



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# COMPLIANCE & QUALITY COMMITTEE MEETING BOARD OF GOVERNORS

March 16, 2023 • 2:00 PM

L.A. Care Health Plan

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



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



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

**Thursday, March 16, 2023, 2:00 P.M.**

L.A. Care Health Plan, 10th Floor, CR 1025, 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=mc56f95e91674d81808d0b81218b664c6>

**To listen to the meeting via teleconference please dial:**

+1-213-306-3065

**Meeting number:**

2484 043 7112

**Password: lacare**

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

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

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

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., March 16, 2023, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

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

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

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. These are

extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

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

**WELCOME**

Stephanie Booth, MD, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve February 16, 2023 Meeting Minutes P.5 *Chair*
4. Chairperson's Report *Chair*
5. Chief Compliance Officer Report P.13  
• 2023 C&Q Reporting Calendar  
• Issues Inventory  
• Risk Assessment Remediation Status  
Thomas Mapp  
*Chief Compliance Officer*
6. Chief Medical Officer Report P.25  
Sameer Amin, MD  
*Chief Medical Officer*
7. Provider Quality Review Annual Update P.39  
Christine Chueh, RN,  
*Senior Manager, Provider Quality,  
Quality Improvement,  
Rhonda Reyes,  
Quality Improvement Program Manager  
III, Quality Improvement*
8. Approve Quality Improvement Documents  
**(COM A.0323)** P.77  
• 2023 Quality Improvement Program Description P.54  
• 2022 Quality Improvement Annual Evaluation P.62  
Bettsy Santana,  
*Senior Manager, Quality Improvement  
Initiatives, Quality Improvement*

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

9. PEER REVIEW  
Welfare & Institutions Code Section 14087.38(o)
10. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:  
Four potential cases
11. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act  
• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680  
• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

## RECONVENE IN OPEN SESSION ADJOURNMENT

The next meeting is scheduled on April 20, 2023 at 2:00 p.m.

Public comments will be read for up to three minutes.

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

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

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

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

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

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

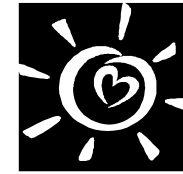
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting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

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – February 16, 2023

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



**L.A. Care**  
HEALTH PLAN

#### Members

Stephanie Booth, MD, *Chairperson*

Al Ballesteros, MBA

Hilda Perez

G. Michael Roybal, MD

\* *Absent*

#### Senior Management

Augustavia J. Haydel, *General Counsel*

Thomas Mapp, *Chief Compliance Officer*

Sameer Amin, MD, *Chief Medical Officer*

Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*

Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*

Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

Victor Hurtado, *Executive Director, Medicare Product*

Tara Nelson, *Senior Director, Utilization Management,*

Angie Lageson, *Director, Provider Contracts and Relationship Management*

Marco Avila, *Director, Medicare Product Management*

Diane Lee, *Director, Pharmacy Compliance*

Demetra Crandall, *Director, Customer Solution Center Appeals and Grievances*

Michael Devine, *Director, Special Investigations Unit*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance &amp; Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance &amp; Quality Committee meetings to order at 2:00 p.m.</p> <p>She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email. There were no members of the public present either in person attending virtually by WebEx or telephone.</p>	

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 3 AYES (Booth, Perez, and Roybal)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The January 19, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth gave the following report: She said that one thing that she is going to be asking to discuss in the not distance too distant future, is the need to continue having more frequent meetings. That is all she needs to say about that and will ask to add it on the agenda at the next Compliance &amp; Quality Committee meeting. There are many ways that L.A. Care is working to improve the services that it provides to both members as well as providers. L.A. Care is stretched thin right now due to COVID-19, because people are not working or they are afraid to get COVID-19. Staff is down. L.A. Care is working really hard to try to meet its goals, to support the safety net, and care for its members. L.A. Care and the Board want to make sure that they get the best care available. That is very important to her. She wanted to say a few words about that.</p>	
ANNUAL COMMITTEE CHAIR ELECTION	<p>G. Michael Roybal, MD, asked Chairperson Booth if she would like to continue as Chair of the committee. Chairperson Booth responded that she would accept the nomination. No other members were nominated.</p> <p><b>Board Member Booth was elected as the Committee Chair by unanimous vote.</b></p>	Approved unanimously by roll call. 3 AYES
CHIEF COMPLIANCE OFFICER REPORT	<p><i>(Board Chairperson Al Ballesteros joined the meeting at 2:11 p.m.)</i></p> <p>Thomas Mapp, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report <i>(a copy of the written report can be obtained from Board Services)</i>.</p> <p>Victor Hurtado, <i>Executive Director, Medicare Product</i>, and Dwayne Broussard, <i>Senior Manager, Medicare Enrollment</i>, gave a report about L.A. Care's Cal MediConnect (CMC) transition to Dual Eligible Specials Needs Plan</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>(DSNP). L.A. Care has managed a 92% retention rate from Medicare Medi-Cal Plan to DSNP as of January 2023. L.A. Care has reported daily un alignment figures to the Department of Health Care Services (DHCS), pending Medi-Cal enrollment file to ensure un-align members fall out. Delay of Medi-Cal enrollment files may show a temporary enrollment with another MCP.</p> <ul style="list-style-type: none"> <li>• DSNP un-alignment Summary: <ul style="list-style-type: none"> <li>- Active Unaligned D SNP members <ul style="list-style-type: none"> <li>o Rollover 122</li> <li>o Net new 159</li> </ul> </li> </ul> </li> </ul> <p>Board Member Hilda Perez asked if she was a member that was going to be affected by this transition, would she be receiving a notification letting her know that she will be in a DSNP. She would like to know how would an elderly person respond to this transition and keep their coverage. Mr. Hurtado responded that as part of their communication sent out a 90 day transition notice and a 60 day transition notice. If they were L.A. Care members they would have received a notification through its annual notice of change and L.A. Care made calls to make them aware. The call to action is that members do not need to do anything and the transition would be seamless for them under L.A. Care.</p> <p>Marisol Fernandez, <i>Senior Manager, Customer Solution Call Center</i>, gave a brief report about calls received by the L.A. Care Customer Solution Center. Below are the top 5 call reasons from members:</p> <ul style="list-style-type: none"> <li>• Over The Counter Health Benefit Inquiry</li> <li>• Telephonic Request (interpreter service)</li> <li>• Pharmacy</li> <li>• ID Card related inquiries</li> <li>• Benefits</li> </ul> <p>Ms. Nelson gave a report about Continuity of Care (CoC).</p> <ul style="list-style-type: none"> <li>• 403 total CoC requests</li> <li>• L.A. Care maintains a log of all CoC requests and validates that the Participating Provider Group (PPG) addresses and completes all requests</li> <li>• L.A. Care reaches out to PPG around the 30 day turnaround time on any open items to ensure timely completion</li> </ul> <p>Mr. Broussard reported: Enrollment system process issues:</p> <ul style="list-style-type: none"> <li>• Maintenance enrollment transaction code discrepancy</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Legacy CMC cancellation effective date</li> <li>• Legacy CMC Member ID</li> </ul> <p>Primary Care Physicians (PCP) Auto assignment Process:</p> <ul style="list-style-type: none"> <li>• Clarify PCP assignment for rollover members to DSNP</li> </ul> <p>Ms. Lageson and Ms. Avila gave a report about L.A. Care Members Access to Care Issues.</p> <p>PPGs:</p> <ul style="list-style-type: none"> <li>• Delay in processing of Previous Authorizations by PPGs</li> <li>• Delays in Processing Eligibility Files</li> </ul> <p>Dental:</p> <ul style="list-style-type: none"> <li>• State eligibility portal displayed incorrect dental carrier information</li> <li>• Incorrect Dental Carrier phone number on Member ID Cards</li> </ul> <p>Beacon:</p> <ul style="list-style-type: none"> <li>• Delays in Processing Eligibility Files</li> <li>• Misinformation by Vendor Call Center Agents</li> <li>• Beacon online provider directory DSNP update delay</li> </ul> <p>Nations Benefit:</p> <ul style="list-style-type: none"> <li>• Misinformation by Vendor Call Center Agents</li> <li>• Delays in activating Over The Counter (OTC)/State Small Business Credit Initiative benefit</li> <li>• Long call center hold wait times with OTC vendor</li> </ul> <p>Chairperson Booth asked if that would get better time due to the changes that have been completed. Ms. Lageson stated that the number of calls are expected to go down. L.A. Care has a new vendor and it's a new line of business. The higher number of calls coming through was expected. The new health plan that was brought on board was also affecting those numbers. As the year goes on there should be less calls regarding those issues.</p> <p>Ms. Lee gave the following report:</p> <ul style="list-style-type: none"> <li>• Confusion amongst pharmacies on how to split bill appropriately to Magellan for Part B crossover claims</li> <li>• Magellan not granting overrides for refill too soon/vacation or other emergency situations</li> </ul> <p>Ms. Crandall gave a report about Appeals &amp; Grievances.</p> <ul style="list-style-type: none"> <li>• Total Grievances received: 1,599 (January 1 to January 20, 2023)</li> </ul>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Large percent of grievances relating to access to care with our supplemental vendors</li> <li>• No issues with issuing integrated grievances or appeals.</li> </ul> <p>Mr. Sobetzko provided an update on L.A. Care’s 2023 Issues Inventory. The Issue Inventory continues to be updated and going through a clean-up process:</p> <ul style="list-style-type: none"> <li>• 2022 Issues that are remediated will be part of the IA follow up review process.</li> <li>• 88 Issues being tracked from 2022 and into 2023 <ul style="list-style-type: none"> <li>- Two Need further follow up</li> <li>- 30 are in process of remediation</li> <li>- 51 are remediated</li> <li>- Five New Issues</li> </ul> </li> </ul> <p>Chairperson Booth said that she thought L.A. Care was caught up with the facility site reviews, was doing pretty well getting rid of the back log. Sameer Amin, MD, <i>Chief Medical Officer</i>, responded that L.A. Care is doing well, but the question is whether or not it is aligned with the backlog plan. There are still some that need to be addressed. Chairperson Booth asked why would DHCS consider this back log now. Dr. Amin said that L.A. Care is in good grace with DHCS as it continues to clear up that backlog.</p> <p>Todd Gower, <i>Consultant</i>, gave a report about L.A. Care’s 2022 Internal Audit.</p> <p>Mr. Devine gave an update about the Special Investigations Unit: Fraud, Waste, &amp; Waste activities. Mr. Mapp asked Mr. Devine about L.A. Care’s chances of recovering some of the money that was paid related to Minas Kochumian, MD. Mr. Devine responded that money should come back based on whether or not they take a plea.</p> <p>Mr. Mapp reported on the Compliance &amp; Quality reporting calendar. He also announced that Elysse Tarabola, <i>Senior Director, Regulatory Compliance</i>, and Chelsea Hertler, <i>Manager, Regulatory Compliance</i>, will be leaving L.A. Care.</p> <p>Board Member Perez thanked them for their hard work and helping the committee. She wished them luck. Board Member Perez said that there are people in the community that are uninsured or not insured. They go to doctor practices or urgent care clinics and are charged for services, but if they go to a different doctor office it will be a different charge. She asked if these offices are regulated. John Baackes, <i>Chief Executive Officer</i>, responded that fees charged by providers are not regulated. He said that the money provided by Medicare or Medi-Cal providers is regulated based on the contract that they sign with health plans like L.A. Care.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Dr. Amin reported:</p> <p>COVID-19 Update The Federal Government announced that on May 11, the federal public health emergency will end. It has been announced also that the State's Public Health Emergency will end on February 28, 2023. The termination of the public health emergencies will impact Medi-Cal redetermination as well as potentially other issues like the cost share for commercially covered individuals for in-home COVID-19 testing. L.A. Care may also see a rise of appeals and grievance cases as members and providers adjust to the impact and confusion associated with the conclusion of the public health emergency. Looking at the County and Statewide COVID-19 dashboards, L.A. Care are relieved to see the continued decline in the number of people hospitalized or whose death was associated with COVID-19. The trend began in the second week of January 2023 and continues. Local public health colleagues have also expressed a sense of relief as the COVID-19 Pandemic wains. L.A. Care did an assessment about new variants in the community and it does not currently see any immediate threat.</p> <p>National Committee for Quality Assurance Preparations and DHCS Audit L.A. Care teams are hard at work in preparation for the DHCS audit that will take place from February 27 to March 10. There are a few nuances that are unique for this year's preparations. It will be on-site and it looks like there will be a number of new auditors. He noted that there will be a focus on Utilization Management and care provided through the Department of Health Services.</p> <p>Regulatory Measures DHCS and Department of Managed Health Care are making a big push towards quality, equity and preventive services. Managed Care Accountability Set will be moving from 15 to 20 measures and there are now penalties if L.A. Care does not achieve the 50th percentile of national benchmark. L.A. Care needs to solidify its race and ethnicity data so that we can see what level of care and services are delivered to vulnerable communities. There is a heavy emphasis on addressing the decline in pediatric well visits and vaccinations during the pandemic. There are new Long Term Care measures, Quality Accountability, and Supplemental Payments that are coming into effect. Many will be managed jointly by DHCS and Los Angeles County Department of Public Health as these incentives are related to setting workforce staffing ratios at long term care and skilled nursing facilities as well as improving quality of care.</p> <p>Organizational Changes/Updates He announced an organizational change. Case Management, Utilization Management, and Managed Long Term Services and Supports will now be under the Health Services department. There is a leadership team that is being solidified around those teams to ensure that L.A. Care is doing right by its members. The Safety Nets Initiatives department will be reformatted to help create a Community Health department that will move</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>forward Behavioral Health, Social Services, Community Supports, and Housing Support for L.A. Care members.</p> <p>Board Member Roybal asked how L.A. Care is doing with the Provider Quality Issues (PQI) back log. Dr. Amin responded that he touched bases with the Quality Information team about the PQI back log. He asked Katrina Miller Parrish, MD, FFAFP, <i>Chief Quality and Information Executive</i>, for an update. Dr. Parrish said that she does not have the official numbers on hand, but can say that L.A. Care is doing well and on track with back log for 2022. L.A. Care staffed up to try to clear it up by April. They received a new set of grievances that arrived in bulk fashion, have assigned a team to work on those issues. Board Member Roybal asked for updates for future meetings.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Compliance &amp; Quality Committee meeting was adjourned at 3:35 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:36 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>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>• THC- Orange County, LLC DBA Kindred Hospital – Los Angeles, et al. v. L.A. Care, L.A.S.C. 22STCV19872</li> <li>• KND Development 52, LLC d/b/a Kindred Hosp. Baldwin Park, et al. v. L.A. Care, AHLA Case No. unavailable</li> <li>• KND Development 52, LLC d/b/a Kindred Hosp. Baldwin Park, et al. v. L.A. Care, L.A.S.C. 23STCV01166</li> </ul> <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>	
<p><b>RECONVENE IN OPEN SESSION</b></p>	<p>The Committee reconvened in open session at 4:05 p.m.</p> <p>There was no report from closed session.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 4:07 p.m.	

