

**DRAFT**



**AGENDA**

**Compliance & Quality Committee Meeting  
Board of Governors**

Thursday, September 19, 2024, 2:00 P.M.  
1055 West 7<sup>th</sup> Street, Conference Room 100, 1<sup>st</sup> Floor  
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=m9be303f64b6c7746ef1b5af44ca27f86>

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

**Meeting Number: 249 578 02076 Password: lacare**

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

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

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

**WELCOME**

Stephanie Booth, MD, *Chair*

1. Approve today’s meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve August 15, 2024 Meeting Minutes **P.4** *Chair*
4. Chairperson’s Report *Chair*
5. Chief Medical Officer Report **P.16** Sameer Amin, MD  
*Chief Medical Officer*
6. Chief Compliance Officer Report **P.30** Todd Gower  
*Chief Compliance Officer*
7. Committee Charter Status Update **P.48** Todd Gower

8. Quality Oversight Committee (QOC) Report  
Edward Sheen, MD  
*Senior Quality, Population Health, and Informatics Executive*
9. Quality Improvement and Health Equity Committee (QIHEC) Report **P.54**  
Alex Li, MD  
*Chief Health Equity Officer*
10. Timely Access to Care Update: MY2023 Survey Results **P.63**  
Priscilla Lopez,  
*Manager, Quality Improvement Accreditation, Quality Improvement*
11. MY 2023 HEDIS Results **P.92**  
Thomas Mendez  
*Director, Quality Performance Informatics, Quality Performance Management*
12. Public Comment on Closed Session

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

13. PEER REVIEW  
Welfare & Institutions Code Section 14087.38(o)
14. 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
15. THREAT TO PUBLIC SERVICES OR FACILITIES  
Government Code Section 54957  
Consultation with: Tom MacDougall, Chief Information and Technology Officer
16. 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 Compliance & Quality Committee meeting is scheduled on  
Thursday, October 17, 2024 at 2:00 p.m.  
and may be conducted as a teleconference meeting.**

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE COMPLIANCE & 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.

Board of Governors  
Compliance & Quality Committee Meeting Agenda  
September 19, 2024

NOTE: THE COMPLIANCE & 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 1055 W. 7<sup>th</sup> Street, Los Angeles, CA, in the reception area in the main lobby or 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).

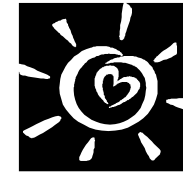
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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 – August 20, 2024



**L.A. Care**  
HEALTH PLAN

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

**Members**

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

**Senior Management**

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

\* Absent \*\* Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CALL TO ORDER</b></p>	<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.</p>	
<p><b>APPROVAL OF MEETING AGENDA</b></p>	<p><b>The meeting Agenda was approved as submitted.</b></p> <p>Chairperson Booth stated that Dr. Li will give a Chief Health Equity Officer update at the September meeting.</p>	<p><b>Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)</b></p>

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>PUBLIC COMMENT</b>	<i>There was no public comment.</i>	
<b>APPROVAL OF MEETING MINUTES</b>	<b>The June 20, 2024 meeting minutes were approved as submitted.</b>	<b>Approved unanimously.</b>
<b>CHAIRPERSON REPORT</b>	<p>Chairperson Booth reported that although they had initially planned not to say much, an external evaluation prompted further discussion. The evaluation suggested that processes should enable business growth, but she disagreed with the assessment that their organization lacked a foundational risk management system. She emphasized that they have been refining their approach for some time, and significant improvements have been made. The process has become repeatable, evidenced by the fact that it is being implemented again this year. They have addressed prior issues and believe the organization is proactive, particularly in identifying personnel and IT-related challenges. Chairperson Booth expressed confidence that the evaluation underestimated their progress in risk management. Mr. Sobetzko stated that the Gartner consultant's role was to help the organization grow and mature its risk management processes. While the organization has been making improvements year over year, including changes in tools and methodology, Mr. Sobetzko emphasized that true scalability and repeatability would eventually make risk management an ingrained part of operations. He spoke about the formation of a risk committee as a significant step forward, noting that this committee moves the process from being managed by a small team within compliance to engaging the entire organization. This broader involvement is crucial for making risk management a foundational process. He explained that while the organization is still reactive in many ways, the goal is to reach a point where risk management is fully integrated into the business, informing strategic decisions rather than reacting to surfaced risks. Mr. Gower stated that their discussions around risk have evolved from being ad hoc to more structured and mature. Weekly meetings with the cabinet and the risk committee have helped identify key risk issues. Additionally, terms like "inherent risks" and "residual risks" are now part of their regular discussions, reflecting progress. He mentioned that during the most recent internal compliance committee meeting, they discussed the upcoming 2025 risk assessment process, further embedding risk identification and prioritization into their routine. This structured approach allows them to better prioritize efforts and financial resources. Mr. Gower acknowledged that while the organization is still working toward foundational risk management, the right tools, processes, and communication are in place to reach this level, with the ultimate goal of progressing to strategic risk management. Chairperson Booth asked if they should be on strategic risk management. Chairperson Booth's question about whether they should be focused on strategic risk management, Mr. Gower responded that while they aim to reach that level, their immediate goal is to establish a</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>solid foundation for 2025. He noted that the process involved collecting and organizing a significant amount of unstructured data from prior years, including interviews and survey information. Now, with a more structured approach and a better-defined risk register, the organization is in a stronger position to approve and utilize this data. Mr. Gower said that this structured foundation is a crucial improvement for the executive team and the organization as a whole. Mr. Sobetzko added that a key missing component for reaching foundational risk management is defining the organization's risk tolerance. He explained that the organization needs to clearly establish its appetite for risk, so when risks arise, they can be assessed based on whether they exceed or fall below acceptable thresholds. This would make risk management more formulaic, allowing for a clearer prioritization of efforts based on the level of residual risk and the organization's tolerance. Much of the process relies on intuition and discussion, which, while important, lacks clear thresholds. He hoped that they would reach this point within the calendar year, and if the necessary tools and frameworks are implemented, the organization would achieve foundational risk management. Though the goal is to eventually move beyond this level, he stated that even a small step beyond the foundational stage would be a positive outcome.</p>	
<p><b>COMPLIANCE &amp; QUALITY COMMITTEE CHARTER STATUS UPDATE</b></p>	<p>Todd Gower, <i>Chief Compliance Officer</i>, discussed the Compliance &amp; Quality Committee Charter Process.</p> <p>Mr. Gower provided an update on the committee charter, stating that they have reached a good agreement on its contents. Although he had hoped to finalize it earlier, that was not completed. He will send it out for review soon, as the charter is now in its final stages. The next steps involve checking for spelling, grammar, and other minor details before sending it to the board and leadership team for review and approval at the next Compliance &amp; Quality committee meeting. He noted that the suggested changes are minor, with no major format changes needed.</p>	
<p><b>CHIEF COMPLIANCE OFFICER REPORT</b></p>	<p>Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Mr. Gower's report provided an overview of the compliance efforts within the organization. He emphasized the consistency of their internal compliance committee's process, which has helped address compliance issues transparently across the organization. He spoke about the ongoing refinement of how these issues are presented to the board and executives in a clearer manner. Mr. Gower, alongside Mr. Paley and Dr. Amin, is focusing on improving delegation oversight. While there is already a good process in place, further refinements are needed. They are addressing concerns related to FDR oversight to ensure compliance with guidelines from the Department of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Justice and Office of the Inspector General. Though progress has been made, there are still areas to improve to achieve a more robust and effective compliance organization.</p> <p>Mr. Sobetzko gave a Risk Committee report. 2024-2025 Enterprise Risk Assessment He stated that Allysa Johnson from Gartner presented at the Risk Committee meeting on July 2. Goals for the Risk Management Team:</p> <ul style="list-style-type: none"> <li>• Build survey</li> <li>• Top Risks by Risk Score</li> <li>• Top Risks by Demographic / Functional Area</li> <li>• Communication and Best Practices</li> <li>• Risk Appetite</li> </ul> <p>Mr. Sobetzko's outlined several key initiatives currently underway. In collaboration with the Gartner group, the committee is building a new enterprise risk assessment for 2025. The process involves the entire organization, with each department contributing to a risk catalog that identifies potential risks across the enterprise. This catalog will form the basis for a risk survey, which will guide the assessment process. The committee members are responsible for sharing this information with their teams and providing their department's perspective on potential risks. The enterprise risk assessment will focus on risk identification, monitoring, and aligning with the organization's risk appetite, or tolerance for risk. Once the risk catalog is finalized, surveys will be deployed, and Gartner will help analyze the data to provide insights into the areas of greatest risk. This process will integrate data from various sources, such as issues inventories and corrective action plans, to evaluate the true residual risks. Mr. Sobetzko said that the risk committee will review past management action plans from previous assessments. The committee aims to shift from solely relying on compliance reports to leveraging the expertise of those managing the action plans, fostering a broader and more collaborative approach to risk management. This will enable the committee to gain deeper insights and ensure timely, data-driven risk mitigation strategies.</p> <p>Amanda Asmus, <i>Director, Care Management, Care Management</i>, gave a report on the timely completion of Health Risk Assessments (HRAs) for Medi-Cal and dual members, emphasizing the regulatory and clinical risks of delays. If HRAs are not completed promptly, the organization risks regulatory violations and impacts members needing high-intensity care coordination. To mitigate this risk, operational reports were developed to oversee and ensure timely completion of HRAs. The Medi-Cal HRA reports were expanded to include new populations as of January 2023, and these reports were fully operational by July 2024. Similarly, the DSNP HRA reports were also fully operational by July 2024. As a result, the older CMC HRA reports used for ad hoc outreach are being phased</p>	

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	<p>out. Ms. Asmus noted the development of an Optum Impact Pro report that identifies high-risk members per Department of Health Care Services (DHCS) guidelines. This report is still being iterated to comply with changing DHCS regulations, with an estimated completion date yet to be determined.</p> <p>Greg White, <i>Director, Healthcare Analytics, Risk Adjustment Strategies &amp; Initiatives</i>, reported on the challenges surrounding the timeliness and quality of encounter data intake. The primary risk involves the impact on Prop 56 and other programs, where accurate and timely data submission to DHCS or CMS is necessary for reimbursement and correct risk score calculations. To address this, an Encounter Data Governance Committee was established based on consultant recommendations, with its charter completed on July 1. He said that physician provider group (PPG) outreach has been initiated to monitor and assist with data submissions. Analysts are assigned to the largest PPGs to help correct submission errors, although staffing limitations prevent covering all PPGs. This outreach began in November and remains ongoing. Mr. White also spoke about the development of Key Performance Indicators (KPIs) for encounters, aimed at creating a unified data source for the entire enterprise. This effort started in July, with full implementation expected by the end of the year. He noted that a staffing analysis and enhancement request for the 2025 budget to monitor PPG submissions more effectively and investigate errors. This request was initiated in July, with an expected decision by the end of September. Member Roybal asked if L.A. Care gets its data from clearinghouses or does it get data from each individual PPG. Mr. White responded that all capitated providers submit data through a clearinghouse vendor, FinThrive, as monitoring each PPG's file individually would require significantly more staff. FinThrive is commonly used by PPGs to submit to multiple healthcare entities. Fee-for-service providers and hospitals, on the other hand, submit data through the claims system, QNEXT. He clarified that FinThrive performs initial checks for syntactical errors before data reaches LA Care. If L.A. Care rejects the data, it is sent back to the PPG for corrections. LA Care prefers to receive all data, whether accepted or rejected, in order to work with PPGs to correct errors and gain insights into the issues.</p> <p>Miguel Varela Miranda, <i>Senior Director II, Regulatory Operations, Compliance</i>, gave Compliance Monitoring Summary, Compliance Delegation Oversight Summary, and Dual Special Needs Plan (DSNP) Oversight Summary (<i>a copy of the slides can be obtained from Board Services</i>).</p> <p>Penny Winkfield, <i>Director, Information Security Risk and Compliance, IT Executive Administration</i>, gave a Information Technology Risk Report Out.</p> <p>Vulnerability Management Program Summary:</p>	



