



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

Thursday, May 16, 2024, 2:00 P.M.

L.A. Care Health Plan, 1st Floor, CR 100, 1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017

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

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

<https://lacare.webex.com/lacare/j.php?MTID=mdd9f49f99ffd8c886a5107c8b152a9a2>

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

Meeting number: **2496 561 2293** Password: **lacare**

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to [BoardServices@lacare.org](mailto:BoardServices@lacare.org), or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

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](mailto: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 April 18, 2024 Meeting Minutes P.3 *Chair*
- 4. Chairperson’s Report *Chair*
  - Education Topics
- 5. Committee Charter Status Update Todd Gower  
*Chief Compliance Officer*
- 6. Chief Compliance Officer Report P.26 Todd Gower
- 7. Chief Medical Officer Report P.55 Sameer Amin, MD  
*Chief Medical Officer*
- 8. Chief Health Equity Officer Report Alex Li, MD  
*Chief Health Equity Officer*
  - Quality Improvement and Health Equity Committee (QIHEC) Update P.63

9. Quality Oversight Committee (QOC) Update  
Edward Sheen, MD  
*Senior Quality, Population Health and Informatics Executive*
10. L.A. Care Information Technology Programs/Investments P.73  
Tom MacDougall,  
*Chief Information & Technology Officer*
11. Health Equity/Initiatives P.94  
Brigitte Bailey, MPH, CHES  
*Supervisor, Quality Improvement*  
Marina Acosta, MPH  
*Manager, Health Equity*
12. Practice Transformation Programs P.109  
Cathy Mechsner,  
*Manager, Practice Transformation Programs, Quality Improvement*

13. Public Comment on Closed Session

**ADJOURN TO CLOSED SESSION (Est. time 20 minutes)**

14. PEER REVIEW  
Welfare & Institutions Code Section 14087.38(o)
15. 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
16. THREAT TO PUBLIC SERVICES OR FACILITIES  
Government Code Section 54957  
Consultation with: Magdalena Marchese, Senior Director, Audit Services, Executive Services
17. 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 June 20, 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](mailto:BoardServices@lacare.org). Please follow additional instructions on the first page of this Agenda.

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

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

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

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

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

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – April 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  
 Fatima Vazquez







#### Senior Management

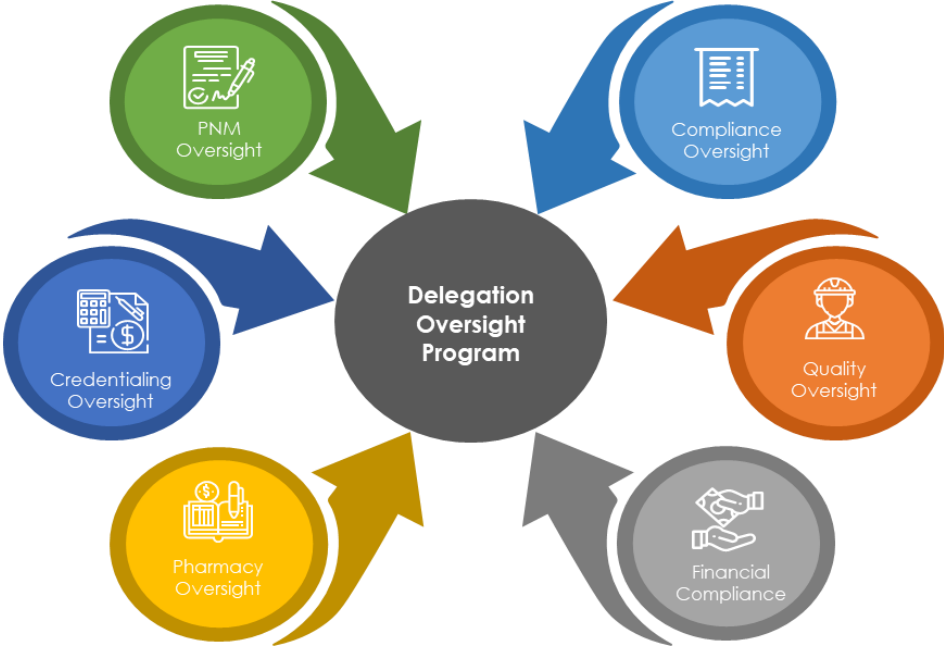
Sameer Amin, MD, *Chief Medical Officer*  
 Terry Brown, *Chief of Human Resources*  
 Todd Gower, *Chief Compliance Officer*  
 Augustavia J. Haydel, *General Counsel*  
 Alex Li, *Chief Health Equity Officer*  
 Noah Paley, *Chief of Staff*  
 Acacia Reed, *Chief Operations Officer*  
 Edward Sheen, MD, *Senior Quality, Population Health, and Informatics Executive*

\* Absent \*\* Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	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.	
<b>APPROVAL OF MEETING AGENDA</b>	The meeting Agenda was approved as submitted.	Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)
<b>PUBLIC COMMENT</b>	<i>There was no public comment.</i>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVAL OF MEETING MINUTES</b>	<p>Chairperson Booth had a question regarding Managed Care Accountability Set (MCAS) scores percentages. She asked if the the comparison is the same across the board or between other plans in other states that are for profit. Dr. Amin responded that Department of Health Care Services is not comparing apples to apples and it is one of the biggest arguments that L.A. Care makes when it comes to the MCAS scores. They switched to methodology that is not focused within the state. There are different Medicaid populations in every state and that makes it difficult to compare scores. When some instances L.A. Care compares highly compared to other states.</p> <p><b>The March 21, 2024 meeting minutes were approved as submitted.</b></p>	<b>Approved unanimously.</b>
<b>CHAIRPERSON REPORT</b> <ul style="list-style-type: none"> <li>• Education Topics</li> </ul>	<i>There was no Chairperson's report.</i>	
<b>COMPLIANCE &amp; QUALITY COMMITTEE CHARTER PROCESS</b>	Todd Gower, <i>Chief Compliance Officer</i> , discussed the Compliance & Quality Committee Charter Process. He stated that the changes are still be reviewed and it may be presented to the committee for approval at the May 16 meeting.	
<b>CHIEF COMPLIANCE OFFICER REPORT</b>	<p>Mr. Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance</i>, gave a Delegation Oversight update.</p> <p>L.A. Care Delegation Oversight Manual</p> <p>L.A. Care Health Plan (“LAC”) contracts with certain healthcare providers (“Delegates”) to perform certain administrative services and functions as part of their agreements with LAC, and performs regular oversight of the Delegates’ performance to ensure adherence to regulatory, contractual, and operational requirements. Each year, on a regular and periodic basis, LAC requires Delegates to submit reports to substantiate its performance for each administrative service and function delegated. LAC’s oversight activities include, but are not limited to, annual audits of the Delegate, as well review of monthly and quarterly reports submitted by the Delegate.</p> <p>The oversight is intended to assess the Delegate’s performance against benchmarks and thresholds, and validate regulatory and contractual compliance.</p> <p>Decentralized Governance Model</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div style="display: flex; flex-wrap: wrap; justify-content: space-around; align-items: center;"> <div style="text-align: center; margin: 10px;">  <p>PNM Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Compliance Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Credentiaing Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Quality Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Pharmacy Oversight</p> </div> <div style="text-align: center; margin: 10px;">  <p>Financial Compliance</p> </div> </div> <p>Delegation Oversight at L.A. Care is structurally decentralized and managed by several departments within the organization: Compliance Department, Internal Audit, Business Units.</p> <ul style="list-style-type: none"> <li>• Provider Network Management</li> <li>• Quality Improvement</li> <li>• Financial Compliance</li> <li>• Pharmacy Compliance</li> <li>• Credentialing</li> </ul> <p>What are the risks of a decentralized model?</p> <ul style="list-style-type: none"> <li>• Lack of a holistic “delegate scorecard” that details status of the delegate’s performance across the multiple delegated services.</li> <li>• Instances of delegate non-compliance, tracking and trending, and overall monitoring efforts are not visible through the organization</li> <li>• There is no escalation path where concerns can be raised at different levels of management (lines of communication)</li> <li>• Documentation is not readily available since it is housed across multiple departments</li> <li>• Unclear roles and responsibilities between the business unit and compliance</li> </ul>	

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	<p>Chairperson Booth asked Ms. Varela to explain to Member Vazquez what he means by “Decentralized.” Mr. Varela responded that right now many different departments have Delegation Oversight functionality, but there is no one nucleus to centralize that information.</p> <p>How do we bridge the gap? Develop a comprehensive model:</p> <ul style="list-style-type: none"> <li>Decentralized Model: Decentralization limits the visibility into the overall network. With network oversight responsibilities dispersed across various teams, coordinating activities and sharing information becomes challenging.</li> <li>Comprehensive Network Oversight: Centralized oversight helps ensure adherence to regulatory requirements and industry standards across the entire network environment. It facilitates consistent enforcement of compliance policies and simplifies audit processes.</li> </ul> <p>Establish a formal delegation oversight program</p>  <p>What does the Delegation Oversight Program include?</p> <ul style="list-style-type: none"> <li>Roles &amp; Responsibilities</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Sanctioning Framework</li> <li>• Risk Stratification</li> <li>• Escalation Path</li> <li>• Key Delegation Oversight monitoring areas</li> <li>• Delegate Scorecard</li> <li>• Process Documents</li> <li>• Delegation &amp; Contact Matrix</li> <li>• SharePoint</li> </ul> <p>Three-tiered Committee Structure</p> <ul style="list-style-type: none"> <li>• Executive Delegation Oversight Committee: Serves as final level of escalation for any delegates with ongoing performance and/or compliance deficiencies that have not been remediated for extended periods of time. Responsible for reviewing the business case/justification and determining final sanctioning decisions</li> <li>• Delegate Sanction Committee: Serves as the 1st level of escalation for any delegates with ongoing performance and/or compliance deficiencies. At-risk delegates are monitored closely (“on watch”). The committee will review the justification/business case for delegates proposed for sanctioning and research the impact of a sanction. Information is proposed to the Executive Delegation Oversight Committee for final determination</li> <li>• Delegation Oversight Workgroup: The workgroup is comprised of stakeholders impacted or responsible for overseeing the delegates performance. The workgroup is responsible for collectively analyzing data/information pertaining to the delegates’ regulatory performance/compliance, identifying performance deficiencies (risks/issues) and remediating performance concerns. If there is no progression in the delegate’s performance, information is escalated to the Delegate Sanction Committee for further review and potential sanctioning, accompanied by a business case justifying the reasons for the proposed sanctioning</li> </ul> <p>Chairperson Booth asked how are they going to get the same level of information that L.A. Care will need to follow up on if they don’t know if there are nine other correction action plans that are being worked on by other departments. Mr. Varela responded that they gather information on a monthly basis by coordinating with various business units to ensure compliance. The Compliance team serves as a central point for collecting and organizing this data to generate a scorecard. The ultimate goal is to collaborate with Mr. Paley's team to disseminate this information down to the</p>	

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	<p>delegate level. This approach aims to facilitate discussions during joint action meetings by providing comprehensive insights into compliance matters and overall performance across different areas.</p> <p>Member Roybal stated that he is more worried about entities tjat L.A. Care’s delegates delegate to. He asked what L.A. Care is doing to monitor what its delegates are delegating. He noted that the state will ultimately see L.A. Care as responsible. Mr. Varela mentioned several initiatives supporting regulatory efforts. The new Department of Health Services (DHS) contract in 2020 mandates that contracts are reported to the regulatory body, granting visibility into contractual relationships beyond just care provision. Secondly, the organization is leveraging subject matter experts to delve into delegate activities, attending their committees and operational gatherings for deeper insights. This proactive approach acknowledges the changing regulatory landscape, emphasizing ongoing engagement with delegates rather than relying solely on annual audits.</p> <p>Dr. Sheen gave the following Quality Improvement Update:  Compliance Risk Summary - Open CAPs from 2022/2023 Audits  NCQA Accreditation Survey  UM7B denial letters missing language</p> <ul style="list-style-type: none"> <li>• Issue already corrected</li> <li>• Half of files selected in survey were prior to LAC updates and improvements taking effect</li> <li>• Accreditation conducted Mock Audit File Review of internal UM files and delegates <ul style="list-style-type: none"> <li>○ 18 / 24 UM and Delegate files reviewed met UM 7B requirements</li> </ul> </li> </ul> <p>Opportunities for Improvement:  Non-Compliant Factors</p> <ul style="list-style-type: none"> <li>○ Factor 1: Reason for Denial</li> <li>○ Factor 2: Reference to Criterion</li> </ul> <p>Next Steps: QI will conduct continuous check-ins with UM and Delegates to ensure GAPs are remediated.</p> <p>NCQA Discretionary Survey  DHS: UM13C</p> <ul style="list-style-type: none"> <li>• Not enough denial files to review per 8/30 methodology; due to DHS E-Consult specialty referral process</li> <li>• NCQA confirmed: “reviewing all available files is an acceptable methodology if the number of files falls short.”</li> <li>• Narrative explaining DHS E-Consult system, process improvement efforts, and auditing of all files was submitted as supporting evidence.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• NCQA Consultant (TMG) recommends proceeding with survey and not requesting extension; found that evidence provided to date meets criteria.</li> </ul> <p>2021 DMHC Routine Survey PASC-SEIU</p> <ul style="list-style-type: none"> <li>• Inconsistency in QI policies and procedures being applied to PASC-SEIU product line</li> </ul> <p>MCLA</p> <ul style="list-style-type: none"> <li>• Need for PQR to implement reasonable procedures to investigate PQI in timely manner</li> <li>• Need for PQR to improve process to address confirmed quality of care issues</li> </ul> <p>Issues – PPG, Delegate, and Vendor</p> <table border="1" data-bbox="445 589 1673 1393"> <thead> <tr> <th data-bbox="445 589 743 654">Team</th> <th data-bbox="743 589 1673 654">Issue Summary</th> </tr> </thead> <tbody> <tr> <td data-bbox="445 654 743 773">Accreditation</td> <td data-bbox="743 654 1673 773"><b>NCQA:</b> Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies</td> </tr> <tr> <td data-bbox="445 773 743 1192">Accreditation</td> <td data-bbox="743 773 1673 1192"><b>Access to Care:</b> Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance. QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”</td> </tr> <tr> <td data-bbox="445 1192 743 1393">Initiatives</td> <td data-bbox="743 1192 1673 1393"><b>Blood Lead Screening - Initial Health Assessments:</b> Rates have improved but still under 50<sup>th</sup> percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.</td> </tr> </tbody> </table> <p>MY2022: Access &amp; Availability to Care</p>	Team	Issue Summary	Accreditation	<b>NCQA:</b> Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies	Accreditation	<b>Access to Care:</b> Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance. QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”	Initiatives	<b>Blood Lead Screening - Initial Health Assessments:</b> Rates have improved but still under 50 <sup>th</sup> percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.	
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	<p>Low Performing PPGs not meeting Urgent Appointment Measure for Gastroenterology (Medi-Cal) Low Performing PPGs.</p> <p>Quality MCAS Measures</p> <table border="1" data-bbox="443 358 1640 1230"> <thead> <tr> <th data-bbox="443 358 840 467">Measure Description</th> <th data-bbox="840 358 947 467">Measure Type</th> <th data-bbox="947 358 1098 467">MY2023 Admin Rate</th> <th data-bbox="1098 358 1249 467">MY2023 Hybrid Rate</th> <th data-bbox="1249 358 1373 467">50th Percentile</th> <th data-bbox="1373 358 1497 467">% below MPL</th> <th data-bbox="1497 358 1640 467">Denominator</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 467 840 513">Asthma Medication Ratio</td> <td data-bbox="840 467 947 513">Admin</td> <td data-bbox="947 467 1098 513">64.91%</td> <td data-bbox="1098 467 1249 513">-</td> <td data-bbox="1249 467 1373 513">65.61</td> <td data-bbox="1373 467 1497 513">-0.70%</td> <td data-bbox="1497 467 1640 513">17,639</td> </tr> <tr> <td data-bbox="443 513 840 634">Follow-Up After Emergency Department Visit for Substance Use (FUA)</td> <td data-bbox="840 513 947 634">Admin</td> <td data-bbox="947 513 1098 634">26.60%</td> <td data-bbox="1098 513 1249 634">-</td> <td data-bbox="1249 513 1373 634">36.64</td> <td data-bbox="1373 513 1497 634">-10.04%</td> <td data-bbox="1497 513 1640 634">13,348</td> </tr> <tr> <td data-bbox="443 634 840 756">Follow-Up After Emergency Department Visit for Mental Illness (FUM)</td> <td data-bbox="840 634 947 756">Admin</td> <td data-bbox="947 634 1098 756">29.79%</td> <td data-bbox="1098 634 1249 756">-</td> <td data-bbox="1249 634 1373 756">54.87</td> <td data-bbox="1373 634 1497 756">-25.08%</td> <td data-bbox="1497 634 1640 756">11,297</td> </tr> <tr> <td data-bbox="443 756 840 841">Well-Child Visits in the First 30 Months of Life (W30A)</td> <td data-bbox="840 756 947 841">Admin</td> <td data-bbox="947 756 1098 841">44.73%</td> <td data-bbox="1098 756 1249 841">-</td> <td data-bbox="1249 756 1373 841">58.38</td> <td data-bbox="1373 756 1497 841">-13.65%</td> <td data-bbox="1497 756 1640 841">14,660</td> </tr> <tr> <td data-bbox="443 841 840 925">Well-Child Visits in the First 30 Months of Life (W30B)</td> <td data-bbox="840 841 947 925">Admin</td> <td data-bbox="947 841 1098 925">63.46%</td> <td data-bbox="1098 841 1249 925">-</td> <td data-bbox="1249 841 1373 925">66.76</td> <td data-bbox="1373 841 1497 925">-3.30%</td> <td data-bbox="1497 841 1640 925">33,034</td> </tr> <tr> <td data-bbox="443 925 840 1010">Child and Adolescent Well-Care Visits (WCV)</td> <td data-bbox="840 925 947 1010">Admin</td> <td data-bbox="947 925 1098 1010">45.30%</td> <td data-bbox="1098 925 1249 1010">-</td> <td data-bbox="1249 925 1373 1010">48.07</td> <td data-bbox="1373 925 1497 1010">-2.77%</td> <td data-bbox="1497 925 1640 1010">804,006</td> </tr> <tr> <td data-bbox="443 1010 840 1078">Cervical Cancer Screening (CCS)</td> <td data-bbox="840 1010 947 1078">Hybrid</td> <td data-bbox="947 1010 1098 1078">-</td> <td data-bbox="1098 1010 1249 1078">53.55%</td> <td data-bbox="1249 1010 1373 1078">57.11</td> <td data-bbox="1373 1010 1497 1078">-3.56%</td> <td data-bbox="1497 1010 1640 1078">546,418</td> </tr> <tr> <td data-bbox="443 1078 840 1162">Childhood Immunization Status (CIS)</td> <td data-bbox="840 1078 947 1162">Hybrid</td> <td data-bbox="947 1078 1098 1162"></td> <td data-bbox="1098 1078 1249 1162">27.74%</td> <td data-bbox="1249 1078 1373 1162">30.9</td> <td data-bbox="1373 1078 1497 1162">-3.16%</td> <td data-bbox="1497 1078 1640 1162">32,916</td> </tr> <tr> <td data-bbox="443 1162 840 1230">Lead Screening in Children (LSC)</td> <td data-bbox="840 1162 947 1230">Hybrid</td> <td data-bbox="947 1162 1098 1230"></td> <td data-bbox="1098 1162 1249 1230">61.80%</td> <td data-bbox="1249 1162 1373 1230">62.79</td> <td data-bbox="1373 1162 1497 1230">-0.99%</td> <td data-bbox="1497 1162 1640 1230">33,062</td> </tr> </tbody> </table>						Measure Description	Measure Type	MY2023 Admin Rate	MY2023 Hybrid Rate	50th Percentile	% below MPL	Denominator	Asthma Medication Ratio	Admin	64.91%	-	65.61	-0.70%	17,639	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Admin	26.60%	-	36.64	-10.04%	13,348	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Admin	29.79%	-	54.87	-25.08%	11,297	Well-Child Visits in the First 30 Months of Life (W30A)	Admin	44.73%	-	58.38	-13.65%	14,660	Well-Child Visits in the First 30 Months of Life (W30B)	Admin	63.46%	-	66.76	-3.30%	33,034	Child and Adolescent Well-Care Visits (WCV)	Admin	45.30%	-	48.07	-2.77%	804,006	Cervical Cancer Screening (CCS)	Hybrid	-	53.55%	57.11	-3.56%	546,418	Childhood Immunization Status (CIS)	Hybrid		27.74%	30.9	-3.16%	32,916	Lead Screening in Children (LSC)	Hybrid		61.80%	62.79	-0.99%	33,062	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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## Improvement Pillars