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

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



**L.A. Care**  
HEALTH PLAN®

**To:** Compliance & Quality Committee of the Board of Governors  
**From:** Thomas Mapp, Chief Compliance Officer  
**Subject:** Chief Compliance Officer Report (OPEN SESSION)  
**Date:** March 16, 2023

## **COMPLIANCE OFFICER OVERVIEW**

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This Compliance Officer Overview includes the following updates:

- 1) Final 2023 C&Q Reporting Calendar (Thomas Mapp)
- 2) Issues Inventory (Michael Sobetzko)
- 3) Risk Assessment Remediation Status (Michael Sobetzko)

# Compliance & Quality Committee Meeting Open Session



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

Compliance Division – March 16, 2023

# Chief Compliance Officer Overview

**Presenter(s):** Thomas Mapp

1. Final 2023 C&Q Reporting Calendar
2. Issues Inventory
3. Risk Assessment Remediation Status

# Final 2023 C&Q Reporting Calendar



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

Presenter(s): Thomas Mapp



# Final 2023 C&Q Reporting Calendar

Presenter(s): Thomas Mapp

C&Q Open Session Reporting Calendar March 2023 - December 2023			
MONTH	REPORT TITLE	RESPONSIBLE BUSINESS UNIT	DESCRIPTION
<b>March</b>			
	Risk Assessment remediation status	Compliance Risk Management/Operations Support	Review of actions to correct risks/issues identified in the 2023 Risk Assessment
<b>April</b>			
	2023 Compliance Work Plan status	Compliance Officer	Status report regarding Compliance Work Plan milestones
	Appeals and Grievance/Complaint Tracking Module (CMS) Trend Report	Appeals and Grievances	All lines of business; 1) 2022 calendar year review; 2) 1st quarter 2023 review
	Key Performance Indicator Summary	Compliance EPO	1st quarter 2023
<b>July</b>			
	Key Performance Indicator Summary	Compliance EPO	2nd quarter 2023 review
	2023 Compliance Work Plan status	Compliance Officer	
	Appeals and Grievance/Complaint Tracking Module (CMS) Trend Report	Appeals and Grievance Department	All lines of business; 2nd quarter 2023 review
	Key Performance Indicator Summary	Compliance EPO	2nd quarter 2023
<b>October</b>			
	Appeals and Grievance/Complaint Tracking Module (CMS) Trend Report	Appeals and Grievance Department	All lines of business; 3rd quarter 2023 review
	2023 Compliance Work Plan status	Compliance - All	
	Key Performance Indicator Summary	Compliance EPO	3rd quarter 2023 review

# Issues Inventory as of 3/1/23



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

Presenter(s): Michael Sobetzko, Todd Gower

# 2023 Issue Inventory Update – New Issue Summary


## Presenter(s): Michael Sobetzko and Todd Gower

The Issue Inventory continues to be updated and going through a clean-up process:


- 2022 Issues that are remediated will be part of the IA follow-up review process.
- 91 Issues being tracked from 2022 and into 2023
  - 56 Closed and Remediated
  - 19 are in process of remediation (*2 new issues noted below*)
  - 16 Enforcement Actions – handled separately and were part of remediated in prior month

Issue Name	Date	Accountable Exec & Accountable Business Unit	Status	Comments
Transparency in Coverage Phase 2, Self-Service Tool	2/16/23	Kim Martin Product	Going to IRB for approval	<ul style="list-style-type: none"> <li>• Effective 1/1/2023 Transparency in Coverage legislation requires carriers provide a compliant Pricing Tool for LACC and PASC members to determine their out-of-pocket costs when seeking care. The L.A. Care time to develop tool may take until 10/23. Kim to present external vendor project plan by 3.2.23</li> </ul>
Payment Lock-Provider Payments Not Sent	2/9/23	TBD Finance/Claims	Received plan, lacked dates	<ul style="list-style-type: none"> <li>• A provider escalation relative to a payment not being remitted in December 2022, (9999 payment lock error) resulted in the identification of opportunities to improve the process of reconciling 9999 payment lock errors.</li> </ul>

 - Mitigation in place

 - Delayed / Possibly Off-Track with a Path to Green

 - In Process / On Track to Mitigation Strategy

 - Off Track




# 2023 Issue Inventory Update

## Most Recent Closed Summary as of 2/28/23


Presenter(s): Michael Sobetzko and Todd Gower **DRAFT**

Issue Name	Date Reported	Accountable Exec /Accountable Business Unit	Date Closed	Issue found comments
<ul style="list-style-type: none"> <li>Failure to pay provider</li> </ul>	11/6/22	Provider Network/Claims	2/28/23	<ul style="list-style-type: none"> <li>A Beacon provider did not receive payment.</li> <li><b>Remediation-</b> EPO work with Claims to clear matter.</li> </ul>
<ul style="list-style-type: none"> <li>Requirements for observation of inpatient admission</li> </ul>	1/10/23	UM	2/28/23	<ul style="list-style-type: none"> <li>UM to ensure that the new process of checking voicemails every thirty minutes and/or the message detailing the requirements for Observation and inpatient admission has been added.</li> <li><b>Remediation-</b> Monitoring measures in place</li> </ul>
<ul style="list-style-type: none"> <li>Untimely Behavioral Health Authorizations</li> </ul>	7/14/22	UM/Behavioral Health	2/28/23	<ul style="list-style-type: none"> <li>From 6/28/2022 to 7/29/2022. 153 cases were identified as non-compliant with authorization turnaround times (TAT) for routine requests for autism services for MCLA members.</li> <li><b>Remediation-</b> Monitoring measures in place to manage TAT and address outliers.</li> </ul>

 - Mitigation in place

 - Delayed / Possibly Off-Track with a Path to Green

 - In Process / On Track to Mitigation Strategy

 - Off Track

# Risk Assessment Remediation Status



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

Presenter(s): Michael Sobetzko, Todd Gower

# Risk Assessment - Top Risks

Presenter(s): Michael Sobetzko and Todd Gower


**OPEN SESSION ONLY**

Risk ID	Risk Title	BU/Owner	Mitigation Update	Internal Audit	Status
C2	HRA Assessment / Reassessment Timeliness	HRA Assessment / Care Management / Even MORE Steven Chang	<ul style="list-style-type: none"> <li>Existing workflows and monitoring reports will continue for the DSNP. New workflows are being developed to identify the three new populations requiring annual reassessments (members with LTSS needs, children with special health care needs, and pregnant individuals), in accordance with the latest DHCS CalAIM Policy Guide and FAQ.</li> <li>Integrate and automate multiple monthly reports into HRA dashboard for more efficient monitoring. Pending development resources.</li> <li>Until efforts to complete a reliable HRA dashboard, the overall monitoring process, including for the new PHM populations, will remain highly inefficient and subject to user errors.</li> </ul>	To be included in IA follow-up plan and Part of D-SNP Readiness	
C13	Compliance Program Effectiveness	Compliance Tom Mapp	<ul style="list-style-type: none"> <li>Completion of outstanding Compliance Program Effectiveness deliverable – Board Training (12/2022)</li> <li>Reorganization of Compliance department (2/2023)</li> </ul>	Part of Follow-up Assessment from prior CPE	

 - Mitigation in place

 - Delayed / Possibly Off-Track with a Path to Green

 - In Process / On Track to Mitigation Strategy

 - Off Track


# Risk Assessment - Top Risks

Presenter(s): Michael Sobetzko and Todd Gower


**OPEN SESSION ONLY**

Risk ID	Risk Title	BU/Owner	Mitigation Update	Status Internal Audit	
O4	Provider Quality	PQI - Untimely Processing Christine Chueh	<ul style="list-style-type: none"> <li>Additional staff; improved collaborative partnership between Provider Quality Review and A&amp;G; and migrating PQI actions and CAPS into JIRA application for workflow management. 1.26.23 Update: Ongoing Monitoring and reports to ICC.</li> <li>ICC Update Provided 1/25/23:</li> <li>RN and Specialist Bonus Program for case completion running October 2022 – February 2023</li> <li>December 2022 PQR team closed 528 cases; reduced the untimely aging category from 479 to 343</li> <li>Total of 20 RNs on team now.</li> </ul>	To be include in Follow-up assessment in 2023	
O20	Staffing / Skilled Hires / Time to Hire	HR Terry Brown	<ul style="list-style-type: none"> <li>Compliance requested to delay audit until after March 10</li> <li>Document requests in preparation</li> </ul>	Included in IA audit 2023	

 - Mitigation in place

 - Delayed / Possibly Off-Track with a Path to Green

 - In Process / On Track to Mitigation Strategy

 - Off Track

<b>C&amp;Q Open Session Reporting Calendar March 2023 - December 2023</b>			
<b>MONTH</b>	<b>REPORT TITLE</b>	<b>RESPONSIBLE BUSINESS UNIT</b>	<b>DESCRIPTION</b>
<b>March</b>			
	Risk Assessment remediation status	Compliance Risk Management/Operations Support	Review of actions to correct risks/issues identified in the 2023 Risk Assessment
<b>April</b>			
	2023 Compliance Work Plan status	Compliance Officer	Status report regarding Compliance Work Plan milestones
	Appeals and Grievance/Complaint Tracking Module (CMS) Trend Report	Appeals and Grievances	All lines of business; 1) 2022 calendar year review; 2) 1st quarter 2023 review
	Key Performance Indicator Summary	Compliance EPO	1st quarter 2023
<b>July</b>			
	Key Performance Indicator Summary	Compliance EPO	2nd quarter 2023 review
	2023 Compliance Work Plan status	Compliance Officer	
	Appeals and Grievance/Complaint Tracking Module (CMS) Trend Report	Appeals and Grievance Department	All lines of business; 2nd quarter 2023 review
	Key Performance Indicator Summary	Compliance EPO	2nd quarter 2023
<b>October</b>			
	Appeals and Grievance/Complaint Tracking Module (CMS) Trend Report	Appeals and Grievance Department	All lines of business; 3rd quarter 2023 review
	2023 Compliance Work Plan status	Compliance - All	
	Key Performance Indicator Summary	Compliance EPO	3rd quarter 2023 review





## Chief Medical Officer Report

March 2023

### Quality and Information Department

- Dr. Felix Aguilar will join L.A. Care as our new Quality Medical Director. His main focuses will be Provider Quality, Initiatives and Accreditation.
- L.A. Care signed the California State Data Sharing agreement before the Jan 31, 2023 deadline and will now implement the requirements.
- CMS Interoperability Implementation continues. The new policy has been submitted to DHCS and procedures are being developed for support between CSC, IT and external stakeholders. A proposed rule has been released for Prior Authorization electronic process scheduled for 2026 and we are incorporating that into Care Catalyst work.
- The collection of Sexual Orientation and Gender Identity (SOGI) member demographic information began in February. These are requirements per NCQA Health Equity Accreditation. SOGI includes members' preferred pronouns, sex assigned at birth, gender identity and sexual orientation.