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	<p>Over the last year, the Information Security (InfoSec) Department has grown and matured. Initially focusing on redesigning the department to align with and support the various business verticals, staffing the newly designed InfoSec department with subject matter experts, and modernizing legacy technologies for better visibility into malicious activities and deviations from known behaviors has reduced the probability of exploitation and increased the organizations overall security posture.</p> <p>One of the next areas of focus is to implement a formalized Vulnerability Management Program. Vulnerability Management is a vast topic which consist of people, processes, and technologies, all of which are significant components within the program.</p> <p>Managing all of the complexities associated with a Vulnerability Management Program requires dedicated resources focused on identification, remediation, and tracking of vulnerabilities, in conjunction with correlating the likelihood of exploitation with the impact to the organization if exploitation were to occur.</p> <table border="1" data-bbox="453 683 1677 1308"> <thead> <tr> <th data-bbox="453 683 1182 737">ACTIVITY</th> <th data-bbox="1186 683 1371 737">STATUS</th> <th data-bbox="1375 683 1539 737">Start Date</th> <th data-bbox="1543 683 1677 737">End Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 740 1182 781">Hire a dedicated Vulnerability Program Manager</td> <td data-bbox="1186 740 1371 781">Complete</td> <td data-bbox="1375 740 1539 781">4/18/24</td> <td data-bbox="1543 740 1677 781">6/14/24</td> </tr> <tr> <td data-bbox="453 784 1182 824"><b>Formalize a Vulnerability Management Program</b></td> <td data-bbox="1186 784 1371 824"><b>In Progress</b></td> <td data-bbox="1375 784 1539 824"><b>6/5/24</b></td> <td data-bbox="1543 784 1677 824"><b>2/14/25</b></td> </tr> <tr> <td data-bbox="453 828 1182 899">Consolidate vulnerability efforts across InfoSec teams</td> <td data-bbox="1186 828 1371 899">In Progress</td> <td data-bbox="1375 828 1539 899">7/15/24</td> <td data-bbox="1543 828 1677 899">10/31/24</td> </tr> <tr> <td data-bbox="453 902 1182 943">Configuration of VM Tooling</td> <td data-bbox="1186 902 1371 943">In Progress</td> <td data-bbox="1375 902 1539 943">7/15/24</td> <td data-bbox="1543 902 1677 943">2/5/25</td> </tr> <tr> <td data-bbox="453 946 1182 987">Develop VM Tooling Capabilities and Requirements</td> <td data-bbox="1186 946 1371 987">Not Started</td> <td data-bbox="1375 946 1539 987">8/5/24</td> <td data-bbox="1543 946 1677 987">9/5/24</td> </tr> <tr> <td data-bbox="453 990 1182 1031">Procurement of Tools</td> <td data-bbox="1186 990 1371 1031">Not Started</td> <td data-bbox="1375 990 1539 1031">9/5/24</td> <td data-bbox="1543 990 1677 1031">12/5/24</td> </tr> <tr> <td data-bbox="453 1034 1182 1105">Develop a process to identify and prioritize vulnerabilities</td> <td data-bbox="1186 1034 1371 1105">Not Started</td> <td data-bbox="1375 1034 1539 1105">8/5/24</td> <td data-bbox="1543 1034 1677 1105">9/5/24</td> </tr> <tr> <td data-bbox="453 1109 1182 1180">Develop a process track and validate remediation efforts</td> <td data-bbox="1186 1109 1371 1180">Not Started</td> <td data-bbox="1375 1109 1539 1180">8/5/24</td> <td data-bbox="1543 1109 1677 1180">9/5/24</td> </tr> <tr> <td data-bbox="453 1183 1182 1224">Define and report on performance measures</td> <td data-bbox="1186 1183 1371 1224">Not Started</td> <td data-bbox="1375 1183 1539 1224">8/5/24</td> <td data-bbox="1543 1183 1677 1224">9/5/24</td> </tr> <tr> <td data-bbox="453 1227 1182 1268">Develop data retention process mapped to HIPAA</td> <td data-bbox="1186 1227 1371 1268">Not Started</td> <td data-bbox="1375 1227 1539 1268">9/5/24</td> <td data-bbox="1543 1227 1677 1268">2/5/25</td> </tr> <tr> <td data-bbox="453 1271 1182 1312">Develop metrics to track improvements</td> <td data-bbox="1186 1271 1371 1312">Not Started</td> <td data-bbox="1375 1271 1539 1312">8/5/24</td> <td data-bbox="1543 1271 1677 1312">2/14/25</td> </tr> </tbody> </table> <p>Mr. Magerr clarified that L.A. Care has been actively managing vulnerabilities through three departments. The Cyber Defense Department addresses vulnerabilities based on what cybercriminals are exploiting. The Engineering and Architecture team handles security patching for operating systems and ensures no vulnerabilities exist in new solutions. Ms. Winkfield's team</p>	ACTIVITY	STATUS	Start Date	End Date	Hire a dedicated Vulnerability Program Manager	Complete	4/18/24	6/14/24	<b>Formalize a Vulnerability Management Program</b>	<b>In Progress</b>	<b>6/5/24</b>	<b>2/14/25</b>	Consolidate vulnerability efforts across InfoSec teams	In Progress	7/15/24	10/31/24	Configuration of VM Tooling	In Progress	7/15/24	2/5/25	Develop VM Tooling Capabilities and Requirements	Not Started	8/5/24	9/5/24	Procurement of Tools	Not Started	9/5/24	12/5/24	Develop a process to identify and prioritize vulnerabilities	Not Started	8/5/24	9/5/24	Develop a process track and validate remediation efforts	Not Started	8/5/24	9/5/24	Define and report on performance measures	Not Started	8/5/24	9/5/24	Develop data retention process mapped to HIPAA	Not Started	9/5/24	2/5/25	Develop metrics to track improvements	Not Started	8/5/24	2/14/25	
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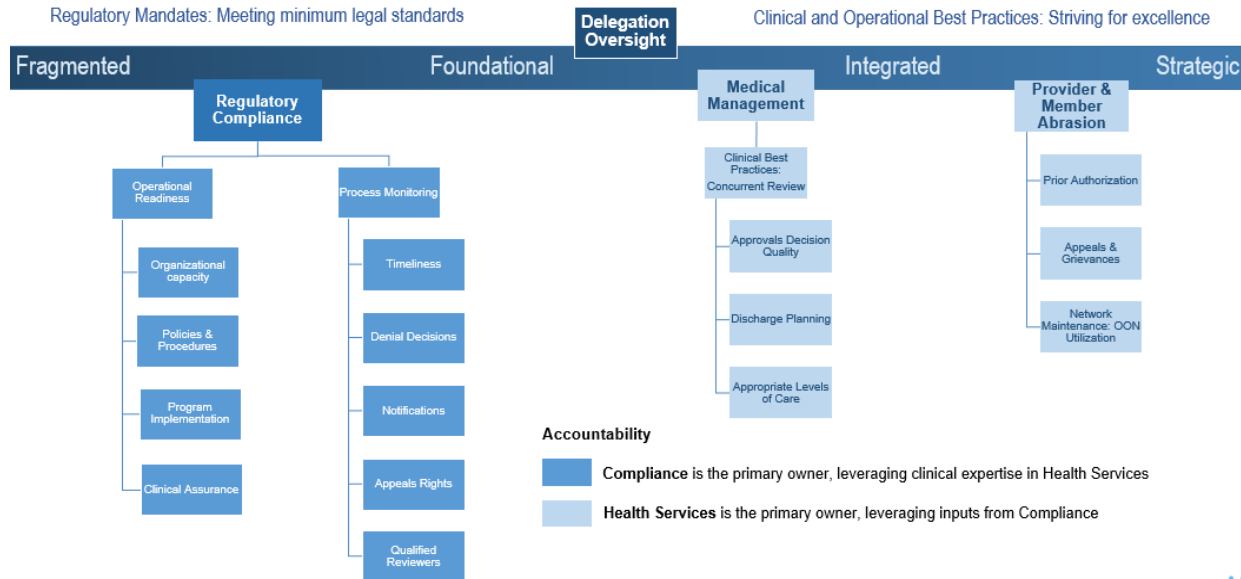
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN										
	<p>facilitates risk assessments and penetration tests, prioritizing and addressing vulnerabilities as they arise. He noted that this program is part of a broader strategy and aligns with the department's timeline. A dedicated vulnerability program manager was hired, who has expanded the definition of vulnerabilities to include factors like secure software builds and end-user training. The goal is to take a holistic approach to vulnerability management, maturing the department's processes.</p> <p>Chairperson Booth asked if the tools they are talking about are related to software. Ms. Winkfield responded that it can be related to software or hardware. That is part of all of these assessments. It can be a combination. Mr. Gower responded that they are being very proactive.</p> <p>Mr. Sobetzko gave an Issues Inventory update.</p> <table border="1" data-bbox="453 573 1682 1102"> <thead> <tr> <th data-bbox="453 573 848 659">Issue Name and Description</th> <th data-bbox="852 573 974 659">Date Reported</th> <th data-bbox="978 573 1161 659">Accountable Exec./Business Unit</th> <th data-bbox="1165 573 1530 659">Remediation Description</th> <th data-bbox="1535 573 1682 659">Date Remediated</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 662 848 1102"> <p><b>Overpayment by enrollee for deductible and out-of-pocket maximum (OOPM).</b></p> <p>Enrollee was charged over the enrollee's deductible and out-of-pocket maximum (OOPM) (1187)</p> </td> <td data-bbox="852 662 974 1102">12/5/2019</td> <td data-bbox="978 662 1161 1102">Soledad Castillo</td> <td data-bbox="1165 662 1530 1102">The members out-of-pocket-maximum (OOPM) reimbursements were completed for calendar years member 2018, 2019, 2020 &amp; 2021.</td> <td data-bbox="1535 662 1682 1102">5/28/2024</td> </tr> </tbody> </table> <p>Soledad Castillo, <i>Senior Director, Claims Data and Support Services, Claims Data and Support Services</i>, gave a report on Overpayment Deductible and Out-of-Pocket Maximum.</p> <p>Ms. Soledad Castillo reported that L.A. Care had been collecting copayments from members who had already met their maximum out-of-pocket (MOOP) limits for the years 2018 through 2021. The root cause was a lack of clear oversight regarding when members met their MOOP and a lack of communication with PPGs. To address the issue, a daily monitoring dashboard was created to track members nearing or exceeding their MOOP. Communication channels with PPGs were also established to ensure that once members reached their MOOP, no further copayments were collected.</p>	Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated	<p><b>Overpayment by enrollee for deductible and out-of-pocket maximum (OOPM).</b></p> <p>Enrollee was charged over the enrollee's deductible and out-of-pocket maximum (OOPM) (1187)</p>	12/5/2019	Soledad Castillo	The members out-of-pocket-maximum (OOPM) reimbursements were completed for calendar years member 2018, 2019, 2020 & 2021.	5/28/2024	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Castillo explained that the effectiveness of these measures is being monitored through daily reports and monthly lookbacks for the next 90 days to confirm that the processes are working. The team also conducts an annual review to check for any members who paid beyond their MOOP and promptly remediates such cases. Reimbursement for affected members has been completed, except for four cases where checks were returned. In these cases, further steps are being taken to update addresses and resend the checks. Ms. Castillo also mentioned that L.A. Care collaborates with PPGs to verify the data, create claims for reimbursement, and ensure accuracy through their Quality Assurance team and finance department. Any checks that remain uncashed after 90 days are sent to the state if a member cannot be reached.</p> <p>Miguel Barcenas, <i>Director, Provider Contracts and Relationship Management, Provider Network Management</i>, reported on an issue involving three providers who failed to submit their recredentialing documentation on time. These providers were identified, and LA Care took steps to remediate the situation by April. Each provider was successfully recredentialed, with their cases closed upon completing the necessary documentation reviews. To prevent similar issues in the future, L.A. Care has implemented a process where account coordinators review monthly credentialing reports to identify providers nearing recredentialing deadlines. The coordinators then notify both the manager and account manager, who in turn remind the providers to submit their recredentialing documentation to stay compliant with the program.</p> <p><i>(A copy of the full Compliance Officer Report can be obtained from Board Services.)</i></p>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	Sameer Amin, MD, <i>Chief Medical Officer</i> , gave a Chief Medical Officer report <i>(a copy of the materials can be obtained from Board Services)</i> .	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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## Conceptual Framework: Enhanced UM Delegation Oversight

This model acknowledges that overseeing the utilization management function delegated to our contracted provider network demands a thorough and evolving strategy. It prioritizes foundational elements before delving into more specialized areas of evaluation and improvement, while also stressing collaboration between the Compliance and Health Services departments.



Our goal is to enhance our oversight of delegated utilization management function performed by our contracted provider network to ensure accountability, increase operational efficiency, and uphold the highest standards of governance and quality.

Objectives:

Close gaps in regulatory compliance

- Notification Letters
- Over- and Under-Utilization

Reduce administrative provider burden

- Optimizing the PA List to remove the “always approved”
- Maintaining appropriate networks (OON vs INN use)
- Reducing denials
- Minimizing appeals/grievances

Clinical Optimization

- Minimizing avoidable utilization, promoting value based care

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN										
	<p>Framework for Health Services Enhanced Delegation Oversight Activities</p> <table border="1" data-bbox="457 305 1276 755"> <tr> <td data-bbox="457 305 512 358">1</td> <td data-bbox="516 305 1276 358">Gather comprehensive data on delegates</td> </tr> <tr> <td data-bbox="457 362 512 451">2</td> <td data-bbox="516 362 1276 451">Analyze collected data to identify trends, root causes, and areas for improvement.</td> </tr> <tr> <td data-bbox="457 454 512 586">3</td> <td data-bbox="516 454 1276 586">Provide feedback to PPGs based on the analysis and make actionable best practices recommendations</td> </tr> <tr> <td data-bbox="457 589 512 667">4</td> <td data-bbox="516 589 1276 667">Support PPGs in implementing recommended changes and monitor their progress</td> </tr> <tr> <td data-bbox="457 670 512 755">5</td> <td data-bbox="516 670 1276 755">Evaluate the effectiveness of the new soft function and identify areas for improvement</td> </tr> </table>	1	Gather comprehensive data on delegates	2	Analyze collected data to identify trends, root causes, and areas for improvement.	3	Provide feedback to PPGs based on the analysis and make actionable best practices recommendations	4	Support PPGs in implementing recommended changes and monitor their progress	5	Evaluate the effectiveness of the new soft function and identify areas for improvement	
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<p><b>TRANSITIONAL CARE SERVICES (CalAIM)</b></p>	<p>Joycelyn Smart-Sanchez, <i>Director, Care Management, Care Management</i>, gave a presentation on Transitional Care Services (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Ms. Joycelyn Smart-Sanchez, Director of Care Management for Medi-Cal at LA Care, provided an overview of the Transitional Care Services (TCS) program. TCS focuses on supporting members as they transition from one level of care to another, such as from hospitals to home care, ensuring they receive the necessary services and support to safely transition to a lower level of care. Ms. Smart-Sanchez said that while TCS builds on existing practices, it introduced new responsibilities for care managers, such as conducting discharge risk assessments, coordinating post-discharge follow-ups, and ensuring timely communication with primary care providers (PCPs). The program is particularly focused on high-risk populations, including those with specific medical conditions, pregnant and postpartum members, and individuals eligible for Enhanced Care Management (ECM) or Community Support (CS) services. The TCS program was rolled out in phases, starting in January 2023 for high-risk members, with all Medi-Cal members becoming eligible in January 2024. Ms. Smart-Sanchez detailed the different teams within LA Care that manage TCS for various populations, including ECM teams, Community Health Workers, and specialized teams for long-term care and pregnant members. She noted the importance of care coordination, where TCS caremanagers serve as the single point of contact for members, ensuring seamless communication between healthcare providers and facilitating access to necessary services. Ms. Smart-Sanchez also discussed the program's key performance indicators (KPIs), including the percentage of high-risk</p>											

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>members contacted within seven days post-discharge and follow-up with PCPs. She acknowledged variability in data reporting across different health plans, which the state is currently addressing to standardize data collection methods. As of the end of the previous month, the TCS program had served nearly 17,000 members, reflecting its growing impact. Despite being a relatively young program, TCS continues to expand, with ongoing efforts to increase staffing and improve service delivery.</p>	
<p><b>QUALITY IMPROVEMENT PROJECTS (QIPs/PIPS, PDSA)</b></p>	<p>Rachel Martinez, RN, BSN, Supervisor, Quality Improvement, Quality Improvement, gave a presentation about Quality Improvement Projects <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Ms. Martinez reported on four types of regulatory projects: Quality Improvement Projects (QIPs), Performance Improvement Projects (PIPs), Plan-Do-Study-Act (PDSA) cycles, and Strengths Weaknesses Opportunities and Threats (SWOT) analyses. These projects vary in duration and scope, with PDSAs and SWOTs typically initiated by Medi-Cal when minimum performance levels are not met, such as the 2022 SWOT for Well-Child Visits and Childhood Immunization, which closed in 2023. She also highlighted upcoming PIPs for 2023-2026 focusing on disparities in well-child visits for Black/African American children and behavioral health needs related to emergency department use.</p>	
<p><b>STARS UPDATE D-SNP</b></p>	<p>Donna Sutton, Senior Director, Stars Excellence, Quality Improvement, gave a D-SNP/Stars Quality Update <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Donna Sutton provided an overview of the D-SNP (Dual Eligible Special Needs Plans) program, explaining the purpose of the Stars Quality Program, which serves as a tool for Center for Medicare and Medicaid Services (CMS) to implement federal policy, provide oversight on health plan performance, and offer consumers information to make informed decisions. She outlined the program's timeline, emphasizing that it takes up to three years to receive payment based on performance, and described the 39 metrics across five domains that determine the star rating. Additionally, she discussed new evaluation measures for improvement in Part C and Part D, the impact of the Categorical Adjustment Index (CAI) for plans serving higher-risk populations, and the significance of maintaining high star ratings for financial incentives and industry positioning.</p>	
<p><b>PUBLIC COMMENT ON CLOSED SESSION ITEMS</b></p>	<p><i>There was no public comment.</i></p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>ADJOURN TO CLOSED SESSION</b>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 4:51 P.M.</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Magdalena Marchese, Senior Director, Audit Services, Executive Services</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 5:10 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	The meeting adjourned at 5:15 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<sup>®</sup>

**For All of L.A.**

CMO Report: September 2024

# Health Services Update

Medical Management  
Quality Management  
Community Health  
Pharmacy

**Sameer Amin, MD**  
Chief Medical Officer, Health Services



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## Strategy Management

*As part of our annual strategic planning efforts, L.A. Care's Health Services (HS) Department is planning a two-day **Strategy Summit** engaging senior leadership and management across all HS functional areas to plan the 2025 Health Services Program Strategy, a first of its kind living strategic guiding document meant to (1) facilitate the bi-directional cascade of information within the department and between the department and its external business unit partners across the enterprise, and (2) designed to promote strategic alignment, integration, and collaboration.*

In addition to mapping out the department's strategic goals and objectives for the upcoming year in alignment with the enterprise strategic vision and goals, we are generating a list of strategic initiatives meant to address the following priority areas:

- **Streamlining Medical Management:** Identifying interdependencies within and between the Medical Management department to ensure seamless integration, authorization and referrals of new, policy-driven programs and services, e.g., CalAIM Enhanced Care Management (ECM), Transitional Care Services (TCS), and Community Supports (CS)
- **Optimizing Population Health Management:** Focusing on improving Care Coordination and Integration, Data Analytics and Technology, and Preventive and Proactive Care including Chronic Condition and Disease Management for enhanced population-based and member-centric outcomes and reduced adverse utilization.
- **Clearing Pathways for Collaboration with External Business Unit Partners:** Enhancing the ways in which the Health Services team engages with and critical enterprise teams like Finance, Operations, Compliance, and IT to maintain operational stability and achieve strategic agility in an rapidly changing regulatory landscape and industry environment.