(with selected new initiatives)

+

Increase Care Options

- FIT and A1C Kits (launched 12/1/2023)
- Adding fluoride kits
- Adding Mobile Mammography
- Exploring care via CRCs, home visits, and new settings

📱

Expand Member Engagement

- New Incentives
- New text messages for CCS, LSC, WCV and flu (for kids)
- Fluoride Social Media
- VSP partnership for member outreach
- Expanding direct mail campaigns

🌐

Deepen PPG and Provider Engagement

- New Incentives
- Expanding PPG collaboration
- New required core JOMs and QI-focused JOMs
- Education: CME & Webinars

📁

Data Management & Integrity

- Supporting provider data submission
- Understanding and addressing rejected encounters
- Data reconciliation
- Provider education and training
- Building encounter data management capabilities and processes

🤝

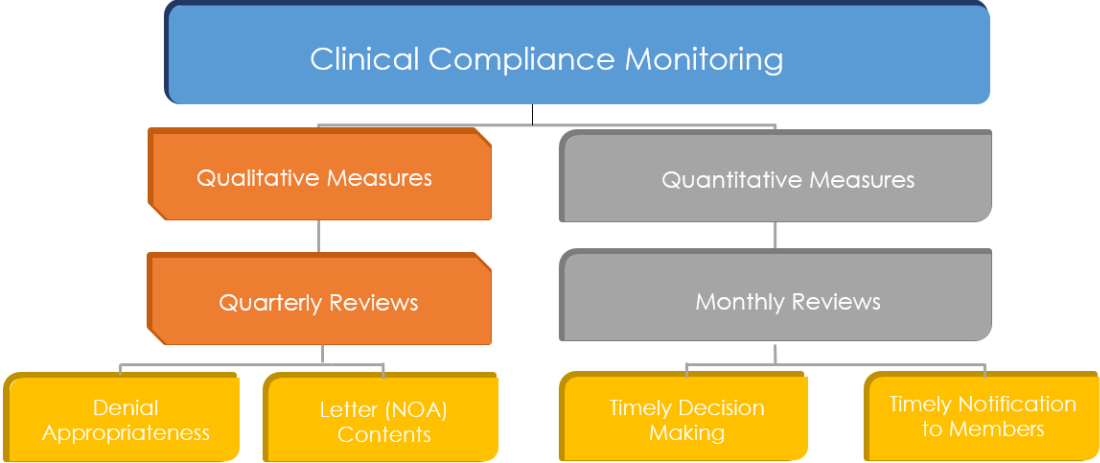
Deepen Promise and Anthem Plan Partner Collaboration

- Aligning strategy, and initiatives
- Data reconciliation
- Joint provider and member engagement
- Sharing best practices

Strengthen collaboration and coordination across L.A. Care Departments: Pharmacy, Care Management, Utilization Management, Appeals/Grievances, Customer Solution Center, Encounter Reporting and Risk Adjustment, Analytics/IT, and Product: every member and provider interaction is opportunity

Member Roybal asked if L.A. Care is able to do automatic substitutions now that the state has taken over processing prescriptions. Dr. Sheen responded that there are no single solutions from the state, but L.A. Care is looking at PBMs to make sure that the right workflows are in place to provide the right medication to patients. A number of the measures are not great measures, like medication adherence, there can be unintended incentives. Many members are left with many refills and it may not be the right medication for them and may not improve their outcomes. Dr. Amin stated that this is delegated to the state’s pharmacy vendor. L.A. Care tries to address this issue early by communicating with the provider.

Member Vazquez stated that she is grateful for the presentation given to the committee. She noted the need of these presentations to show the quality of work that L.A. Care does for its members. This is not just helpful to the member, but the general public. She stressed the need and importance of follow up during the authorizations process.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Richard Rice Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization</i>, gave a Delegation Oversight Monitoring Clinical Monitoring update</p> <p><b>Delegation Oversight Monitoring</b> Clinical Compliance Monitoring</p>  <pre> graph TD     A[Clinical Compliance Monitoring] --&gt; B[Qualitative Measures]     A --&gt; C[Quantitative Measures]     B --&gt; D[Quarterly Reviews]     C --&gt; E[Monthly Reviews]     D --&gt; F[Denial Appropriateness]     D --&gt; G[Letter (NOA) Contents]     E --&gt; H[Timely Decision Making]     E --&gt; I[Timely Notification to Members] </pre>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
<h2>Top 10 PPG Monitoring Scores and CAPs</h2>					
Top 10 Volume <i>(Membership)</i>	NAME	Q3	Q4	CAP Sent	
1	Healthcare LA (HCLA)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>			
		95.00%	92.0%	NA	
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>			
		60.0%	52.0%	3/20/24	
<b>UM Timeliness (95% Goal)</b>					
		99.5%	99.6%	3/20/24	
2	Department of Health Services (DHS)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>			
		100.0%	NA	NA	
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>			
		0.0%	NA	3/20/24	
<b>UM Timeliness (95% Goal)</b>					
		91.7%	76.9%	3/20/24	
3	Preferred IPA Of California (PIPA)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>			
		81.3%	78.9%	03/20/24	
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>			
		7.7%	0.0%	3/20/24	
<b>UM Timeliness (95% Goal)</b>					
		93.2%	94.1%	3/20/24	
4	AltaMed Health Services (AMHS)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>			
		94.4%	100.0%	NA	
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>			
		83.3%	85.7%	3/20/24	
<b>UM Timeliness (95% Goal)</b>					
		99.1%	99.3%	3/20/24	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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## Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume <i>(Membership)</i>	NAME	Q3	Q4	CAP Sent
5	Allied Physicians (APIA)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		92.9%	88.2%	3/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	17.6%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
98.8%	97.1%	3/20/24		
6	Community Family Care (CFC)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		68.8%	87.5%	3/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		15.4%	43.8%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
93.6%	93.8%	3/20/24		
7	GLOBAL CARE IPA (GCMG – MEDPOINT MGMT)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		93.3%	100.0%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		76.9%	47.4%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
99.3%	99.3%	3/20/24		
8	Optum/HealthCare Partners (HCPM)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		100.0%	100.0%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	0.0%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
98.6%	99.9%	3/20/24		

## Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume <i>(Membership)</i>	NAME	Q3	Q4	CAP Sent
9	Citrus Valley Physicians Group (CVPG)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		71.4%	100.0%	3/20/24
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		14.3%	0.0%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
99.5%	96.2%	3/20/24		
10	Prospect (PROH)	<b>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</b>		
		85.7%	100%	NA
		<b>Letter Content for Service Authorization Request Denials (95% Goal)</b>		
		0.0%	12.5%	3/20/24
<b>UM Timeliness (95% Goal)</b>				
96.8%	99.2%	3/20/24		

Michael Sobetzko, *Senior Director, Risk Management and Operations Support*, gave a Risk Management and Operations Support update.

## Risk Management Update

### Top Risks

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

Risk #	Risk Title	Risk Mitigation Plan Status	Comments
C2	HRA Assessment / Reassessment Timeliness	On Track	Management Action Plan received. MCLA HRA Operational Reports Pending-Go live 04/5/2024.
C13	Compliance Monitoring / Enforcement / Audits	On Track	Management Action Plan received. Programmatic changes to better enhance the compliance audit, monitoring and enforcement programs are currently in progress.
E5	Vendor Management / Contracting Process	Delayed	Management Action Plan not complete. Additional meetings to be held.
E10	Encounters	Delayed	Management Action Plan note complete. Additional meetings to be held.
O15	Delegation Oversight	On Track	Management Action Plan received. Programmatic changes related to Delegation Oversight are in progress.
O20	Staffing: Staffing / Skilled Hires / Time to Hire	Delayed	Management Action Plan not complete. Additional meetings to be held.
O23	DSNP Implementation and Oversight	On Track	Management Action Plan received. Programmatic changes related to DSNP Implementation and Oversight are in progress.

## Risk Management Update

### Top Risks

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

<b>Risk # / Title</b>	<b>C2: HRA Assessment / Reassessment Timeliness</b>
<b>Risk Statement</b>	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
<b>Risk Owner(s)</b>	Sameer Amin, Acacia Reed, Steven Chang
<b>Completed Risk Mitigation Activities</b>	<ol style="list-style-type: none"> <li><b>Management Action Plan received March 2024</b></li> <li><b>CMC-Era Operational Reports and Ad-hoc Reports</b> <ul style="list-style-type: none"> <li>Compliance w/DSNP HRA requirements using manual workarounds are active and ongoing until automated reporting available.</li> </ul> </li> </ol>
<b>Open Remediation</b>	<ol style="list-style-type: none"> <li><b>MCLA HRA Operational Reports: Scheduled to go live April 2024</b> <ul style="list-style-type: none"> <li>SPD 90 day</li> <li>MCLA Operational Monitoring</li> </ul> </li> <li><b>D-SNP HRA Monitoring Reports:</b> Implemented D-SNP HRA monitoring report to capture new D-SNP LOB           <ul style="list-style-type: none"> <li>Completion Date: 8/11/23; <b>Scheduled to go live April 2024</b></li> </ul> </li> </ol>
<b>Summary</b>	Management Action Plans received and actively worked.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																				
	<p>Mr. Gower stated that as Compliance gets into the reviews of correction action plans they know that in the initial state it can have multiple owners. They are making sure they are starting the dialogue with department leaders. Chairperson Booth stated that as far as she can tell, it's at least two years for some of them, and when it says the management hasn't come up with a plan yet, it probably needs to be explained why that is. Mr. Gower agreed with Chairperson Booth and said that it's not that they haven't come up with a plan it's more that they are trying to find the best approach. They are usually working through it. The risks may stay on there, but the risk may no longer be high. Sometimes they are waiting for technology or other things that needs to be addressed, but mitigation work is being done.</p> <div data-bbox="470 597 1675 1286"> <h3 style="color: #0070C0;">Risk Management Update</h3> <p style="color: #0070C0;">Top Risks</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #0070C0; color: white;">Risk Mitigation Plan Status Key</th> </tr> </thead> <tbody> <tr> <td style="background-color: #FF0000; color: white; text-align: center;">Off Track</td> <td style="background-color: #FFFF00; color: black; text-align: center;">Delayed</td> </tr> <tr> <td style="background-color: #008000; color: white; text-align: center;">On Track</td> <td style="background-color: #A9A9A9; color: black; text-align: center;">Validating</td> </tr> <tr> <td style="background-color: #0000FF; color: white; text-align: center;">Mitigation In Place</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="background-color: #0070C0; color: white; text-align: center;"><b>Risk # / Title</b></td> <td style="background-color: #D9E1F2;"><b>C13: Compliance Monitoring/Enforcement/Audits</b></td> </tr> <tr> <td style="background-color: #0070C0; color: white; text-align: center;"><b>Risk Statement</b></td> <td>With the Plan winning new contracts and past CAP, the need to have strong monitoring and auditing is key. 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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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## Risk Management Update

### Top Risks

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

<b>Risk # / Title</b>	<b>E5: Vendor Management/Contracting Process</b>
<b>Risk Statement</b>	Lack of cross functional third-party vendor management and oversight. How to ensure vendors adhere to contractual requirements. Complexed contracting process, multiple touches across organization, contracting may be delayed in certain parts of process. Centralized owner that works cross functionally with business partners.
<b>Risk Owner(s)</b>	Tom MacDougall, Afzal Shah, Augie Haydel
<b>Completed Risk Mitigation Activities</b>	No completed risk mitigation activities noted for this risk area.
<b>Open Remediation</b>	No open remediation items noted for this risk area.
<b>Summary</b>	Management Action Plan not completed. Additional meetings are necessary.

Mr. Sobetzko gave an Issues Inventory update.

## 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
<b>Reported</b>	5	4	6										
Open	2	2	4										
Closed to inventory	1												
Deferred													
Remediated			1										
Tracking Only	2	2	1										
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.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																				
	<p>Mr. Sobetzko stated that he is happy to announce that there are only four issues that are open from prior to 2023. They are working through the clean up and have made good progress.</p> <h3 style="color: #0070C0;">Issues Inventory Update – Open</h3> <table border="1" data-bbox="457 388 1667 985"> <thead> <tr> <th data-bbox="457 388 1203 435">Issue Name and Description</th> <th data-bbox="1203 388 1346 435">Date Reported</th> <th data-bbox="1346 388 1556 435">Business Unit</th> <th data-bbox="1556 388 1667 435">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="457 435 1203 540"> <b>Cancellation Letter Covered California</b>            Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)         </td> <td data-bbox="1203 435 1346 540">2/29/2024</td> <td data-bbox="1346 435 1556 540">Customer Solution Center (CSC) – Enrollment Services</td> <td data-bbox="1556 435 1667 540">Open</td> </tr> <tr> <td data-bbox="457 540 1203 675"> <b>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</b>            The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)         </td> <td data-bbox="1203 540 1346 675">2/7/2024</td> <td data-bbox="1346 540 1556 675">Medi-Cal Products; Provider Data</td> <td data-bbox="1556 540 1667 675">Open</td> </tr> <tr> <td data-bbox="457 675 1203 850"> <b>Call the Car State of Emergency February 2, 2024</b>            The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)         </td> <td data-bbox="1203 675 1346 850">2/2/2024</td> <td data-bbox="1346 675 1556 850">Provider Network – Contract and Relationship Management</td> <td data-bbox="1556 675 1667 850">Open</td> </tr> <tr> <td data-bbox="457 850 1203 985"> <b>Memorandum of Understanding (MOU) Implementation Requirements</b>            Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)         </td> <td data-bbox="1203 850 1346 985">2/1/2024</td> <td data-bbox="1346 850 1556 985">Product Teams</td> <td data-bbox="1556 850 1667 985">Open</td> </tr> </tbody> </table>	Issue Name and Description	Date Reported	Business Unit	Status	<b>Cancellation Letter Covered California</b> Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)	2/29/2024	Customer Solution Center (CSC) – Enrollment Services	Open	<b>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</b> The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)	2/7/2024	Medi-Cal Products; Provider Data	Open	<b>Call the Car State of Emergency February 2, 2024</b> The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)	2/2/2024	Provider Network – Contract and Relationship Management	Open	<b>Memorandum of Understanding (MOU) Implementation Requirements</b> Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)	2/1/2024	Product Teams	Open	
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David Kagan, MD, Senior Medical Director, Direct Network, Utilization Management, gave a Utilization Management Update.

## Authorization Request Timeliness Monitoring

Timeliness of Authorization Decisions & Notifications	Q3 2023	Q4 2023	Jan 2024	Feb 2024
All LOB (95%)	99%	99%	99%	99%
Direct Network (MCLA subset: 95%)	98%	99%	99%	99%
DSNP (95%)	98%	96%	97%	98%

**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

- New metrics established by Compliance Department for Medicare D-SNP beginning August 2023.

