

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 18, 2024



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

Members

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

Senior Management

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

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:00 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The meeting Agenda was approved as submitted.	Approved unanimously 2 AYES (Booth, and Roybal)
PUBLIC COMMENT	Andria McFerson, RCAC 5 Member, submitted via text message <i>My name is Andria from RCAC I have a question regarding the stakeholder meetings under proper compliance to not have the stakeholder meetings throughout the year? and with that the only stakeholder meetings were listening sessions? Also that no delegations of Robert's Rule of Order be practiced or allowed by staff? is that properly under</i>	

APPROVED

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	<p><i>compliance and is it under compliance that a chair can dictate whether we have ECAC meetings with no agreement mutually from all co-chairs and if so due to the request of staff are they under compliance or do they need to be investigated and can we have a RCAC meeting to discuss these things in order to make sure that it's carried out properly and if the state did not mandate that through out 2023 that we don't have regular ECAC or RCAC meetings where where are right violated?</i></p> <p>Chairperson Booth thanked Ms. McFerson for her comment and added that she understands the rules around having the RCACs and all of the input from from the public. She noted that State changed some requirements and L.A. Care is dealing with implementing the new requirements. She thinks that everything is going to be addressed with this new implementation and hopes that it will fix everything and answer all those questions. Ms. Haydel thanked Chairperson Booth and stated that staff is working on reviewing the State requirements and as much as this is a complaint, it will be resolved in a manner of a complaint.</p>	
APPROVAL OF MEETING MINUTES	<p>Chairperson Booth asked staff if they received her edits to the meeting minutes. Linda Merkens, <i>Senior Manager, Board Services</i>, confirmed that the minutes were updated with her edits.</p> <p>The November 16, 2023 meeting minutes were approved as submitted.</p>	<p>Approved unanimously.</p>
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics • 2024 Committee Meeting Schedule 	<p>Chairperson Booth gave a Chairperson's Report.</p> <p>Chairperson Booth spoke about ongoing efforts to gather educational topics and discussed plans for the 2024 meeting committee schedule. There was uncertainty about the committee membership, and Chairperson Booth expressed the need to attract more individuals to join. She highlighted that the day marked the kickoff for the new year of compliance and quality, emphasizing a shift in approach to address stagnation and promote growth. Chairperson Booth alluded to upcoming discussions on operational improvements, ensuring regulatory compliance, and enhancing patient care. She expressed excitement about the developments and thanked the audience for their attention.</p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Todd Gower, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Mr. Gower thanked the Chair and outlined the agenda for the Chief Compliance Officer Report. He highlighted three major motions for approval: 2024 Risk Assessment, 2024 Internal Audit Plan, and the Compliance Program Plan. He introduced Joni Noel, <i>Senior Vice President, Healthcare, RGP</i>, who would be presenting on industry topics and trends, and discussed the upcoming discussions on risk</p>	

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

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

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

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

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	<p>fault. Mr. Sobetzko clarified that while the root causes of internal communication issues have typically been attributed to phone companies like AT&T and Verizon, there is a growing frequency of such problems. He expressed the need to track and identify patterns in these issues. Additionally, he discussed the closure of two issues – one involving a corrective action request from the Department of Health Care Services (DHCS), where subsequent data demonstrated compliance, and another related to provider signature language for medical and CMS prior authorization forms, which was clarified as a request for information rather than an actual issue.</p> <p>Maggie Marchese, <i>Senior Director, Audit Services, Executive Services</i>, gave an Internal Audit (IA) 2023 Close Out and 2024 Annual Work Plan update.</p> <p>2023 IA Workplan – Status A total of 18 IA projects – This excludes projects to support Compliance such as Risk Mitigation follow-up activities and other Investigations.</p> <ul style="list-style-type: none"> • 4 completed • 2 with draft or final audit reports being completed • 11 moved to the 2024 audit work plan due to timing of availability, priority and preparedness to test <p>Mr. Sobetzko gave 2023 Risk Assessment update.</p> <p>Mr. Sobetzko reported on four risks identified in 2023. The assessment timeliness risk remains a very high risk and is still in the top 10 risks for 2024. The project closure for this risk was delayed, and while reporting has been done, it was deprioritized due to other essential reports, with finalization work ongoing in IT Support. Regarding the other three risks, the mitigation activities from management action plans are in place, and although some are no longer categorized as high risk, they are now considered medium risks based on the implemented mitigation plans. The staffing risk, specifically related to skilled hires and time to hire, has been further analyzed, providing additional data points. Despite changes in risk levels, this risk remains in the top 10 list for 2024.</p> <p><i>(The full presentation can be obtained from Board Services)</i></p> <p>Mr. Gower asked for a motion to simultaneously approve the 2024 Internal Audit Plan (COM 100), 2024 Risk Assessment (COM 101), 2024 Compliance Program (COM 102).</p> <p><i>To approve the 2024 Internal Audit Plan, as submitted.</i></p> <p><i>To approve the 2024 Risk Assessment, as submitted.</i></p> <p><i>To approve the 2024 Compliance Program Plan, as submitted.</i></p>	<p>Approved simultaneously and unanimously.</p>