The next issue of this report will provide an executive summary-level detail of the topics addressed and the decisions made as part of the finalization of the 2025 Health Services Program Strategy. Stay tuned!

## Medical Management

### Enhanced Care Management (ECM)

*Enhanced Care Management (ECM) under CalAIM is designed to provide personalized, intensive care coordination for Medi-Cal members with complex health and social needs. ECM brings together medical, behavioral, and social services to ensure a comprehensive, person-centered approach. By coordinating care across different providers and agencies, ECM aims to improve health outcomes, reduce hospitalizations, and lower healthcare costs, supporting CalAIM's goal of transforming Medi-Cal into a more holistic and equitable healthcare system.*

#### Enrollment

L.A. Care continues to work towards the goal of enrolling 30,000 members in ECM. The initial Q2 2024 enrollment data, including Plan Partners, shows 16,725 members enrolled, reflecting a 7% increase from the previous quarter (15,759). This growth in Q2 2024 was driven almost entirely by L.A. Care, thanks to the ECM team's enrollment push, which included new incentive payments and improved referral and lead processes.

#### Contracting and Network

Providers have responded well to the Payment Model (PUPM) amendment, and the team is closely monitoring any risks for those who may not meet the October 1, 2024 signature deadline. L.A. Care's ECM network now includes 85 contracted providers. To focus on Providing Access and Transforming Health (PATH) initiative provider-recipients and providers with a Justice-Involved specialty, we have slowed the overall growth of our network. While we expect further growth throughout 2024, new providers joining later this year will primarily be those with expertise in Justice-Involved, Birth Equity, or Child Welfare populations.

#### Audit and Oversight

Our ECM Monitoring and Oversight Program launched in Q3, during which we audited 30 ECM providers and reviewed over 80 member cases.

**Key Findings:** Since this was our first audit, we uncovered areas for improvement:

- Inconsistent or incomplete documentation by providers.
- Gaps in the development of care plans.
- Issues with timely and accurate Transitions of Care (TCS) interventions

#### Performance Highlights:

- Highest Performing Area: Enhanced Care Coordination ranked the highest in our audit.
- Lowest Performing Area: TCS interventions ranked the lowest.

#### Next Steps:

- Gap Closure Plans: We will provide all providers with a Gap Closure Plan to track progress on addressing the identified issues.
- Expanded Audits: In the next quarter, we plan to expand the audit to include more providers

## Care Management for Dual Eligible Special Needs Plans (D-SNP)

### Case Volumes

Through July 2024, the DSNP Care Management (CM) team experienced an uptick in both new referrals and overall active high-risk and complex cases under management. This increase resulted from the Health Risk Assessment (HRA) process for new DSNP enrollees and existing members needing their annual reassessments, as well as cases identified through predictive modeling as eligible to receive ECM-like services. In July 2024 alone, there were 97 new DSNP CM referrals. In total, over 1,111 DSNP CM cases were active with the LAC Care Management team, representing approximately 5.6% of the entire DSNP membership.

## Care Management for MCLA Members

### Case Volumes

- During July 2024, the LAC CM team created 416 MCLA CM cases and conducted initial outreach to offer members CM support.
- In total, over 1,500 MCLA CM cases were active, with members either participating or in active outreach.
- For **Transitional Care Services (TCS)**, the LAC team sustained an increase in the number of high-risk TCS cases outreached through July. During that month, over 2,300 members were contacted and offered TCS support. The team is collaborating with the Analytics Team to enhance and expand real-time admission notifications via Health Information Exchanges (HIEs). Currently, all but two contracted hospitals in Los Angeles County (West Hills and Lakewood) are on an HIE platform. Our data algorithms help immediately identify members who fall under the "DHCS High Risk" category for TCS purposes. Low risk TCS members began receiving post discharge notification of their ability to access TCS services. To date, a total of 42 low risk members have contacted the TCS Central Intake Line to request TCS support.

## Utilization Management

### Timeliness of UM Decisions and Notifications

The UM department has shown exceptional operational compliance from January to June 2024, with nearly all quantitative compliance measures for timeliness of decisions and notifications consistently exceeding 95% across multiple lines of business, including MCLA, LACC, PASC, and D-SNP. This improvement is particularly notable in light of the updated measures for

commercial lines of business, which now account for extensions and have contributed to the enhanced compliance rates. Not a single measure fell below 90%, underscoring the department's commitment to maintaining high standards of timeliness and accuracy in UM processes. The department's success in these areas highlights its strong adherence to regulatory requirements and its effectiveness in delivering timely care decisions to members.

## Managed Long Term Services and Supports (MLTSS)

### CalAIM & Community Supports (CS)

Efforts to increase referrals and enrollment in all MLTSS CS-administered programs continue. Services are promoted in various provider forums as well as through internal education and training for cross-functional teams across the organization. Referrals to Personal Care and Homemaking Services have seen a significant increase, averaging 137 per month since October 2023, compared to an average of 40 per month in the previous fiscal year. Referrals to Respite Care and Environmental Accessibility Adaptations also continue to rise, with a current authorization rate of 73%, an increase of 3% points since the last report.

Nursing Facility Transition and Diversion to Assisted Living Facility (NFTD) and Community Transition Services (CTS) to home and other private community settings became effective on January 1, 2024. Currently, three providers are contracted, with more to be added during the scheduled Letter of Interest process. Referrals for both programs have steadily increased, originating from hospitals, skilled nursing facilities, and internal teams (Utilization Management and Care Management) via Interdisciplinary Care Teams (ICTs). To date, the average number of referrals is 20, an increase from 17 in the last report, with an authorization rate of 97%, an increase from 82% in the last report. Trends and outcomes will continue to be monitored and reported.

### CalAIM & Benefits Standardization

Since January 1, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care became a Medi-Cal Managed Care covered service. Contracting efforts are ongoing with nearly 200 facilities throughout the county, most of which are new to managed care. Phase I of DHCS's Post Implementation Network Readiness Requirements has been completed and approved, and Phase II is currently underway, with a due date for DHCS submission in June 2024. The L.A. Care MLTSS, Provider Network Management (PNM), and Credentialing teams have worked to ensure all DHCS requirements are met. As of April this year, the ICF-DD census was 326, and has increased to 337 by end of July 2024.

## Quality Management

### Health Education, Cultural, and Linguistic Services (HECLS)

#### Meals as Medicine Program

The Community Supports Meals as Medicine (MAM) program has been experiencing steady growth. In July, the program hit 500+ service authorization requests, the highest number since the program's inception in January 2022, and as compared to the latest record of ~400 requests in the last reporting term for April 2024. The team is evaluating staffing plans against operating model to prepare for future surges.

#### Doula Program

To date, 185 L.A. Care Medi-Cal pregnant members have been recommended for doula services. 108 members have been serviced by a Doula. Data pending on 33 members from contracted doula organizations. Remaining 44 members were either not interested or unable to contact.

#### DHCS Transitional Care Services (TCS) for Birthing Individuals

This TCS program for Birthing Individuals moved under Health Education maternal programs in May. Every pregnant member who has had a hospital discharge is contacted by a Community Health Worker/Case Manager, who connects them to relevant resources and facilitates scheduling of provider follow-up visit.

#### Fight the Glue and Covid Campaign

The campaign will be launching in September with multipronged activities including a social media campaign, automated calls, texting campaign, *MyHIM* member portal messaging, member newsletter, email blast to PPG network on the importance of educating and vaccinating all patients, and flu and Covid vaccine clinics at local CRCs.

### Initiatives

#### **Improved Quality Performance Resulting in Reduced Policy Sanctions**

L.A. Care is seeing substantial decrease in Medi-Cal measurement year (MY) 2023 Managed Care Accountability Set (MCAS) sanctions, from \$890,000 in MY 2022 to \$300,000. For measurement year 2023, 15 out of 18 measures showed significant performance improvements. Lack of reliable state data feeds for the Follow Up After Emergency Department Visit for Substance Abuse (FUA) and Follow Up After Emergency Department Visit for Mental Illness (FUM) HEDIS measures remains a challenge. The 2024 performance trends are positive with many measures showing YTD improvement compared to 2023.

One headwind to keep in mind is impact of Kaiser plan partner exit which will have “across the board” impact on quality measure performance based on Kaiser’s historical performance lifting measures. Overall, the organization is seeing better performance compared to the previous year in prioritized quality domains.

### **Well-Child Visits in the First 30 Months of Life**

L.A. Care continues discussions with Quality Health Partners (QHP) on co-hosting WCV events with Blue Shield Promise at the Community Resource Centers (CRCs). L.A. Care has begun contract discussions with QHP and plans on attending a Blue Shield Promise event on August 23rd to observe.

### **DHCS Child Health Equity Collaborative**

L.A. Care is conducting a site visit to Northeast Valley Health Corporation-Sun Valley on July 30 to observe the member journey for Hispanic and Latino infants receiving well child exams, developmental screening, and vaccinations to complete the requirements for Intervention 2. Additionally, the project team will conduct six interviews: three with providers, office staff, and medical directors and three with caregivers and families of patients to better understand member needs and opportunities for clinic-level improvement. The next submission is due August 15th.

## **Provider Quality Review (PQR)**

### **Operational Efficiency Monitoring**

The PQR team has maintained a timely closure rate of above 99% for FY2023-2024.

### **Audits & Oversight**

PQR has completed Q2 2024 oversight of Appeals and Grievances (A&G) and Customer Solution Center (CSC) to audit and identify any potential missed quality of care or service concerns for PQI investigation. Collectively, 27 cases in Q2 2024 (18 from A&G and 9 from CSC) were identified as opportunities for potential quality review. The PQR team continues to provide collaborative feedback to drive process improvements with both departments and value their collaborative spirit.

### **Collaboration with A&G**

In May 2024, A&G implemented a new quality of care review process with physician review of grievances; however, without RN reviewers. The new workflow transitioned to include RN reviewers in July 2024. PQR conducted multiple clinical training sessions in July - August 2024, to support the newly on-boarded A&G RNs to ensure full implementation. PQR continues to provide additional training support, as needed to ensure potential quality of care concerns are addressed.

## Stars/HEDIS Performance

- **Overall HEDIS domain performance is thus far projected to increase from 2.50 Stars rating in MY2023 to 2.79 Stars rating in MY2024.** Pharmacy is also projected to increase in overall domain performance of 3.15 Star ratings in MY2023 to 3.62 Stars rating in MY2024 resulting from an increased effort of LAC internal pharmacy-staffed programs.
- Operation domain performance however is projected to decline from 3.80 to 3.62 Stars rating. The decline in the Operations domain is due to a significant decline in the Reviewing Appeals Decision measure.
- **LACC MY2023** is projected to earn, using June 2024 refresh data, an overall summary indicator rating of 76 achieving a Star Rating of 3, just 4 points short of achieving a 4 Star
- **LACC MY2024 year to date**, using June 2024 data, is performing higher than prior year to date. Clinical Quality is performing at 60.080 year to date which is 8 points higher than same time last year. Overall projected year-end rating for MY2024 is currently projected at 76.100 and at a Star Rating of 3.

## Population Health Management (PHM)

### PHM Program Description:

The PHM team has completed the draft of the 2024 PHM Program Description, incorporating CalAIM requirements and intervention updates. The review is currently in process, after which the document will be finalized and posted publicly.

### Collaborative Efforts and SMART Goals:

The PHM team is leading collaborative efforts with local health departments and L.A. County health plans to reduce maternal and infant mortality disparities for Black and Native American persons by 10-15% annually, aiming to achieve a BOLD goal of 50% reduction by December 2025. This includes:

- Advancing the Doula Hub initiative.
- Collaborating with SCAN on a SMART goal for older populations.
- Engaging a consultant from HMA to facilitate efforts, with the contract in progress.
- Developing regular workgroups focused on resources/funding, planning, and data, with the next deliverable on track for October.

## Population Health Informatics



## Health Information Ecosystem (HIEc)

**Health Information Exchange (HIE) Amendments:** The Hospital Services Agreement (HSA) is being updated to require mandatory participation in HIEs for hospitals, ensuring compliance with CMS 9115-F standards for ADT notifications and engagement with the California Health and Human Services (CalHHS) Data Exchange Framework (DXF). Similar updates are being applied to Skilled Nursing Facility contracts to facilitate more efficient information exchange.

**Incentive Programs:** Participation in HIEs is a critical component of the newly launched Hospital Pay-for-Performance (P4P) and Skilled Nursing Facility (SNF) P4P Programs. These programs offer ongoing incentives for achieving HIE participation milestones. A new HIE Participation Measure has been introduced within the Physician P4P program, enabling Federally Qualified Health Centers (FQHCs), small, and solo providers to earn annual incentives by achieving HIE-related milestones, promoting the adoption and meaningful use of HIEs.

## Incentives

We established the new L.A. Care Provider Honor Roll to recognize providers who scored in the top 20% of the Physician P4P Program. This will be an annual recognition where providers are sent a window cling to display in their offices. The 2024 letters and window clings were mailed out in July, ongoing communications via print and web to publicize the honor roll will happen.

# Community Health

## Community Supports (CS) Operations & Reporting

*Why it matters: Community Supports are a part of the Department of Health Care Services' (DHCS) broader effort to provide enhanced care and address social determinants of health through the Medi-Cal program. These support are offered under the California Advancing and Innovating Medi-Cal (CalAIM) initiative, which aims to improve health outcomes for Medi-Cal beneficiaries by offering a broader range of services that go beyond traditional medical care.*

### Community Supports (CS) Provider Network

L.A. Care established a provider network for community supports by identifying, contracting with, and coordinating a range of community-based organizations, service providers, and other entities that can deliver the non-medical services covered as part of the CS benefit. A robust provider network for these services is crucial for organization to effectively address social determinants of health, improve member outcomes, and reduce healthcare costs by ensuring comprehensive, coordinated care.

In our last report, we informed you that for the January 2025 contracting cycle, the CS provider Letter of Interest (LOI) was released in May of this year to support the development of the CS provider network. Review of the CS certification applications has since been completed and we are actively notifying selected providers of their inclusion of the network.

### **Latest in CS Implementation and Member Engagement**

The newest community supports launched in July, including **Day Habilitation** and **Short-Term Post-Hospitalization Housing (STPHH)**. Day Habilitation provides structured activities and skill-building programs designed to enhance daily living skills, socialization, and community integration for individuals with disabilities or chronic conditions. The STPHH benefit offers temporary housing and support services for individuals transitioning from a hospital stay, ensuring a safe recovery environment while addressing immediate housing needs and preventing readmissions.

## **Behavioral Health Services**

### **Spotlight: Behavioral Health Services for L.A. County's Students**

*The DHCS Student Behavioral Health Incentive Program (SBHIP) aims to enhance access to behavioral health services for students by incentivizing managed care plans to collaborate with schools, providers, and community organizations, thereby addressing mental health and substance use needs among California's youth. This program focuses on early intervention, prevention, and reducing barriers to care within the school setting. L.A. Care's participation is in collaborative partnership with Health Net, Los Angeles County Department of Mental Health, and the Los Angeles County Office of Education (LACOE).*

Thus far, we have met all program milestones from initial planning and engagement to service delivery expansion and monitoring and reporting. We have been awarded 75% of DHCS' available funding to date, and we are currently on target to meet our goal of reaching 100% funding by the end of the calendar year.

Hazel Health has partnered with applicable schools and school districts to provide students with access to telehealth services for mental health care, including counseling and therapy sessions, in the school environment or remotely. 53 Local Education Agencies (LEAs) with 675 schools total are currently referring members for BH services through Hazel Health. The majority of referrals come from school staff (84%) and the remaining 16% come from self-referrals from students.

Lastly, in the Children and Youth Behavioral Health Initiative (CYBHI), there was an update to the school behavioral health fee schedule. Carelon Behavioral Health has been selected by DHCS as the Third Party Administrator (TPA) for CYBHI. L.A. Care already has an established working relationship with Carelon, which should help implement the new process for this initiative, including using the same process for payments that is currently established.