**Maintenance Activities:**

- Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends.
- Ongoing assessment of opportunities for process and system improvements, including those directly impacting reports and data.
- Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests.
- Implementation of Direct Network Prior Authorization (DNPA) electronic form on 3/1/24. Webinar hosted by PNM on 3/5/24 to introduce the DNPA form.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>Quality Assurance – Letters</b> Identified Issues</p> <p>January-February letter fallouts due to missing member address (letters resent on 2/21/24)</p> <ul style="list-style-type: none"> <li>Requested a system feature that enables reporting of reasons for failed letters – <u>SyntraNet</u> deployment scheduled for 3/28/24</li> </ul> <p>Letter fallouts resulting from voided member enrollment (members whose enrollment was not completed due to changes in eligibility)</p> <ul style="list-style-type: none"> <li>Inquiry sent to Compliance Department to determine requirements surrounding notifications for members with voided enrollment</li> </ul> <p>Chairperson Booth noted that L.A. Care has had challenges in translating letters, she asked if that is something that it reviews closely with its plan partners. Dr. Kagan stated that he is not able to comment on plan partners, because his team only looks at it internally. Dr. Amin stated that the translation was an issue very specific to a Syntranet problem occurring because of their internal issues. we have mitigated the issuehas been less of an issue.</p>	
<p><b>CHIEF MEDICAL OFFICER REPORT</b></p>	<p>Sameer Amin, MD, MPH, <i>Chief Medical Officer</i>, presented the April 2024 Chief Medical Officer report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Dr. Amin's report primarily focuses on the partnership between Health Services and Compliance to ensure better oversight of delegate performance. He praised Dr. Sheen and Dr. Kagan's efforts in utilization management, case management, and quality improvement, and noted the significant progress made for members. Dr. Amin stated that the Chief Medical Officer report will focus on compliance-related matters. He spoke about the new partnership with Compliance to address delegate performance, echoing concerns raised by Mr. Sobetzko and Mr. Varela regarding delegation oversight. The focus is on obtaining comprehensive information from provider groups and health plan partners to ensure better compliance and quality of care. The approach involves Health Services acting as subject matter experts for Compliance, assisting in reviewing incoming information and identifying performance issues. Dr. Amin stressed the importance of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>understanding not just Compliance but also the quality of performance, which requires a collaborative effort between Health Services and Compliance. He outlined a three-step plan: obtaining the right information, reviewing it with subject matter expertise, and taking action to improve performance. This includes meetings with provider groups and health plan partners to address concerns and improve performance. Dr. Amin also emphasized the need for requirements to flow through contracts and network teams to ensure consistent communication and action. He acknowledges that this process will take time to implement but is essential for enhancing oversight and improving member care.</p>	
<p><b>Provider Performance Improvement (P4P/VIIP)</b></p>	<p>Henock Solomon, <i>Senior Manager, Incentives, Population Health</i>, gave a report about <i>(a copy of the report can be obtained from Board Services)</i>.</p> <ul style="list-style-type: none"> <li>• Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions.</li> <li>• The programs promote provider accountability and offer a business case for quality improvement. <ul style="list-style-type: none"> <li>- Performance measurement and reporting</li> <li>- Peer-group benchmarking</li> <li>- Value-based revenue (significant and meaningful <u>above capitation</u>)</li> <li>- Designed to align the quality improvement goals of Plan Partners, Independent Physicians Associations (IPA), clinics and physicians.</li> <li>- Aim to foster systematic process improvements and better care coordination</li> <li>- Reduce variation and promote consistency</li> </ul> </li> </ul> <p>Accomplishments &amp; Updates</p> <ul style="list-style-type: none"> <li>• Measurement Year (MY) 2022 Medi-Cal P4P reports and payments <ul style="list-style-type: none"> <li>- Around 900 Physician &amp; Clinics were paid out \$22 million.</li> <li>- 51 IPAs were paid out \$17.4 million for Medi-Cal VIIP.</li> </ul> </li> <li>• MY 2022 L.A. Care Covered VIIP <ul style="list-style-type: none"> <li>- 24 IPAs were paid out \$2.4 million.</li> </ul> </li> <li>• MY 2033 Cal MediConnect (CMC) VIIP <ul style="list-style-type: none"> <li>- 18 IPAs were paid out \$405,600.</li> </ul> </li> <li>• MY 2022 Direct Network <ul style="list-style-type: none"> <li>- 76 primary care providers and clinics were paid out \$447,000.</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																				
	<h2 style="color: #0070C0;">P4P Performance Score Trends</h2> <ul style="list-style-type: none"> <li>Physician Pay-for-Performance (P4P) Program</li> </ul> <table border="1" data-bbox="478 415 1667 724"> <thead> <tr> <th colspan="2">Solos</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Scores</td> <td>Mean</td> <td>28.05%</td> <td>30.14%</td> <td>27.01%</td> </tr> <tr> <td>Median</td> <td>23.68%</td> <td>27.14%</td> <td>23.33%</td> </tr> <tr> <td>Max</td> <td>94%</td> <td>98.33%</td> <td>100%</td> </tr> </tbody> </table> <table border="1" data-bbox="478 824 1667 1133"> <thead> <tr> <th colspan="2">Clinics</th> <th>MY 2020</th> <th>MY 2021</th> <th>MY 2022</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Scores</td> <td>Mean</td> <td>14.00%</td> <td>26.74%</td> <td>24.76%</td> </tr> <tr> <td>Median</td> <td>22.73%</td> <td>23.33%</td> <td>23.58%</td> </tr> <tr> <td>Max</td> <td>57.73%</td> <td>68.89%</td> <td>67.00%</td> </tr> </tbody> </table>	Solos		MY 2020	MY 2021	MY 2022	Performance Scores	Mean	28.05%	30.14%	27.01%	Median	23.68%	27.14%	23.33%	Max	94%	98.33%	100%	Clinics		MY 2020	MY 2021	MY 2022	Performance Scores	Mean	14.00%	26.74%	24.76%	Median	22.73%	23.33%	23.58%	Max	57.73%	68.89%	67.00%	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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## Measure Specific Trends: Physician P4P

**Threshold:** 50<sup>th</sup> percentile among network

Threshold: 50th Percentile Among Network				
HEDIS Measure	MY2020	MY 2021	MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio- 5-64 years of age	57.14%	62.68%	66.67%	9.53%
Breast Cancer Screening	54.72%	51.43%	52.84%	-1.88%
Cervical Cancer Screening	53.85%	52.57%	51.81%	-2.04%
Childhood Immunization Status- Combo 10	15.50%	17.65%	18.92%	3.42%
Chlamydia Screening in Women	62.70%	64.71%	65.81%	3.11%
Controlling Blood Pressure	20.61%	24.04%	23.90%	3.29%
Immunizations for Adolescents- Combo 2	32.79%	31.58%	33.33%	0.54%
Prenatal & Postpartum Care- Postpartum Care	61.54%	63.16%	63.26%	1.72%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	77.97%	76.47%	73.33%	-4.64%
Weight Assessment and Counseling for Child/Adol - Physical Activity	45.63%	56.20%	58.02%	12.39%

## Measure Specific Trends: Physician P4P

**Benchmark:** 95<sup>th</sup> percentile among network

Benchmarks: 95th Percentile Among Network				
HEDIS Measure	MY 2020	MY 2021	MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio- 5-64 years of age	90.50%	91.33%	93.79%	3.29%
Breast Cancer Screening	79.17%	75.81%	75.00%	-4.17%
Cervical Cancer Screening	72.98%	71.43%	70.21%	-2.77%
Childhood Immunization Status- Combo 10	53.69%	56.84%	58.52%	4.83%
Chlamydia Screening in Women	85.71%	86.69%	88.31%	2.60%
Controlling Blood Pressure	68.09%	74.71%	71.95%	3.86%
Immunizations for Adolescents- Combo 2	67.47%	64.48%	68.30%	0.83%
Prenatal & Postpartum Care- Postpartum Care	84.15%	88.10%	83.33%	-0.82%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	92.45%	92.31%	88.89%	-3.56%
Weight Assessment and Counseling for Child/Adol - Physical Activity	88.34%	91.81%	90.96%	2.62%

Future Direction

External Benchmarking

- We will be transitioning from using L.A. Care provider peer group benchmarking to using external NCQA benchmarks for our MY 2024, RY 2025 P4P Programs.

New Program Launch

- Launched the SNF and Hospital P4P Programs in 2024.

Medicare Advantage Payout



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>First year of payouts for our D-SNP level VIIP Program in late 2024.</li> </ul>	
<b>PUBLIC COMMENT ON CLOSED SESSION ITEMS</b>	<i>There was no public comment.</i>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>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</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:10 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	The meeting adjourned at 4:10 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: \_\_\_\_\_

# Compliance and Quality (C&Q) Committee Meeting



L.A. Care  
HEALTH PLAN®

*For All of L.A.*

**Compliance Department**

May 16, 2024

# Chief Compliance Officer Report & Agenda

- Compliance Report Out from ICC  
Todd Gower (10 min)
- Compliance Training Update  
Michael Sobetzko (5 min)
- Issues Inventory Update  
Michael Sobetzko (5 min)
- Internal Audit Update  
Maggie Marchese (15 min)
- A&G Compliance  
Demetra Crandall (10 min)

# Compliance Report Out of ICC April 2024



**Todd Gower**

# Risk Management & Operations Support



**Michael Sobetzko**

# Compliance Training Update

% = Completed

	2024											
	January	February	March	April	May	June	July	August	September	October	November	December
<b>NEO FTE</b>	96.50%	91.30%	n/a	78.40%								
<b>NEO CW</b>	92.80%	96.80%	n/a	90.80%								
<b>Annual FTE</b>	99.80%	99.00%	n/a	99.00%								
<b>Annual CW</b>	95.50%	95.30%	n/a	100.00%								

**Note:** Annual Training ends in January. The remaining months numbers are due to LOA's.

# Issues Inventory Update – Summary

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Remediated			1	1									
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- **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 - 2024

- OPEN
- DEFERRED
- TRACKING ONLY

Year	2019	2020	2021	2022	2023	2024
<b>Total</b>	<b>6</b>	<b>134</b>	<b>32</b>	<b>105</b>	<b>212</b>	<b>23</b>
Open	1			3	20	5
Closed to Inventory					126	7
Deferred			3	21	2	
Remediated	5	134	29	81	45	4
Tracking Only					19	7
Monitoring Only						





# Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
<p><b>Child Health and Disability Prevention Program (CHDP)</b></p> <p>L.A. Care is investigating their readiness to transition the CHDP program effective July 1, 2024 based on the authorization given from DHCS via Senate Bill (SB) 184. (1564)</p>	3/14/2024	Quality Improvement; Population Health; Felix Aguilar, M.D.; Elaine Sadocchi-Smith	Tracking Only
<p><b>Timely Compliance Training Contingent Workers</b></p> <p>L.A. Care is investigating any possible fines or sanctions associated with contingent workers not completing their mandatory compliance training timely. (1556)</p>	3/14/2024	Human Resources	Tracking Only

# Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
<p><b>Medi-Cal Justice-Involved Re-Entry Initiative-Related State Guidance</b></p> <p>L.A. Care is investigating the barrier for implementing APL23-030 which the newest member population and the services being provided to Medi-Cal-eligible youth and adults in state prisons, county jails, and youth correctional facilities (YCFs) for up to 90 days prior to their release. (1563)</p>	3/14/2024	Enhance Care Management	Tracking Only
<p><b>Submission of Supplemental Benefits Data on Medicare Advantage Encounter Data Records</b></p> <p>L.A. Care's is investigating the readiness to submit the encounter data for services or items including supplemental benefits offered by MA organizations.(1562)</p>	3/13/2024	Encounters; Medicare Products; Healthcare Analytics	Tracking Only



# Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit	Status
<p><b>DHCS Issues with Denial of Part A and Part B Co-insurance Claims</b></p> <p>L.A. Care is investigating the payment concerns communicated by the Department of Health Care Services (DHCS) for processing denials of Part A and Part B coinsurance claims from Downey Community Health Center (DCHC).(1561)</p>	3/14/2024	Claims; Credentialing	Tracking Only

# Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p><b>Supplemental Benefits Data Submission Encounter Data Record Non Compliance</b></p> <p>The Encounters business unit was unable to meet any potential submission deadline sometime in June 2024. (1567)</p>	3/25/2024	Encounters Karrie Chan; Greg White	Closing Duplicate issue 1562	4/15/2024
<p><b>Non Compliant Authorization Processing Timelines</b></p> <p>The Department of Health Care Services (DHCS) inquired into LA Care's Authorization processing timelines.(1558)</p>	3/1/2024	Utilization Management - Tara Nelson; Kathleen Kaye Tobias	Relevant LA Care Business Units responded to the DHCS's inquiry by the imposed deadline March 5. No further action has been required from DHCS.	3/22/2024

# Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p><b>Change Healthcare Cyber Attack</b></p> <p>L.A. Care has been notified by one of its vendors, Change Healthcare, that it has experienced a cyber-attack, which caused Change Healthcare to temporarily bring down some of its services.(1552)</p>	3/1/2024	IT; Gene Magerr	L.A. Care was unaffected.	3/21/2024
<p><b>Risk Mitigation Plan Effectiveness Review: PQI Untimely Processing-Volume Increases</b></p> <p>PQI: There is an unexplained increase in grievances this year: approximately a 200% YOY increase in PQI referrals for June and July 2023 and a moderate decrease in August 2023. Also, A&amp;G: There is a high volume of grievances related to access/availability and provider office staff shortages.(1534)</p>	11/27/2023	Provider Quality, Appeals and Grievances; Maria Casias, Christine Chueh, Rhonda Reyes, Demetra Crandall, Mary Anne Gomez	This issue was closed by Internal audits.	2/29/2024

# Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p><b>Public Provider Ground Emergency Medical Transportation-Add On Payment - Phase II</b></p> <p>DHCS has implemented the Public Provider Ground Emergency Medical Transport (PP-GEMT) Program to provide increased reimbursements, by application of an add-on increase, for non-contracted emergency medical transports provided by eligible public GEMT providers (Phase II).</p> <p>1560</p>	3/6/2024	Claims	The Phase II GEMT Add-On payment project was open to address providers' reimbursement with the submission of one claim.	4/30/2024

# Issue Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated
<p><b>2024 MediCal Evidence of Coverage (EOC) Errors</b></p> <p>The 2024 MediCal EOC had errors. These errors were discovered during the 2025 EOC draft template comparison to the current 2024 EOC. (1559)</p>	3/14/2024	MediCal Product; Compliance Material Review -Karla Romero; Gabriela Flores	DHCS has approved the corrections via the resubmission of the EOC corrected by the L.A. Care staff. The corrected 2024 EOC will be sent to all the new members and an Errata will be distributed to existing members informing them of the corrections.	4/5/2024
<p><b>Cancellation/Incorrect Termination Notice Covered California</b></p> <p>Termination notice letters were issued to subscribers incorrectly because our system incorrectly configured termination dates.(1551)</p>	2/29/2024	Enrollment Services; Robert Griffith; Aurora Cabellon	The impacted members received their corrected letters on March 27th & 28th. Also, backfilled letters were sent for Spanish and Chinese on April 10th. The DMHC self-disclosure document was sent on March 22nd.	4/18/2024

# Issue Inventory Update – Remediated Issues

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated
<p><b>Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs)</b></p> <p>The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report APNR data. 1549</p>	2/7/2024	MediCal Product; Provider Data; Amanda Wolarik; Susan Williams; Penny Tunney;	<p>Remediated: Darrene Triplett – The plan gave due dates to the plan partners and followed up periodically to ensure they were on track to deliver all the required Annual Provider Network Reports</p> <ul style="list-style-type: none"> <li>• Blue Shield Promise – April 8th</li> <li>• Anthem April - April 12th</li> </ul>	4/18/2024



# Internal Audit Services



**Maggie Marchese**

# Product Sales and Member Services Audit Summary

## Overview:

The L.A. Care's Internal Audit Department contracted with Resources Global Professionals, Inc. (RGP), to perform an internal audit of **Product Sales and Member Services**.

## The focus of the audit included:

- **Product Sales (PS)** - Recorded calls from Internal Sales Representatives to enroll individuals in the DSNP plan, Medicare Plus and the Product Sales Quality Team review and score of those calls.
- **Member Services (MS)** – Recorded calls to the L.A. Care Call Center from members requesting to disenroll from the DSNP plan, Medicare Plus, or asking about how to disenroll from the plan.

## Audit Scope:

**Product Sales:** June 2023 – December 2023 / **Member Services:** November 2023.

## Audit Objectives:

- Determine if L.A. Care has an effective compliance plan for Product Sales call monitoring by reviewing sales calls which have been reviewed and scored by the Product Sales QA team and determine if Internal Audit agrees with the scores.
- Determine if L.A. Care Customer Service Center representatives (CSRs) in the Call Center are providing correct disenrollment information and assistance to Members.

# Product Sales and Member Services Audit Summary

## Summary Findings and Recommendations

(Detailed Findings, Risks, Recommendations, and Management Responses are in Final Audit Report)

Finding	Recommendation	Risk Rating
For one of the samples reviewed, the Inside Sales Representative did not state the Statement of Understanding to a member during a call as required. Product Sales Quality Assurance (QA) team however, "passed" on this call when evaluating and missed this requirement.	Internal Audit recommends that the Product Sales Quality Assurance (QA) team require that the QA team uses the available checklist to ensure they capture all requirements and consider if the electronic evaluation form should be updated to eliminate the default grade to "PASS."	Low
For one of the samples reviewed, the Customer Service Representative (CSR) did not inform the member of the different methods they could request to disenroll when the member inquired about disenrollment.	Internal Audit recommends that the Call Center should update Desk Level Procedure (DLP) CC MED-11 to include that the CSR is to always provide to the member the different methods how the member can disenroll and provide training to the CSRs regarding this update.	Moderate
For five (5) of the samples reviewed, the CSR failed to inform the member that the disenrollment form does not guarantee disenrollment.	Internal Audit recommends that the Call Center should update DLP CC MED-11 to prompt the CSRs to explain the disenrollment process to the members even if they are just inquiring and not requesting disenrollment and to train on this update.	Moderate
For two (2) of the samples reviewed, the CSR failed to inform members that they can mail or fax a letter request to L.A. Care to disenroll when a member called to say they did not receive the disenrollment form in the mail.	Internal Audit recommends that the Call Center should update Desk Level Procedure (DLP) CC MED-11 to include that the CSR is to always provide to the member the different methods how the member can disenroll and provide training to the CSRs regarding this update.	Moderate



# Product Sales and Member Services Audit Summary

## Conclusion:

**Product Sales** - Based on our review, the Product Sales quality assurance testing process is operating effectively and efficiently. The Product Sales QA team grades approximately 100 calls per month and provides coaching and/or feedback for the ISRs who fail any attribute. The Product Sales QA team appears to be providing oversight of the ISRs as well as ensuring that callers are provided the required information when enrolling into the DSNP product, L. A. Care Medicare Plus.

**Member Services** - Based on our review, the Call Center process can be improved with training for CSRs and updates to the desk level procedure (DLP) CC MED-11. The CSRs will need instructions to provide the member with all the methods a member can disenroll, including mailing or faxing their own signed letter, and that the disenrollment form does not guarantee disenrollment.

The table below summarizes the number of issues found in each area and related Risk Ratings.

Area	Low	Moderate	High
Product Sales	1	0	0
Call Center	0	3	0
Total	1	3	0

Based on the number of the Moderate findings noted, the overall audit rating is determined to be “**Needs Improvement.**” Management has provided detailed responses to address the issues noted and is committed to implementing corrective actions for all findings by June 30, 2024.



# Appeal & Grievance



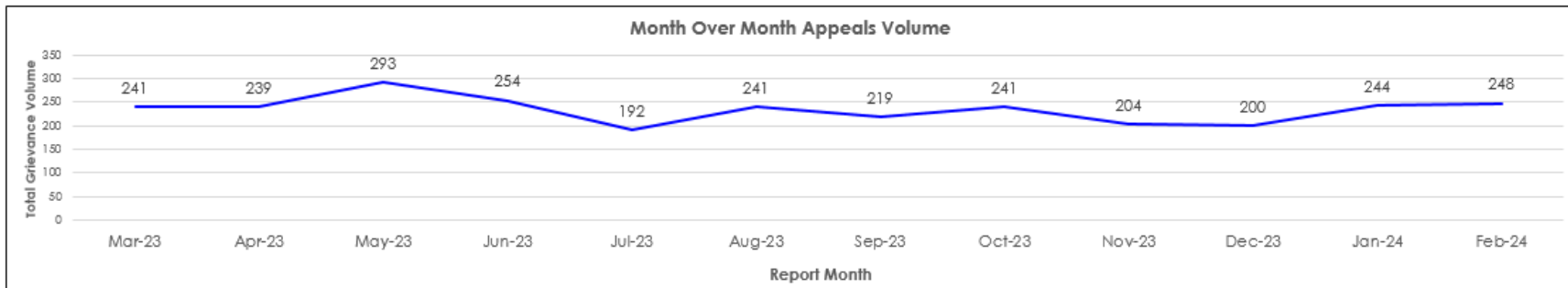
**Demetra Crandall**

# Appeal Volume MAR 23 – FEB 24

## Monthly Appeals Report: Detailed Appeals Data

Reporting Period: Mar 2023 - Feb 2024

Note: Cells highlighted green indicate highest volume Appeals categories/subcategories for the report month.