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

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

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

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	<p>community stakeholder meetings and addressing various health-related issues in schools. Dr. Li shared examples of four students' cases, demonstrating the need for nuanced approaches to health disparities. The presentation delved into postpartum care and resiliency in schools, emphasizing the importance of catching up for those who fell behind during the pandemic. Future steps were outlined, including the creation of QR codes for patient and provider access to resources, as well as a framework of seven questions for incorporating equity into project initiatives. Dr. Li expressed excitement about the potential health equity accreditation, sought to identify key strategic partners, and emphasized ongoing efforts in improving health equity and diversity training. Dr. Li conveyed a commitment to aligning the organization's mission with community partners, aiming for meaningful progress toward health equity over the next three to six months. The report provided a detailed and insightful overview of the organization's efforts, initiatives, and accomplishments in advancing health equity and mitigating disparities.</p>																																																	
<p>QUALITY OVERSIGHT COMMITTEE (QOC) UPDATE</p>	<p>Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i>, gave a Quality Oversight Committee (QOC) meeting update (<i>a copy of the meeting materials can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • Overview of Quality Improvement Projects (QIPs), Performance Improvement Projects (PIPs), Plan-Do-Study Act (PDSA), and Strengths Weakness Opportunities and Threats (SWOTS) projects • Updated committee on effective Teladoc services utilization and high member satisfaction. This was followed by a robust discussion on digital health opportunities for expanding access to care. <table border="1" data-bbox="422 998 1659 1377"> <thead> <tr> <th data-bbox="422 998 840 1036">CMC/DSNP Grievances</th> <th colspan="5" data-bbox="840 998 1659 1036">CY Qtr3 Jul – Sep 2023</th> </tr> <tr> <th data-bbox="422 1036 840 1170">Category</th> <th data-bbox="840 1036 957 1170">Count</th> <th data-bbox="957 1036 1108 1170">% of Total Grievance</th> <th data-bbox="1108 1036 1299 1170">Rate per 1000 Member Months</th> <th data-bbox="1299 1036 1535 1170">Rate Goal/1000 Member Months</th> <th data-bbox="1535 1036 1659 1170">Goal Met?</th> </tr> </thead> <tbody> <tr> <td data-bbox="422 1170 840 1203">Access</td> <td data-bbox="840 1170 957 1203">1,235</td> <td data-bbox="957 1170 1108 1203">32%</td> <td data-bbox="1108 1170 1299 1203">22.39</td> <td data-bbox="1299 1170 1535 1203">10</td> <td data-bbox="1535 1170 1659 1203">No</td> </tr> <tr> <td data-bbox="422 1203 840 1235">Attitude and Service</td> <td data-bbox="840 1203 957 1235">1,217</td> <td data-bbox="957 1203 1108 1235">31%</td> <td data-bbox="1108 1203 1299 1235">22.07</td> <td data-bbox="1299 1203 1535 1235">10</td> <td data-bbox="1535 1203 1659 1235">No</td> </tr> <tr> <td data-bbox="422 1235 840 1268">Billing and Financial Issues</td> <td data-bbox="840 1235 957 1268">1,165</td> <td data-bbox="957 1235 1108 1268">30%</td> <td data-bbox="1108 1235 1299 1268">21.12</td> <td data-bbox="1299 1235 1535 1268">10</td> <td data-bbox="1535 1235 1659 1268">No</td> </tr> <tr> <td data-bbox="422 1268 840 1300">Quality of Care</td> <td data-bbox="840 1268 957 1300">258</td> <td data-bbox="957 1268 1108 1300">7%</td> <td data-bbox="1108 1268 1299 1300">4.68</td> <td data-bbox="1299 1268 1535 1300">10</td> <td data-bbox="1535 1268 1659 1300">Yes</td> </tr> <tr> <td data-bbox="422 1300 840 1333">Quality of Practitioner Office Site</td> <td data-bbox="840 1300 957 1333">10</td> <td data-bbox="957 1300 1108 1333">0%</td> <td data-bbox="1108 1300 1299 1333">0.18</td> <td data-bbox="1299 1300 1535 1333">10</td> <td data-bbox="1535 1300 1659 1333">Yes</td> </tr> <tr> <td data-bbox="422 1333 840 1377">Total</td> <td data-bbox="840 1333 957 1377">3,885</td> <td data-bbox="957 1333 1108 1377">100%</td> <td data-bbox="1108 1333 1299 1377">70.44</td> <td data-bbox="1299 1333 1535 1377">20</td> <td data-bbox="1535 1333 1659 1377">No</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Goals for Quality of Care and Quality of Practitioner Site were met • All other categories and the total rate did not meet goal. 	CMC/DSNP Grievances	CY Qtr3 Jul – Sep 2023					Category	Count	% of Total Grievance	Rate per 1000 Member Months	Rate Goal/1000 Member Months	Goal Met?	Access	1,235	32%	22.39	10	No	Attitude and Service	1,217	31%	22.07	10	No	Billing and Financial Issues	1,165	30%	21.12	10	No	Quality of Care	258	7%	4.68	10	Yes	Quality of Practitioner Office Site	10	0%	0.18	10	Yes	Total	3,885	100%	70.44	20	No	
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Total	3,885	100%	70.44	20	No																																													