## Housing Initiatives

*Housing CS, Day Habilitation CS, Field Medicine, HHIP*

### **Housing (Housing Navigation CS, Tenancy Sustaining Services CS, Housing Deposits CS):**

**Member enrollment and network:** As of August 12, 12,914 members were enrolled in L.A. Care's housing programs, of which 9,338 were assigned to DHS. This is a 24% increase in enrollment (2,517 additional members) from the beginning of the year.

### **Field and Street Medicine: Launch and Operations**

After the Request for Applications (RFA) was distributed in April, resulting in 20 submissions, final provider selection letters were distributed to 19 qualifying organizations on July 10, 2024. Final coverage areas were included in the selection letter, and the L.A. map and participating providers were also shared. Of these providers, ten organizations were selected to receive capacity-building funds to set up new Field Medicine teams based on coverage in each region. The investment agreement is being finalized and will include specific metrics the organization will report.

## Pharmacy Department

### **Medication Adherence Programs**

**Comprehensive Adherence Solutions Program (CASP):** Since 2023, we have implemented several new interventions and enhancements. These efforts include expanding collaboration to 19 Participating Physician Groups (PPGs), deploying the Navitus RISE Customer Relationship Management (CRM) solution to facilitate timely member identification and engagement, partnering with AdhereHealth for additional adherence outreach, and collaborating with our Advanced Analytics Lab (AAL) to utilize predictive analytics for improved member prioritization and outreach. We have increased member calls, set new monitoring targets, and introduced weekly interactive customer service training for our staff. We are closely monitoring our performance and remain committed to improving adherence rates.

**Pharmaco-adherence Mailers:** Internally managing mailer distribution for DSNP and LACC/D members and providers is expected to yield cost savings of approximately \$154,000, starting in June 2024. As of August 15, a total of 536 DSNP and 625 LACC provider mailers have been sent out, along with 1,925 DSNP and 8,521 LACC member mailers. Pharmacy is also working on deploying a faxing workflow through Retrarus WebExpress, as a low-cost supplemental form of communication with providers.

**mPulse Mobile Inc. Text Campaigns:** Pharmacy has launched two new text message campaigns on July 7, 2024 to further support the medication adherence measures. These text campaigns focus on reminding members that they are overdue for a medication refill and have an interactive feature that allows members to inform us that they would like 100-day supplies of their medications. The text messages will reduce member fatigue from calls and as of August 12, 932 members have already expressed interest in receiving a 100-day supply of their medications.

**Refill Reminder Robocalls:** Pharmacy has been collaborating with our Customer Solutions Center (CSC) to relaunch the refill reminder robocalls on July 22, 2024. The robocall logic was updated to identify and call members who are overdue for a medication refill, rather than those with an upcoming refill, to reduce member abrasion. As of August 19, 761 total robocall attempts have been made to DSNP and LACC members. Of these, 277 calls successfully connected with the members.

**AdhereHealth Vendor Collaboration:** Pharmacy started a new collaboration with AdhereHealth to engage members in medication adherence. This program focuses on non-adherent and unengaged high-risk members. Medication adherence outreach to the first cohort of members started on July 31, 2024.

## Medication Therapy Management (MTM) Program

CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). L.A. Care's MTM submission for program year 2025 was approved. The 2024 MTM program year has started and changes to the program are reflected on our website. L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), has achieved a 66% completion rate of eligible members as of August 12, 2024, a significant improvement from 2023 Q3 at 61%.

## Additional Pharmacy Programs

### **Asthma Medication Ratio (AMR):**

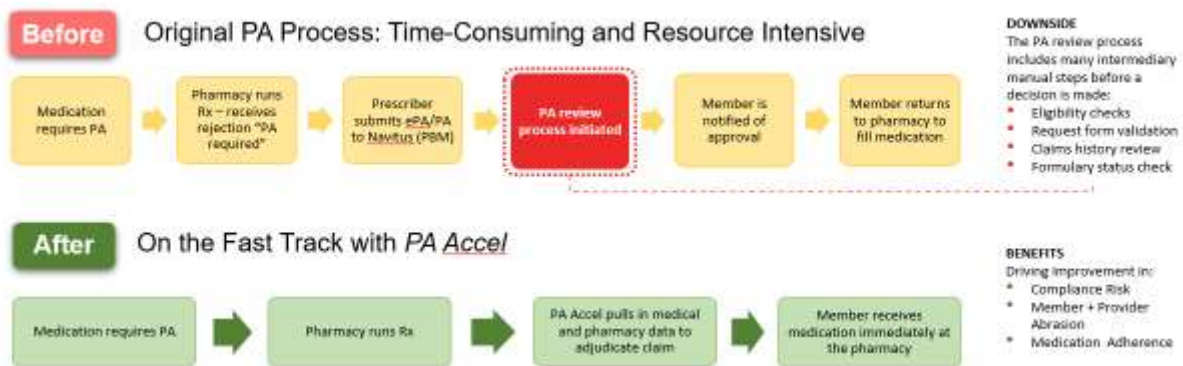
The AMR measure assess members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This is important as appropriate medication management for members with asthma could reduce the need for rescue medication – and prevent ER visits, inpatient admissions and missed days of work or school.

The Pharmacy Data Analytics team worked with Quality Performance Management to create an updated National Drug Code (NDC) list that would positively impact AMR performance, contingent on auditor approval. Additionally, prescribers of non-compliant members with a short-

acting beta agonist (SABA) prescription will be faxed a general notice to prescribe inhaled corticosteroid (ICS)-formoterol as the preferred reliever therapy per clinical guidelines.

**PA Accel:** This is automated prior authorization (PA) program, which operates at the point of sale by utilizing member’s medical and pharmacy data. Medications requiring prior authorization may approve seamlessly at the pharmacy if criteria are met. The program went into production on May 14, 2024 for our DSNP line of business and is now also currently rolled out for LACC and PASC. In the month of July, 330 requests were approved through PA Accel, reducing the need for Prior Authorizations by 45%.

**Figure 1.** Benefits of the PA Accel program as compared to the original PA process.



# Compliance & Quality Committee (C&Q) Meeting



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

**Compliance Department**  
September 19, 2024

# Chief Compliance Officer Report Out

*Todd Gower*

# Chief Compliance Report & Agenda

1. Compliance Report Out from Internal Compliance Committee “ICC” (Todd Gower)
2. Enterprise Risk Assessment - Management Action Plan Updates
  - Vendor Management (Michael Sobetzko and David Inglese)
3. Issues Inventory (Michael Sobetzko)
4. Business Unit Report Out - Appeal and Grievance (Demetra Crandall)



# 2024 Enterprise Risk Assessment Management Action Plans ("MAPs")

*Mike Sobetzko & Business Unit Management Owners*

# Vendor Management and Contracting Process

Presenter(s): Michael Sobetzko & David Inglese

RISK DESCRIPTION AND ACTIVITY	STATUS	START DATE	END DATE
<b>Risk Description:</b> Lack of cross functional third-party vendor management and oversight. How to ensure vendors adhere to contractual requirements. Complexed contracting process, multiple touches across organization, contracting may be delayed in certain parts of process. Centralized owner that works cross functionally with business partners.			
<b>Vendor Management and Contracting Process Remediation Plan and Timeline</b>			
End to End process currently being assessed with 3rd party consultant	Complete		Q3 2024
Leadership review of the contracting process assessment. Evaluation of recommendations to understand what will be implemented	In Progress		Q2 2025
Procurement Council	In Progress		Q4 2024
Risk Management Process formalized	In Progress		Q4 2024
Vendor Risk Committee charter to be presented for approval at September Risk Committee. Vendor Risk Management policy draft is being circulated. Initial vendor data gathering in process	In Progress	7/24	Q4 2024

# Issues Inventory

*Michael Sobetzko*

# Issues Inventory Update – Summary

Status	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
<b>Reported</b>	5	6	7	10	4	6	27	5					
Open	2	4	1	2	1	1		4 <sup>(+4)</sup>					
Closed to inventory	1		2	3	2	3							
Deferred													
Remediated		1	3	1									
Tracking Only	2	1	1	4	1	2	27	1 <sup>(+1)</sup>					
Monitoring Only													

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

# Issues Inventory Years 2019 - 2024

- OPEN
- DEFERRED
- TRACKING ONLY

Year	2019	2020	2021	2022	2023	2024
<b>Total</b>	<b>6</b>	<b>134</b>	<b>32</b>	<b>105</b>	<b>212</b>	<b>65<sup>(+5)</sup></b>
<b>Open</b>				<b>2</b>	<b>15</b>	<b>9<sup>(+4)</sup></b>
<b>Closed to Inventory</b>					<b>126</b>	<b>16</b>
<b>Deferred</b>			<b>3</b>	<b>21</b>	<b>2</b>	
<b>Remediated</b>	<b>6</b>	<b>134</b>	<b>29</b>	<b>82</b>	<b>50</b>	<b>5</b>
<b>Tracking Only</b>					<b>19</b>	<b>35<sup>(+1)</sup></b>
<b>Monitoring Only</b>						

# Issues Inventory Update – Open

Issue Name and Description	Date Reported	Business Unit	Status
<p><b>DSNP 2025 eForms</b></p> <p>L.A. Care is investigating regulatory process to address the outbound/834 files to the Participating Provider Groups (PPG) or Plan Partners that supply them the new Sexual Orientation and Gender Identity (SOGI) information or Relationship to Enrollee information that we will now receive from CMS in our 834 files. (1608)</p>	7/31/2024	Enrollment Services	Open
<p><b>Covered California Transparency in Coverage Status Report</b></p> <p>L.A. Care is at risk for not meeting the delivery date for the LACC report to Covered California and requested an extension. (1607)</p> <p>* This issues was remediated in September 2024</p>	7/31/2024	Commercial Product	Open
<p><b>DSNP Special Supplemental Benefit for the Chronically ILL Decommission 2025</b></p> <p>Investigating the process in place to address members impact by the de-commissioning of D-SNP Special Supplemental Benefit for the Chronically ILL in 2025.(1606)</p> <p>* This issue was remediated in August 2024</p>	7/30/2024	Appeals & Grievances	Open
<p><b>Navitus Not In Compliance AB352</b></p> <p>Navitus is non-compliant with AB 352 requirements surrounding out-of-state data transmissions and their ability to identify diagnoses during pharmacy claims adjudication.(1605)</p>	7/26/2024	Pharmacy	Open

# Issues Inventory Update – Tracking Only

Issue Name and Description	Date Reported	Business Unit
<p>Plan Partner Anthem Non-Timely Authorizations</p> <p>The Department of Health Care Services (DHCS) informed L.A.Care that plan partner Anthem has been non-compliant with authorizations processing timeliness specifically Skilled Nursing Facilities. (1604)</p>	7/11/2024	Utilization Management

# Appeal and Grievance Report Out

*Demetra Crandall*

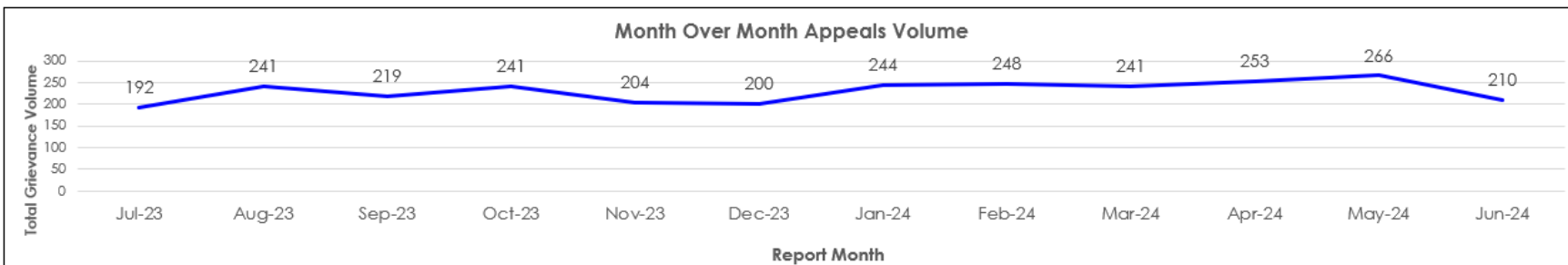


# Appeal Volume JUL 23 - JUN 24

## Monthly Appeals Report: Detailed Appeals Data

Reporting Period: Jul 2023 - Jun 2024

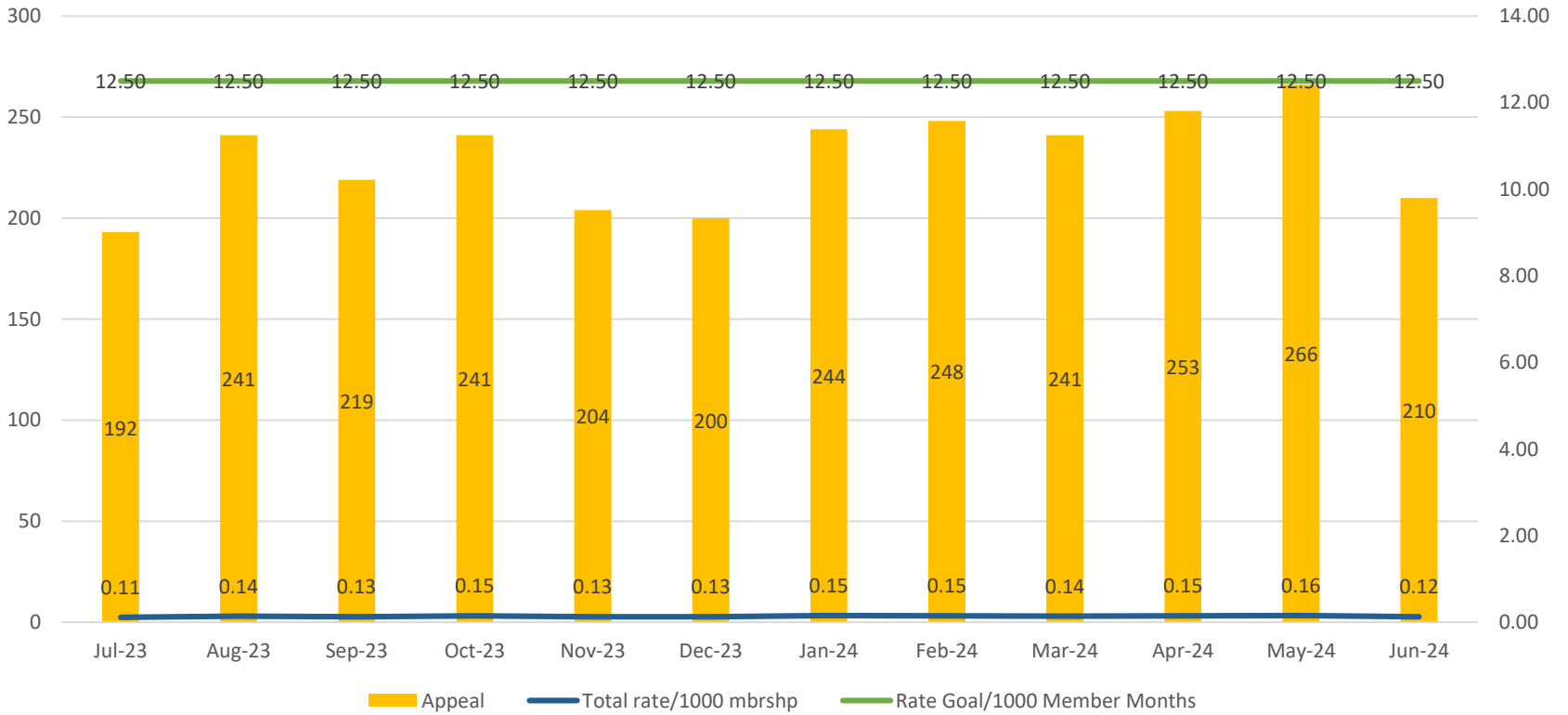
Note: Cells highlighted green indicate highest volume Appeals categories/subcategories for the report month.