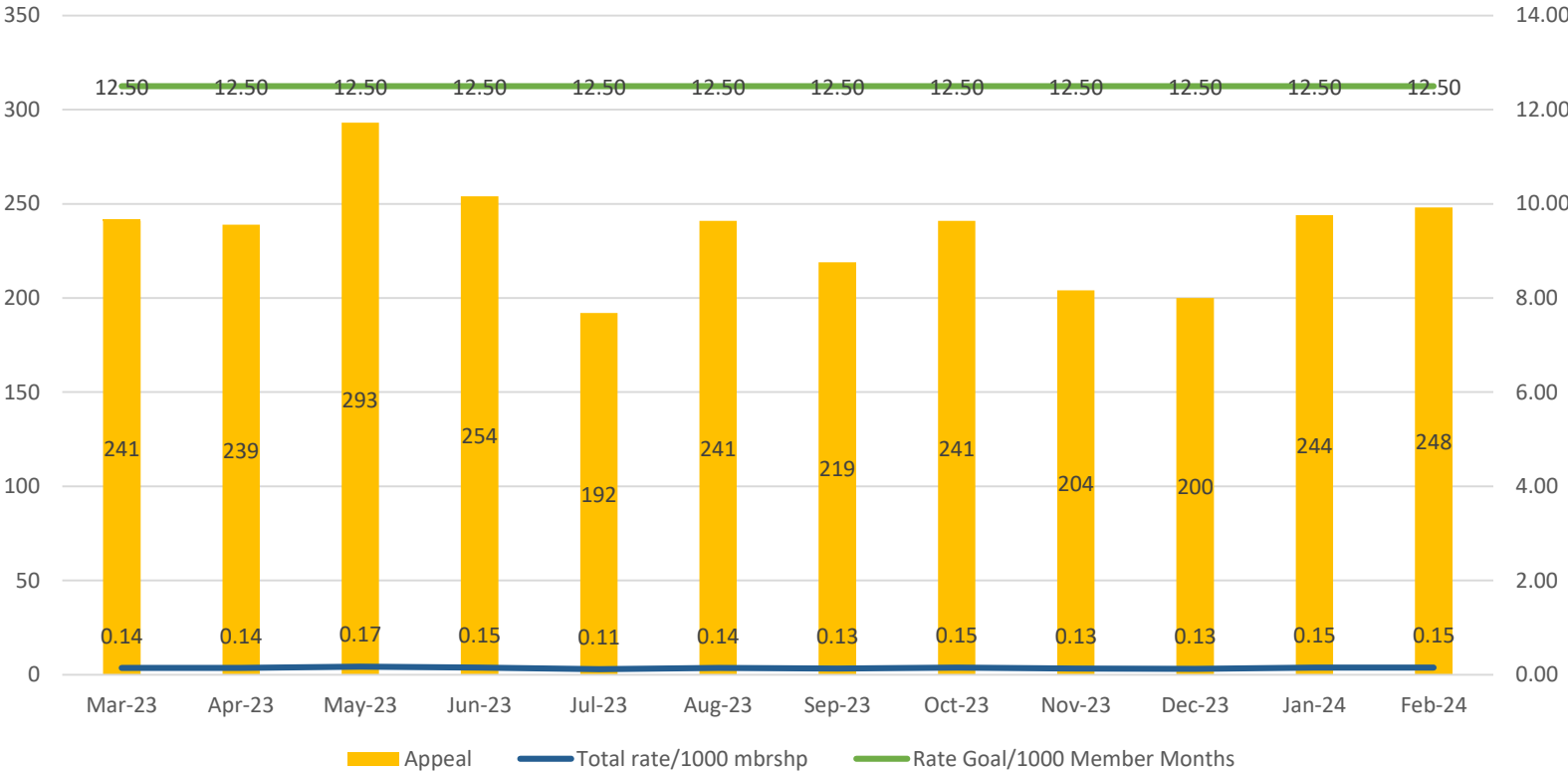
Month Over Month Membership Volume Detail												
Line of Business	Report Month											
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
DSNP	17,721	17,874	18,039	18,184	18,314	18,386	18,452	18,404	18,408	18,447	19,235	18,949
LACC/D	115,966	116,479	115,956	112,706	112,926	112,813	112,208	121,259	126,994	128,115	45,314	45,345
MCLA	1,505,460	1,516,516	1,520,886	1,527,604	1,514,031	1,515,644	1,498,663	1,451,152	1,414,843	1,398,281	1,380,568	1,439,863
PASC	49,444	49,324	49,268	49,199	49,109	48,944	48,642	48,372	48,231	48,298	48,375	48,530
<b>Total Membership Counts</b>	<b>1,688,591</b>	<b>1,700,193</b>	<b>1,704,149</b>	<b>1,707,693</b>	<b>1,694,380</b>	<b>1,695,787</b>	<b>1,677,965</b>	<b>1,639,187</b>	<b>1,608,476</b>	<b>1,593,141</b>	<b>1,605,502</b>	<b>1,676,158</b>

Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Access	232	235	283	230	186	222	210	229	196	164	214	218
Billing and Financial Issues	8	4	8	21	5	16	8	7	7	33	28	24
Quality of Care	1	0	2	3	1	3	1	5	1	3	2	6
<b>Total</b>	<b>241</b>	<b>239</b>	<b>293</b>	<b>254</b>	<b>192</b>	<b>241</b>	<b>219</b>	<b>241</b>	<b>204</b>	<b>200</b>	<b>244</b>	<b>248</b>

Note: Cells highlighted green indicate the highest volume appeal categories/subcategories for the report month.

# Appeal Volume MAR 23 – FEB 24

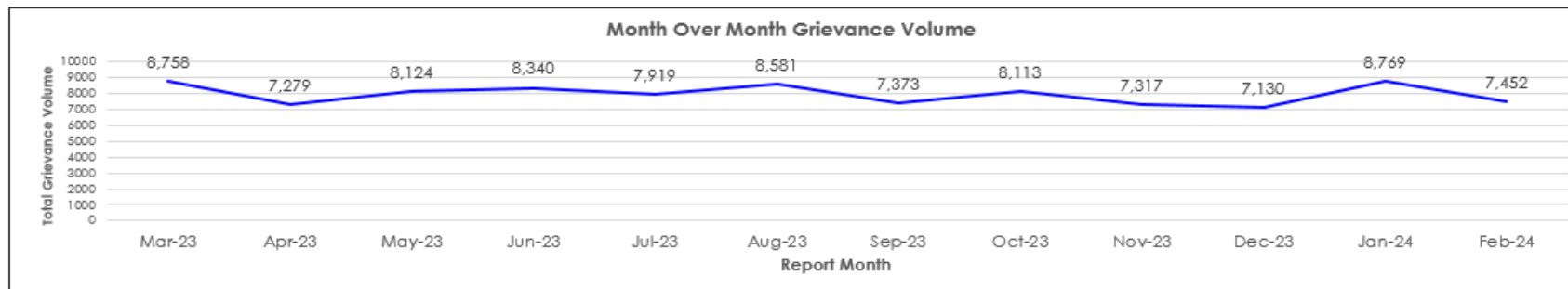


# Grievance Volume MAR 23 – FEB 24

## Monthly Grievances Report: Detailed Grievances Data

Reporting Period: Mar 2023 - Feb 2024

Note: Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month.



## Month Over Month Membership Volume Detail

Line of Business	Report Month											
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
DSNP	17,721	17,874	18,039	18,184	18,314	18,386	18,452	18,404	18,408	18,447	19,235	18,949
LACC/D	115,966	116,479	115,956	112,706	112,926	112,813	112,208	121,259	126,994	128,115	45,314	45,345
MCLA	1,505,460	1,516,516	1,520,886	1,527,604	1,514,031	1,515,644	1,498,663	1,451,152	1,414,843	1,398,281	1,380,568	1,439,863
PASC	49,444	49,324	49,268	49,199	49,109	48,944	48,642	48,372	48,231	48,298	48,375	48,530
<b>Total Membership Counts</b>	<b>1,688,591</b>	<b>1,700,193</b>	<b>1,704,149</b>	<b>1,707,693</b>	<b>1,694,380</b>	<b>1,695,787</b>	<b>1,677,965</b>	<b>1,639,187</b>	<b>1,608,476</b>	<b>1,593,141</b>	<b>1,605,502</b>	<b>1,676,158</b>

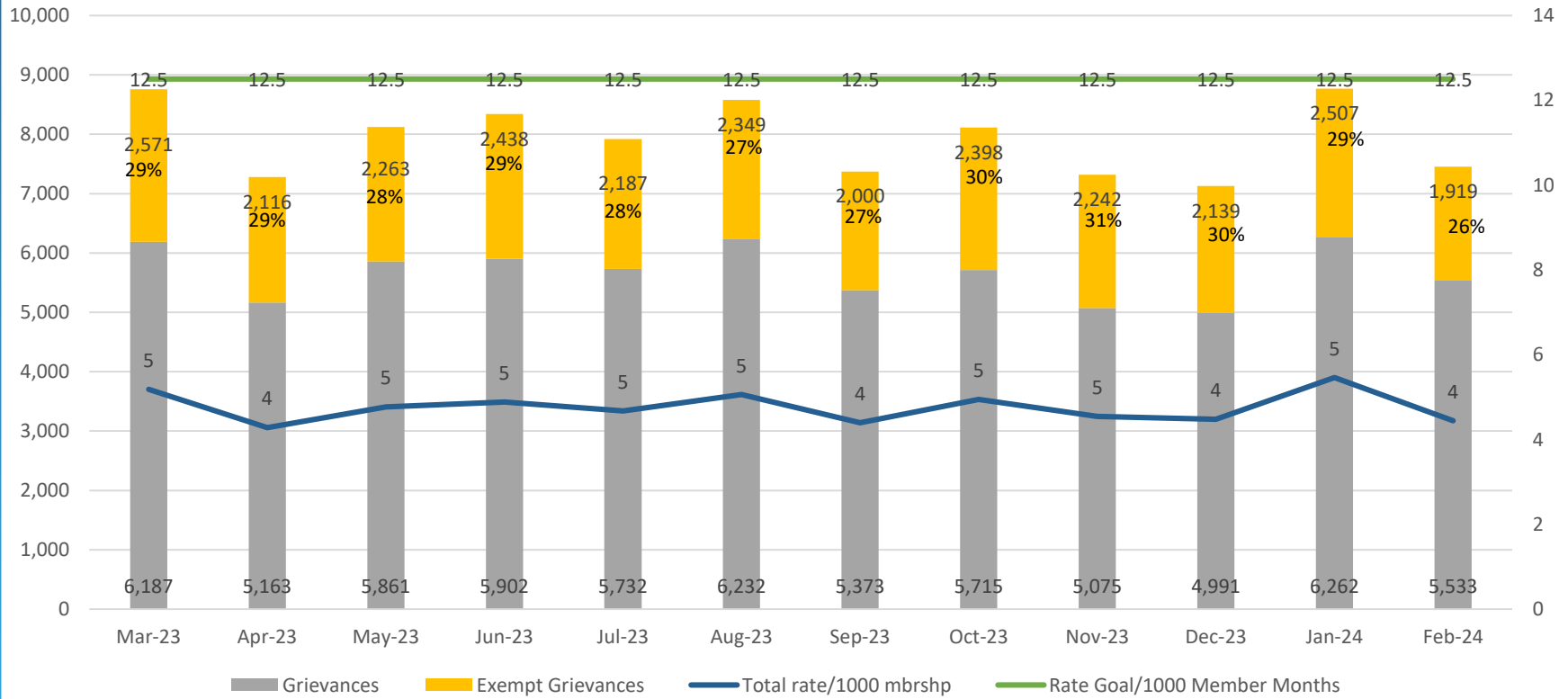
## Month Over Month Grievance Volume Detail

Grievance Category	Report Month											
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Access	2,752	2,273	2,467	2,686	2,565	2,693	2,324	2,592	2,297	2,285	2,670	2,106
Attitude and Service	2,481	2,061	2,334	2,301	2,413	2,399	2,154	2,340	2,260	2,165	2,598	2,394
Billing and Financial Issues	3,130	2,598	2,895	2,879	2,495	2,933	2,391	2,716	2,417	2,369	3,029	2,534
Quality of Care	389	335	418	463	431	540	494	447	335	306	458	410
Quality of Practitioner Office Site	6	12	10	11	15	16	10	18	8	5	14	8
<b>Total</b>	<b>8,758</b>	<b>7,279</b>	<b>8,124</b>	<b>8,340</b>	<b>7,919</b>	<b>8,581</b>	<b>7,373</b>	<b>8,113</b>	<b>7,317</b>	<b>7,130</b>	<b>8,769</b>	<b>7,452</b>

Note: Cells highlighted green indicate the top 3 highest volume grievance categories/subcategories for the report month.

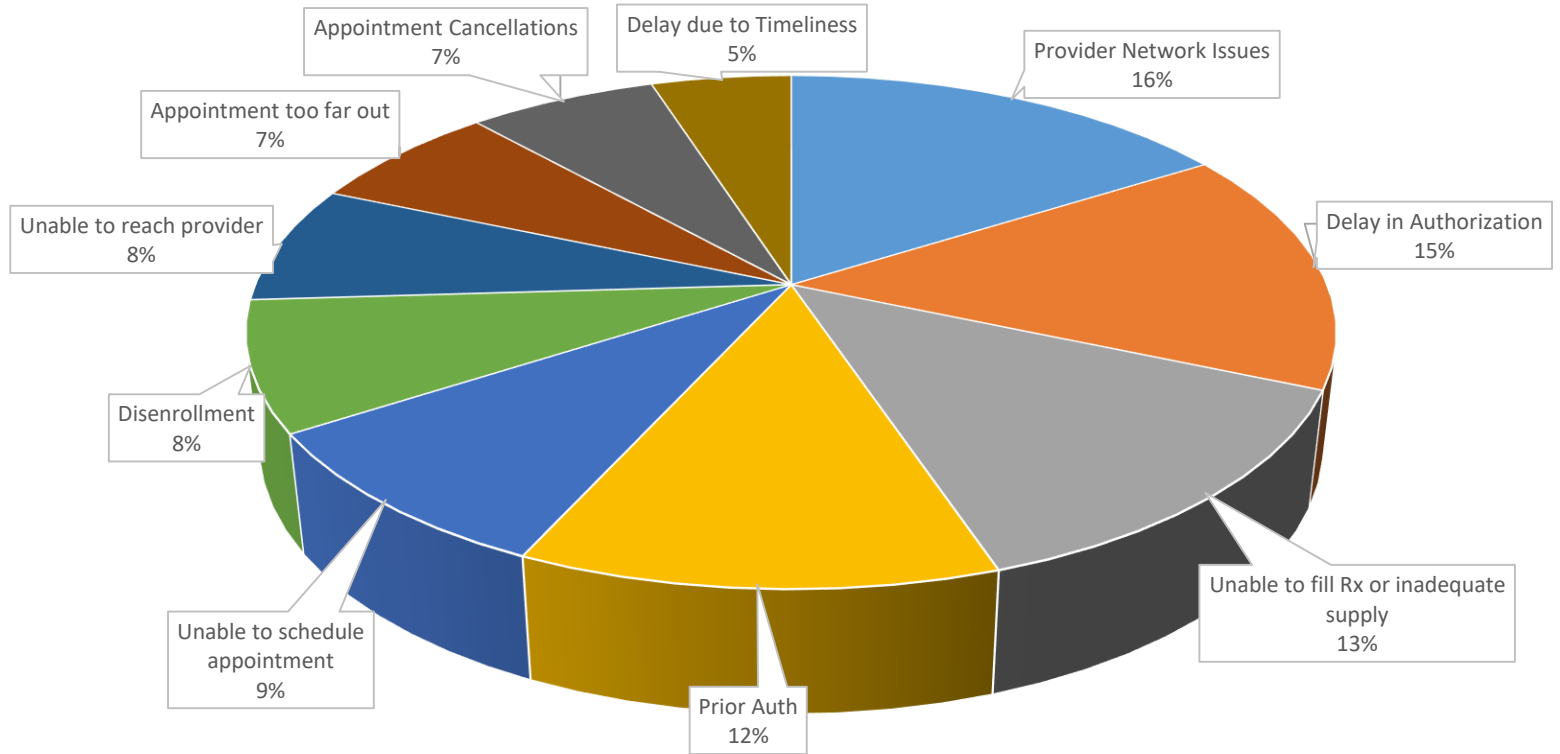


# Grievance Volume MAR 23 – FEB 24



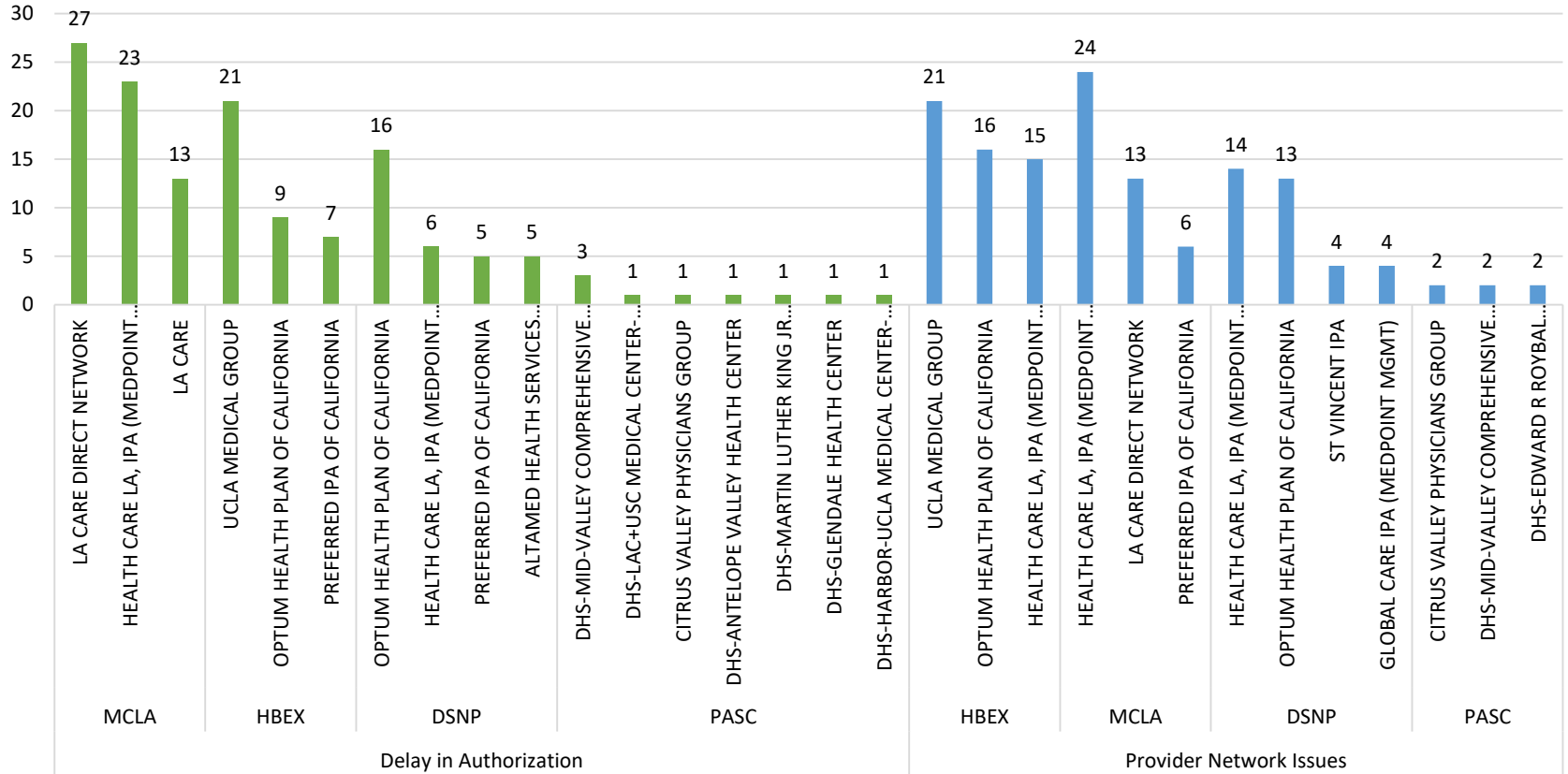
Note: Exempt Grievances are resolved by the Call Center