### SDOH

- APL 21-009 requires providers to submit Social Determinants of Health (SDOH) ICD-10 "Z-codes" to L.A. Care. A plan to educate providers on submitting and using SDOH data is taking place. A provider training about coding for SDOH is currently being developed.

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

- New wellness vendor RFP underway with three vendor presentations concluded. Final scoring is in progress with the aim to complete vendor selection by 2/28/2023.
- The race and ethnicity (R/E) data remediation program to address the erroneous categorization of race and ethnicity and data integrity will now be managed as part of the member demographic data program. Project 1 - Impact analysis will be closed in February, with Project 2 kicking off in late February. Impact analysis on business functions was moved from Project 1 to Project 2, IT will confirm the completion timeline.

### Quality Improvement-Initiatives

- The DHCS imposed monetary sanctions (\$88,000) to L.A. Care for failure to meet the Minimum Performance Levels (MPL) for measurement Year (MY) 2021 Medi-Cal Managed

Care Accountability Set (MCAS) performance measures focused on Childhood Immunization Status Combination 10 (CIS-10) and Well Child Visits in the First Thirty Days of Life (W30 6+ and W30 2+)). L.A. Care submitted a comprehensive quality strategy that includes new interventions designed to meet or exceed required 2023 milestones. L.A. Care has begun this process through the collaboration with our Plan Partners, Blue Shield Promise and Anthem Blue Cross through Strengths Weakness Opportunities and Threats analysis. L.A. Care is also developing a custom report for W30, member incentive for W30 and provider incentive for CIS-10 to name a few. Additionally, L.A. Care needs to include details on how we intend to devote adequate resources and staff to quality improvement. L.A. Care is hiring Quality Management Nurse Specialist to support the project manager. L.A. Care is working closely with our DHCS Nurse Consultant and Quality Management Team to work through expectations for this sanction.

- Regarding DHCS Fines for MCAS measures below MPL for MY 2021, L.A. Care submitted an appeal and awaits the response, while DHCS provided a response to the “Meet and Confer” with no change to the sanction fine of \$88K. L.A. Care has also asked to review a PRA request from Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) regarding details of the program that have been request by us and multiple plans, but not provided.
- Quality Improvement (QI) Annual Audit has concluded for Beacon, Kaiser, and Blue Shield Promise Health Plans. Blue Shield is working on completing a Corrective Action Plan (CAP) for three measures that fell below the MPL in MY2021. Anthem Blue Cross audit will wrap up in Quarter 1 of 2023.

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

- **Aging of PQI Cases:** As of January 2023 we had 2303 cases open with 232 cases open in the untimely aging category of 214+ days and only 17 in the highest risk timing category.
- **PQR Spot Bonus Program:** A new Spot Bonus program was implemented to run from October 2022-February, 2023 and now will run thru August 2023 to assist with the 2<sup>nd</sup> backlog of 503 cases received in February 2023.
- **PQR, Appeals, and Grievances Data Discrepancies:** PQR team received an additional 503 cases from Grievances in February 2023. Cases have a PQI date ranging from 01/01/2021-12/31/2022. The root cause of the additional backlog was determined to be human error by selection of an incorrect delivery method in PCT when submitting the PQI referral. Delivery methods consisted of incorrect email addresses, incorrect spelling of an email address, sent to member directly or selected regular mail to L.A. Care. A remediation plan to close these additional cases in a timely manner has been implemented. Designated staff has been assigned to work the additional cases with a goal of completing at least 100 cases or more each month. The designated staff consist of one triage RN, four clinical review RN and 3-project specialist. While our goal is to keep all cases closed within the timely aging category, there is still a risk that some may fall into the untimely aging category as some of these cases have aged and retrieval of medical records may be difficult.

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

#### **National Committee for Quality Assurance (NCQA):**

- Per NCQA consultant review of UM files conducted in January, we will not-pass due to the issue with must-pass elements UM 5A, UM 7B and 7C: UM denial letters were addressed to the facility, SNF, etc. instead of the practitioner and the required appeal rights information is not in the denial letter templates. UM has accepted this finding and implemented the change to UM 5A for notifying the appropriate practitioner. All other elements are in good standing.

#### **Health Equity Accreditation:**

- In March NCQA will make a change in their policy for health plan holding a Distinction in Multicultural Healthcare and pursuing Health Equity Accreditation (HEA). These health plans will need to undergo HEA as an initial survey vs a renewal survey (which we understood from previous discovery). This impacts the look back period for most standards. For the past year, L.A. Care has prepared as a renewal survey, and we are currently doing an assessment to see the true impact for all evidence collected in year 1 of our look back period.

### **Stars/HEDIS**

- Projected MY2022 performance anticipated to be overall 2.5 (rounds down from 2.66). Previously projected to be 3.0 (rounds up from 2.83). Rating fell due to the implementation of outlier deletion.
- With the removal of CAHPS measures from MY2023 (since LAC DSNP is a new contract and CAHPS are weight of 4 measure), the HEDIS, Pharmacy and Operations domain can achieve effectively 1 Star rating lower than initially planned and still achieve a projected 3.5 Star rating.
- Root cause analysis underway for Grievance and Appeals and CTMs for MY2023; corrective actions to identified and implemented. Cross-walk analysis to be conducted to identify if G&A and CTM have correlation to members disenrolling.
- MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to the new DSNP contract.
- The HEDIS audit season is underway and all deliverables are on target. Kickoff meetings have been held with both the NCQA auditor and Health Services Advisory Group (HSAG). All HEDIS Roadmaps were submitted by the Jan. 31 deadline and the Medical Record project kicked off on Feb. 1 for the HEDIS Hybrid measures. Audits have been scheduled in March with both auditors.

### **Population Health Management (PHM)**

- The PHM NCQA year one documentation for the 2023 audit is final and expected to meet the requirements. The PHM team has submitted documentation for year two NCQA documentation and no barriers to note and will meet the Accreditation February 9<sup>th</sup> deadline. The 2022 PHM Population Health Assessment and 2022 PHM Impact Evaluation are under development and on target to meet the March and April deadlines respectively.
- The PHM team will develop the 2023 PHM Program Description in Q1-Q2 2023 and will include the CalAIM requirements. CalAIM Strategy document is due October 2023.

- DHCS approved the PHM CalAIM readiness assessment at the end of 2022. L.A. Care is working to develop the Key Performance Indicators (KPIs) that will be shared with DHCS in July 2023.
- The PHM team is developing an overarching PHM Policy & Procedure and a Transitional Care Services (TCS) Policy & Procedure that will be reviewed for approval in the April Quality Oversight Committee (QOC).
- The PHM team sent out a provider communication to all direct network providers and PPGs on the new CalAIM phased transitional care service requirements on February 3, 2023.
- The highest risk gaps identified are with the current state processes for transitions of care for high risk and complex care member identified in the ADT feed and IPro, strengthening Care Management services for all members identified as high risk and complex but are not needing TCS, and strengthening delegation oversight of providers conducting basic PHM activities. Care Management has proposed updates to the Risk Stratification and Segmentation (RSS) to meet the new requirements and work is underway to develop this in IPro and work with internal and external stakeholders who will conduct TCS.

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

- The PHM team and IHA workgroup have reviewed APL 22-030 and are making all necessary changes to QI-047 IHA policy, lacare.org, the Universal Provider Manual, the New Member Welcome Letter and New Member Welcome phone script. The main changes include the name change and removal of the Individual Health Education Behavioral Assessment (IHEBA) Staying Healthy Assessment (SHA) requirement. The PHM team still has a question out to DHCS clarifying the specifics of outreach requirements for compliance of a complete IHA.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal for use in ensuring all new enrollees have a complete initial health visit within 120 days. The codes are being revised in the IHA due reports and dashboard and a new provider communication will be approved through Podio by Quarter 2, 2023.

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

- For the timeframe, January 2, 2022 to December 31, 2022, a total of 615 virtual/on site periodic, initials and annual audits have been conducted.
- Total PHE backlog for time period (3/15/2020-12/31/2021) is **85**. To date three hundred and six (306) audits have been completed from the backlog.
- In Q4 2022. 47 FSR/MRR audits were conducted from the backlog.
- Working with the PARS Collaborative Workgroup to address PARS backlog, share assignments, and decrease duplication.
- L.A. Care FSR is working with the LA County Collaborative regarding the periodic backlog to be completed by 12/31/2023.
  - Quarter 4 progress report via the MCP Site Review Tracker has been submitted to DHCS.
  - L.A. Care's FSR worked with a subgroup of the collaborative and has developed a FSR tool for the mobile units. We have also developed a workflow for FSR audits on mobile units and all MCPs are piloting the mobile unit tool in 2023.

- FSR is working with internal business units and the LA County Collaborative on proposing a condensed version of the FSR/MRR for the APL 22-023 Street Medicine.

## **Population Health Informatics**

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

- VIIP MY2021 is complete for this year and payments and reports have been sent out/generated for all programs.
- Work is continuing on a Stars Dashboard. This Dashboard will allow the Stars Team to monitor current trends along with a focus on historical rates/trends. A preliminary Dashboard should be up and running by March 2023.
- HIM is partnering with the Pomona CRC to generate an asthmatic member pool that the CRC will use to contact members with mild to severe asthma.
- The Population Health Assessment, which is a comprehensive document outlining the health of LA Care members stratified by certain demographic factors is complete.
- HIM is undertaking the task of monitoring PCP visits for all members in LA Care. The data produced by our team will be used to track Enterprise wide goals along with assisting other departments in their pursuit of having members regularly visit their PCP.

### **Health Information Exchange Ecosystem (HIEc)**

- Discussions are underway with a cross-functional stakeholder group to revise the Hospital Services Agreement (HSA) and include the requirement for hospital participation in Health Information Exchanges (HIEs).
- The HIEc team is working closely with the ECM team and HIE vendors (LANES and CMT), to bring on additional new entities for Enhanced Care Management/Community Support (ECM/CS) programs. The HIE program continues to support the transition of the existing Health Homes Clinics and CB-CMEs to the new ECM program.
- The PAC-MAN solution will be operational on February 14, 2023, providing users from MLTSS and Care Management with access to up-to-date skilled nursing facility data on members.
- A business case has been created to support the CalAIM PHM and D-SNP requirements for MCPs to ingest ADT in order to deliver Transitional Care Services (TCS). The project is awaiting resource allocation from IT.