Month Over Month Appeals Volume Detail												
Appeals Category	Report Month											
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Access	186	222	210	229	196	164	214	218	232	236	258	199
Billing and Financial Issues	5	16	8	7	7	33	28	24	6	12	7	9
Quality of Care	1	3	1	5	1	3	2	6	3	5	1	2
<b>Total</b>	<b>192</b>	<b>241</b>	<b>219</b>	<b>241</b>	<b>204</b>	<b>200</b>	<b>244</b>	<b>248</b>	<b>241</b>	<b>253</b>	<b>266</b>	<b>210</b>

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

# Appeal Volume JUL 23 - JUN 24

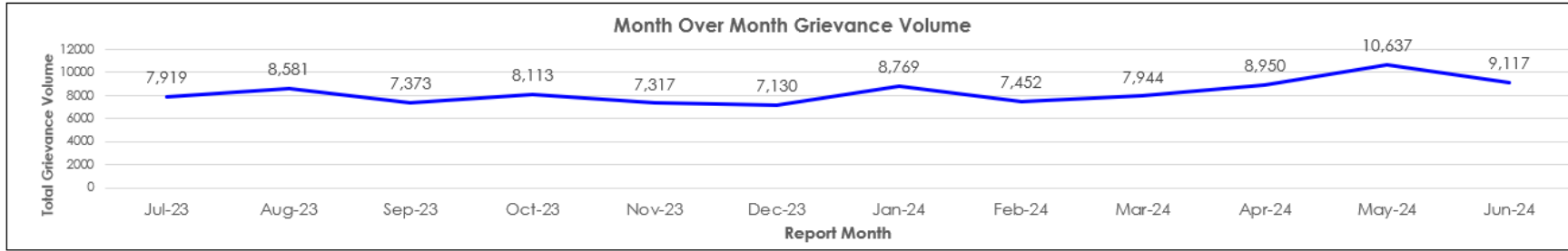


# Grievance Volume JUL 23 - JUN 24

## Monthly Grievances Report: Detailed Grievances Data

Reporting Period: Jul 2023 - Jun 2024

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

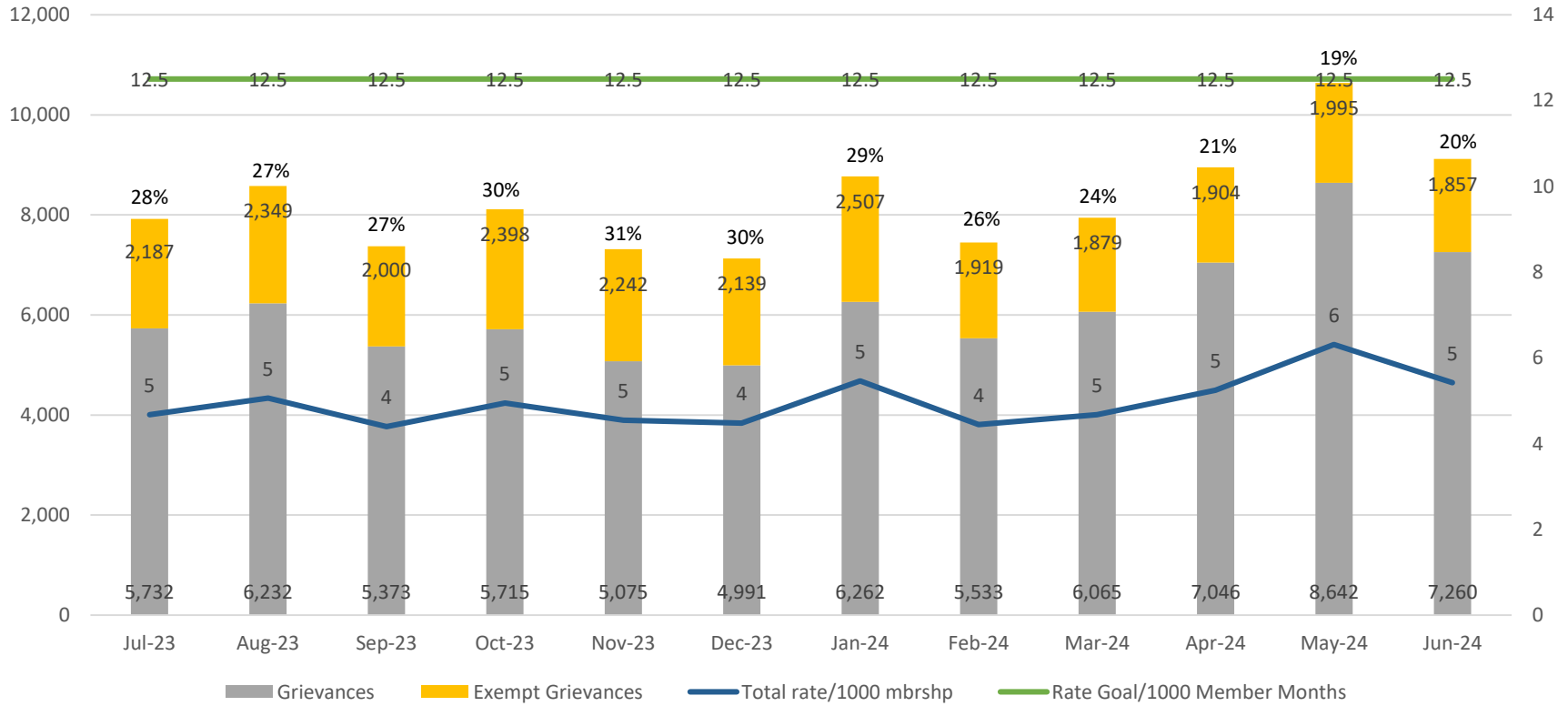


## Month Over Month Grievance Volume Detail

Grievance Category	Report Month											
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Access	2,565	2,693	2,324	2,592	2,297	2,285	2,670	2,106	2,472	2,740	3,282	2,750
Attitude and Service	2,413	2,399	2,154	2,340	2,260	2,165	2,598	2,394	2,469	2,634	3,491	2,810
Billing and Financial Issues	2,495	2,933	2,391	2,716	2,417	2,369	3,029	2,534	2,529	2,984	3,252	3,051
Quality of Care	431	540	494	447	335	306	458	410	462	574	587	486
Quality of Practitioner Office Site	15	16	10	18	8	5	14	8	12	18	25	20
<b>Total</b>	<b>7,919</b>	<b>8,581</b>	<b>7,373</b>	<b>8,113</b>	<b>7,317</b>	<b>7,130</b>	<b>8,769</b>	<b>7,452</b>	<b>7,944</b>	<b>8,950</b>	<b>10,637</b>	<b>9,117</b>

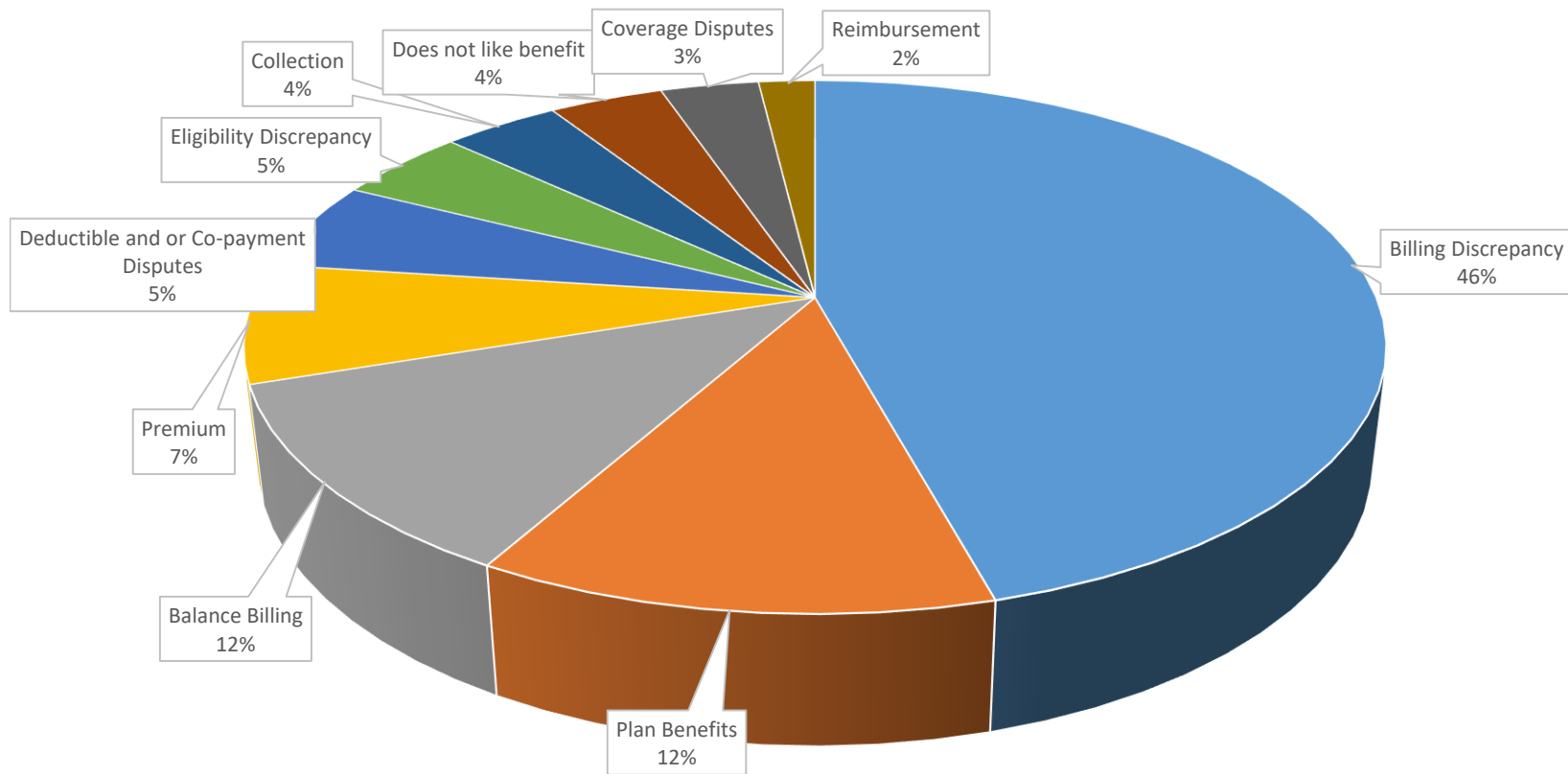
Note: Cells highlighted green indicate the top 3 highest volume grievance categories/subcategories for the report month.

# Grievance Volume JUL 23 - JUN 24



Note: Exempt Grievances are resolved by the Call Center

# Qtr2 Billing & Financial Top 10 Sub-Categories



Note: Percentage is based on the overall total grievance cases

# A&G Initiatives

## A&G System Updates



- ❑ A&G is in the process of implementing a new system, i3vertical/Kiriworks. The goal is to have improved data reporting and compliance visibility. The new system implementation date is slated for 2025.

# Questions??



# L.A. Care Health Plan Board of Governors Compliance & Quality Committee

## CHARTER

### I. *General.*

The Compliance & Quality Committee ~~(“the committee”~~“Committee”) of the L.A. Care Health Plan Board of Governors ~~(“the board”~~“Board”) shall assist the Board in fulfilling its oversight responsibilities concerning the review of L.A. Care Health Plan’s compliance with applicable federal and state laws and regulations, policies relating to healthcare-related regulatory compliance and quality issues, and the delivery of quality medical care to the members it serves.

The Committee shall be comprised of Board members, none of whom is an employee of L.A. Care Health Plan. ~~The number of Committee members shall be determined by the Board.~~ Committee members should be independent of management and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment as a Committee member.

The Committee shall elect one of its members to act as Chairperson of the Committee. The Chairperson shall preside at each Committee meeting. The Chairperson, in consultation with the other Committee members, shall set the agenda of items to be addressed at each meeting.

The Committee shall meet at least ~~four times annually~~quarterly and more frequently, as necessary. It shall make recommendations to the Board periodically, in consultation with the Chief Executive Officer (“CEO”) or ~~his~~their designee, ~~and the Chief Compliance Officer of Regulatory Affairs & Compliance (“CCO”), and the Chief Medical Officer (“CMO”)~~ on those findings and matters within the scope of its responsibility. ~~The CCO leads the Compliance Program and reports directly to the CEO and the Committee shall maintain minutes of all its meetings to document its activities and recommendations.~~ The CMO leads the Quality Program and reports directly to the CEO and the Committee.

L.A. Care Health Plan’s compliance framework is informed by the Seven Elements of an Effective Compliance Program, as set forth by the Office of Inspector General (“OIG”) of the U.S. Department of Health and Human Services (“HHS”). As indicated in L.A. Care Health Plan’s Compliance Program, the Committee shall comply with OIG requirements and guidance, and compliance reports will be aligned with OIG guidance.

### II. Committee Goals.

The Committee is committed to helping L.A. Care Health Plan achieve its mission to provide access to quality health care for Los Angeles County’s vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose. To that end, the Committee’s goal is to foster a culture that strives to enhance L.A. Care Health Plan’s value to members and its employees, health care providers, and all other entities with which L.A. Care Health Plan has contracted or subcontracted. The Committee envisions a culture where everyone involved understands compliance and acts to maximize the prevention, detection, reporting, and resolution of all instances of noncompliance. The Committee aspires to a culture that values quality and promotes continuous



quality improvement related to member health care and service at all levels, both inside and outside L.A. Care Health Plan. The primary goals of the Committee are to:

1. Monitor and oversee the quality management of L.A. Care Health Plan, its ~~plan~~Plan Partners, and any contracted or subcontracted entities;
2. Assist the Board in fulfilling its fiduciary responsibilities relating to L.A. Care Health Plan's ~~legal and financial~~ compliance with applicable laws, regulatory requirements, ~~industry guidelines~~, and policies;
3. Ensure that all applicable solvency standards are met with respect to L.A. Care Health Plan's Plan Partners and any contracted or subcontracted entities;
4. Monitor the solvency and claims payment timeliness of any organization that is contracted or ~~sub-contracted~~subcontracted with L.A. Care Health Plan; and
5. Provide a vehicle for communication between the Board and management of L.A. Care Health Plan to ensure proper operations and performance of L.A. Care Health Plan ~~and its stakeholders~~, its Plan Partners, and any contracted or subcontracted entities.

### III. *Committee Responsibilities.*

The responsibilities of the Committee, on behalf of the Board, shall include:

1. Ensuring L.A. Care Health Plan ~~adopts and monitors the implementation of policies and procedures and performance standards that require L.A. Care Health Plan and its employees, theits~~ Plan Partners, and the providers to act in full compliance with all applicable laws, regulations, and contractual requirements;~~and~~.
2. Receiving and reviewing information necessary to understand L.A. Care Health Plan's compliance risks, including receiving and reviewing policies and procedures and other compliance-related documents.
- ~~2.3.~~ Maintaining communication between the Board, the internal or external compliance auditors, and management of L.A. Care Health Plan.
- ~~3.4.~~ Ensuring ~~that~~ L.A. Care Health Plan addresses and reviews matters concerning or relating to L.A. Care Health Plan's Compliance Program and Plan Partner performance.

### IV. *Committee Duties.*

In carrying out its responsibilities, the ~~Compliance & Quality~~ Committee shall include, but not limit performance of its duties; to, the following:

#### *Compliance General Duties:*

Committee members are encouraged to ask questions and relate concerns about any matter they believe relates to the compliance and quality responsibilities of the Board.