# Access Top 10 Sub-Categories



Note: Percentage is based on the overall total grievance cases

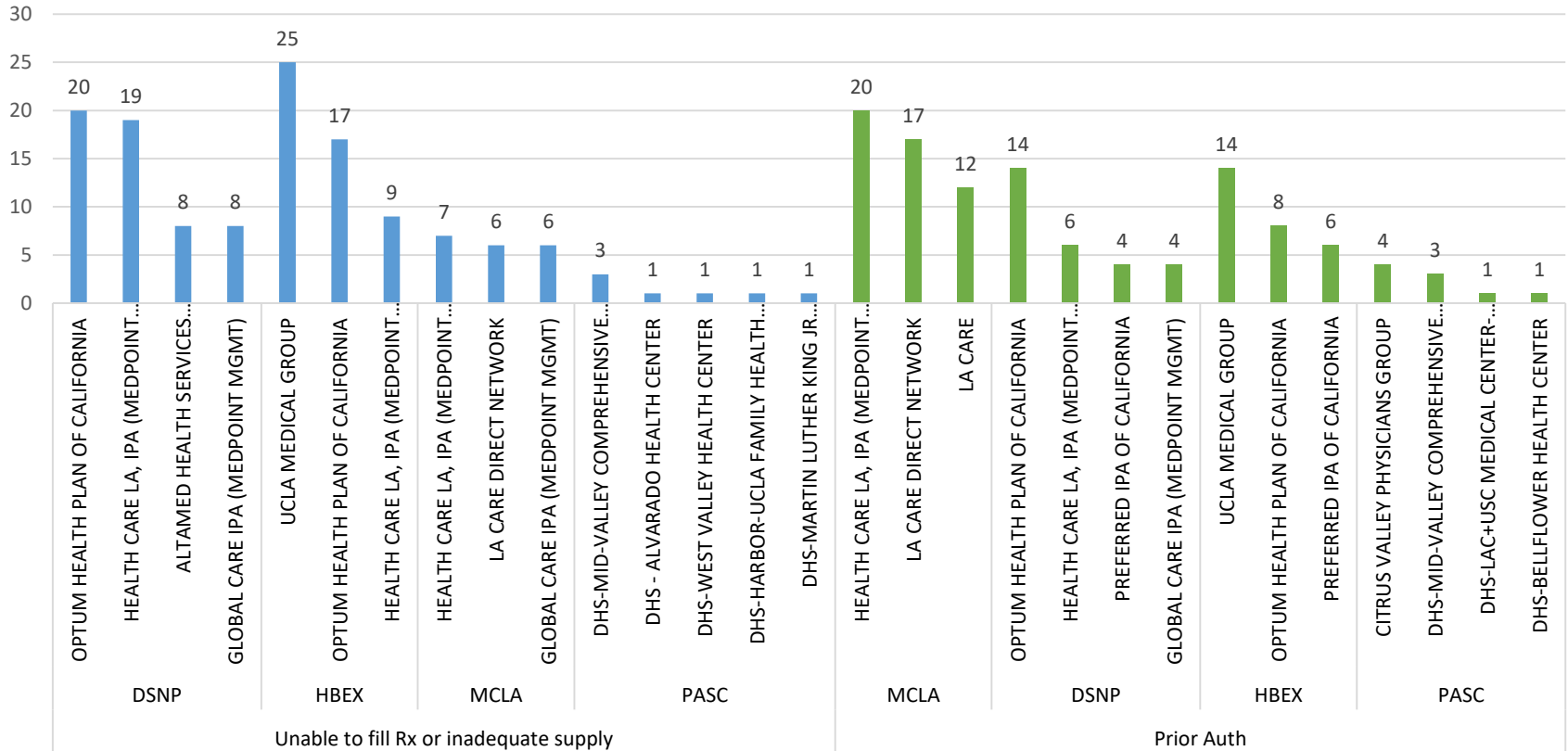
# Access Sub-Categories by PPG & LOB



Note: PPG & LOB are based on the member's assignment at the date of service or the case received date.



# Access Sub-Categories by PPG & LOB



Note: PPG & LOB are based on the member's assignment at the date of service or the case received date.



# A&G Initiatives



## A&G System Updates

- ❑ A&G is in the process of implementing a new system, i3vertical/Kiriworks. The goal is to have improved data reporting and compliance visibility. The new system implementation date is slated for the fall of 2024.
- ❑ A&G continues to enhance the current system with additional categories to support data analytics.
- ❑ Trainings have been conducted in following areas: Involved provider data entry, appropriate case classification and overall data integrity.

## Process Improvements

- ❑ The Grievance Forum was launched in April 2024. The goal of the forum is to enhance visibility and increase collaboration between A&G and our business partners with tracking, trending and grievance mitigations.



# QUESTIONS



# Optimizing Prior Authorization

*A Strategy to Improve Utilization Management and Reduce Provider Abrasion*



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

*For All of L.A.*



May 2024

# Contents **Optimizing the Prior Authorization Process**

- 1 **Our Philosophy: The Importance of Prior Authorizations (PA)**
- 2 **Our Challenges: The Complex PA Process and Provider Abrasion**
- 3 **Our Strategy: Streamlining Prior Authorization Processes**



# Our Philosophy

## The Importance of Prior Authorizations (PA) in Utilization Management

**Prior Authorization** is a common utilization management tactic for a payer to determine if a specific medical service, treatment, procedure, or medication is medically necessary and eligible for coverage before it is provided to the member

**By implementing prior authorization for healthcare services that are identified as posing a high risk for fraud, waste, and abuse, or for potential patient harming, we can effectively...**



**Manage Costs:** By verifying resources are used efficiently and only for necessary services



**Allocate Resources and Prevent Fraud:** By directing patients to the most appropriate levels of care, and requiring justification for requested treatments, procedures, equipment, and medication



**Ensure Quality:** By reviewing requests against clinical guidelines, PA promotes evidence based care and patient safety

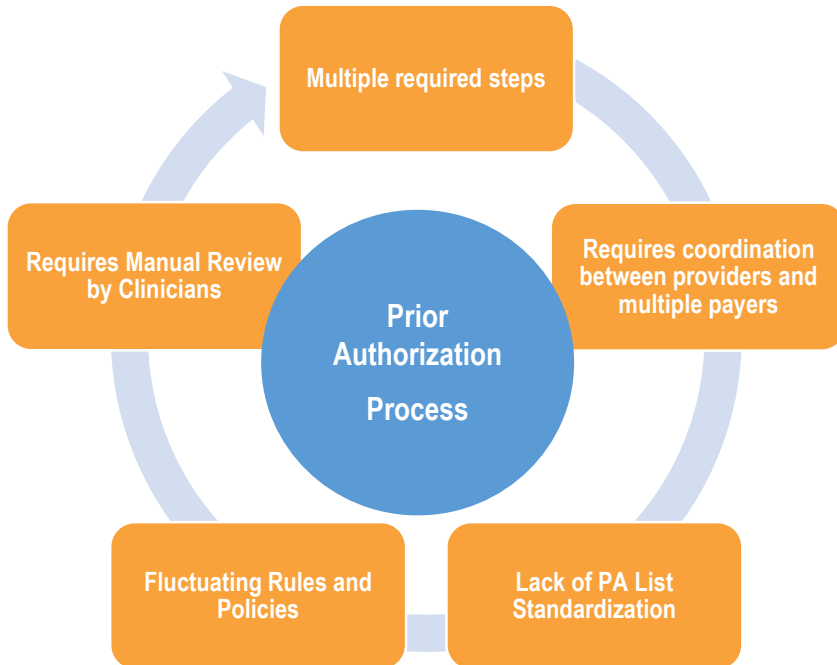


**Empower Members:** By informing them about the necessity and appropriateness of certain treatments, they are enabled to make better healthcare decisions



# Our Challenges

## The Complexity of Prior Authorization and Provider Abrasion



1. **PA process requires multiple steps**, from gathering patient information and clinical documentation to submitting requests and awaiting approval. Each step introduces potential for delays and errors.
2. **The involvement of both payers and providers** makes it more challenging, as each payer and delegated provider has their own sets of rules, criteria, and workflows for reviewing and approving PA requests.
3. **Lack of standardized processes and guidelines across payers** exacerbates complexity, making it challenging for providers to navigate and comply with varying rules.
4. **Payer rules and policies (PA lists)** around prior authorization can change frequently due to changes in medical policies, clinical guidelines, formulary changes and regulatory updates.
5. **Most PA requests require manual review** by the payer's clinical staff to assess medical necessity and appropriateness. Clinicians must carefully evaluate each request and supporting documentation.



# Our Strategy

Goal: Streamlining Prior Authorization Processes to Reduce Provider Abrasion



## Objective 1. Prior Authorization List Maintenance

### Activities

1

Establish a structured PA governance process to appropriately manage the list and ensure its alignment with enterprise priorities, current industry standards, and regulatory requirements.

2

Regularly reconcile the two PA lists managed by internal UM and Claims Configuration teams, respectively, to improve consistency and accuracy in adjudication, and reducing payment delays, provider disputes, and compliance risks.

### Deliverables

**Monthly Prior Authorization List Review meetings** involving cross-functional engagement to oversee the management of the list. These sessions focus on reviewing codes, evaluating them for inclusion, removal, and adjudication rules, and ensuring alignment with current industry standards and regulatory requirements.

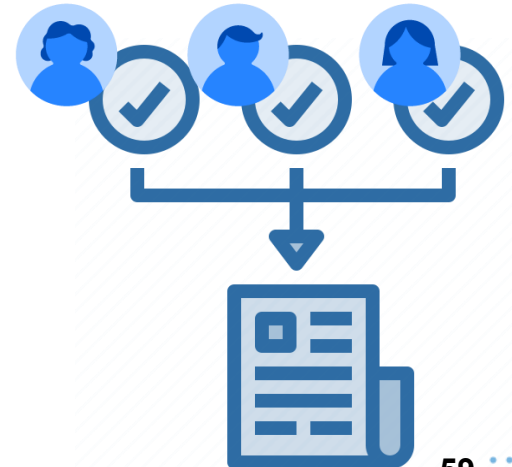
STATUS: COMPLETE



A **single source of truth Prior Authorization List** with ongoing synchronization, AND **documentation of reconciliation process** to:

- Outline steps to compare and align the two lists
- Keep record of discrepancies between them and decisions made to resolve them

STATUS: IN PROGRESS



# Our Strategy

Goal: Streamlining Prior Authorization Processes to Reduce Provider Abrasion



## Objective 2. Reducing Prior Authorization Requirements

### Activities

**Eliminate Prior Authorization requirements for high-volume requests that pose low risk for fraud, waste, abuse, or patient harm:**

- Surgical procedures
- Complex Labs & Radiology
- Medications
- Durable Medical Equipment (DME)
- Procedure codes with a >95% approval rate, examples include:
  - Mastectomy
  - Foot Reconstruction
  - Osteotomy

### Deliverables: Early Results from 2024

Procedure Sets	% PA Reduced
Anesthesia	48%
Skin Surgery	38%
Musculoskeletal Surgery	89%
Respiratory Surgery	95%
Cardiac Surgery	3%
Digestive Surgery	83%
Reproductive Surgery	65%
Complex Radiology	73%
Complex Labs	34%
Medications	36%

**24%** Reduction in total CPT codes requiring prior auth

### Spotlight: DME Codes

**43%** Of durable medical equipment (DME) codes no longer require PA, helping to:

- Reduce inpatient length of stay
- Free hospital bed capacity
- Facilitate hospital discharges
- Support smooth transitions to home or lower levels of care.



# Our Strategy

Goal: Streamlining Prior Authorization Processes to Reduce Provider Abrasion



## Objective 3. Efficient Delegation Oversight

### Activities

Enable efficient oversight of delegates PA responsibilities to achieve and maintain timely and accurate processing of requests to reduce delays in member care, administrative burden, and compliance risks.

### Deliverables

**In collaboration with Compliance, establish a streamlined PA Process for Delegates and Plan Partners featuring:**

- Scheduled PA List vetting meetings
- Reporting on key metrics like approval/denial rates
- Guidelines for level setting codes and PA requirements for low-cost referrals
- Leveraging PNM to enhance communication

Provider  
Network  
Management

Communicate  
corrective actions  
and associated  
requirements for  
acceptance,  
adoption and  
implementation

Downstreaming UM  
Program Standards  
and PA  
Requirements while  
monitoring  
performance

Compliance

As a clinical SME, assesses  
incoming data and  
documentation to pinpoint  
performance deviations and  
advise on corrective measures

Health Services



# Our Strategy

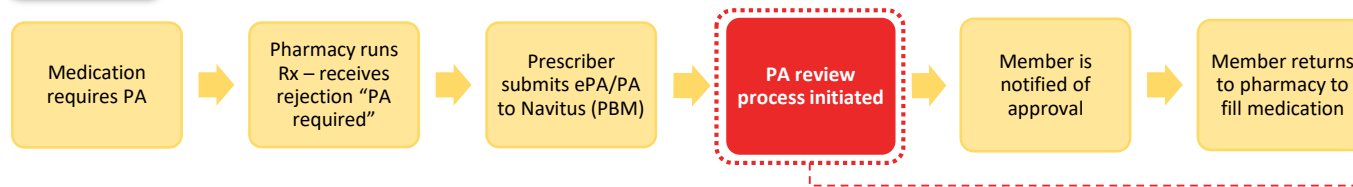
Goal: Streamlining the Prior Authorization Processes to Reduce Provider Abrasion



## Objective 4. Pharmacy Platform for D-SNP with PA Accel

**Before**

Original PA Process: Time-Consuming and Resource Intensive



### DOWNSIDE

The PA review process includes many intermediary manual steps before a decision is made:

- Eligibility checks
- Request form validation
- Claims history review
- Formulary status check

**After**

On the Fast Track with PA Accel



### BENEFITS

Driving improvement in:

- Compliance
- Member + Provider Abrasion
- Medication Adherence





**L.A. Care**  
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**For All of L.A.**

# Quality Improvement and Health Equity Committee (QIHEC)

## April 16, 2024 Summary Report for Compliance & Quality Committee



Alex Li, MD  
Chief Health Equity Officer  
May 16, 2024



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

# Brief QIHEC Overview

- **Required by DHCS.**
  - Part of the new 2024 DHCS and California Managed Care Plan Contracts
- **QIHEC Use to be the 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)**



# April 16, 2024 QIHEC (Meeting #3)

## **Provider Recognition\* and Health Equity Award: April 23, 2024 (Informational).**

### 2023 Top Performing Practitioner:

- Salman A. Khan, MD-L.A. Care Direct Network
- Eva Chan, MD – Pediatric Care
- Robert Azurin, MD – Women’s Care
- Mona Shah, MD – Chronic Care

### 2023 Top Performing Clinics:

- Asian Pacific Health Care Venture, Inc. - Pediatric Care
- Universal Community Health Center – Women’s Care
- CSC Health (formerly known as Chinatown Service Center) – Chronic Care

### 2023 Top Performing Independent Physician Associations:

- Providence/Axminister Medical Group – Medi-Cal, large group
- Karing Physicians Medical Group – Medi-Cal, small group
- Prospect Medical Group- Covered California and CalMediConnect

# April 16, 2024 QIHEC

## Provider Recognition Award and Health Equity Categories for April 23, 2024 (Informational).

### Health Equity Categories:

- Roland Palencia Safety-net Award:
  - Northeast Valley Health Corporation (>31K Covid vaccines given in 2022-23) and Los Angeles Christian Health Centers (>3K homeless vaccinated with Covid vaccines)
- School-based clinic:
  - St. John's. (Recognized impact on children, youth and staff during the Pandemic for their efforts to vaccinate staff to re-open schools).
- Preventing homelessness:
  - Inquilinos Unidos (Support >3,200 tenants who were at risk for eviction)
- Addressing Black Birthing People:
  - LA County Department of Public Health's African-American Infant and Maternal Mortality Initiative.

# April 16, 2024 QIHEC

## **Language Translation-Services Utilization FY 2023-24 (Informational and Feedback):**

- Face to face interpreters: 9,069 (31 languages)
  - Top 3 languages: Spanish (52%), Thai (8%) and ASL (8%)
- Telephonic: 238,875 calls (4.2 million minutes)
  - Top 3 languages: Spanish (79%), Mandarin (5%) and Armenian (3%)
  - 89% connected to an interpreter in less than 30 seconds
- Translation of documents: 25,454 documents translated in 32 languages
  - Top 3 languages: Spanish (70%), Armenian (7%), Chinese 5%)

## **L.A. Care Bilingual Staff:**

- 410 certified staff (8 languages)
- Top 3 languages: Spanish (91%), Tagalog (3%), Armenian (2%)

## **Sample Challenges Raised:**

- Translation e.g. Khmer (multiple dialects, grammar, terminology, etc.)
- Ability to use interpreters for behavioral health visits (yes)

# April 16, 2024 QIHEC

## **Clinical Practice Guideline Approvals (Feedback)**

- Sample list of guidelines:
  - Attention-Deficit and Hyperactivity Disorder
  - Blood Cholesterol and Hypertension Management
  - Diabetic Care
  - Perinatal Mental Health Screening

## **Overview of DHCS Sanction Methodology Concerns (Informational and Feedback)**

- Plans are expected to serve 100% of eligible members
- DHCS employs the national benchmark

## **DHCS Sanctions and Impact on L.A. Care (Informational)**

- Fined \$890,000 for falling below the minimum performance level in six measures for measurement year 2022.
- Potential fines for nine measures for measurement year 2023.

## **L.A. Care Efforts to Address Sanctioned Performance Measures (Informational and Feedback):**

- Work closer and more directly with providers
- Target specific geographic areas and populations.