### **Incentives**

- All of the MY 2021 P4P reports and payments have been completed for the plan partners, PPGs and physicians/clinics. The PPG performance rankings will be posted on L.A. Care's website for the first time in the form of star ratings, with 5 stars being the highest.

## **Pharmacy**

### **Star Rating Metrics - Medication Adherence**

- Comprehensive Adherence Solutions Program (CASP)
  - Pharmacy staff have been outreaching to DSNP members with high SDOH needs who have been historically nonadherent to the Star medications (Diabetes, Renin-

Angiotensin-System Antagonists, and Statins) to offer mail order service, 100-day prescription conversion, transportation services, medication synchronization and medication education to overcome any potential hurdles the members may be facing to become adherent.

- Between 1/5/23 – 2/21/23:
  - Total call attempts: 2,402 (including member, provider office and pharmacy)
  - Total successful calls to members: 761
  - Total completed successful interventions: 231 \*(all members receive education regarding their medications and vaccines, this is not included in this total)
- Pack4U/Custom Health Collaboration
  - The pharmacy team is working with a new vendor, CustomHealth (formerly known as Pack4U), to start a pilot program that provides medication dispensing devices to members in their homes to monitor and improve their medication adherence. Twenty-three members enrolled as of 2/16/23.
- Medication Refill Reminder Robocalls
  - In collaboration with CSC EvenMore, pharmacy will begin weekly refill reminder robocalls to both DSNP and LACC starting in March 2023.

**Star Rating Metrics – The Osteoporosis Management in Women who had a Fracture**

- The pharmacy team has a comprehensive approach to address osteoporosis in women ages 67-85 years who have suffered a fracture. We conduct telephonic outreach to members and their prescribers to recommend a BMD test or prescription for a drug to treat osteoporosis to positively impact members by preventing further fractures related to osteoporosis.
- Since pharmacy took over this initiative, we have seen steady improvement in our performance in this measure. Pharmacy will be handing off this measure to QI but will continue to provide clinical support if needed.

Year	MY 2020	MY 2021	MY 2022
%	20.00%	39.34%	51.56%
Star Rating	1	2	3

- Current progress for MY2023 (as of 2/22/23): 34 members were identified and 7 members were successful in receiving a DEXA scan or osteoprotective medication. One member was identified as ineligible for the program and 3 members were unsuccessful in the intervention, leaving 23 opportunities remaining for MY2023.
- House Call Doctors are now performing in-home DEXA scans for members who agreed. We referred five members as of 2/22/23.

**Star Rating Metrics - Medication Therapy Management (MTM) Program\**

- CMS requires health plans to reach a Comprehensive Medication Review (CMR) completion rate of at least 89% to achieve a five-star rating in Star Ratings Year 2023. Navitus Clinical

Engagement Center (CEC), our current MTM vendor, completed 2,307 CMRs, which is 79% of total qualified members for 2022.

- Our performance in 2022 would reach an estimated 3 Stars for Star Ratings. The pharmacy team and Navitus CEC have already discussed several new programs to engage members in 2023.
  - Text Message campaign for appointment reminders began January 2023.
  - Second phase of text message campaign for eligible member outreach/engagement in the MTM program currently under review for approval.
  - Postcard mailings encouraging eligible members to schedule an appointment with Navitus CEC currently under review for approval.
  - L.A. Care is working with Navitus CEC to provide CMRs through the CustomHealth pilot program for any member enrolled in the pilot program that also qualifies for MTM services.

### **Comprehensive Med Management (CMM) via CA Right Meds Collaborative (CRMC):**

- CRMC is an initiative with University of Southern California (USC) to establish a network of community pharmacies that provide CMM to members with chronic diseases, such as diabetes and cardiovascular disease.
- Clinical Performance (from February 2020 to January 2023):
  - Average A1c reduction was 2% in cohort of patients with average baseline A1c of 11.7%
    - Average A1c reduction of 2.8% in patients with five or more CMM visits.
  - Average 14.4 point reduction in systolic blood pressure (SBP) in patients with 2 or more visits and baseline blood pressure >140/90 mmHg.
- Data Analysis of Program Impact
  - CRMC was selected by the Centers of Disease Control and Prevention (CDC) as one of 3 programs to be showcased for innovative uses of telehealth to prevent and manage cardiovascular disease. Results from this analysis will be presented to a national audience. Additionally, CRMC was also included in CDC's Field Note publication that highlights successful and innovative programs.

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

- Clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension.
- Current clinics:
  - Wilmington Community Clinic (started 9/2022)
  - APLA (started 12/2022)
  - Harbor Community Health Center (contract pending)
- Medication Therapy Problems Identified (across all patient visits): 204  
\*Medication Therapy Problem Framework as endorsed by the Pharmacy Quality Alliance (PQA)

## **Community Health**

### **Behavioral Health**

On 2/21/23 DHCS awarded L.A. Care \$20.7 million under the auspices of its School Behavioral Health Incentive Program. The funds will be allocated to enhance behavioral health training, workforce capacity, and IT infrastructure in partnership with Health Net and the Los Angeles County Office of Education.

### **Elevating the Safety Net (ESN) Incentive Payment Program (IPP):**

- As of 1/20/23, we received 65 of 67 reports from ECM/CS providers, who were funded in round 1 of IPP funding, with updates on progress towards completing their milestones.
  - 14 of these reports are final reports from providers who completed their milestones as of 12/31/22.
  - Milestones include investments in systems upgrades, ECM/CS staff recruitment, hiring and development and enhancements to quality reporting capabilities. These investments align with DHCS priorities for infrastructure and capacity building.
  - Providers who did not submit a final report will have an opportunity to complete their milestones by 6/30/23.
- Our IPP unit received approval from our Finance team to process the IPP incentive application for DHS who will receive over \$4.3 million from L.A. Care to upgrade their systems (CHAMP and Office of Diversion and Reentry), hire frontline and back office staff and offer training opportunities.
- We are making progress in finalizing draft IPP incentive amendments for Plan Partners to disburse a combined total of nearly \$10.8 million. Plan Partners will invest the incentive funding in systems upgrades, consulting services, internal staff hiring and quality reporting capabilities.
- On 1/17/23, we submitted feedback to DHS on their \$5.15 million CS administration proposal. The feedback is pending review and agreement from DHS on the proposed metrics for performance, documentation and reporting.
- Submitted feedback/comments to DHCS on two reporting templates
  - Template 2B – covering performance metrics from July 1, 2022 – December 31, 2022
  - Template 3-5 – covering performance metrics from January 1, 2023 through June 30, 2024.

### **ESN initiatives:**

- Executed the grant agreement with UCLA for a new cohort of 4 scholars in 2023.
- Working on obtaining the second and final signature from Charles R. Drew University to execute the grant agreement for a new cohort of 4 scholars in 2023.
- Under the Provider Loan Repayment Program, we have \$2 million available to award new physicians thorough the end of FY 2022-23. There are 10 providers currently on the waitlist and under review.
- 301 new In-Home Support Services (IHHS) workers completed their training in January bringing our total to 5,601 ever trained.



### **HHSS Data and Operations Unit:**

- As of February 22, 2023, over 10,900 members enrolled in HHSS
- SNI staff sent our HHSS Providers their January Claims Needed Report. This report will help HHSS providers be more compliant and timely in submission of HHSS claims
- SNI staff worked with DHS, IT, and UpHealth to reauthorize 5,696 former Whole Person Care individuals for 6 additional months of HHSS, for a total authorization of 18 months
- SNI staff are working with DHS, IT, and UpHealth to build out a bulk upload process to receive outstanding Housing Assessments (HAs) and Individualized Housing Support Plans (IHSPs)

### **DHS Operations Unit:**

#### **QI Workgroup -**

- The QI Collaborative Workgroup meeting with DHS is scheduled for March 14, 2023.
- QI Related Reports & Information Submitted to DHS
  - All QI related items will be captured in a tracking log. For example: Performance Opportunity Reports (PORs), VIIP Performance Reports, CG-CAPHS, etc.
- HEDIS
  - DHS requested OON Data for their Quality Incentive Program (QIP).
    - Working with IT to automate the report for HIV & HVL measures. The QPM unit will pull the report for the three remaining measures: COL, HbA1c (HBD), SPC
  - MCAS New Measures to be reviewed with DHS at upcoming meeting.
- VIIP + P4P
  - DHS Submitted Final VIIP + P4P Action Plan on 1/26/2023

#### **UM/ Medical Management Workgroup -**

- DHS & Decompression:
  - Dr. Kagan will work on making introductions between DHS Transfer Center key staff and Alta, Mission, and Avanti hospital systems.
- DHS Transfer Center & Inpatient Repatriation
  - L.A. Care UM/DHS Transfer Center Team continue to meet on a bi-monthly basis. This meeting was held on January 31, 2023.
- Transition of Care:
  - Through bi-weekly discussions, L.A. Care has verbalized the need for DHS to support Specialty appointments for members to support select scenarios, specialties, and diagnoses:
    - Inpatient Discharge
    - Outpatient Redirection
    - Case Management Escalation

#### **QI – PQI -**

- The PQI quarterly meeting with DHS took place on January 31, 2023. The following items were discussed:
- DHS PQI Report Review
  - PQI Annual Report Review Period FY 2021-2022 (Q4 2021 – Q3 2022)
    - 27% of the PQIs reviewed by L.A. Care had substantiated Service concerns.

- DHS facilities with the most PQIs: Mid-Valley, Olive View, MLK Jr. Outpatient Center.
  - Compared to the general volume of patients that DHS serves, the volume of PQIs is relatively low. However, the purpose of sharing PQI reports with DHS is to demonstrate patterns or trends across their facilities and among staff or providers. It is a tool that DHS can leverage to take actionable and specific steps aimed to address service or care concerns for members.
- Report Review Q4 2022
  - Out of the 105 PQIs that were received, 7% were substantiated as Care issues, while 23% were substantiated as Service issues.
  - The L.A. Care reports currently capture the dates that the PQIs were closed, not the Dates of Incident. L.A. Care PQR unit to capture the Date of Incident moving forward.
- PQI Volume
  - In the past, a single year might have approximately 243 PQIs identified; however, most recently, in a single quarter, 135 PQIs were identified. The increase in captured cases do not necessarily reflect an increase in PQIs, but rather increased staff support on the L.A. Care side that have been able to process a greater volume of cases from the A&G grievance backlog. The L.A. Care PQR unit expects the trend to continue through the middle of 2023 while the backlog is addressed, at which point PQIs should level off.
- PQI Closure Letter
  - L.A. Care PQR unit requested a PQI Closure Letter from DHS. The PQI called to question the reason why DHS scheduled the member's OON post-discharge appointment 1-2 months after discharge rather than within the standard 3 days.
  - The DHS G&A Unit inquired about L.A. Care's process for notifying DHS of OON hospital admissions and discharges.
  - L.A. Care regularly sends DHS contacts the eConnect report which includes admissions, discharge and transfer information. The list of DHS recipients was provided to the DHS G&A unit to assist them with the drafting of the PQI Closure Letter.

### **DHS Reports -**

The following reports were submitted to DHS:

- eConnect (ADT) Report
  - Description: This report contains real-time notification on patients' admit, discharge, and transfer (ADT) information whenever they are admitted to inpatient or the ED.
  - Submitted on January 10, 2023 and January 25, 2023
- Hospital Delivery/Pregnancy Data
  - Description: This report contains a list of DHS-assigned members that gave birth both within and outside of the DHS network.
  - Submitted on January 9, 2023, January 11, 2023, January 18, 2023, and January 27, 2023
- LIHP/CF/ME Membership Report
  - Description: This is a running report that contains DHS membership segmented by aid codes [i.e. LIHP (Low Income Health Program), CF (Cal Fresh), and ME (Medical Expansion)].

- Submitted on February 3, 2023
- MCLA Active Pregnant Members Report
  - Description: This report contains a list of current pregnant DHS-assigned members and their due dates.
  - Submitted on January 4, 2023

## **Care Management**

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

Noah Ng has been promoted to the Director of Enhanced Care Management (ECM) position and will oversee the existing staff newly reorganized to CM from the Safety Net Initiatives department. Noah's focus for the first 60 days will be to conduct a full assessment of people's roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide.

