- [ ] Martinez, Vince
- [ ] Milano, Marilyn
- [ ] Nguyen, Christine
- [x] Sharma, Manisha, MD, FAAFP – Family Medicine*
- [ ] Shue, Amanda, MPP

Kaiser:
- [ ] Sonthalia, Deepak, MD – Anesthesiologist

AltaMed:
- [x] Sandhir, Bihu, MD - Internal Medicine*

DHS:
- [x] Guillen, Elvia RN*
- [x] Mendoza, Susan, MD - Internal Med/Nephrol*

Kids and Teens Medical:
- [ ] De Silva, Janesri, MD – Pediatrics

MLK Community Medical Group:
- [x] Meehan, Patrick, MD – Family Medicine*

MedPOINT Management:
- [x] Powell, Rick, MD – Internal Med*
- [ ] Dhawan, Rahul, MD – InterMed/ Nephrol. Bella Vista Medical Group IPA

Northeast Valley Health Corp.:
- [ ] Park, Christine MD, MPH – Pediatrics

Prime Health Medical Group:
- [ ] Khalatian, Maria, MD – Pediatrics

John Wesley Community Health:
- [ ] Gregerson, Paul, MD, MBA

South Central Family Health Center:
- [ ] Brown, Helena
- [x] Hakim, Mina, MD – Pediatrics*
- [x] Neuman, Gracie, MD- Internal Medicine*
- [ ] Veloz, Richard

Family Care Specialists:
- [ ] Hiromura, Chris, MD - Family Practice

Private Practice:
- [x] Afuape, Oluyemisi, MD – Pediatrics*
- [ ] Brooks, Oliver MD – Pediatrics
- [ ] Vashistha, Krishan, MD – Pediatrics

L.A. Care Member:
- [x] McClain, Deaka*
- [ ] Perez, Hilda
- [x] Vazquez, Fatima*

***Via phone**

*Added Christina Harris, MD from Cedars Sinai in January 2024

November 21, 2023 QIHEC (Meeting #1)

- **Reviewed and approved the QIHEC Charter**
  - Approved by Dr. Richard Powell (MedPoint) and Ms. Deeka McClain (Member)

- **Oriented the committee to the 2023-25 L.A. Care Health Equity and Disparities Mitigation Plan**
  - Identify opportunities to address disparities by stratifyng L.A. Care's performance measures and other key reports by race/ethnicity and geography
  - Overview of the Provider Health Equity Award and its categories.
    - *Feedback: Important to consider and/or stratify by age categories or people with disabilities.*

- **Valerie Martinez, Dr.PH(c), MPH from Blue Shield Promise provided an overview of their health equity plan and their HEART (Health Equity Advancement Resulting in Transformation) Program**

- **Presented the current status of the DHCS 2024-2028 Equity Practice Transformation Program.**

November 21, 2023 QIHEC (Meeting #1)

- **Reviewed the results of the 2023 Clinician and Group Consumer Assessment of Health Care Providers and System Survey (CG-CAHPS) and Member Survey Results**
    - *Feedback: 1) Share the CG-CAHPS results at the Executive Community Advisory Committee; 2) match members with providers that can relate to the members (e.g. race, language, culture etc).*

- **Approved a series of 2023 U.S. Preventive Services Task Force Clinical Guidelines and the new Periodicity Schedule**

- **Reviewed the Performance Improvement Plans (DHCS) and Quality Improvement Plans (Covered California)**
    - Childhood immunization and well child visits (DHCS)
    - Diabetes (Covered California)

- **Presented our upcoming Provider CME Program for 2024**

January 30, 2024 QIHEC (Meeting #2)

- **CHEO Report**
  - Equity Practice Transformation Program update
  - Medi-Cal Provider Rate Increase
  - Medi-Cal Expansion (California residents with unsatisfactory legal status between ages of 26-49)
  - Kaiser's contract with DHCS and no longer being a Plan Partner
  - New Health Equity Measures from DHCS
  - Intent to Sanctions from DHCS
    - *Feedback: Both excited with a number of changes as well sadden to hear about the sanctions and the large number of measures imposed by the regulators*

- **Mayra Serrano, DrPH, MPH, CHES presented the Anthem Blue Cross's Health Equity Strategy**
    - *Feedback: 1) Customized their initiatives by regions; 2) try to align and coordinate with L.A. Care.*

- **QI & Healthy Equity Performance Program Overview**
    - *Feedback: Appreciated the overview.*

January 30, 2024 QIHEC (Meeting #2)

- **QI & Healthy Equity Performance Program Overview**
  - 2023 QIHE Annual Evaluation
  - 2024 QIHEC Program Work Plan
    - *Feedback: Appreciated the overview and the number of initiatives and programs that are on-going at L.A. Care or are planned for 2024.*

- **Enhanced Care Management Update**
  - Network overview (78 contracted ECM providers and 15 pending review in 2024)
  - New populations of focus in 2023-24: 1) Children and Youth; 2) Adults at risk for long term care or potentially capable of transitioning to the community; 3) high risk pregnant women; 4) justice involved.

- **QI Incentives and Pay-for Performance (P4P) Updates**
  - 2022 P4P and VIIP reports have been completed.
    - *Feedback: Like the idea of recognizing the high performing providers in the upcoming 2024 Provider Recognition Event.*

Questions?