# April 16, 2024 QIHEC

## **Universal Provider Manual (UPM) Updates (Feedback)**

- Legally binding document and serves as an extension of L.A. Care's contract with our network providers.
- Updated on a regular cadence and posted on our website.
- The Communications team will seek QIHEC input for the UPM on an annual basis.
- Seek feedback by May 31, 2024

## **2023 Annual Provider Satisfaction Survey (Informational)**

- Conducted from September 6, 2023 to December 15, 2023.
  - Specialty care providers' satisfaction rate improved by 3.9%
  - Direct network satisfaction's rate improved by 0.9%
  - Primary care providers' satisfaction rate declined by 0.9%
- \*Overall lower response rate across by primary care providers and specialist in 2023 in comparison to 2022.

# April 16, 2024 QIHEC

## **2024 Cardiovascular Disease Management Program Description (Informational and Feedback).**

- Target population:
  - >18 years of age
  - Black/African American
  - 2 medical encounters with a diagnosis of hypertension or high cholesterol or other cardiovascular risk factors
  - Exclude those in long term care placement or enrolled in a hospice or palliative care program.
- Goals:
  - Promote recording of blood pressure
  - Identify self management goals
  - Improve engagement with primary care providers.

## **Health Information Exchange (HIE) Report (Informational)**

- 56 (74%) hospitals in Los Angeles County contracted with one of the HIE network.
- 75% of FQHCs on one of the HIE networks
- L.A. care have added incentives (\$13M) to encourage hospitals and clinics and practices to join a HIE.

# April 16, 2024 QIHEC

## **New and Required 2024 DHCS Child Health Equity Collaborative Pilot (Informational)**

- Required participation by DHCS in March 2024
  - Only given a few weeks of notice
- Had to identify one or more practices or clinics to participate.
- Organized and managed by Institute for Healthcare Improvement (IHI)
  - Focused on children.
  - Meant to inform and train health plan QI, data and health equity staff
    1. Stratify data to identify priority populations
    2. Understand provider and patient/cargiver experience
    3. Improve reliable and equitable scheduling processes
    4. Asset mapping and identify community partnerships
      - Develop and partner with one or more community partner

**Questions?**





**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

# Roadmap Initiatives In Flight – Highlights C&Q May 2024



Tom MacDougall

Confidential not to be distributed outside of LAC



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

# Priority Tiers

Priority Tier	Initiative Group	Initiative Group Name	Program
0	0	Patching	Patching
1	1	QNXT Upgrade & Transformation	QNXT Upgrade (w/ Transparency in Coverage 2 / No Surprises)
			QNXT Upgrade - Workflow Module
	2	IT Member Experience Program	Data Architecture Modernization
			Clinical Data Repository (CDR)
			Member Data Governance & Quality
	3	CRM & Telecom	VOICE – CRM & Portals
			VOICE – Enterprise Contact Center Infrastructure (Telecom) Prog. Member Data Capture and Compliance Program
	4	Provider Target State	Provider Target State
5	A&G System Replacement & PQI	A&G System Replacement	
		PQI System Replacement	
6	EPOP/NPOP Program	Network POP & Enterprise POP	
7	Identity and Access Management	Identity and Access Management - Phase 5 (Pilot)	
		Identity and Access Management - Phase 5	
8	Medi-Cal Ground Emergency Medical Transportation (GEMT)	Medi-Cal Ground Emergency Medical Transportation (GEMT)	
2	9	Governance, Risk Management, and Compliance System (GRC)	Governance, Risk Management, and Compliance System (GRC)
	10	DSNP	DSNP Product Launch
	11	SAP/ERP Program	SAP/ERP
	12	EDIFECs Phase 3	EDIFECs
	13	Accumulators/MOOP Enhancements	Accumulators/MOOP Enhancements
	14	Clinic-Based Assignment	Clinic-Based Assignment
	15	Alternate Payment Methodology (APM)	Alternate Payment Methodology (APM)
	16	CMS Interoperability	CMS Prior Authorization and Interoperability Final Rule



# QNXT Program Upgrade

<b>Description of Program &amp; Major Component Projects</b>	<b>QNXT Upgrade Program Includes:</b> <ul style="list-style-type: none"> <li>• QNXT Technical Upgrade</li> <li>• QNXT UM Module and Workflow Engine Implementation</li> <li>• Transparency in Coverage and No Surprise Act</li> </ul>
<b>Key Program Objectives</b>	<ul style="list-style-type: none"> <li>• Upgrade the QNXT/Care Advance Technical platform from TriZetto QNXT from 5.6.R2 to release 6.0.R3 (Completed)</li> <li>• Transition from LAC's SyntraNet standalone utilization management solution to Cognizant's TriZetto QNXT UM Workflow engine Efficient coordinating healthcare resources, controlling expenses, and ensures compliance within L.A. Care. Encompasses assessing necessity, collaborating with providers, and analyzing data for informed decision-making and ongoing improvement.</li> <li>• Provide authorization management process in connection with other internal teams, improve inter-departmental communication and provide all stakeholders a holistic view of the member.</li> <li>• Enhance workflows to ensure turnaround times are adhered to and maintain compliance to regulatory bodies.</li> <li>• Enhance operational and management reporting to support compliance, productivity standards and data accuracy.</li> </ul>
<b>Benefits of Program &amp; Value Derived for LA Care</b>	<ul style="list-style-type: none"> <li>• <b>QNXT Technical Upgrade</b> positions L.A. Care to optimize its operations resulting in improved efficiency, productivity, and reduced administrative costs. Puts LAC on the latest version of QNXT which supports Transparency needs, supports health equity enhancements - multiple race &amp; ethnicity, gender identity/pronouns, supports high-availability configuration and addresses multiple configuration gaps in QNXT. Upgraded configuration will allow for more accurate claim payments.</li> <li>• <b>QNXT UM Module and Workflow Engine Implementation</b> will enable the efficient coordinating of healthcare resources, control expenses, and ensure compliance within L.A. Care. Encompasses assessing necessity, collaborating with providers, and analyzing data for informed decision-making and ongoing improvement.</li> </ul>
<b>Key Accomplishments of Project Thus Far</b>	<ul style="list-style-type: none"> <li>• QNXT Technical Upgrade project was completed on 4/2/24.</li> <li>• Transparency in Coverage: Update ID Cards Go-Live on May 2023</li> <li>• QNXT UM Module and Workflow Engine Requirements</li> </ul>
<b>Major Milestones &amp; Status</b>	<ul style="list-style-type: none"> <li>• QNXT Technical Upgrade project was completed on 4/2/24</li> <li>• QNXT UM Module and Workflow Engine target go-live: 9/16/24</li> <li>• Transparency in Coverage: Cost Estimator Tool go-live: 10/2024</li> <li>• Transparency in Coverage: Digital Contacts and Provider Directory: 10/2024</li> </ul>

# Transparency in Coverage, No Surprises Act

<p><b>Description of Program &amp; Major Component Projects</b></p>	<p>Transparency In Coverage and No Surprise Act has around 18 major components underneath it out of which 3 of them are Technology driven and the rest are business driven</p> <ul style="list-style-type: none"> <li>➤ Online Cost Estimator Tool</li> <li>➤ Provider Directory Updates</li> <li>➤ Member ID Card</li> <li>➤ Emergency and non-ER Services Billing</li> <li>➤ Surprise Billing Protection Disclosure</li> <li>➤ OON IDR</li> <li>➤ Air Ambulance Cost</li> <li>➤ Data-Sharing Gag Clauses</li> <li>➤ Continuity of Care</li> <li>➤ Air Ambulance Cost</li> <li>➤ Provider Status Member Inquiries</li> <li>➤ Prescription Drug Reporting</li> <li>➤ Mental Health Parity</li> <li>➤ ERISA Plans Compensation Regulatory Reporting</li> <li>➤ <u>Advanced EOB</u></li> <li>➤ <u>Pharmacy Machine Readable files</u></li> <li>➤ <u>Agent Broker Compensation Disclosure - Related Regulatory Reporting</u></li> <li>➤ <u>Air Ambulance - Regulatory Reporting</u></li> </ul>
<p><b>Key Program Objectives</b></p>	<p>Meet the compliance regulations defined by the CMS Transparency in Coverage Final Rule (TIC) to make available certain data/information pertaining to cost-sharing, cost of services, and aggregated out-of-network claims data, provided on a per provider, per service basis. No Surprises Act prohibits balance billing of members for receiving certain types of out-of-network care ). The rule also requires plans to provide an advance Explanation of Benefits (EOB) for covered services for in/out of network providers and/or facilities,</p>

# Data Architecture Modernization

<b>Description of Program &amp; Major Component Projects<sup>1</sup></b>	<p>Modernize Data Architecture by Implementing cloud data platform and upgrading related systems</p> <ul style="list-style-type: none"> <li>➤ 11779 - Discovery, Cloud Platform selection, Implementation Partner selection</li> <li>➤ 11914 - EDW Implementation</li> <li>➤ 11905 - Informatica Powercenter migration to IDMC (Cloud)</li> </ul>
<b>Key Program Objectives</b>	<p>Modernization of Enterprise data Infrastructure for future alignment/cloud-first strategy by</p> <ul style="list-style-type: none"> <li>➤ Fully implementing enterprise cloud data platform (EDW, data marts)</li> <li>➤ Migrating data across domains of provider, member, clinical to cloud</li> <li>➤ Implementing Highly secure platform</li> <li>➤ Train and Transition users to new data environments</li> <li>➤ Upgrading related systems and eliminating Oracle as much as possible</li> </ul>
<b>Benefits of Program &amp; Value Derived for LA Care</b>	<p>Lower costs, greater agility and flexibility, Faster time to market with enterprise application and initiatives, Enhanced performance with large data sets, Improved efficiency of managing security w/rationalized data stores, Lower technical barrier for end user analysis, Single source of truth with managed access</p>
<b>Key Accomplishments of Project Thus Far</b>	<ul style="list-style-type: none"> <li>➤ Selected Cloud Platform and provider – Snowflake with AWS. Ongoing activities to onboard vendors</li> <li>➤ Reviewing Proposals from Implementation partners, vendor scoring and selection activities to complete shortly</li> <li>➤ Powercenter - Deployed most of Provider related assets. 470 Workflows converted to-date and being validated before deployment</li> </ul>
<b>Major Milestones &amp; Status</b>	<ul style="list-style-type: none"> <li>➤ Cloud Platform Selection – 04/02/2024</li> <li>➤ Scope lock down, estimates and Program commit - June 2024</li> <li>➤ Implementation Vendor Selection – May 2024</li> <li>➤ Vendor Contracting and onboarding – August 2024</li> <li>➤ Powercenter Deployments – Provider deployment in May, EDW assets for June</li> </ul>

# Clinical Data Repository Program

<b>Description of Program &amp; Major Component Projects</b>	<p>Clinical Data Repository (CDR) Program</p> <ul style="list-style-type: none"> <li>➤ CDR - CMS Interoperability; Patient access API, Provider Director API, Cloud Payer 2 Payer</li> <li>➤ CDR - ADT</li> <li>➤ CDR – Data Exchange Framework</li> <li>➤ CDR – Interoperability Focused Consent Management for DxF &amp; other Interoperability regulations</li> <li>➤ CDR – eConnect and Retrofit reports</li> <li>➤ CDR – CCA ADT Integration</li> </ul>
<b>Key Program Objectives</b>	<p>Meet CMS Interoperability, Transition of Care, and CA Data Exchange Framework Mandates, Create actionable insights to inform member interactions with Customer Service Agents and other parts of the organization, Clinical and administrative data and Provide care teams a more comprehensive view of patient's medical history,</p>
<b>Benefits of Program &amp; Value Derived for LA Care</b>	<ul style="list-style-type: none"> <li>➤ Continue to stay compliant with CMS mandate for Interoperability</li> <li>➤ Comply with California Data Exchange framework requirements</li> <li>➤ Comply with 2024 Medi-Cal contract requirements, TOC and others</li> <li>➤ CP2P will help LA Care to obtain prior member medical records from previous health plans. This information is useful for health risk assessments and prevent duplication of services</li> </ul>
<b>Key Accomplishments of Project Thus Far</b>	<ul style="list-style-type: none"> <li>➤ CDR CMS Interoperability – Patient Access API and Provider Directory API Live .</li> <li>➤ CDR ADT =Real time ingestion from LANES,PCC, eConnect Live</li> <li>➤ CDR ADT – Custom API integration between Edifecs and LA Care Live</li> <li>➤ CDR CMS Interoperability CP2P In progress</li> <li>➤ CDR DXF in UAT</li> <li>➤ CDR DXF Consent Management solution initiated</li> <li>➤ CDR CCA ADT Integration initiated</li> </ul>
<b>Major Milestones &amp; Status</b>	<ul style="list-style-type: none"> <li>➤ CDR Interoperability Go Live 01/31/24 - Complete</li> <li>➤ CDR ADT -Go-Live 2/15/24, 3/28/24 Complete</li> <li>➤ CDR ADT Custom API Go-live 5/2/24 – Complete, 5/30/24 In progress</li> <li>➤ CDR Data Exchange Framework, Reports – Deliveries through Dec. 2024</li> <li>➤ CDR CCA Integration – 7/25/24 – On Target</li> </ul>

# VOICE CRM

<p><b>Description of Program &amp; Major Component Projects</b></p>	<p>VOICE's Enterprise Customer Relationship Management System (CRM) includes a new <i>Call Center Agent Console, Member Portal, and Provider Portal.</i></p> <p>Enterprise IT conducted evaluation sessions with 7 leading companies to become our Solution Integrator for the Enterprise CRM. Comparison evaluation completed and consensus based on final scores – Deloitte emerged as our preferred vendor</p>
<p><b>Key Program Objectives</b></p>	<ul style="list-style-type: none"> <li>• Becoming a “flagship” payer organization for how well we implement our Enterprise CRM.</li> <li>• Increased operational efficiency gained by the new agent console, member portal, and provider portal.</li> <li>• Create a CRM system that incorporates the following design principles - intuitive, seamless, scalable, repeatable, and consistent.</li> </ul>
<p><b>Benefits of Program &amp; Value Derived for LA Care</b></p>	<ul style="list-style-type: none"> <li>• Transform how our providers and members engage with L.A. Care, as well as the experience of our call center agents and other staff who interact with them. We want to make the jobs of our L.A. Care employees easier and add more value, enabling staff to more positively impact our providers and members.</li> <li>• Tangibly measure and Improve member and provider satisfaction.</li> </ul>
<p><b>Description of Program &amp; Major Component Projects</b></p>	<p>VOICE's Enterprise Customer Relationship Management System (CRM) includes a new <i>Call Center Agent Console, Member Portal, and Provider Portal, Organizational change management strategy, communications, training and hypercare</i></p>
<p><b>Key Program Objectives</b></p>	<ul style="list-style-type: none"> <li>• Becoming a “flagship” payer organization for how well we implement our Enterprise CRM.</li> <li>• Increased operational efficiency gained by the new agent console, member portal, and provider portal.</li> <li>• Create a CRM system that incorporates the following design principles - intuitive, seamless, scalable, repeatable, and consistent.</li> </ul>

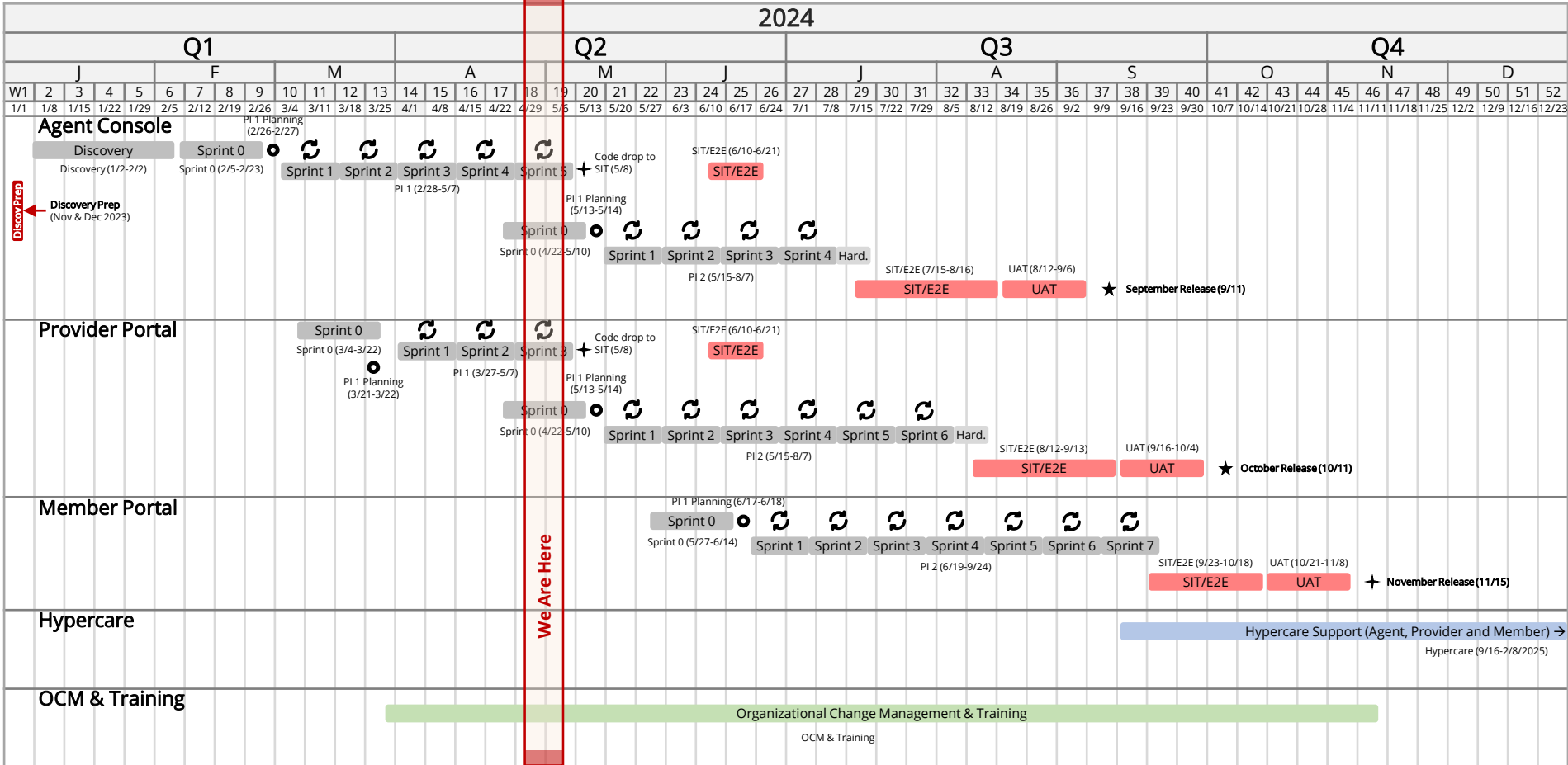
# VOICE CRM

<b>Key Accomplishments of Project Thus Far</b>	<p>In Q4 of 2023 we selected the CRM vendor after reviewing extensively with 7 vendors. The process involved a Gartner short list, customer references, privacy/IT security questionnaires, vendor qualifications, scorecards from each functional area, multiple rounds of vendor presentations and demos.</p> <p>In Q1 and Q2 2024 we have successfully executed Program Increment planning for Agent Console and also for the Provider portal. We completed demos for 5 Agent console sprints and 3 Provider portal sprints and heard great feedback.</p>
<b>Major Milestones &amp; Status</b>	<p>Vendor selection and communications (11/15). Kickoff of CRM program (11/29). Discovery planning completion (12/20). Discovery execution in progress (ends 2/2), Agent console Program Increment plan(2/26-2/27), Provider portal Program increment plan (3/21-3/22), Agent demos every 2 weeks, Provider demos every 2 weeks, Agent and Provider PI planning (5/13-5/14)</p>
<b>Other Key Information</b>	<p>See our overall timeline</p>