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

CM team began implementing the program on a limited basis in February 2023 for members in Direct Network and is currently using Care Managers with plans to incorporate Community Health Workers (CHWs) into the model by Q2. CM collaborated with the UM team to access daily reports of members admitted and discharged to supplement the limited data available through the Health Information Exchanges. In addition, risk stratification algorithms in iPro is in the process of being revised to delineate all risk levels and provide a new indicator for DHCS High Risk in accordance with updated DHCS Population Health Policy Guide from December 2022. Due to the new populations of focus and the broad TCS requirements, CM is pending RRB approval for additional staff.

### **PHM**

The DHCS Policy Guide establishes new high-risk sub-populations who require assessment, care coordination, and TCS. These new sub-populations include Children with Special Health Care Needs, high-risk Seniors & Persons with Disabilities, and members needing Long Term Services & Supports. Revisions to risk stratification algorithms in iPro have been proposed to identify members within the various categories. The requirements significantly increase the scope and volume of work by CM, ECM, as well as delegated PPGs, which will necessitate substantial increases in staffing in order to achieve compliance.

### **General CM**

- Ongoing collaboration with the UM team has increased referrals of high and complex members to CM, including but not limited to members who need major organ transplant, California Children's Service (CCS) eligible/enrolled, and members needing Private Duty Nursing.
- Cal-MediConnect to DSNP transition – several operational and regulatory reports pending completion by IT with no clear ETA.
- CCS (DHCS Audit focus area)
  - Historically and currently, very few CCS members are in CCM and none with Medi-Cal as secondary coverage. Additional staff and processes need to be developed in order to meet contractual requirements.
  - MOU with county CCS agency is from 1999 and needs updating to clarify each party's requirements, including the expectations for a dedicated CCS Liaison position.

- Very high employee engagement scores, no low performing items to monitor/improve at the department level.

## **Utilization Management**

### **Timeliness Corrective Action Plans** (from June 2021 regulatory disclosure and 2021 DHCS Audit)

- Compliance Scorecard measures – 54/67 measures at 95% and above for compliance turn-around times for Q42022
- For the 13/67 under 95%, all are for notifications which are subjected to continued root cause analysis and process improvements. The frequency of the letter manifests to the fulfillment vendor for the twice a day mailings was completed in \_\_\_\_\_.
- Toney Consulting agreement extended to Sept 2023 to supplement staffing.
- Completion of operational monitoring report by IT is needed as a more comprehensive oversight tool, particularly relating to the improvement of notification timeliness

### **Direct Network**

- All UM work transitioned from Optum Health as of mid-December 2022. Even in the final months of the engagement, Optum's performance did not meet thresholds and has been referred to Sanction Committee.
- Compliance has created a subset scorecard to monitor timely decisions and notifications, the first three months (November-January scores) were submitted to DMHC in February.

### **UM Quality Program (DHCS Audit focus area)**

- Developing and implementing audit tools and protocols
  - Emphasis on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
  - Focused audits based on audit/corrective action areas and identified gaps (e.g. Continuity of Care, letter readability, private duty nursing, Physician Certification Forms)
- Additional positions in recruitment for trainers and auditors
- Reporting to Utilization Management Committee
  - Annual program description/evaluation
  - IRR reports for nurses and physicians
  - Quality metrics/oversight
- Staff education via bi-weekly training sessions with all staff who participate in UM functions (includes MDs, MLTSS, BH), recent topics have included Continuity of Care, CCS, reporting potential quality of care issues

### **Hospital agitation/abrasion**

- Provider Disputes Resolution (PDR, originates from Claims)
  - Backlog resolved as of 12/31/23, UM PDR queues are monitored closely to ensure timely processing is maintained

- Creation of dedicated PDR team to support ongoing compliance and assist with litigation/arbitration cases; four positions filled (two start 3/13/23), one in recruitment. Toney Consulting agreement extended to Sept 2023 to supplement staffing.
- Participation in cross-functional team assessing root causes and solutions to reduce PDR volume
- Reestablishing Admit Team for post-stabilization requests (audit focus area)
  - nine positions filled, two in recruitment
  - Revising processes and documentation to improve compliance and enable reporting and oversight
- Adding a dedicated discharge planning team to accelerate processing of authorizations needed for discharge and provide more resources for members who are difficult to place due to complex medical-psycho-social situations

#### **UM Other**

- DSNP – Several letters not configured within SyntraNet and done via manual work around, ETAs stretch out to end of April
- New Director Patricia Isom, RN starts 3/13/23 which will allow UM to restructure to separate outpatient and inpatient teams and provide focused oversight on productivity, quality and focused process improvements

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

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

- Total census coming down from its COVID high point, but still high after official transition from COVID TAS protocol to Emergency Remote Service (ERS); some centers prohibited from enrollment due to capacity issues
- MLTSS team continues to meet regularly with other health plans to discuss ERS utilization and practice concerns and relay them to DHCS and CDA
- Team continues to work on reducing volume of eligibility assessment work done by vendor

#### **Skilled Nursing Facility**

- Long Term Care (LTC) to Community reassignment, QI and Finance workgroups
  - Data collection and monitoring of discharges to community and timely PCP reassignment to avoid PQIs as a result of access to care issues
  - Ongoing process of monthly reconciliation of new and former LTC for re/assignment to appropriate PPG (community versus LTC)
- Partnership with IP UM and Difficult Placement Team (DPT) to divert Congregate Living HealthCare Facility (CLHF) transitions (non-covered benefit)
- Medicare risk area due to conflicting guidance given by Compliance consultants

### **CalAIM**

Current Community Supports (CS) Managed, volume of referrals very low

- Personal Care and Home Services (effective July 1, 2022)
- Respite (effective July 1, 2022)

- Environmental Accessibility Adaptation (EAA)/Home Modifications (effective January 1, 2023)

### **Palliative Care**

- Palliative Care SB 1004 benefit is for Medi-Cal only (excludes partial and full duals)
- RRB for Palliative Care – CalAIM Manager backfill scheduled for 3/13/2023
  - Focus to expand and grow Palliative Care program upon manager’s hire
    - Current average monthly referrals: 33
    - Current average monthly census: 124



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# Provider Quality Review Annual Update Q4 2021-Q3 2022

Prepared by: Christine Chueh, Rhonda Reyes  
March 6<sup>th</sup>, 2023



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# Agenda

- Potential Quality Issue (PQI) Data Analysis - Track and Trend Finding
- Collaboration with External Providers/PPGs & Internal Departments
- Delegation Oversight of Plan Partners
- Quality Assurance Validation and Report
- PQR (Provider Quality Review) Risk Assessment
- Q&A



# Background

- The Quality Improvement (QI) Provider Quality Review (PQR) team manages the **Potential Quality of Care Issue (PQI) process**, which is a regulatory requirement to identify clinical issues/concerns and ensure high quality patient care is delivered to L.A. Care members.
- The QI PQR process evaluates an occurrence or occurrences in which there are potential or suspected deviations from accepted standards of clinical care.
- The QI PQR team conducts the PQI review for L.A. Care's direct lines of business. Plan Partners (PP) are delegated to conduct the QOC (Quality of Care) review for members assigned to them and their network providers. Annual oversight audit and quarterly monitoring of Plan Partners are done to ensure PP QOC reviews align with L.A. Care P&P QI-001. All reviews must be completed within 6 calendar months (L.A. Care P&P QI-001).
- The QI PQR team monitors quarterly submission of **Critical Incident (CI) Reports** required by CMC delegates (PPGs and Vendors) to appropriately capture critical incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) for the health, safety and welfare of L.A. Care's members.



# PQI Data Analysis – Q4 2021 – Q3 2022

- PQI's processed 3273: 495 (15%) triaged 0 (not a PQI).
  - Triage 0 decrease from previous year 41% triage 0
  - Provider quality review was conducted on 2,778 cases.
- PQIs can be identified by any department, yet 98.1% came from Appeals & Grievances (A&G) or Customer Solution Center (CSC).
- Medi-Cal had the most cases, however, the ratio of cases per thousand members per year (PTMPY) is higher for the CMC product line at 2.09 cases PTMPY.
- Top issues are consistent with previous year. Treatment/Diagnosis (28.3%), Delay in Service (17.3%) and Communication/Conduct (13.3%) was the third highest issue followed by Access to Care (12.4%).
- Delay in Authorization had an increase of 2.5% from previous year and Access to Care increased by 3.3%

Issue Code	Issue Description	2021/2022	
		Rate	Difference
PQ1	DME/Supplies	2.2%	🟢 -2.4%
PQ2	Benefit Issue	1.8%	🟢 -0.5%
<b>PQ3</b>	<b>Delay in Service</b>	<b>17.3%</b>	🟡 0.0%
PQ4	Denial of Service	2.3%	🟡 -0.1%
PQ5	Refusal of Care/Rx	5.6%	🟢 -1.9%
PQ6	Refusal of Referral	1.9%	🟡 0.3%
<b>PQ7</b>	<b>Treatment/Diagnosis</b>	<b>28.3%</b>	🟡 0.8%
PQ8	Delay in Authorization	7.3%	🔴 2.5%
<b>PQ9</b>	<b>Access to Care</b>	<b>12.4%</b>	🔴 3.3%
PQ10	Continuity of Care and Coordination of	3.2%	🟢 -2.3%
<b>PQ11</b>	<b>Communication/Conduct</b>	<b>13.3%</b>	🟡 0.0%
PQ12	Physical Environment	1.1%	🟡 0.5%
PQ13	Medical Record/Documentation	0.6%	🟡 -0.4%
PQ14	Transportation	1.9%	🔴 1.9%
PQ15	Systems Issue	0.9%	🟢 -1.6%

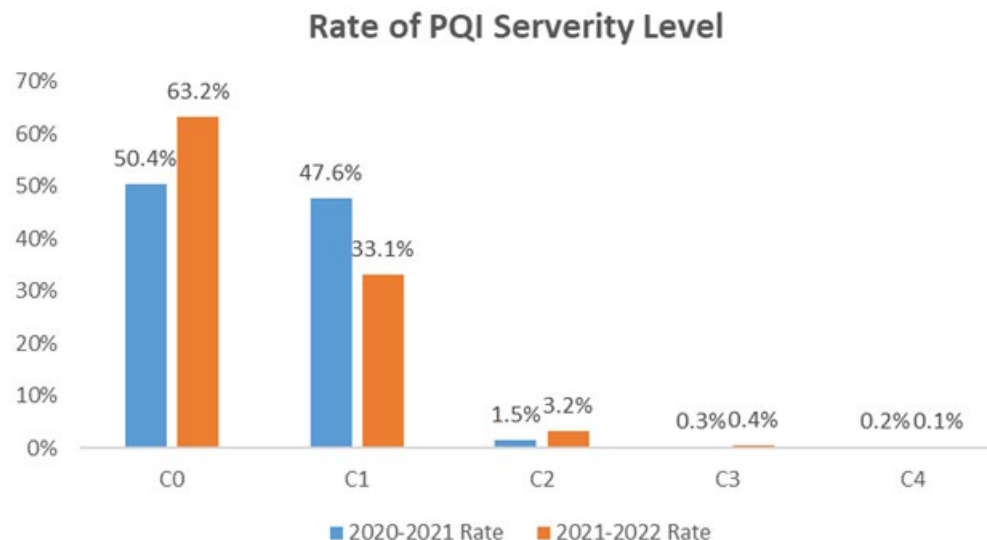
LOB	Member Month	PQI	PTMPY	Difference
MCLA	15,797,625	1,943	0.12	🟡 0.1
LACC	1,338,573	283	0.21	🟡 0.0
CMC	214,780	448	2.09	🟢 -1.4
PASC	604,523	104	0.17	🟡 0.1
<b>Total</b>	<b>17,955,501</b>	<b>2,778</b>	<b>0.15</b>	🟡 0.0

- Increase from previous year
- No or little change from previous year
- Decrease from previous year