Compliance Duties

1. Provide oversight of the implementation ~~and~~, continuance, and effectiveness of L.A. Care Health Plan's Compliance Program (and recommend any revisions thereto, as appropriate) relating to the conduct of business to ensure adherence to L.A. Care Health Plan's Compliance Program policies, the Code of Conduct, governmental rules, regulations ~~and contractual agreements~~, and contractual agreements. Committee members must remain aware that such oversight extends to all other entities with which L.A. Care Health Plan has contracted or subcontracted, as applicable.
- ~~2.~~ Ensure that L.A. Care Health Plan's ~~Ensure that L.A. Care Health Plan has in place policies and procedures, reporting systems, and programs to provide reasonable assurance that: (a) the operations of L.A. Care Health Plan comply with all applicable federal and state laws and regulations; (b) L.A. Care Health Plan ensures the delivery of quality medical care to its members and promotes member safety; and (c) L.A. Care Health Plan is addressing its regulatory-extended obligations (for compliance and quality accountability) to its providers and vendors.~~
- ~~2.3.~~ Ensure that L.A. Care Health Plan's mission, values, and Code of Conduct are properly communicated to all employees on an annual basis.
- ~~4.~~ Review, revise as necessary, ~~Execute the authority delegated by the Board to the Committee to review and recommend approval, at least annually, of~~ approve biennially the Code of Conduct.
- ~~5.~~ Review and submit it to approve a biennial assessment of compliance. The scope will be based on fulfilling the requirements of an effective compliance program. This must be conducted by a 3<sup>rd</sup> Party and or L.A. Care Audit Services.
- ~~3.6.~~ Receive reports from the CCO about reportable items from L.A. Care Health Plan's Board for approval Internal Compliance Committee.
- ~~7.~~ Report at least quarterly to the Board, and as requested by the Board, on its activities, findings, and any recommendations it may have related to the duties delegated to the Committee.
- ~~4.8.~~ Present to L.A. Care Health Plan's ~~Plan's~~ Plan's Board, as appropriate, such measures and recommend such actions as may be necessary or desirable to assist L.A. Care Health Plan in conducting its activities in full compliance with all applicable laws, regulations, contractual requirements, policies, performance standards, and L.A. Care Health Plan's Code of Conduct. Further, the Committee shall present to the Board, as appropriate, recommendations to establish policies and procedures and performance standards.
- ~~9.~~ Receive annual reports on the completeness and timeliness of employee training, the effectiveness of L.A. Care Health Plan's education and training programs, and the challenges associated with the education and training programs.
- ~~5.10.~~ Regularly review reports to assess and monitor the operational performance of each of the Plan Partners to ensure they maintain the standards and requirements set forth in their contracts with L.A. Care Health Plan and set forth in all other applicable laws, procedures, and standards.

- ~~6-11.~~ Make recommendations to the ~~full~~ Board to impose appropriate sanctions, extend or renew contracts, establish policies, procedures and performance standards, impose additional conditions of participation, and review corrective action plans for any organization that is either directly or indirectly contracted with L.A. Care Health Plan.
- ~~7-12.~~ Serve as a hearing committee in connection with recommendations to impose sanctions on any individual or organization that is either directly or indirectly contracted with L.A. Care Health Plan, if required under applicable law or L.A. ~~Care's~~Care Health Plan's policies and procedures.
- ~~13.~~ Require management to do the following: conduct audits on healthcare-related compliance, regulatory, or legal concerns and, where appropriate, direct management to provide the results of such audits directly to the Committee or Board; commission such other studies, analyses, reviews, or surveys it deems appropriate to ensure L.A. Care Health Plan's compliance with healthcare-related regulatory requirements; and evaluate the quality of the personnel, committees, and entities providing healthcare-related compliance and regulatory services for L.A. Care Health Plan, subject to the procurement policies and the Board's approval.
- ~~14.~~ Receive reports of material and substantiated concerns that one or more entities is not complying with applicable laws or regulations related to compliance, payment integrity, patient safety, or the quality of patient care. Such concerns may include subpoenas, search warrants, or similar requests to L.A. Care Health Plan from the United States Department of Justice ("DOJ"), HHS, the Department of Health Care Services ("DHCS"), or any State Attorney General, or external complaints such as qui tam actions.
- ~~15.~~ Receive from staff transparent reporting on material enforcement matters and, upon request, access to communications from monitors and/or consultants required under the enforcement matter.
- ~~16.~~ Receive reports of investigations that are occurring, including findings as they become available, mitigation and remedial measures, and the implementation of such mitigation and remedial measures.

Monitoring & Audit Duties:

1. Provide sufficient opportunity for the ~~Compliance Officer~~CCO and leader of Internal Audits to meet with the ~~Compliance & Quality~~ Committee to provide the Committee with appropriate evaluations of L.A. Care Health ~~Plan~~Plan's Plan Partners' and other contracted or subcontracted entities' compliance with legal, regulatory, and financial solvency standards.
2. Provide oversight of the internal ~~compliance~~ audit functions of L.A. Care Health Plan and external compliance audit functions in connection with the Plan Partners and those entities for which L.A. Care Health Plan has oversight responsibilities, including reporting obligations, the proposed annual audit plans, and the coordination of such plans.
- ~~3.~~ Receive and review, as appropriate, reports on compliance issues and risks including but not limited to: compliance and quality; exclusion and sanction monitoring; concerns or cases of

fraud, waste, and abuse; internal and external audit results; clinical risk; patient safety and privacy; operational performance; and corrective action plans and performance improvement. The CCO and CMO will provide, at a minimum, quarterly written reports. For additional Committee meetings, the CCO and CMO (or their approved designee(s)) may provide an oral or written report.

4. Receive in-person reports from any of L.A. Care Health Plan's officers or their designee(s); employees of L.A. Care Health Plan or any other entity with which L.A. Care Health Plan has contracted or subcontracted; or any representative of outside legal, accounting, or other advisors. The Committee, or the Chairperson on behalf of the Committee, may request any of these individuals to attend a Committee meeting. The Committee may request and meet privately with any officer or employee of L.A. Care Health Plan.

Quality Assurance Duties:

1. Provide oversight of the quality management activities of L.A. Care Health Plan and its contracted and subcontracted entities ~~including~~. Such oversight includes review of the ~~QM~~Quality Management Program, monitoring activities, corrective action plans, and improvement activities.

- ~~2. Quality Improvement Plan (QIP) and the QIP Annual Work Plan for submission to L.A. Care Health Plan's Board of Governors for approval.~~

2. Execute the authority delegated by the Board to the ~~Compliance & Quality~~ Committee to review and approve the following ~~annual~~ Quality Improvement (~~“QI” and~~), Utilization Management (~~“UM”~~), Compliance, and Internal Audit program documents:

- ~~QI Program Document~~

- Annual QI Workplan
- ~~QI~~ Annual QI Report/Evaluation
- Annual UM Program Document
- Annual UM ~~Annual~~ Report/Evaluation
- Annual Compliance Program Report/Evaluation
- Annual Compliance Program Workplan
- Biennial Internal Audit Assessment
- Annual Internal and External Audit Plans

Executive summaries, with key findings and highlights from the documents, shall be submitted to the Board for its information and pursuant to requirements by ~~the State Department of Health Services-DHCS~~ and other regulatory bodies.

- ~~3. Receive periodic reports from the Chief Medical Officer and the Quality Assurance/Quality Improvement Committee~~

3. Receive and review data provided by Centers for Medicare and Medicaid Services (“CMS”) to compare L.A. Care Health Plan's quality performance with CMS standards and requirements.

General Duties:

Perform other duties as assigned by the Board ~~of Governors~~.

Amendment of the Compliance and Quality Committee Charter

At a minimum, on a biennial basis, the Committee shall review the Committee Charter, make changes as needed, and approve the amended Charter. The Committee shall then forward it to the Board for approval. Any amendment must be reported and disclosed as required by and in accordance with applicable laws, rules, and regulations.

Reviewed and Approved by:

L.A. Care Health Plan  
Board of Governors

John Raffoul, Board Secretary

Date: \_\_\_\_\_





**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# Quality Improvement and Health Equity Committee (QIHEC)

## Summary Report for Compliance & Quality Committee



September 19, 2024



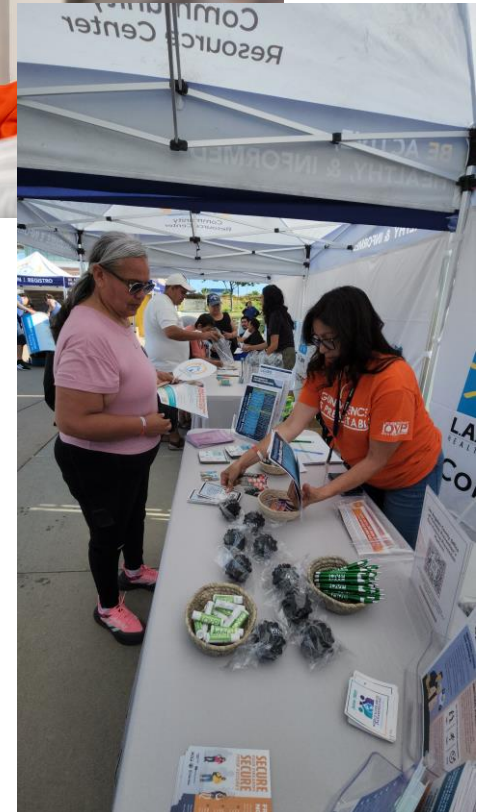
**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997

**Member and Community Focused  
Field Based Health Equity and  
Health Care Promotional Activities**

# HEALTH EQUITY TEAM HELD A GUN VIOLENCE AWARENESS PANEL AT THE LYNWOOD AND WILMINGTON CRC: 163-GUN LOCKS DISTRIBUTED

## *CRC Lynwood – Gun Violence Prevention Panel*

Dr. Felix Aguilar facilitated two engaging panelists, who bravely shared their personal stories.





# ON JUNE 27, THE HEALTH EQUITY TEAM HELD *WALK AND TALK* WITH A DOC AT WILMINGTON WATERFRONT PARK DURING CAMP CRC.

**Community members exercised, deepened their health knowledge, and connected with valuable resources.**



# SUMMARY OF KEY EQUITY AND DISPARITIES FINDINGS AND PROGRAM FOCUS AND INTERVENTIONS

- Disparities in clinical outcomes persist across various domains and populations
  - One of the main priority is focused on improving the **child health measures with Black/African American children and youth in Service Planning Area 6 (South LA)**.
    - Community Health Workers provide assistance with scheduling well-child visits before the 15-month mark
  - **Colorectal cancer screening is low across all lines of business**
    - Offering at-home test kits
- Conducted **member survey** in text message campaign
  - Majority of members stated they did not see their doctor due to not feeling sick or not knowing who their doctor is.

# Quality Improvement with Data and Getting More Data

## **Data Acquisition**

- Scouring and scrubbing claims, encounters and supplemental data.

## **Demographic Updates**

- Addressing the new Office of Management and Budget race/ethnicity changes in our system and talking with key community stakeholders (LAC DPH)

## **Correct and Updated Contact Information**

- Exploring alternative databases with member contact information.
- Working with enrollment services to continue to update and ensure that we have the accurate member contact information

## Additional Work Planned

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

- **Informational: Universal Provider Manual (UPM) Updates**

- Legally binding document and serves as an extension of L.A. Care's contract with our network providers.
- Updated on a regular cadence and posted on our website.
- The Communications team seeks QIHEC input for the UPM on an annual basis.

# Questions





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

# Timely Access to Care Update: MY2023 Survey Results Compliance & Quality Committee



Priscilla Lopez  
Manager, Quality Improvement Accreditation  
September 19, 2024



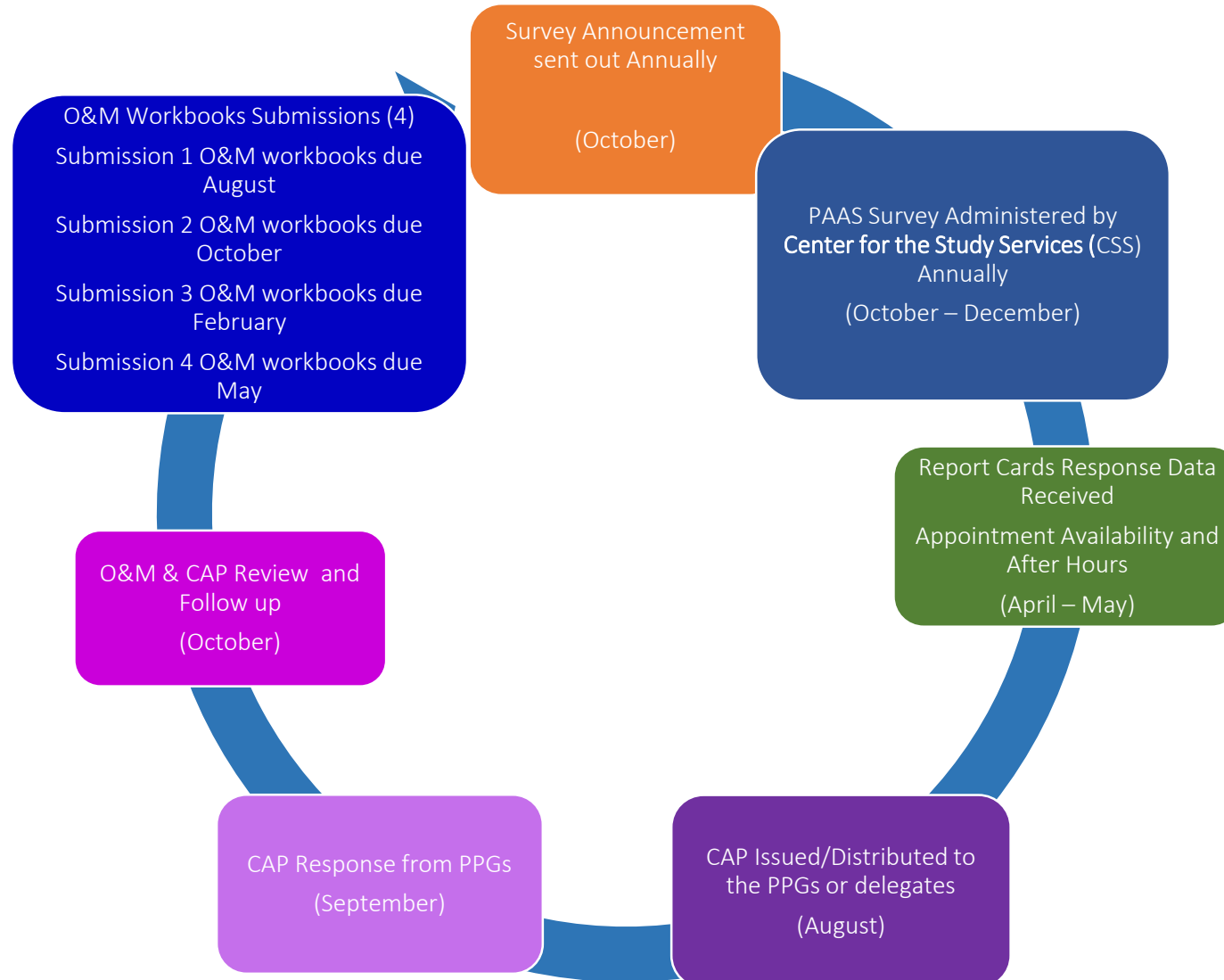
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# Agenda:

1. Performance Goals
  - a) Oversight & Monitoring Cycle
  - b) Overview
2. MY2023 Performance by PPGs, Plan Partners, and Direct Network
  - i. Primary care providers
  - ii. Specialty care providers
  - iii. After Hours Care
3. Low-Performance Deep Dive:
  1. PPGs
  2. Medi-Cal, Plan Partners, and Direct Network
4. Interventions
5. Discussion and Feedback



# Provider Appointment Availability Survey After Hours Oversight & Monitoring Cycle



# Access to Care: Performance Goals

## **QI-030 Policy: Assessment of Appropriate Access to Covered Services**

QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: **Goals will always be set to a minimum 80% compliance rate.**

- 1.1** The starting point is the rate and sample size from the prior year
- 1.2** It is assumed that the sample size is the same for the current year and that the goal rate demonstrates a statistically significant improvement from the prior year
- 1.3** Statistical significance is determined using a two-tailed z-test of proportions where the critical alpha is .05