# VOICE CRM Program Timeline [Updated May 2024] – v2

KEY | ● Workshop ● PI Planning 🔄 DEV/QA + Code Drop ★ Go Live



# VOICE Telecom

<p><b>Description of Program &amp; Major Component Projects</b></p>	<p>VOICE Telecom is intended to solve for L.A. Care’s End-of-Life UM Phone System:</p> <ul style="list-style-type: none"> <li>• Higher risk of Contact center Outages impacting our members</li> <li>• Scalability and feature deficiencies hosting on premise</li> </ul> <p>There are 5 key projects included with this program</p> <ul style="list-style-type: none"> <li>• NICE Migration(Caller Authentication)</li> <li>• UCCE Upgrade with Dialers &amp; Campaigns</li> <li>• Call Flows Redesign</li> <li>• Provider Services IVR Call flows</li> <li>• Post call survey</li> </ul> <p>Deliverables through 2024</p>
<p><b>Key Program Objectives</b></p>	<ul style="list-style-type: none"> <li>• Migrating to a telecom carrier that can provide fully redundant voice services that allows seamless routing of calls.</li> <li>• Upgrading the UM phone infrastructure moving to the cloud which means higher availability, direct vendor support, and increased scalability.</li> <li>• Upgrade the UM phone system software to current version with enhanced feature sets</li> </ul>
<p><b>Benefits of Program &amp; Value Derived for LA Care</b></p>	<p>Benefits of this program are:</p> <ul style="list-style-type: none"> <li>• Upgrading Contact Center Enterprise (UCCE) &amp; Move to Webex Contact Center Enterprise (WCEE) Cloud – Better support for contact center users. Reducing support needs for on premise upgrades.</li> <li>• NICE Upgrade and Cloud Migration -This upgrade will solve caller security risks by implementing real time voice authentication.</li> </ul>

# Member Data Capture

<b>Description of Program &amp; Major Component Projects</b>	Member Data Capture was formed to combine several member demographic efforts under one program including Sexual Orientation and Gender Identity (SOGI), Cultural and Linguistics (C&L), Race and Ethnicity (R&E), and Alternative Format Selection (AFS)
<b>Key Program Objectives</b>	To meet a myriad of DHCS and NCQA regulations, guidelines and contractual requirements and comply with state and federal regulations and standards. Report member demographic data accurately.
<b>Benefits of Program &amp; Value Derived for LA Care</b>	Lower cost by reducing rework through consistent understanding and proper use of members' demographic data. Improve members' health outcomes, communications and service. CSC Business Process Improvement with automation.
<b>Key Accomplishments of Project Thus Far</b>	Remediation of R&E data. Update to QMEIS user interface to capture self reported SOGI data and creation of file for reporting of SOGI data elements. Automating member opt-out. Process and internally distribute AFS data from DHCS.
<b>Major Milestones &amp; Status</b>	SOGI Phase 1 QMEIS updates completed July 2023. C&L Screen Member Opt-Out and AFS Phase 1 live February 2024. R&E Data Remediation May 2024.
<b>Other Key Information</b>	Evaluation of remaining scope for various projects in progress to determine what can be moved to VOICE CRM.



# Provider Target State

This multi-year initiative centers on the implementation of a holistic provider network management system for L.A. Care’s provider business functions. The scope includes improved provider data ingestion, validation, and management, as well as workflow tools and refined business processes. The initiative will enable improved provider data quality, and more efficient operations in contracting, credentialing, network management, provider relations, member assignment, and regulatory reporting.

Deliverables through calendar Q1 2025

Project Name	Business Value	Capabilities
Provider Work Flow Application Implementation	LA Care’s Provider Data, and the systems that manage it, are not adequate to meet the needs of the organization, its members, or its regulators. L.A. Care needs a centralized system/application that provides workflow and data integration for provider network operations and provider data management (the functions, not the departments). The new solution provides the system of record and source of truth for all provider data and will be a platform for Credentialing, PDU, PDS, PDM and PNM to perform provider enrollment, provider maintenance, provider termination and reporting tasks.	This project will target capabilities in areas such as: 1. Network Operations 2. Provider Maintenance/Management 3. Credentialing 4. Facility Site Review 5. Provider Contract Configuration 6. Provider Member Capacity Management
Provider Data Repository	1. Provider Data Inputs 2. Provider Data Governance	This project will target capabilities in areas such as: 1. Provider Data Inputs 2. Provider Data Governance 3. Provider Data Central Repository
Downstream Impact: Systems, Business, Reporting and Outbound Files	3. Network Operations 4. Provider Experience (Portal/Self-Service) 5. Provider Maintenance/Management 6. Provider Data Central Repository	This project will target capabilities in areas such as: 1. Provider Data Consumers
Provider Portal	7. Credentialing 8. Facility Site Review	This project will target capabilities in areas such as: 1. Provider Experience (Portal/Self-Service)
Sunsetting of Systems	9. Provider Contract Configuration 10. Provider Member Capacity Management 11. Provider Data Consumers	This project will target capabilities and processes related to the Sunsetting of the following systems: PNOR, MPD, PDM, and Cactus

# Appeals & Grievance System Replacement

<b>Description of Program &amp; Major Component Projects</b>	<ul style="list-style-type: none"> <li>• The Hyland/i3 new platform will replace a standalone PCT system and eliminate patchwork solutions and heavy IT maintenance overhead</li> <li>• The new i3 solution will eliminate most of the manual steps</li> <li>• Improve members satisfaction and response time</li> </ul>
<b>Key Program Objectives</b>	<ul style="list-style-type: none"> <li>• Automation of case intake process for Appeals and Grievances</li> <li>• Retrieval of Member eligibility, enrollment, demographic and provider data from QNXT core system and Enterprise Data Warehouse</li> <li>• Efficient business driven workflows to Improve time and productivity</li> <li>• Enable data integration in real-time through application API's</li> <li>• In built capability for enhanced self-service reporting and analytics</li> <li>• Letters integration with Onbase for fulfillment process</li> </ul>
<b>Benefits of Program &amp; Value Derived for LA Care</b>	<ul style="list-style-type: none"> <li>• Improved efficiency to business partners with automated workflows for faster case creation, resolution and member satisfaction</li> <li>• Single point integration with core system for retrieval of member and provider data</li> <li>• Business driven capability to generate reports and share accurate data to state for regulatory and compliance needs</li> <li>• A&amp;G letters and attachments integrated with Onbase will provide a one stop access across other business partners</li> <li>• Solution replaces end-of-life current state systems (PCT) that can no longer be enhanced from a technical standpoint</li> <li>• Reduced risk from improved process efficiency, accuracy and reliability</li> </ul>
<b>Key Accomplishments of Project Thus Far</b>	<ul style="list-style-type: none"> <li>• Provisioned Production, Dev/QA, and Additional Training environments</li> <li>• Signed up for premium subscription training</li> <li>• Outlined Train the Trainer plan and identified users to attend the training</li> <li>• Scheduled stand up meetings with the vendor (twice weekly)</li> <li>• Scheduled grooming sessions to identify gaps between vendor product and LA Care's requirements</li> <li>• Established AD groups and security configuration between LA Care and vendor</li> <li>• Data cutover strategy meetings scheduled and underway</li> </ul>
<b>Major Milestones &amp; Status</b>	<ul style="list-style-type: none"> <li>• Client install deployment: May</li> <li>• Configure Solution Based on Requirements: June</li> <li>• Deliver Training Sessions: May- July</li> <li>• UAT: July-August</li> </ul>
<b>Other Key Information</b>	<ul style="list-style-type: none"> <li>• Working with the vendor to firm up the project timeline and release date currently targeted for August 30<sup>th</sup>.</li> </ul>

# PQI System Replacement

<b>Description of Program &amp; Major Component Projects</b>	Replace the manual/legacy Potential Quality of Care Tracking system with a robust Potential Quality of Care application on the Salesforce platform. Key capabilities include automated workflows, integration with LA Care surround systems, and enhanced dashboard/reporting.
<b>Key Program Objectives</b>	<ul style="list-style-type: none"> <li>• Implement a central repository for PQI case tracking and management on the Salesforce platform</li> <li>• Automate and streamline the PQI process</li> <li>• Integrate with key systems, including Provider and the Datalake</li> <li>• Enhance Dashboard and Reporting capabilities</li> </ul>
<b>Benefits of Program &amp; Value Derived for LA Care</b>	<ul style="list-style-type: none"> <li>• Improved data protection by using a highly-encrypted Salesforce platform</li> <li>• Increased efficiency and productivity by automating workflows and integrating systems</li> <li>• Increased compliance with built-in notifications, automated letter generation, and case status monitoring</li> </ul>
<b>Key Accomplishments of Project Thus Far</b>	<ul style="list-style-type: none"> <li>• Kick off completed on 2/1</li> <li>• IRB POR Approval obtained on 4/10</li> <li>• Triage, Clinical Review, Case Processing, and System Interfaces delivered for UAT</li> <li>• Severity Level, Action Codes, and Clinical Review Queue functionality delivered for UAT</li> </ul>
<b>Major Milestones &amp; Status</b>	<ul style="list-style-type: none"> <li>• Sprint 0 – 3: Completed</li> <li>• Execution Sprints (4 – 7): In progress – ETC 7/19</li> <li>• Regression, UAT, Business Training: ETC 8/9</li> <li>• Go Live MVP1: 8/15</li> </ul>
<b>Other Key Information</b>	<ul style="list-style-type: none"> <li>• Strong collaboration and engagement across development, UAT, and stakeholder teams</li> <li>• Enhancements identified during demos added to backlog for future consideration</li> </ul>

# EPOP/NPOP Program

<b>Description of Program &amp; Major Component Projects</b>	<p>Implement a centralized, integrated, proactive Enterprise Performance Optimization Program (Enterprise POP) and a Network Performance Optimization Program (Network POP) by 2027.</p> <ul style="list-style-type: none"> <li>• L.A. Care needs an integrated approach to ensure performance excellence, through consistent and proactive measurement against agreed-upon criteria.</li> <li>• There were also significant gaps in oversight that led to undetected and persistent performance deficiencies, resulting in fines, sanctions, and adverse outcomes.</li> </ul>
<b>Key Program Objectives</b>	<ul style="list-style-type: none"> <li>• <b>Data Marts:</b> Establishes “reporting” source of truth for the enterprise by creation of Data Mart (re-usability with Data Mart).</li> <li>• <b>KPIs:</b> Unequivocal and agreed-upon performance criteria. Attestations that reinforce collective accountability for required performance.</li> <li>• <b>Dashboards:</b> Tailored dashboards to provide intelligence sought by stakeholders.</li> </ul>
<b>Benefits of Program &amp; Value Derived for LA Care</b>	<ul style="list-style-type: none"> <li>• One source of truth and insightful data for internal and external performance, with all performance intelligence incorporated.</li> <li>• Identification and remediation of operational compliance gaps to mitigate regulatory, legal, reputational, and financial risk. Early detection and remediation of issues before they lead to adverse outcomes.</li> <li>• Improve efficiency and timeliness in responding to regulators inquires.</li> </ul>
<b>Key Accomplishments last quarter</b>	<ul style="list-style-type: none"> <li>• <b>Tactical Implementation:</b> <ul style="list-style-type: none"> <li>• Limiting initiatives under tactical with exception of CM detailed dashboard (planned release).</li> </ul> </li> <li>• <b>Strategic Implementation:</b> <ul style="list-style-type: none"> <li>• First set of 33 Claims Audit KPIs deployed on 1/18/24.</li> <li>• NPOP Dashboard &amp; Scorecards (S22-11687) went live with 1st and 2nd set of UM KPIs (24 Total).</li> </ul> </li> </ul>
<b>Major Milestones &amp; Status</b>	<p>Inflight Projects</p> <ul style="list-style-type: none"> <li>• <b>NPOP Provider Attestations (S23-11798)</b> - We got required approvals, UAT is completed (on target for 5/2 release)</li> <li>• <b>EPOP Employee Attestation (S23-11797)</b> - Development work started with Canon (tentative Go Live 7/25)</li> <li>• <b>EPOP DSNP KPIs (S23-11903)</b> - Received total 27 (17 KPI's + 10 New KPIs) - Data discovery in progress) planned for current sprint</li> <li>• <b>EPOP/NPOP Tactical Implementation (S20-11642)</b> – UAT in progress (Planned release for 5/23)</li> <li>• <b>UM Function Implementation(S23-11795)</b> - Going with Prod hierarchy file changes. UM KPI set #2- 9 KPI's development this sprint</li> </ul>
<b>Other Key Points</b>	<p>This program earlier consisted of 27 projects, to be completed in the next 3 years. The overall program scope is trimmed down and getting re-prioritized by the EPO team to redefine the program scope for FY 25 and FY 26. Major chunk of Data Mart scope is transferred to existing programs as the team is planning to re-evaluate the remaining EPOP/NPOP Data Mart scope items.</p>

# Governance, Risk Management, and Compliance System (GRC)

Project Name	Business Value	Capabilities
<p>Governance, Risk Management, Compliance System (GRC)</p>	<p>The GRC will provide the Compliance Department with an intuitive workflows and processes between deliverables and regulatory actions. The GRC will provide the ability to track and link multiple compliance issues and root causes across all regulatory actions including but not limited to reporting, notices of non-compliance, self-disclosures, monitoring, and risk and audit management.</p>	<p>GRC Modules to be implemented:</p> <p>Phase 1</p> <ol style="list-style-type: none"> <li>1. Policy Manager Module Enhancements</li> <li>2. Regulatory Compliance Manager Implementation and Configuration</li> </ol> <p>This includes: Assessments; Virtual Evidence Room ; Reporting; Batch Employee API; JIRA API</p> <p>Phase 2</p> <ol style="list-style-type: none"> <li>1. Incident Management</li> <li>2. Enterprise Risk Management</li> <li>3. IT Risk Management</li> </ol> <p>This includes: Assessments; Virtual Evidence Room ; Reporting</p> <p>Phase 3</p> <ol style="list-style-type: none"> <li>1. Conflicts of Interest Manager</li> <li>2. Internal Audit Manager</li> <li>3. Other modules, as needed</li> </ol>



# SAP/ERP Program

Project Name	Business Value	Capabilities
SAP program planning	SAP/ERP initiative will deliver an Insurance Industry Solution ERP capable of handling the volume & complexity of health care claims payment & revenue recognition process.	<ol style="list-style-type: none"> <li>1. Integrated system with visibility into revenue, claims &amp; capitation payments, late fees, overpayment, and recoveries.</li> <li>2. Automation of journal entries, financial statements, etc.</li> <li>3. Full integration with BoFA, QNXT, Employee Central, Payroll and ESB.</li> </ol>
SAP Phase 3A - Arriba (deliveries through Oct. 2024)	Arriba (electronic order/invoice routing, user & role management, establishing supplier catalog, and interfaces with SAP/ERP & SciQuest contracting)	<ol style="list-style-type: none"> <li>1. Replacement of SciQuest.</li> <li>2. Contract &amp; vendor management</li> <li>3. Purchase order, receipts, and invoices</li> <li>4. Integration with SAP</li> </ol>
SAP Phase 5A – Callidus (deliveries through March 2025)	Callidus is a commission software solution for managing incentives and compensation programs (i.e. broker commission calculation engine).	<p>Key features of Callidus commissions include:</p> <ol style="list-style-type: none"> <li>1. Compliance Management</li> <li>2. Commission Calculations</li> <li>3. Commission Tracking</li> <li>4. Split Commissions</li> </ol>

# Edifecs Program

Project Name	Business Value	Capabilities
Edifecs program	Edifecs is an initiative designed to combine all of the core encounter processing and data visibility under one centralized system – Edifecs.	<ol style="list-style-type: none"> <li>1. Encounter processing and data visibility for all LOBs – MCAL, CMC, LACC, PASC. And HKIDS</li> <li>2. Automated CMC risk adjustments and supplemental process</li> <li>3. Available charting and risk adjustment dashboards</li> </ol>
Encounter End to End Reconciliation for QNXT Encounter	Mechanism for tracking missing encounters extracted from QNXT + ensure encounters data can be submitted to governing bodies & help reduce provider complaints associated with reimbursements.	<ol style="list-style-type: none"> <li>1. End-to-End Reconciliation report for QNXT Encounters</li> </ol>
Edifecs Custom Solution for LACC ASM Claims (deliveries through Oct. 2024)	Address the delays in generating timely encounter status reports to the trading partners who submit encounters to L.A. Care.	<ol style="list-style-type: none"> <li>1. Generate encounter status reports from EM application</li> <li>2. Generate reports for both regular encounters (MCAL, CMC, DSNP, &amp; LACC) and ASM (LACC &amp; file format)</li> <li>3. Generate separate reports for each trading partner, LOB, and transaction type</li> </ol>
EdifecST-EM upgrade & Surround (deliveries through Sept. 2024)	Upgrade Edifecs Platforms (Smart Trading and Encounter Management) from 8.6 to 9.1. The version we are on is reaching its end of life and will no longer be supported. IT team has implemented a few hot fixes to resolve production issues where the solution is in a upgrade version. Additionally, we have security issues with the current version; this has been reviewed with the InfoSec team. This upgrade will resolve these issues.	<p><b>EM Operational</b></p> <ol style="list-style-type: none"> <li>1. Allow submission of historical data (i.e. adjustments, voids, &amp; chart review) where original encounter data was not available in Encounter Management (EM)</li> <li>2. Enable user action summary dashboard &amp; outbound trigger log to enable better end-to-end reconciliation</li> </ol> <p><b>CA</b></p> <ol style="list-style-type: none"> <li>1. Configure EM to run scheduled/unscheduled (ad hoc) maintenance</li> <li>2. Local codes to national code mapping – added revenue code crosswalk</li> </ol> <p><b>MAO</b></p> <ol style="list-style-type: none"> <li>1. Uploading &amp; processing of MAO-004 acknowledgement</li> <li>2. Calculation of HCCs added/deleted per encounter before submission</li> </ol> <p><b>Edge Server</b></p> <ol style="list-style-type: none"> <li>1. Module has been updated to include CMS compliance updates</li> <li>2. Generation of recurring monthly reports for interim bills &amp; late charge claims in .xlsx format</li> <li>3. Configuration of batch schedules to support automatic batching for member &amp; claim submission the updates made in the criteria files</li> </ol>



# CMS Interoperability – Prior Authorizations

Project Name	Business Value	Capabilities
CMS interoperability - Payer to Payer APIs	Information will follow the members as they move from different providers and payers which improves the delivery of their care and provides a holistic view of the member's health. This also ensures timely and efficient benefits coordination and transitions.	LA Care must be able to be ready to send data on its former members to the member's new payer upon request.
CMS Interoperability Mandate – Dual & PreAuth	Federal data interoperability requirements pertaining to prior authorizations	Requirements for states to exchange certain enrollee data for individuals dually eligible for Medicare and Medicaid, including state buy-in files and MMA files. Daily exchange.