# PQI Data Analysis – Q4 2021 – Q3 2022

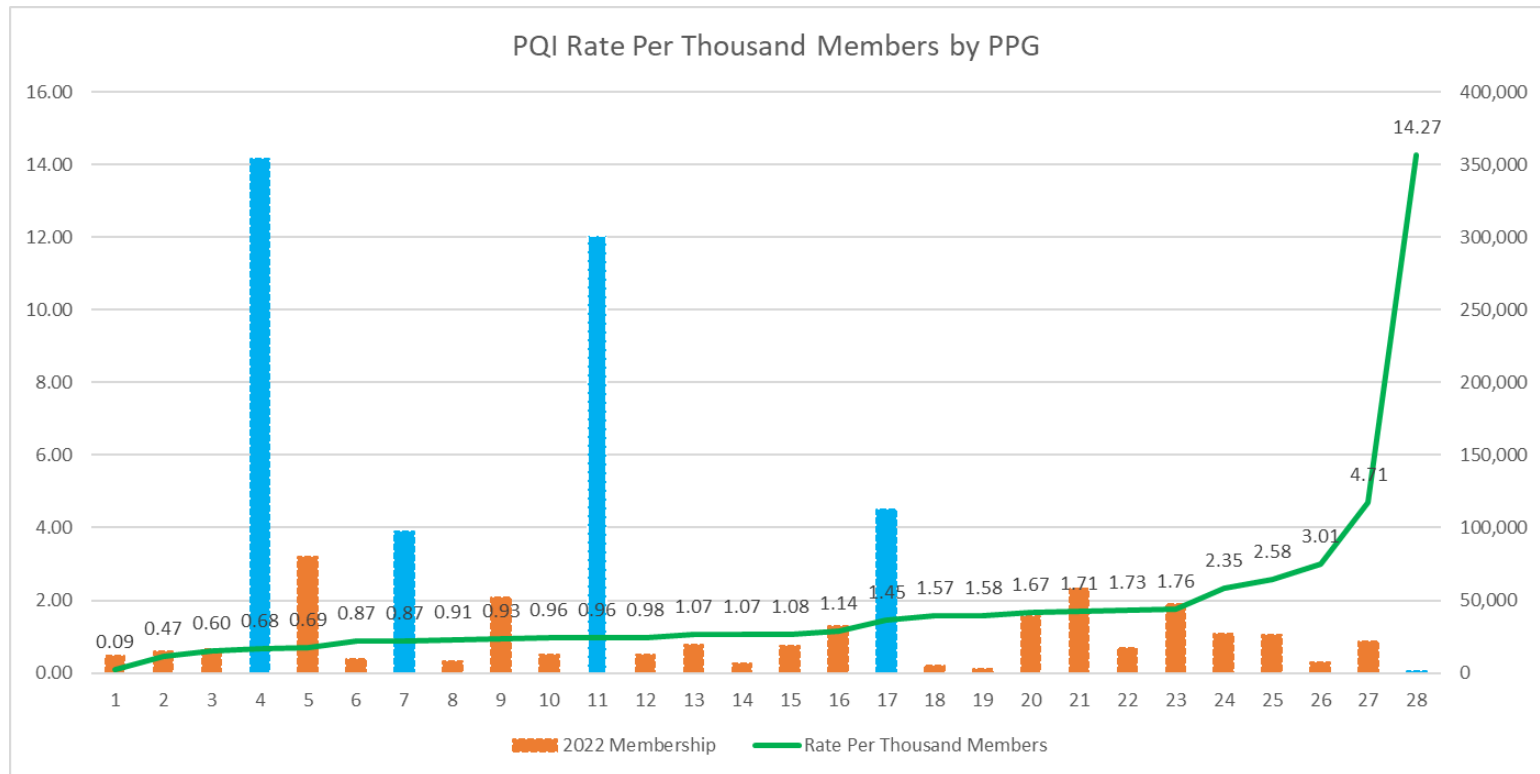
## Quality of Care (QOC) & Quality of Service (QOS)

- C0 (No Quality of Care or Service Issues) - 12.8% Increase
- C1 (Substantiated service issue causing member dissatisfaction) - 12.8% Increase
- C2 ( Borderline Quality of Care issue with potential for adverse health outcome) - 1.7% Increase
  - Clinical review staff has been taking more of a deep dive analysis on each case and a stricter approach when leveling each case.
- C3 ( Moderate Quality of Care issue with actual adverse health outcome) – 1 Case
- C4 (serious and or significant quality of care issue with significant adverse health outcome) – 1 Case



# PQI Data Analysis – Q4 2021 – Q3 2022

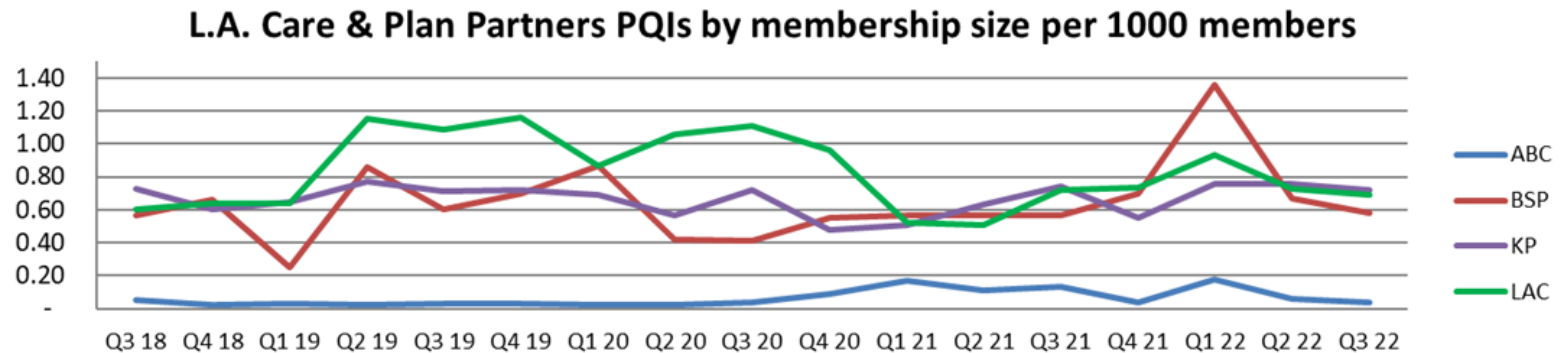
- PQR team continues to meet quarterly with selected PPG's/Vendors to review any PQI findings and discuss issues or trends.
- The below chart represents PPG membership and number of PQI per thousand member per year (PTMPY) by PPG
- The membership bars highlighted in blue represent the PPG's we have ongoing quarterly monitoring to identify any trends or issues.



# Delegation Oversight

## L.A. Care & Plan Partner PQIs by Membership Size per 1000 Members

- Collection of quarterly reporting from each delegate as well as monitoring of timely closure of potential quality issues (PQI).
- Continued issue with Anthem Blue Cross with the number of PQI being captured.
  - Anthem noted 2,627 (25%) clinical grievances of 10503 grievances during the audit period were reviewed by a medical director. Of those 192 (7%) were referred for PQI review by the medical director. The PQR team will continue to monitor the volume and compare the data with L.A. Care grievances.



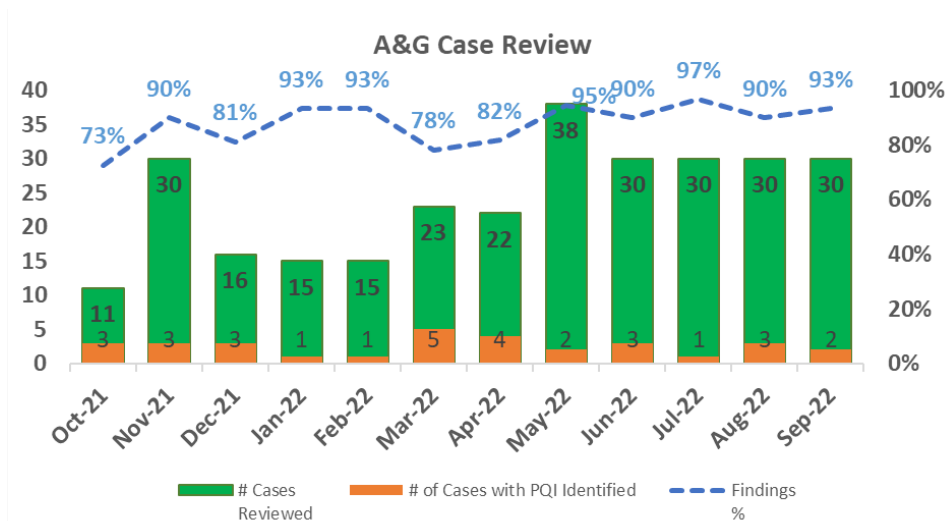
# Quality Assurance Validation and Report

- **PQR Inter-Rate Reliability (IRR)**

- To improve the consistency and accuracy in applying review criteria, in the leveling and final reporting of PQIs, the PQR clinical team conducts quarterly internal inter-rater reliability (IRR) testing, evaluation, and monitoring.
- The appropriate determination of PQI severity level continues to be the most discussed area.
- The clinical team uses the bi-weekly huddles to review and align decision determination for PQI severity level.

- **Review Appeals & Grievances (A&G) and Customer Solution Center (CSC) Cases**

- PQR conducts monthly oversight of CSC and A&G cases (1% or 30 cases each) not referred to PQI during FY 2021-2022. Goal is for 100% compliance
- CSC met 100% compliance rate and A&G met 88% compliance rate but continues to improve



# Quality Assurance Validation and Report

## Critical Incidents are Reviewed for Patient Safety

- All CMC delegates submitted critical incident quarterly reports by Q3 2022.
- The PQR nurse reviewers assessed potential quality of care concerns from all CIs reported.
- All quarterly reports were submitted timely to L.A. Care Health Services Reporting and Support Services/Enterprise Data Strategy team for Medicare Operations and Compliance review for final reporting to CMS.

Compliance with CI Reporting	Compliance Goal	Compliance %
Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report		100.0%