# Performance by PPGs, Plan Partners, and Direct Network

# Access to Care: MY 2023 Performance

	MY 2023 L.A. Care Medi-Cal Compliance Rate	L.A. Care's Performance Goal	Variance
<b>Primary Care</b>			
Urgent	73%	80%	-7%
Routine	85%	89%	-4%
Preventive (Adult)	95%	97%	-2%
Preventive (Child)	90%	93%	-3%
Prenatal	96%	98%	-2%
In-Office Waiting	99%	99%	0%
Call Back	65%	80%	-15%
Reschedule	95%	99%	-4%
No Show Process	99%	96%	+3%
<b>Specialist</b>			
Urgent	69%	80%	-11%
Routine	75%	80%	-5%
Prenatal	100%	96%	+4%
In-Office Waiting	96%	97%	-1%
Call Back	57%	80%	-23%
Reschedule	88%	91%	-3%
No Show Process	97%	99%	-2%
<b>After Hours</b>			
Access – ER	88%	80%	+8%
Access – Reach	81%	80%	+1%
Timeliness	66%	80%	-14%

- 6% or more below the goal
- Within 5% +/- from goal
- 6% or more above the goal

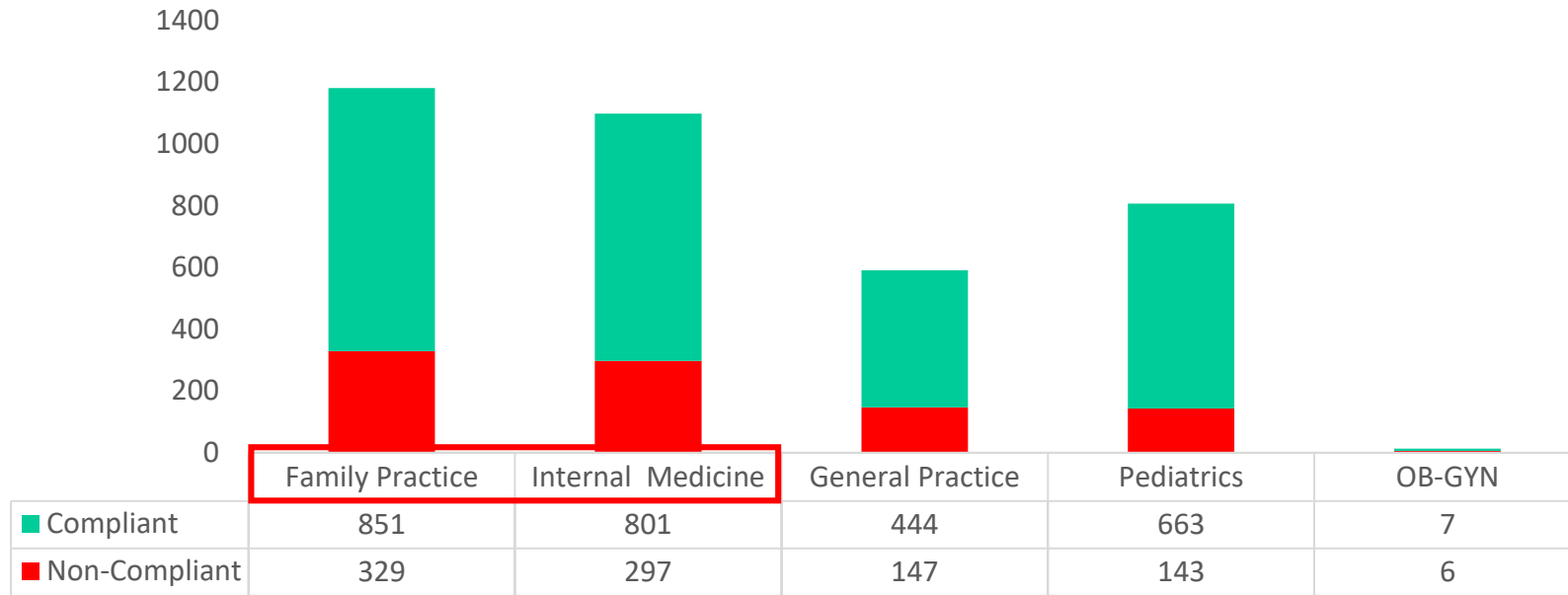
# MY 2023 Access to Care Survey Results

Availability & After Hour Survey Results by PPG/Plan Partner/Direct Network • CAP History	Primary Care										Specialist							After Hours		
	Urgent	Routine	Adult Preventive	Child Preventive	Prenatal	In Office Waiting	Call Back	Reschedule	No Show Process	Urgent	Routine	Prenatal	In Office Waiting	Call Back	Reschedule	No Show Process	Access	Access	Timeliness	
PPG, Plan Partner, Direct Network	80%	89%	97%	93%	98%	99%	80%	99%	96%	80%	80%	96%	98%	80%	90%	99%	80%	80%	80%	
<b>L.A. Care GOAL</b>	80%	89%	97%	93%	98%	99%	80%	99%	96%	80%	80%	96%	98%	80%	90%	99%	80%	80%	80%	
Adventist Health Physicians Network	83%	81%	100%	84%	100%	100%	35%	91%	91%	44%	74%	NR	100%	44%	95%	100%	98%	100%	98%	
Allied Pacific	84%	93%	97%	97%	100%	98%	66%	97%	98%	67%	76%	NR	96%	58%	88%	95%	88%	88%	72%	
Altamed Health Network Inc	76%	89%	98%	88%	94%	97%	59%	93%	99%	74%	80%	NR	95%	53%	88%	98%	89%	79%	69%	
Altamed Health Services	77%	89%	98%	88%	94%	97%	58%	93%	99%	73%	80%	NR	95%	52%	89%	98%	90%	79%	69%	
Angeles IPA	81%	96%	98%	98%	100%	100%	68%	93%	100%	71%	83%	NR	96%	55%	96%	99%	86%	92%	78%	
Anthem	79%	92%	97%	94%	98%	98%	63%	95%	99%	60%	64%	NR	94%	47%	82%	96%	89%	87%	71%	
Blue Shield	73%	85%	95%	87%	96%	98%	60%	94%	98%	64%	69%	NR	95%	49%	82%	97%	89%	80%	68%	
Carelon Behavioral Health (Bi-Annual, Sub 2 & 4)	84%	91%	N/A	N/A	N/A	99%	69%	98%	99%	72%	90%	NR	99%	67%	97%	100%	N/A	N/A	N/A	
Citrus Valley Physicians Group	92%	96%	98%	91%	100%	98%	78%	98%	98%	62%	73%	NR	99%	45%	86%	95%	94%	87%	70%	
Community Family Care	72%	89%	98%	90%	100%	98%	57%	94%	98%	67%	73%	NR	95%	66%	91%	100%	95%	91%	82%	
Exceptional Care Medical Group	94%	94%	98%	97%	100%	95%	74%	97%	97%	71%	78%	100%	98%	62%	93%	97%	91%	84%	68%	
Heritage: High Desert Medical Group	93%	70%	100%	80%	NR	100%	67%	90%	100%	78%	78%	NR	100%	72%	77%	100%	100%	85%	85%	
Heritage: Lakeside Medical Group	79%	93%	98%	94%	95%	99%	65%	95%	99%	71%	74%	100%	98%	56%	88%	99%	93%	88%	72%	
Heritage: Regal Medical Group	80%	93%	97%	94%	96%	99%	66%	95%	99%	69%	78%	100%	98%	53%	89%	98%	92%	88%	72%	
Heritage: Sierra Medical Group	100%	75%	100%	100%	100%	100%	100%	100%	100%	67%	100%	NR	100%	29%	100%	100%	91%	91%	91%	
L.A. Care Direct Network	78%	94%	100%	94%	100%	99%	68%	95%	98%	70%	78%	100%	96%	57%	90%	98%	93%	88%	76%	
L.A. County Department of Health Services	52%	62%	93%	88%	100%	100%	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	64%	54%	
MemorialCare Select Health Plan	81%	96%	100%	100%	99%	98%	76%	88%	100%	65%	68%	NR	89%	44%	83%	100%	84%	72%	60%	
MSO-MedPoint: Bella Vista IPA	77%	96%	100%	91%	100%	100%	65%	100%	100%	75%	79%	NR	96%	48%	90%	98%	87%	93%	87%	
MSO-MedPoint: El Proyecto Del Barrio Inc.	40%	100%	100%	100%	100%	100%	100%	100%	100%	87%	82%	NR	100%	52%	86%	100%	91%	18%	18%	
MSO-MedPoint: Family Care Specialists IPA	81%	88%	100%	100%	100%	94%	44%	93%	94%	48%	47%	NR	97%	37%	83%	97%	97%	97%	97%	
MSO-MedPoint: Global Care IPA	68%	94%	100%	93%	98%	99%	66%	96%	99%	68%	84%	100%	97%	50%	85%	99%	86%	90%	69%	
MSO-MedPoint: Health Care LA, IPA	62%	83%	90%	79%	86%	100%	50%	95%	100%	70%	77%	NR	93%	51%	87%	98%	80%	83%	67%	
Omnicare Medical Group (AMHN)	83%	94%	93%	94%	100%	100%	59%	93%	100%	79%	80%	NR	100%	46%	81%	100%	89%	89%	71%	
Omnicare Medical Group Inc	84%	94%	94%	94%	100%	100%	61%	94%	100%	71%	81%	NR	100%	52%	82%	100%	89%	89%	69%	
Optum Care Network- AppleCare Select (Bi-Annual, Sub 2 & 4)	79%	91%	94%	93%	100%	98%	56%	94%	99%	65%	78%	NR	100%	69%	94%	100%	88%	89%	70%	
Optum Care Network-LA Family Community (Bi-Annual, Sub 2 & 4)	77%	91%	94%	91%	100%	98%	59%	93%	98%	61%	74%	NR	94%	59%	88%	100%	88%	89%	72%	
Optum Health Plan of California (Bi-Annual, Sub 2 & 4)	71%	85%	94%	91%	99%	99%	60%	95%	98%	64%	69%	NR	98%	54%	88%	98%	93%	89%	74%	
PIH Health Physicians	73%	82%	100%	100%	75%	100%	64%	100%	100%	82%	85%	NR	100%	67%	85%	100%	100%	96%	70%	
Pomona Valley Medical Group	87%	88%	95%	91%	100%	97%	67%	91%	100%	71%	71%	100%	97%	58%	88%	100%	95%	91%	71%	
Preferred IPA of California	78%	95%	100%	96%	99%	99%	66%	95%	99%	77%	79%	NR	97%	50%	86%	97%	94%	90%	82%	
Prospect Medical Group	75%	92%	96%	92%	100%	99%	65%	97%	98%	66%	79%	100%	98%	48%	93%	95%	93%	87%	70%	
Serendib Healthways Inc.	86%	97%	NR	100%	100%	100%	67%	100%	100%	67%	100%	NR	100%	33%	100%	100%	72%	59%	47%	
South Atlantic Medical Group	74%	100%	100%	100%	100%	100%	68%	97%	100%	85%	86%	100%	93%	67%	92%	86%	93%	93%	71%	
St Vincent IPA	78%	93%	100%	96%	91%	98%	65%	98%	100%	78%	96%	NR	88%	68%	92%	100%	89%	83%	75%	
Superior Choice Medical Group Inc.	78%	95%	97%	100%	100%	98%	73%	89%	100%	76%	76%	NR	92%	73%	82%	96%	82%	86%	66%	



# Lowest Performing PPGs: Timely Access Standards

# Primary Care Physician – Five Lowest Performing PPGs for Urgent Care Appointment



Specialty Type	Non-Compliant	Compliant	Total
Family Practice	329	851	1,180
Internal Medicine	297	801	1,098
General Practice	147	444	591
Pediatrics	143	663	806
OB-GYN	6	7	13

## Key Take Away

### Family Practice – PPGs:

#### 1. Optum Health Plan of California

- 80 / 255 providers were non-compliant
- Zip code with most non-compliant providers: 90505, Torrance

#### 2. Los Angeles County Department of Health Services

- 41 / 71 providers were non-compliant
- Zip code with most non-compliant providers: 90710, Harbor City

#### 3. Health Care LA IPA

- 30 / 69 providers were non-compliant
- Zip code with most non-compliant providers: 90404, Santa Monica

### Internal Medicine – PPGs:

#### 1. Optum Health Plan of California

- 75 / 240 providers were non-compliant
- Zip code with most non-compliant providers: 91105, Pasadena

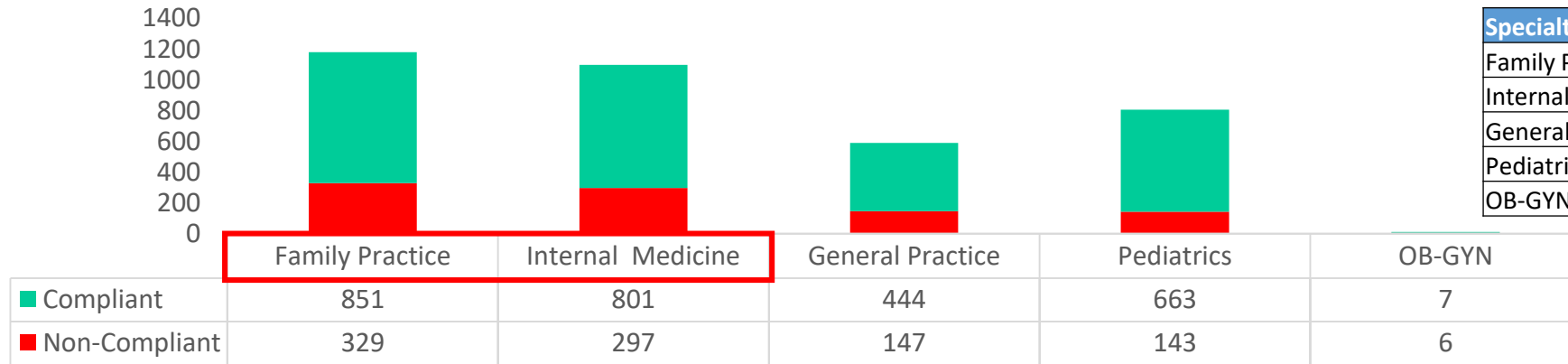
#### 2. Los Angeles County Department of Health Services

- 44 / 98 providers were non-compliant
- Zip code with most non-compliant providers: 90502, Torrance

#### 3. Allied Pacific IPA

- 20 / 123 providers were non-compliant
- Zip code with most non-compliant providers: 90022, Los Angeles

# Primary Care Physician (cont.) – Five Lowest Performing PPGs for Urgent Care Appointment



Specialty Type	Non-Compliant	Compliant	Total
Family Practice	329	851	1,180
Internal Medicine	297	801	1,098
General Practice	147	444	591
Pediatrics	143	663	806
OB-GYN	6	7	13

## Key Take Away

### Family Practice – PPGs:

#### 4. Global Care IPA

- 22 / 60 providers were non-compliant
- Zip code with most non-compliant providers: 90011, Los Angeles

#### 5. Preferred IPA of California

- 21 / 83 providers were non-compliant
- Zip code with the most non-compliant providers: 90011, Los Angeles