# Actuals FY23-24

\*non-labor costs may have a one-month lag; actuals for end of the fiscal year are still subject to change

YTD April'24\_IT Capitalization & Expense Analysis

Forecast	Roadmap Projects (1a)			Other Projects (1b)			Aggregate Roadmap		
	Capital	Expense	Total	Capital	Expense	Total	Capital	Expense	Total
I.T. Labor	\$13,295,246	\$1,702,600	<b>\$14,997,846</b>	\$1,022,692	\$452,654	<b>\$1,475,346</b>	\$14,317,938	\$2,155,254	<b>\$16,473,192</b>
Non-Labor Project Costs	\$5,809,315	\$3,612,586	<b>\$9,421,901</b>	\$27,200	\$50,488	<b>\$77,688</b>	\$5,836,515	\$3,663,074	<b>\$9,499,589</b>
<b>Totals</b>	<b>\$19,104,561</b>	<b>\$5,315,186</b>	<b>\$24,419,747</b>	<b>\$1,049,892</b>	<b>\$503,142</b>	<b>\$1,553,034</b>	<b>\$20,154,453</b>	<b>\$5,818,328</b>	<b>\$25,972,781</b>
<i>Original FY Budget</i>	<i>\$40,799,256</i>	<i>\$10,867,383</i>	<i>\$51,666,640</i>	<i>\$4,267,234</i>	<i>\$5,893,413</i>	<i>\$10,160,647</i>	<i>\$45,066,490</i>	<i>\$16,760,796</i>	<i>\$61,827,287</i>
<i>Remaining</i>	<i>\$21,694,695</i>	<i>\$5,552,198</i>	<i>\$27,246,893</i>	<i>\$3,217,342</i>	<i>\$5,390,271</i>	<i>\$8,607,613</i>	<i>\$24,912,037</i>	<i>\$10,942,468</i>	<i>\$35,854,506</i>

Updated Portfolio Budget	Roadmap Projects (1a)			Other Projects (1b)			Aggregate Roadmap		
	Capital	Expense	Total	Capital	Expense	Total	Capital	Expense	Total
I.T. Labor	\$19,754,421	\$5,366,179	<b>\$25,120,600</b>	\$3,376,034	\$5,670,613	<b>\$9,046,647</b>	\$23,130,455	\$11,036,791	<b>\$34,167,247</b>
Non-Labor Costs	\$21,044,835	\$5,501,205	<b>\$26,546,040</b>	\$891,200	\$222,800	<b>\$1,114,000</b>	\$21,936,035	\$5,724,005	<b>\$27,660,040</b>
<b>Totals</b>	<b>\$40,799,256</b>	<b>\$10,867,383</b>	<b>\$51,666,640</b>	<b>\$4,267,234</b>	<b>\$5,893,413</b>	<b>\$10,160,647</b>	<b>\$45,066,490</b>	<b>\$16,760,796</b>	<b>\$61,827,287</b>

Remaining	Roadmap Projects (1a)			Other Projects (1b)			Aggregate Roadmap		
	Capital	Expense	Total	Capital	Expense	Total	Capital	Expense	Total
I.T. Labor	\$6,459,175	\$3,663,579	<b>\$10,122,754</b>	\$2,353,342	\$5,217,958	<b>\$7,571,301</b>	\$8,812,518	\$8,881,537	<b>\$17,694,055</b>
Non-Labor Project Costs	\$15,235,520	\$1,888,619	<b>\$17,124,139</b>	\$864,000	\$172,312	<b>\$1,036,312</b>	\$16,099,520	\$2,060,931	<b>\$18,160,451</b>
<b>Totals</b>	<b>\$21,694,695</b>	<b>\$5,552,198</b>	<b>\$27,246,893</b>	<b>\$3,217,342</b>	<b>\$5,390,271</b>	<b>\$8,607,613</b>	<b>\$24,912,037</b>	<b>\$10,942,468</b>	<b>\$35,854,506</b>

| 21

## FY20-24 Budget/Actuals Comparison

Fiscal Year	Budget Cap	Budget Exp	Budget Total	Actuals Cap	Actuals Exp	Actuals Total
<b>FY20-21</b>	\$24,713,809	\$17,024,680	<b>\$41,738,489</b>	\$17,383,842	\$8,330,392	<b>\$25,714,235</b>
<b>FY21-22</b>	\$25,340,000	\$16,660,000	<b>\$42,000,000</b>	\$18,053,457	\$7,071,403	<b>\$25,124,860</b>
<b>FY22-23</b>	\$30,737,462	\$16,071,358	<b>\$46,808,821</b>	\$28,572,459	\$6,236,640	<b>\$34,809,099</b>
<b>FY23-24</b>	\$45,066,490	\$16,760,796	<b>\$61,827,287</b>	\$20,154,453	\$5,818,328	<b>\$25,972,781 (YTD)</b>



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# 2024 Clinical Initiatives and Health Equity Performance Programs



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

**Date: May 16, 2024**

**Presenter: Brigitte Bailey, MPH, CHES; Supervisor  
Marina Acosta, MPH, Manager, Health Equity**



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# Report Content

- I. Background
  - a. Clinical Initiatives & Health Equity
  - b. Health Equity Requirements
- II. Key Findings
- III. Health Equity Projects
  - a. Across various lines of business
  - b. Medi-Cal
  - c. L.A. Care Covered
- IV. Barriers
- V. Next Steps
- VI. Committee Recommendations and Feedback

# Background

## *Clinical Initiatives & Health Equity*

- Clinical Initiatives responsible for **improving performance** in various HEDIS and CAHPS related measures
  - Ensure adherence to various regulatory and contractual requirements
- Plan, execute, and evaluate various **member and provider interventions** and programs throughout the year
  - Develop and execute texting campaigns, mailers, automated calls, at-home test kits, medically tailored meals, provider training webinars, QI JOMs and additional meetings with IPAs
- Many of these have specific health **disparity areas of focus**
  - Review data to see what *story* it's telling us



# Background

## *Health Equity Requirements*

- Health equity standards across regulatory agencies impact L.A. Care lines of business
- **National Committee for Quality Assurance (NCQA)**
  - Health Equity Accreditation (HEA)
- **California Department of Managed Healthcare (DMHC)**
  - Health Equity and Quality Measure Set (HEQMS): requires measuring, stratifying, and reporting on 1 CAHPS and 12 HEDIS measures
- **Line of Business Specific Health Equity Requirements**
  - Requirements outlined in subsequent slides



# Medi-Cal Health Equity Requirements

- Achieve **50<sup>th</sup> percentile** on subset of measures in Managed Care Accountability Set (MCAS)
- **Stratify subset** of MCAS measures by race/ethnicity
- Institute **Quality Improvement & Health Equity Committee (QIHEC)**
  - Launched 11/2023
- Introduce **Diversity, Equity & Inclusion (DEI) training program** for staff and external delegates
- Implement **Cal-AIM** programs

**BOLD GOALS:  
50x2025**

**STATE LEVEL**

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%
- Ensure all health plans exceed the 50th percentile for all children's preventive care measures

# L.A. Care Covered Health Equity Requirements

- **Demographic data collection & stratification**

- Collection of race/ethnicity data for at least 80% of members
  - Report on performance of subset of measures stratified by race/ethnicity
- Collection of Sexual Orientation & Gender Identity (SOGI) data

- **Quality Transformation Initiative (QTI)**

- *Future state:* Achieve 66<sup>th</sup> percentile for each race/ethnicity group within each measure

- **Disparities reduction interventions**

- Continue multi-year quality improvement performance project

- **Social needs assessment**

- Track housing, food, and transportation needs

# Medicare Plus Health Equity Requirements

- **Demographic data collection and stratification**
  - Expanded list of underserved populations
- Health equity requirements covered under **NCQA Health Equity Accreditation**
- *Pending acceptance:* **Value-Based Insurance Design (VBID)**
- *Coming soon:* **Health Equity Measures** specific to Medicare Plus!



# Key Findings

- Disparities in clinical outcomes persist across various domains and populations
  - Main focus for improvement is the **child health domain**
    - Black/ African American members continue to experience lower quality measure performance rates
  - Focus on **colorectal cancer screening** and **chronic care domain** due to low rates across lines of business, member feedback, and public health campaigns
- Focus on **housing insecurity, access to healthy foods, and transportation insecurity**, as social needs that continue to impact the health of L.A. Care members
- Conducted **member survey** in text message campaign; majority of members stated they did not see their doctor due to not feeling sick or not knowing who their doctor is

# Health Equity Projects

- Developing **culturally tailored mail content**
  - Colorectal cancer screening mailer tailored to **Black/African American members and Asian members**
  - Well-child visit postcards with images reflective of community speaking the language
- **Expanding available languages** for text, automated call, and social media campaigns
- Working with **member committees** and **health promotoras** to seek feedback on interventions



**L.A. Care Health Plan and the American Cancer Society are reminding you:**  
If you are 45 or older, get screened for colorectal cancer. Screening can save your life.

What is colorectal cancer?

- Colorectal cancer is cancer that starts in the colon or rectum.
- Most start as a growth called a polyp. Some polyps turn into cancer.
- Routine screening can help find and remove polyps before they become cancer. Screening can also find cancer early, when it may be easier to treat.
- Black/African American people are one of the racial and ethnic groups in the U.S. that have a higher risk of colorectal cancer.
- Many people with colorectal cancer don't have symptoms or warning signs. That's why it's important to get routine screenings, even if you are healthy.

The diagram shows a human torso with the digestive system highlighted in green. Labels point to the 'Colon' and 'Rectum'.

lacarehealth and acs\_california

Here are some quick facts about cervical cancer:

Regular cervical cancer screening can help prevent cervical cancer or find it early.

There are two kinds of cervical cancer screenings: The HPV test and the Pap test.

L.A. Care and the American Cancer Society urge people with a cervix to talk to a doctor about what screening tests they may need.

CERVICAL CANCER SCREENING CAN SAVE YOUR LIFE!

lacarehealth and acs\_california

Aquí tiene algunos datos breves sobre el cáncer cervical:

Realizarse una prueba de detección de cáncer cervical regularmente puede ayudar a prevenir el cáncer cervical o detectarlo de manera temprana.

Hay dos tipos de pruebas de detección de cáncer cervical: La prueba de VPH y la prueba de Papanicolaou.

L.A. Care y la American Cancer Society les recomiendan a las personas con cuello uterino que hablen con un médico sobre las pruebas de detección que pueden necesitar.

¡Las pruebas de detección de cáncer cervical pueden salvarle la vida!

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以下是有關子宮頸癌的一些簡要資訊：

定期進行子宮頸癌篩檢有助於預防或儘早發現子宮頸癌。

篩檢子宮頸癌有兩種方法：HPV 檢測和巴氏試驗。

L.A. Care 和美國癌症協會敦促女性與醫生討論，看看自己可能需要做哪種篩檢試驗。

參加子宮頸癌篩檢，挽救寶貴生命！

# Health Equity Projects

## *Medi-Cal*

- 2024 Performance Improvement Project (PIP) focused on improving rates of **Well-Child Visits** in the first 30-months of life
  - Focus on **Black/African American** members in Service Planning Area 6 – **South Los Angeles**
  - Community Health Workers outreaching to parents/guardians of members to assist in scheduling well-child visits before 15-month mark
- **Child Health Equity Collaboration**
  - Partnering with clinic in year-long collaboration with DHCS to identify **disparities** in **Well-Child Visit** rates and working to improve through 5 intervention stages
- **At-Home Test Kits**
  - Discovered statistically significant disparity in colorectal cancer screening rates amongst **Black/African American** members (26.51%) compared to Asian members (40.77%)



# Health Equity Projects

## *L.A. Care Covered*

- **Medically Tailored Meals for Black/African American and American Indian/Alaska Native** members with diabetes
  - Enrolled 15 members to date
  - Prepared outreach list for 19 new eligible members
  - Doubled funding to enroll additional members



# Barriers

- Confirming complete claims, encounter, and supplemental **data**
  - Ongoing projects to improve provider data integrity
- Ensuring valid **race/ethnicity data** with recent OMB changes
  - Ongoing project with late spring completion date
- Focus on **small populations** for PIP projects; these may not result in significant changes in the stratified HEDIS score
  - Executing multi-pronged interventions to close gaps
  - Sharing lessons learned and successful interventions with network
- Changing, inconsistent, and incomplete **member contact information**: challenging for outreach campaigns
  - Working with Enrollment Services for more accurate contact info
  - Researching external vendors for more up-to-date member contact info

## Next Steps

- Collaborating on **disparities data dashboards** to better identify disparities in clinical care outcomes
- Utilizing **member councils** and **health promotoras** for feedback on member outreach materials and programs
- Empowering provider groups and clinics to **analyze data and identify disparities** in patient populations
- Increasing the number of **languages** available for member outreach
- Collaborating with **community-based organizations** and **vendors** in developing culturally tailored materials for diverse membership



# Committee Recommendations & Feedback

- Are there any additional health equity needs that we should prioritize?
- Are there any additional programs or interventions that you believe our teams should focus on in upcoming years?
- Are there specific community-based organizations and/or vendors that you would recommend partnering with?

# Questions?





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# QI – Practice Transformation Programs



**Compliance & Quality Committee Meeting**

**May 16, 2024**

**Presenter: Cathy Mechsner, Manager**

**QI-Practice Transformation Programs**



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# Key Programs:

- Practice Transformation programs are value added, practice coach delivered, technical assistance programs:
  - [Help Me Grow LA:](#) First 5 LA program to increase awareness of importance of developmental milestones and screenings
    - 3-year Early Identification & Intervention education program
    - Provider pilot for 6 practices to increase screenings
  - [Transform L.A.:](#) Supporting primary care DN practices to improve care delivery and health outcomes
    - 5 phases of work flow/process improvements
    - 4 HEDIS measures: A1c Poor Control/GSD, CBP, CIS-10, W30 (A/B)
  - [EQuIP-LA:](#) CHCF 2-year study to improve primary care delivery and reduce health disparities in LA County
    - 4 phases of work flow/process improvements
    - 3 HEDIS measures w/Health Equity: A1c Poor Control, CBP, COL
  - [Equity & Practice Transformation:](#) 5-year DHCS \$700M primary care program to improve health outcomes and equity for Medi-Cal beneficiaries
    - 46 practices enrolled with LAC, Directed Payments of \$72M
    - Supports DHCS' Health Equity Roadmap and 50 Bold Goals by 2025

# Program HEDIS Measures: YTD 2024

HEDIS/Clinical Quality Measures							
Measure Name	Measure Year	Benchmark	Transform L.A.	HMG/C1	HMG/C2	EQuIP-LA	EPT
Controlling Blood Pressure (CBP) % of patients w/Hypertension in control	2024	61%	61.1%			X	50 Bold Goals by 2025 - TBD
Childhood Immunization Series 10 (CIS-10)	2024	31%	13.0%				
Glycemic Status Assessment for Patients w/Diabetes >9% (GSD) <b>Inverse Measure</b>	2024	38%	35.2%			X	
Colorectal Cancer Screening (COL)	2024					X	
Well-Child Visits in the First 30 months of Life: First 15 months (W30a)	2024	58%	TBD				
Well-Child Visits in the First 30 months of Life: Age 15-30 months (W30b)	2024	67%	TBD				
Developmental Screening in the First 3 Years of Life (DEV) <i>Program goal = 15%</i>	2024	35%		51.2%	18.1%		

- **2024 Data**

- Transform L.A. - Through March
- Help Me Grow LA - Through February
- EQuIP-LA - Available in June
- EPT - Available 3Q24

# Key Findings

- [Help Me Grow LA:](#) Practices need to streamline developmental screening process to increase the number of children tested
- [Transform L.A.:](#) Program reorganization into 2-year tracks and offering Recognition Incentives has improved engagement
- [EQuIP-LA:](#) The practices are very new to QI processes & tools and are proceeding in the program at a slower pace than expected
- [EPT:](#) Practices are eager to start the work of the program



# Areas of Poor Performance

- Help Me Grow LA:

- Slow screening tool completion rates and data entry/capture in EHR increases the administrative burden
- Practices and Regional Centers do not have good two-way communication for patient referrals and follow through

- Transform L.A.:

- Difficulty with reporting newer adopted HEDIS measures CIS-10 and W30 (A/B)
- Continued turnover of staff with some practices hinders program engagement

- EQuIP-LA:

- Practices are not able to report HEDIS data from their EHRs and with Race & Ethnicity values
- Slower program engagement with most practices.

- EPT:

- No areas identified as yet

# Root Cause Analysis for Areas of Poor Performance

- Help Me Grow LA:

- Paper screening tools need to be replaced with tools embedded in the EHR to reduce/eliminate manual data entry/capture and will greatly improve reporting capabilities
- Regional Centers' intake processes need to be standardized across the centers and with practices including confirmation of referred patient data

- Transform L.A.:

- EHR vendor processes to add additional HEDIS measures to practices' systems are time consuming slowing down monthly reporting with valid data
- Lower levels of job satisfaction (lack of providers' trust/burnout) continue to result in staff turnover which slows program engagement for some practices

- EQuIP-LA:

- Some practices have slowed/paused cutover to their new EHR system due to staff shortages
- Practices whose program Points of Contact are also patient facing are not able to engage as readily as those with dedicated QI staff

# Action Taken

- Help Me Grow LA:

- Program Mini Grant funds will support a 1-year subscription to online screening tools and technical support to embed the tool in EHR reducing manual processes
- The practice coaches have worked with Regional Centers and Practices to strengthen their relationships improving communication on referred patients

- Transform L.A.:

- Practice coaches work with practices and their EHR vendors to deploy data mapping/reporting of new measures as quickly as possible. When viable, practices source data from PORs and Cozeva in the interim
- The team has re-engaged the American Career College for new MA graduate placements with hiring practices

- EQuIP-LA:

- Engaged QPM team to generate ad hoc practice data reports which were submitted to the Program Office-CQC/PBGH
- Practice coach working with practices to rescale scope of QI tools/processes to complete program deliverables on time and ensure understanding of quality improvement steps

# Next Steps for Practice Transformation

- Help Me Grow LA:

- As the program will conclude by 12/31/24, identify possible areas that L.A. Care may wish to continue in partnership with First 5 LA or independently.
- Complete all final deliverables and conduct all contract closeout activities on time

- Transform L.A.:

- Continue DN practice recruitment to grow the program
- Continue to drive valid and timely data reporting for all HEDIS measures

- EQuIP-LA:

- Continue to strongly support practices' adoption of their EHR system to report program HEDIS data including Race and Ethnicity values
- Continue to support and, where viable, accelerate each practice's adoption of QI processes and tools to achieve the program goals

- EPT:

- Continue program rollout including launch of Practice Coaches
- Establish and launch Directed Payment processes

# Questions?