# Provider Quality Review- Risk Assessment

## Backlog and Remediation Plan and Update

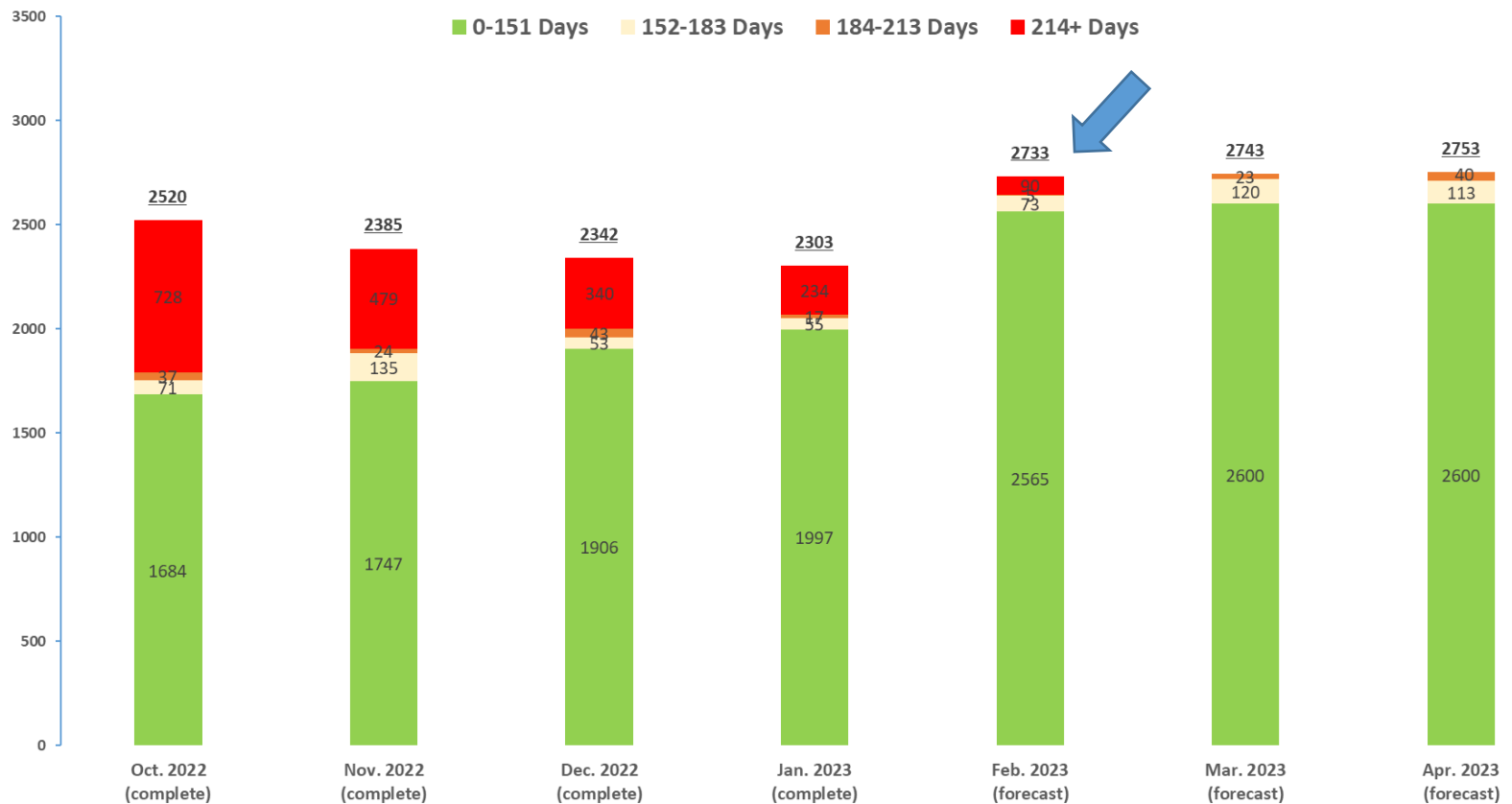
1. PQR team received a backlog of 1560 cases from grievances from 08/2021 – 03/2022 and consequently it generated a backlog of untimely aging of 900+ PQI cases for clinical review.
  - Status: 90 cases remain open from this backlog and we anticipate closure of untimely cases to be completed by end of March, 2023
2. A second backlog of 503 cases was identified on October 6th, 2022
  - The 503 cases are from Appeals and Grievances that contained a PQI date from 01/01/2021-12/31/2022.
  - The cause of the backlog was identified on 01/05/2023 as human error of an incorrect selection of delivery method in PCT when submitting the PQI referral. Delivery methods consisted of typing of an incorrect or misspelling of an email address to PQI inbox, sent to member or regular mail to our headquarter address.
  - During the first week of February, grievances delivered the additional 503 cases to PQR team for review which will become due the first week of August, 2023.
  - A remediation plan to close these additional cases in a timely manner has been implemented. Designated staff has been assigned to work the additional cases with a goal of completing at least 100 cases or more each month. The designated staff consist of 1 triage RN, 4 clinical review RN and 3 project specialist. While our goal is to keep all cases closed within the timely aging category, there is still a risk that some may fall into the untimely aging category as some of these cases have aged and retrieval of medical records may be difficult.



# Provider Quality Review- Risk Assessment

## Open Aging Report and Forecast by Aging Status

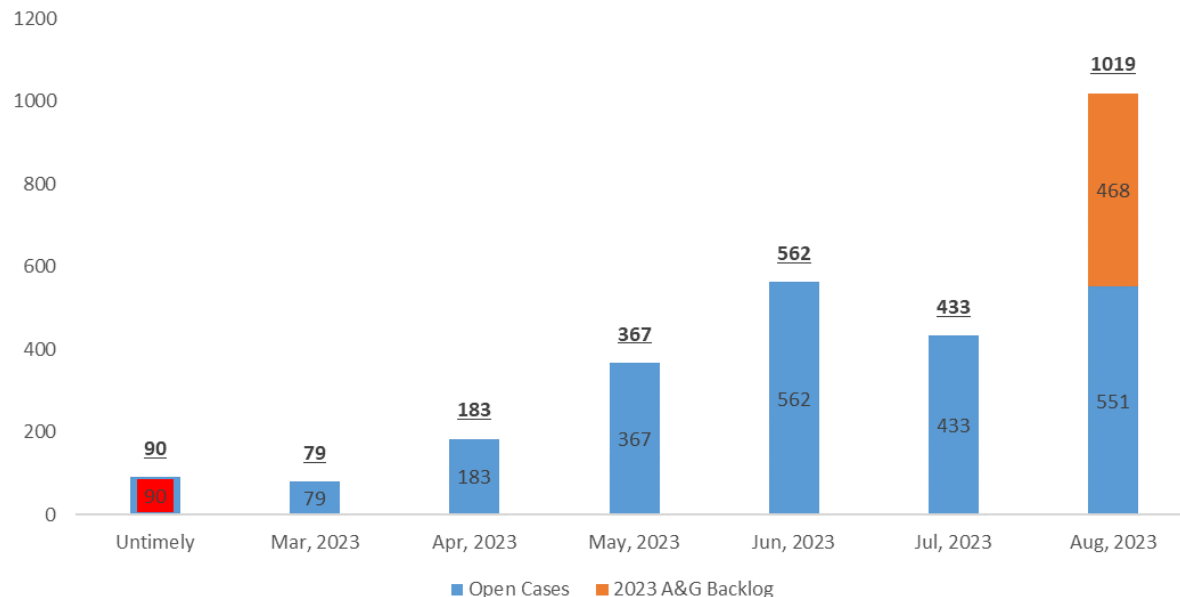
- Assumptions: Intake 560/Month, Closed 550 Month
- February includes new backlog of 503 additional cases



# Provider Quality Review- Risk Assessment

## Open Aging by PQI Due Date

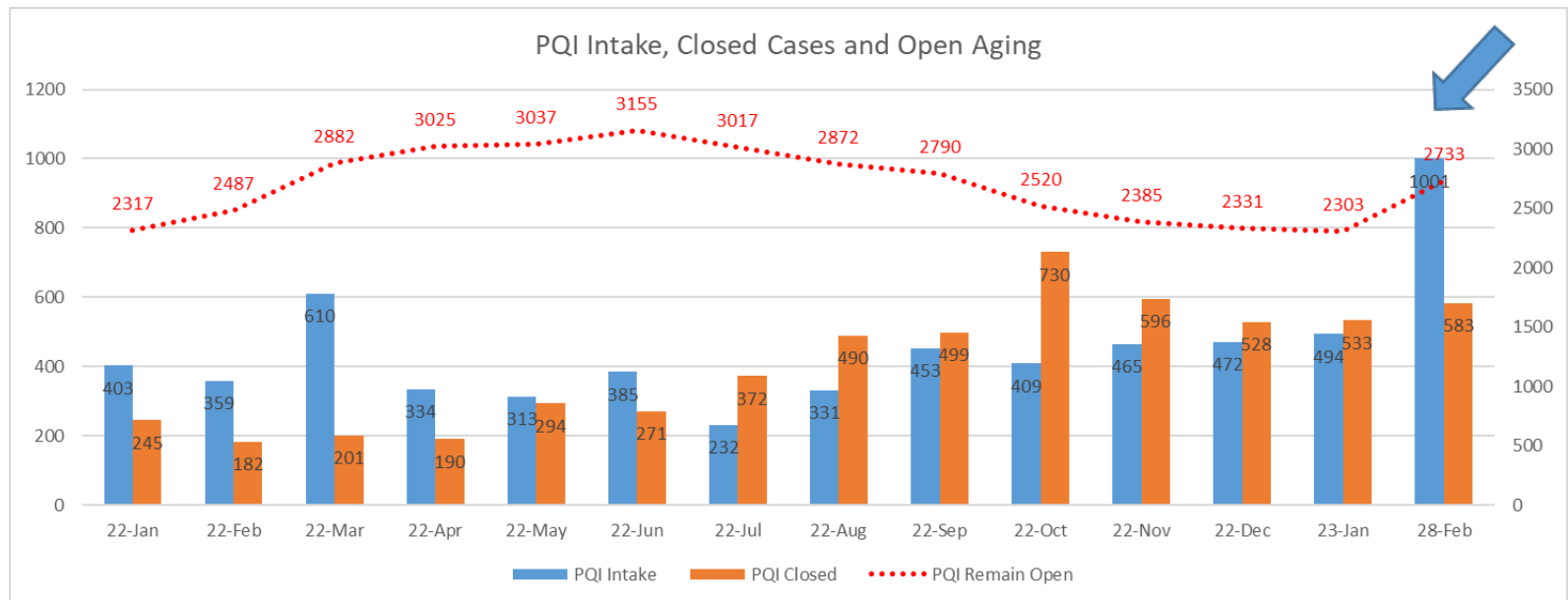
- Currently we have 90 cases considered untimely. (shown in red)
- Blue bars represent our current open aging of cases and when they are due which is 6 months from the date PQR team receives the case.
- Orange bar represents the additional cases received as part of a second backlog from appeals and grievances.
- PQR team average monthly closure rate is about 500-550 cases per month. (shown on next slide)



# Provider Quality Review- Risk Assessment

## PQI Intake, Output and Open Aging by Month

- Additional staff was hired in July, 2022 resulting in an increased closure rate of PQI cases.
- Spot bonus program was implemented to our review team in October, 2022 which provided financial incentives to close additional cases.
- Staff PTO contributed to the lower case closure during November, 2022 – January 2023
- February intake total includes the 503 from the new backlog.



# Provider Quality Review- Risk Assessment

## Remediation Staffing/Goals

Headcount: 36: including 2 supervisors and 1 program manager

As of 02/28/2023	Regular Cases + First Backlog	2nd Backlog
# PQI Cases	2265 including 90 cases in the untimely aging category	468 cases
# Staff Dedicated	2 Triage RNs 14 Clinical Review RNs 8 Project Specialist 2 Coordinators	1 Triage RN 4 Clinical Review RNs 3 Project Specialist
Estimated Monthly Capacity	450 Cases	100 Cases
Estimated Closure of the Backlog	March 31, 2023 for current untimely cases and keep all open cases in timely aging category (Under 6 months)	August 2, 2023
<b>RISK</b>	Pulled staff from our regular workflow to manage the 2nd backlog may create a risk of cases entering untimely aging if our monthly intake exceeds are closed totals.	Concerns with obtaining medical records for aged cases as they may require more time to process

# Questions





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# 2023 QI Program Description

&

# Work Plan

## *Compliance and Quality Committee*



Betsy Santana, MPH  
Senior Manager, Initiatives  
March 16, 2023



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# 2023 Program Description Revisions

## **General Revisions**

- Strategic Priorities (2022-2024), Goals, and Objectives

## **Program Structure**

- QI Program Goals and Objectives

## **Organizational Structure, QI Program Leadership and Resources**

- Positions were added, removed, if they no longer exist, or modified as appropriate.

## **Committee Structure Added**

- Quality Improvement Health Equity Committee

## **Scope of the Program**

- Continued to add language throughout to address providing *equitable* care and services e.g. in the Delegation and Oversight Section
- Removed reference to the Cal MediConnect and replace with Dual-Special Needs Plan (D-SNP) line of business.

# Significant Program Changes



## Quality of Equitable Care

- Update to the QI conceptual frame from the Triple Aim to the Quadruple Aim
- The Healthcare Effectiveness Data and Information Set (HEDIS) measures (31) will be prioritized, by Line of Business, for interventions and/or monitored in 2023.
- Added the Dual Eligible Special Needs Plans (D-SNPs) line of business and Stars related programs and reporting requirements e.g. the Model of Care
- Medi-Cal removed the Individual Health Education Behavioral Assessment (IHEBA) requirement and the Initial Health Assessment name will be changed to the Initial Health Appointment. The 120-day timeframe will remain however a primary care visit within the timeframe can be used as a proxy for compliance with the new IHA requirements.



# Significant Program Changes cont.

## **Quality of Equitable Care**

### **Transitional Care Program**

L.A. Care's Transitional Care Program (TCP) now includes Covered California direct lines of business.

### **Elevating the Safety Net Initiative**

- In 2018, L.A. Care launched the Elevating the Safety Net (ESN) initiative with an approved five-year investment of up to \$155 million to address the physician shortage looming in Los Angeles County.