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	<ul style="list-style-type: none"> Rate for Access concerns exceeded goal by the largest margin: 12.39 per 1000 member months Total grievance rate goal was exceeded by 50.44 grievances per 1000 member months Access Issues were the leading cause of grievances with 32% of total Q3 2023 CY volume. <table border="1" data-bbox="422 410 1671 683"> <thead> <tr> <th>LACC/D Grievances</th> <th colspan="5">CY Qtr3 Jul – Sep 2023</th> </tr> <tr> <th>Category</th> <th>Count</th> <th>% of Total Grievance</th> <th>Rate per 1000 Member Months</th> <th>Rate Goal/1000 Member Months</th> <th>Goal Met?</th> </tr> </thead> <tbody> <tr> <td>Access</td> <td>1,418</td> <td>24%</td> <td>3.65</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Attitude and Service</td> <td>1,143</td> <td>19%</td> <td>2.95</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Billing and Financial Issues</td> <td>3,213</td> <td>54%</td> <td>8.28</td> <td>5</td> <td>No</td> </tr> <tr> <td>Quality of Care</td> <td>161</td> <td>3%</td> <td>0.41</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Quality of Practitioner Office Site</td> <td>6</td> <td>0%</td> <td>0.02</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Total</td> <td>5,941</td> <td>100%</td> <td>15.31</td> <td>10</td> <td>No</td> </tr> </tbody> </table> <p>Billing and Financial Issues category and the total rate did not meet goal.</p> <ul style="list-style-type: none"> Rate for Billing and Financial Issues exceeded goal by the largest margin, 3.28 per 1000 member months Total grievance rate goal was exceeded by 5.31 grievances per 1000 member months <p>Billing and Financial Issues were the leading cause of grievances with 54% of the total Q3 2023 CY volume</p> <p>Highlights/Goals Met 42 out of 48 Total Goals for all lines of business were met (88%) 27% of L.A. Care’s grievances had been resolved by the next business day</p> <p>A&G volume from Qtr2 to Qtr3 2023 decreased for the following:</p> <ul style="list-style-type: none"> CMC/DSNP appeals decreased by 31% LACC grievances decreased by .2% LACC appeals decreased by 12% MCLA grievances decreased by 3% MCLA appeals decreased by 15% <p>Reoccurring Challenges</p> <ul style="list-style-type: none"> CMC/DSNP - Access, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter <ul style="list-style-type: none"> The average Rate per 1,000/Member Month was 25.24, exceeded goal by 15.24 CMC/DSNP - Attitude and Service, did not met the Rate per 1000/Member Month 	LACC/D Grievances	CY Qtr3 Jul – Sep 2023					Category	Count	% of Total Grievance	Rate per 1000 Member Months	Rate Goal/1000 Member Months	Goal Met?	Access	1,418	24%	3.65	5	Yes	Attitude and Service	1,143	19%	2.95	5	Yes	Billing and Financial Issues	3,213	54%	8.28	5	No	Quality of Care	161	3%	0.41	5	Yes	Quality of Practitioner Office Site	6	0%	0.02	5	Yes	Total	5,941	100%	15.31	10	No	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>goal for 3rd consecutive quarter</p> <ul style="list-style-type: none"> • The average Rate per 1,000/Member Month was 23.85, exceeded goal by 13.85 <ul style="list-style-type: none"> • CMC/DSNP - Billing and Financial Issues, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter <ul style="list-style-type: none"> • The average Rate per 1,000/Member Month was 24.17, exceeded goal by 14.17 • CMC/DSNP - Total Rate, did not met the Rate per 1,000/Member Month goal for 3rd consecutive quarter <ul style="list-style-type: none"> • The average Rate per 1,000/Member Month was 77.26, exceeded goal by 57.26 • LACC/D - Billing and Financial Issues, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter <ul style="list-style-type: none"> • The average Rate per 1,000/Member Month is 9.13, exceeded goal by 4.13 • LACC/D - Total Rate, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter <ul style="list-style-type: none"> • The average Rate per 1,000/Member Month was 16.54, exceeded goal by 6.54 <p>Initiatives</p> <ul style="list-style-type: none"> • A&G continues enhancement of grievance & appeal categories to support data analytics • A&G is in process of evaluating internal and vendor options for new A&G technology platform system • A&G team is developing a Grievance Forum to enhance visibility and increase collaboration between A&G and business partners with tracking, trending, and grievance mitigations. • The Forum will create new standardized specific reports for each business partner to communicate appeals and grievance service-related trends. The reports will provide trending data that highlight top grievances. 	
<p>ADJOURN TO CLOSED SESSION</p>	<p><u>PUBLIC COMMENT</u> Andria McFerson, RCAC 5 Member, submitted via text message <i>What is Section 54957 of the government Code?</i> ANY PERSON WHO INTEFERES WITH THE CONDUCT OF A NEIGHBORHOOD COUNCIL MEETING BY WILLFULLY INTERRRUPPING AND/OR DISRUPTING THE MEETING IS SUBJECT TO REMOVAL. Madam chair can the legal counsel confirm that Section 87303. 87303 was practiced No conflict of interest code shall be effective until it has been approved by the code reviewing body. Each agency shall submit a proposed conflict of interest code to the code reviewing body by the deadline established for the agency by the code reviewing body. If this comment applys to this code I needed to know regarding to this code....There were</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>actually no state laws or BOG deadlines made so I would ask that the BOG address these practices made during the year of 2023 when the RCAC and ECAC's right to practice the Brown Act were taken and give the stakeholders their right to have public meetings until this is implemented</i></p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:20 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 4:20 p.m.</p>	

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:

DocuSigned by:

084B48A20E5F499...

Stephanie Booth, MD, *Chairperson* 3/5/2024 | 12:54 PM PST
Date Signed: _____

APPROVED

The following public comments were submitted after the agenda item began

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

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

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

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