### **CalAIM Incentive Payment Program**

- The Department of Health Care Services (DHCS) provided CalAIM Incentive Payment Program (IPP) funding to L.A. Care for Enhanced Care Management (ECM) and Community Supports (CS), to drive delivery system investments in provider capacity and delivery system infrastructure.

### **Incentives**

- Starting in 2023, L.A. Care will launch a L.A. Care Medicare Plus (Dual-Special Needs Plan) D-SNP VIIP Program for its Medicare providers and members.

# 2023 QI Work Plan Updates

## Background & 2023 Goals

The QI Work Plan tracks goals and activities geared toward quality improvement for the organization. It is a fluid document and revised on an ongoing basis throughout the year.

- For goals not met, the QI Department:
  - Reviews the findings
  - Completes a barrier analysis
  - Develops a plan to address the barriers
  - Prioritizes interventions
  - Implements the interventions
  - Evaluates the effectiveness of interventions

# 2023 QI Work Plan Updates

## General updates

- Added an Equity Tab- to track equity activities
- Labeled the Quality Transformation Initiative measures (4)
- Labeled the Department of Managed Care Services Equity measures
- Changed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) rates to reflect our unadjusted rates
- Five more measures on the Managed Care Accountability Set (MCAS) now have to meet the minimum performance level (MPL)

Total Measures for 2023:

- Service: 71
- HEDIS: 30
- CAHPS: 33
- Equity: 9
- Reporting only Measures: 31 (MCAS, D-SNP, & QRS)
- Priority 3 HEDIS Measures: 37 (MCAS, D-SNP, QTI & QRS)

# 2022 QI Work Plan Updates (cont.)

## New Measures

### Medi-Cal MCAS Measures:

- Topical Fluoride Varnish (TFL-CH)
- Number of Out-patient ED Visits per 1,000 Long Stay Resident Days (HFS)
- Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)
- Potentially Preventable 30-day Post-Discharge Readmission (PPR)

### D-SNP:

- Diabetes: Eye Exam for Patients With Diabetes (EED)

### L.A. Care Covered (LACC):

- No changes from prior year

***Few new measures, but several measures moved from the reportable section to the high priority section of the work plan .***

# Questions





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# 2022 QI Program Annual Report and Evaluation to Compliance & Quality Committee



Betsy Santana, MPH  
Senior Manager, Initiatives  
March 16, 2023



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# Background

- The Quality Improvement Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to:
  - Quality and Safety of Clinical Care
  - Quality of Service
  - Member Experience
  - Access to Care
- The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities.
  - Staff throughout L.A. Care contribute to the activities
  - QI committees regularly meet to oversee the various activities

# Accreditation

## National Committee for Quality Assurance (NCQA) Accreditation

- In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1-5) to a “star” rating system (1-5 stars).
  - Medi-Cal 3.5 Star
  - Medicare 3.0 Star
  - LACC no NCQA rating
- L.A. Care is “Accredited” for its Medi-Cal, CMC and LACC lines of business.
  - L.A. Care will be **resurveyed in June 2023**
- In 2021 L.A. Care earned Multicultural Health Care Distinction (MHCD).
- In 2021 NCQA changed MHCD to Health Equity Accreditation.
  - L.A. Care will be surveyed for HE Accreditation December 2023.



# HEDIS & Member Experience

## Health Effectiveness Data and Information Set (HEDIS) Performance

### **DHCS Auto Assignment:**

- Auto-assigned allocation for Medi-Cal members L.A. Care 67% vs 33% for Health Net. It remains unchanged from the prior year.
- For MY2021, L.A. Care met the Minimum Performance Level on 12 out of the 15 MCAS measures. Measures that were below the MPL were Childhood Immunization Status (CIS), Well Child Visits in the First 30 Months of Life (W30) for both the first 15 months and 15 to 30 months.

## Member Experience

### **CAHPS Performance:**

- Medi-Cal Adult and Children scores remained low in 2022. For both adults and children in Medi-Cal, all composites and ratings remain below the 25th percentile except for Medicaid Child ratings for Health Plan (50th percentile) and Specialist Seen Most Often (66th percentile).
- L.A. Care Covered scores improved from 2021 to 2022 but we are rated one star for Marketplace.
- Cal MediConnect, most scores declined from 2021 to 2022.
- **L.A. Care's opportunities to improve CAHPS performance are most persistent in measures of access.**

# Clinical Care

## Clinical Initiatives

- Completed 31 interventions: social media, mailings, automated & live agent calls and text messaging.
- Total of 14 Patient Experience Training webinars and 15 trainings for 11 IPAs/clinics provided by the SullivanLuallin Group. Supported PPGs (12) with improving their HEDIS and CAHPS scores.
- Provider training webinars (16) conducted.
- Collaborated with national, governmental and community-based organizations: The Childhood Lead Poisoning Prevention Program (CLPPP) within Department of Public Health, Los Angeles City Housing Department, and the Los Angeles HPV Vaccine Coalition. The L.A. Care Health Promoters and the Los Angeles LGBT Center.

## Care Management (CM)/Disease Management (DM):

- For the CMC line of business, 2 out of 3 goals for Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) were met; Health Risk Assessment (Core 2.3) reassessment rates exceeded goal at 67.3% and the Health Risk Assessment (Core 2.1) Initial compliance rate exceeded goal at 99.9%.
- A total of 2,908 cases were opened by the CM Department for FY 2022.

# Population Health Management (PHM) and Addressing Disparities

## PHM

Continues to address members' needs across the continuum of care and through transitions of care focusing on:

- Using the findings from the annual population health assessment to identify gaps, and enhance existing programs and interventions and develop new initiatives.
- Developing and tracking Population Health Management (PHM) goals.
- Meeting National Committee for Quality Assurance (NCQA) and California Advancing and Innovating Medi-Cal (CalAIM) requirements

## Addressing Disparities

- Over fiscal year 2021-2022, L.A. Care strategically prioritized collection of Social Determinants of Health (SDOH) and Sexual Orientation and Gender Identity (SOGI) data. L.A. Care plans to submit for 2024 NCQA Health Equity Accreditation, which includes collection of SOGI data.
- LGBTQ+ trainings - L.A. Care hosted two LGBTQ trainings titled, "LGBTQ+ Health Training for Quality Improvement Staff" and "Gender Affirming Care".
- Introduced two new Community Health Investment Fund (CHIF) grants.

# Provider Satisfaction & Provider Continuing Education Program (PCE)

## **Provider Satisfaction**

2021 Provider Satisfaction Survey (PSS) measured satisfaction rates for 4 different provider types:

- Primary Care Physicians (PCPs)
- Specialty Care Physicians (SCPs)
- Community Clinics
- Participating Physician Groups (PPGs)
- Provider satisfaction rates decreased overall for PCP & SCPs.

## **Provider Continuing Education Program**

- 14 CME/CE activities
- Increase in average attendance of L.A. Care Providers from 33% in year 2020 to 42% in year 2021 and currently 47% in year 2022.

# Health Education and Cultural & Linguistic Services

## Health Education:

Three out of four FY21-22 HE goals were met, while one goal was partially met.

- Increase referrals and enrollment in the DSME program. **Met**
- Successfully implement the CalAIM Community Support Medically Tailored Meals (MTM) Program and enroll 1,000 members. **Partially Met (307 members enrolled).**
- Launch prenatal and postpartum text messaging campaigns for Medi-Cal members. **Met.**
- Expand the scope of existing Health Education and Support Programs to include more chronic conditions. **Met.**

## Cultural and Linguistic Services:

Five out of six FY21-22 C&L goals were met.

- **Met 90%** of member are satisfied with interpreting and translation services: Face-to-face interpreting, Telephonic interpreting, and Translation
- Fulfill 90% of in-person interpreting requests for member medical appointments. (95.6%)
- Deliver 90% of translation requests before or on the requested due date
- **Did not Meet--** Complete 90% of language service related grievance investigations in five business days. (85.6%)

# Patient Safety

## Potential Quality of Care Issues (PQI)

- There were 3,273 potential quality issue referrals processed by the Provider Quality Review (PQR) team.
- In 2022, 3,143 (96.6%) PQIs were reviewed within the required timeframe (6 months or 7 months with extension), which exceeded the goal of 85%.

## Critical Incident Reporting (CMC only)

Goal Met: 100% of PPGs and Vendors reported their critical incidents

## Patient Hospital Safety

- L.A. Care identified **six** hospitals that had lower than average performance on hospital acquired infections.
- **Nine** hospitals were identified with a relatively high volume utilization but comparatively high 30-day readmission rates that may indicate opportunities for improvement in discharge planning and coordination with outpatient providers.
- **Twenty-four** hospitals had Nulliparous, Term, Singleton, Vertex (NTSV) C-Section rates above the desired 23.9%.

# Patient Safety (cont.)

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

- Needle stick safety rate decreased from 95% to 73%. The goal of 80.0% was not met.
- Spore testing of autoclaves rate decreased from 95% to 80%. The goal of 85% was met.
- FSR has conducted 785 audits using a hybrid of both virtual on-site audits to date.

## **Pharmaceutical Safety Program:**

Goal: at least 90% of the providers notified by mail of members who met the criteria for our Retrospective Drug Use Evaluation (RDUR) program.

Goal met: 100% of the providers have been notified by mail.

# Appointment Availability

## Measurement Year (MY) 2021 Appointment Availability

L.A. Care did not meet its goal for:

- 6 out of 9 PCP Appointment Availability Standards
- 7 out of 7 SCP Appointment Availability Standards
- 3 out of 3 After Hours Standards

There was a decrease in the Specialist Provider Response rate and an increase in the Primary Care Provider response rate:

- 45% of PCPs responded in 2021 compared to 35% in 2020
- 34% of SCPs responded in 2021 compared to 56% in 2020



# Incentives

## Incentive Programs:

### **MY2021 Pay-Out Program Results:**

- Physician P4P paid out \$20.6 million to over 900 physicians and over 60 clinics.
- Medi-Cal VIIP+P4P paid out \$15.7 million to over 50 eligible participating provider groups.
- Plan Partner Incentive, CMC VIIP+P4P, Direct Network P4P, and LACC VIIP+P4P performance scores and payments were completed between December 2022 and February 2023.

### **Member Incentive Programs (2022 Programs managed by Incentives team):**

Follow-Up for Hospitalization after Mental Illness (CMC, LACC & PASC members) – \$25 incentives for completing follow-up visit on or before 30-days of their initial visit. 119 members were awarded as of October 2022.

# Barriers

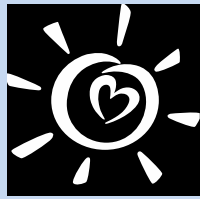
- The COVID-19 pandemic and public health measures taken to mitigate disease spread continues to impact appointments and services delivered.
- Data loss from providers and Plan Partners
- Providers lack of understanding of the HEDIS specifications and use of incorrect codes.
- Outdated internal systems do not allow for adequate capture and management of member and provider data.
- Limited appointment availability, including outside of regular business hours when members may be more available.

# Overall Effectiveness and Opportunities

- Overall, the 2022 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes.
- The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report.
- These and other QI activities are detailed in the 2022 QI Work Plan and will be tracked through the QI committees and the governance structure.

# Questions





**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** March 16, 2023

**Motion No.** COM A.0323

**Committee:** Compliance & Quality

**Chairperson:** Stephanie Booth, MD

**Issue:** Approval of Quality Improvement Documents

New Contract    Amendment    Sole Source    RFP/RFQ was conducted

The Quality Improvement documents (2022 Annual Evaluation and 2022 Program Description and Work Plan) must be reviewed and approved annually by the plan's governing board in accordance with regulatory, contractual and accreditation standards.

The evaluation document covers 2022 accomplishments in our Medi-Cal, PASC-SEIU, L.A. Care Covered, and Cal MediConnect lines of business. The program description describes 2023 activities for our Medi-Cal, PASC-SEIU, L.A. Care Covered, and D-SNP lines of business.

**Member Impact:** None

**Budget Impact:** None

**Motion:** To approve the following documents:

**2022 Evaluation**

- 2022 Quality Improvement Annual Report and Evaluation – All lines of business

**2023 Program Description**

- 2023 Quality Improvement Program and Work Plan – All Lines of Business