### Internal Medicine – PPGs:

#### 4. Preferred IPA of California

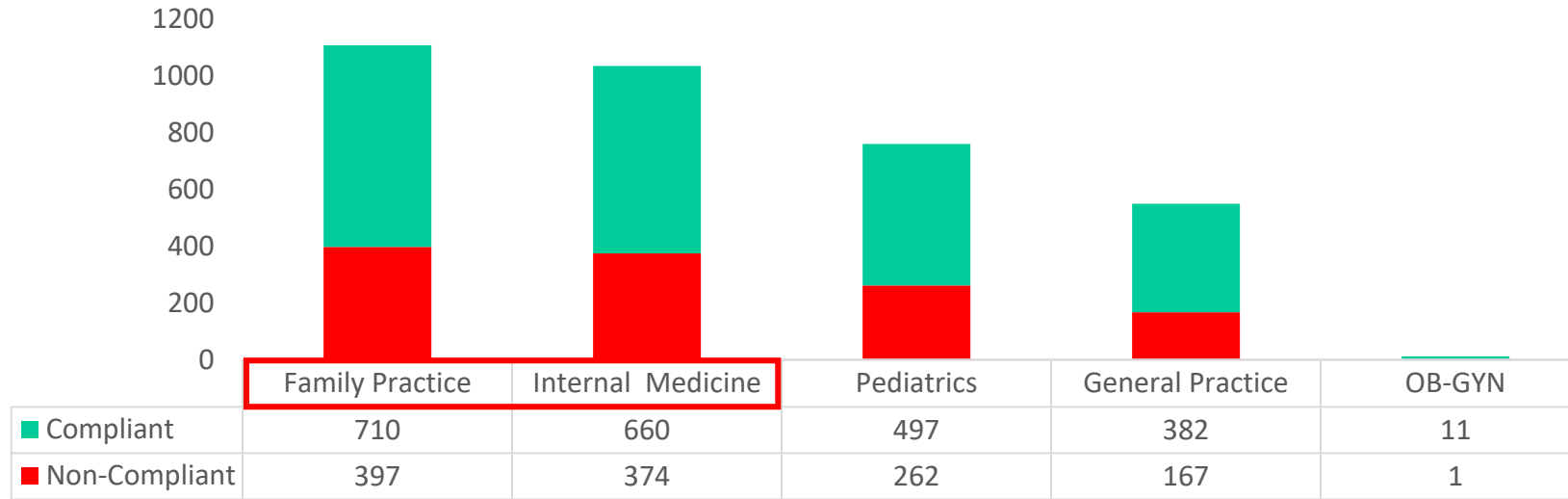
- 16 / 57 providers were non-compliant
- Zip codes with most non-compliant providers: 91601 & 91606, North Hollywood  
91405 & 91411, Van Nuys  
90301 & 90304, Inglewood  
90033 & 90062, Los Angeles

#### 5. Prospect Medical Group

- 16 / 58 providers were non-compliant
- Zip code with most non-compliant providers: 90301, Inglewood



# Primary Care Physician (cont.) – Five Lowest Performing PPGs for Call Back Appointment



Specialty Type	Non-Compliant	Compliant	Total
Family Practice	397	710	1,107
Internal Medicine	374	660	1,034
Pediatrics	262	497	759
General Practice	167	382	549
OB-GYN	1	11	12

## Key Take Away

### Family Practice – PPGs:

#### 1. Optum Health Plan of California

- 91 / 225 providers were non-compliant
- Zip codes with most non-compliant providers:  
91325, Northridge  
91206, Glendale

#### 2. Health Care LA IPA

- 32 / 62 providers were non-compliant
- Zip code with most non-compliant providers: 90404, Santa Monica

#### 3. Preferred IPA of California

- 29 / 74 providers were non-compliant
- Zip code with most non-compliant providers: 90011, Los Angeles

### Internal Medicine – PPGs:

#### 1. Optum Health Plan of California

- 84 / 227 providers were non-compliant
- Zip code with most non-compliant providers: 91105, Pasadena

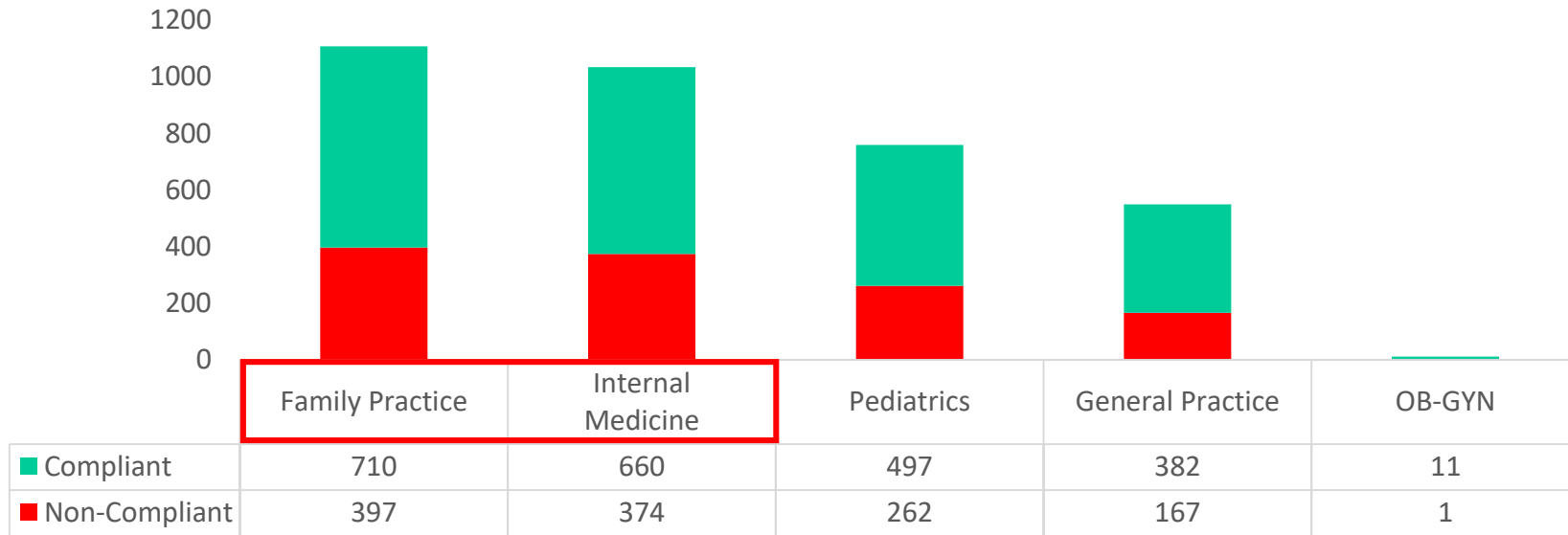
#### 2. Allied Pacific IPA

- 46 / 114 providers were non-compliant
- Zip codes with most non-compliant providers:  
91801 – Alhambra  
91776 – San Gabriel  
91754 – Monterey Park  
91007 – Arcadia

#### 3. Prospect Medical Group

- 27 / 60 providers were non-compliant
- Zip code with most non-compliant providers: 90404, Santa Monica

# Primary Care Physician (cont.) – Five Lowest Performing PPGs for Call Back Appointment



Specialty Type	Non-Compliant	Compliant	Total
Family Practice	397	710	1,107
Internal Medicine	374	660	1,034
Pediatrics	262	497	759
General Practice	167	382	549
OB-GYN	1	11	12

## Key Take Away

### Family Practice – PPGs:

#### 4. Allied Pacific IPA

- 24 / 85 providers were non-compliant
- Zip codes with most non-compliant providers:
  - 91790, West Covina
  - 91754, Monterey Park

#### 5. Optum Care Network – AppleCare Select

- 22 / 46 providers were non-compliant
- Zip code with most non-compliant providers: 90011, Los Angeles

### Internal Medicine – PPGs:

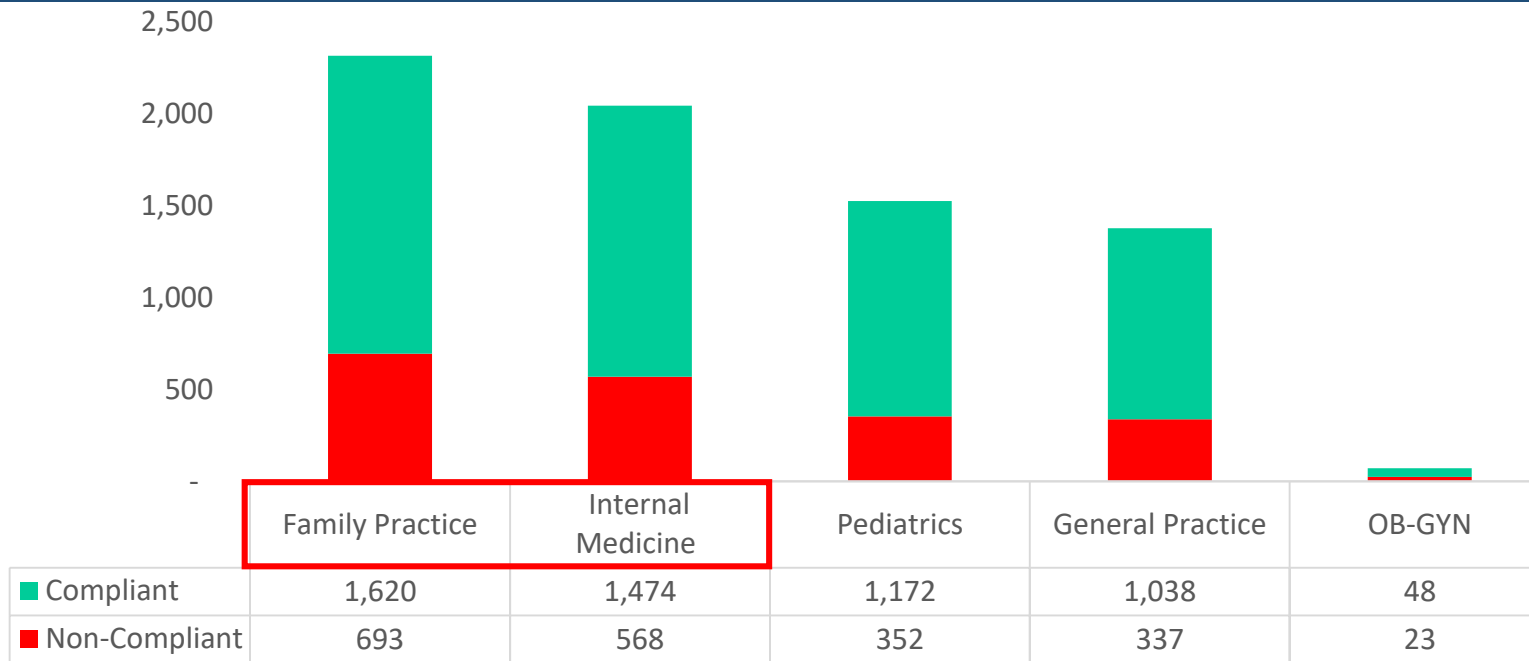
#### 4. AltaMed Health Services

- 26 / 68 providers were non-compliant
- Zip code with most non-compliant providers: 91105, Pasadena

#### 5. Preferred IPA of California

- 26 / 55 providers were non-compliant
- Zip code with most non-compliant providers: 91601, North Hollywood

# After Hours Care: Five Lowest Performing PPGs for Timeliness Compliance



Specialty Type	Non-Compliant	Compliant	Total
Family Practice	693	1,620	2,313
Internal Medicine	568	1,474	2,042
Pediatrics	352	1,172	1,524
General Practice	337	1,038	1,375
OB-GYN	23	48	71

## Key Take Away

### Family Practice – PPGs:

#### 1. Optum Health Plan of California

- 104 / 430 providers were non-compliant
- Zip code with the most non-compliant providers: 90277, Los Angeles

#### 2. Health Care LA IPA

- 55 / 166 providers were non-compliant
- Zip code with the most non-compliant providers: 90813, Los Angeles

#### 3. Allied Pacific IPA

- 54 / 163 providers were non-compliant
- Zip code with the most non-compliant providers: 91754, Los Angeles

### Internal Medicine – PPGs:

#### 1. Optum Health Plan of California

- 122 / 450 providers were non-compliant
- Zip code with the most non-compliant providers: 91105, Pasadena

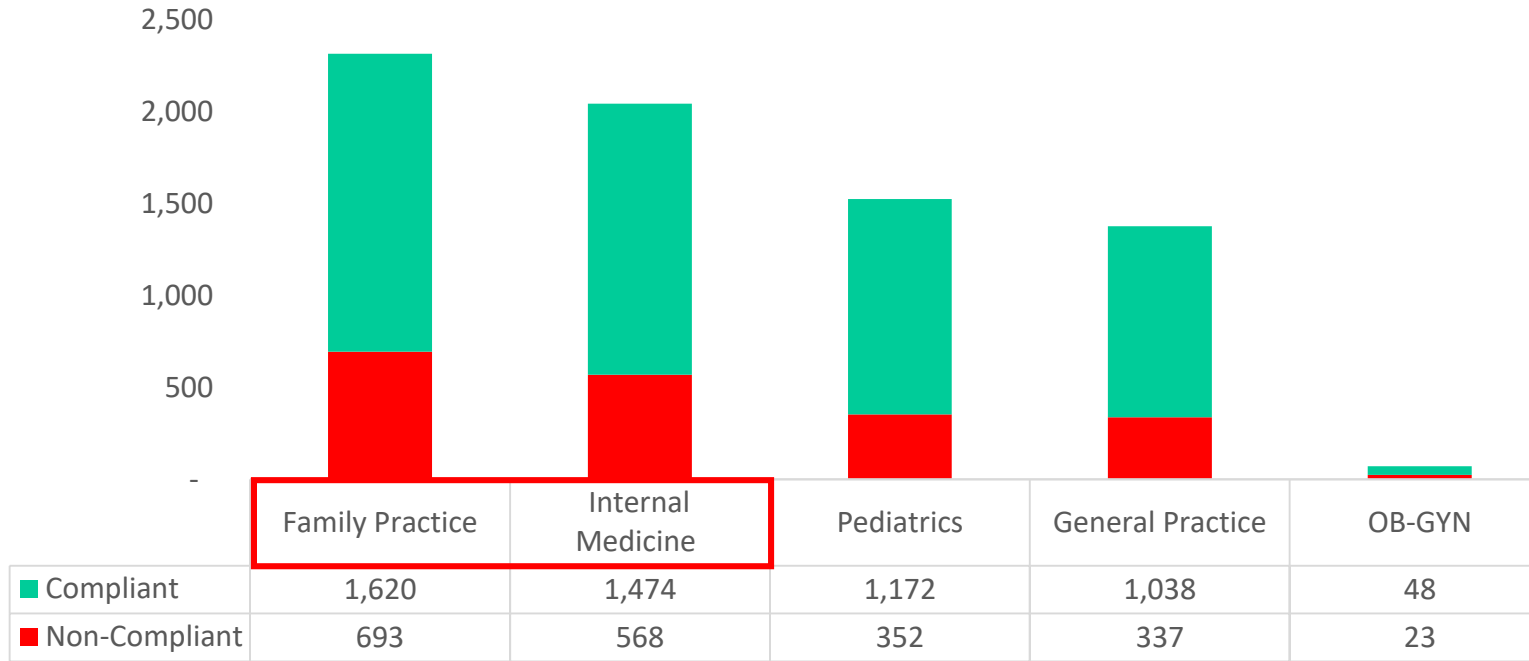
#### 2. Allied Pacific IPA

- 56 / 196 providers were non-compliant
- Zip codes with the most non-compliant providers:  
91748, Rowland Heights  
91007, Arcadia

#### 3. Los Angeles County Department of Health Services

- 54 / 131 providers were non-compliant
- Zip code with the most non-compliant providers: 90502, Torrance

# After Hours Care (cont.): Five Lowest Performing PPGs for Timeliness Compliance



Specialty Type	Non-Compliant	Compliant	Total
Family Practice	693	1,620	2,313
Internal Medicine	568	1,474	2,042
Pediatrics	352	1,172	1,524
General Practice	337	1,038	1,375
OB-GYN	23	48	71

## Key Take Away

### Family Practice – PPGs:

#### 4. Preferred IPA of California

- 43 / 176 providers were non-compliant
- Zip code with the most non-compliant providers: 90011, Los Angeles

#### 5. AltaMed Health Network Inc

- 43 / 105 providers were non-compliant
- Zip codes with the most non-compliant providers: 90011, 90021, 90022, 90057 & 90255, Los Angeles

### Internal Medicine – PPGs:

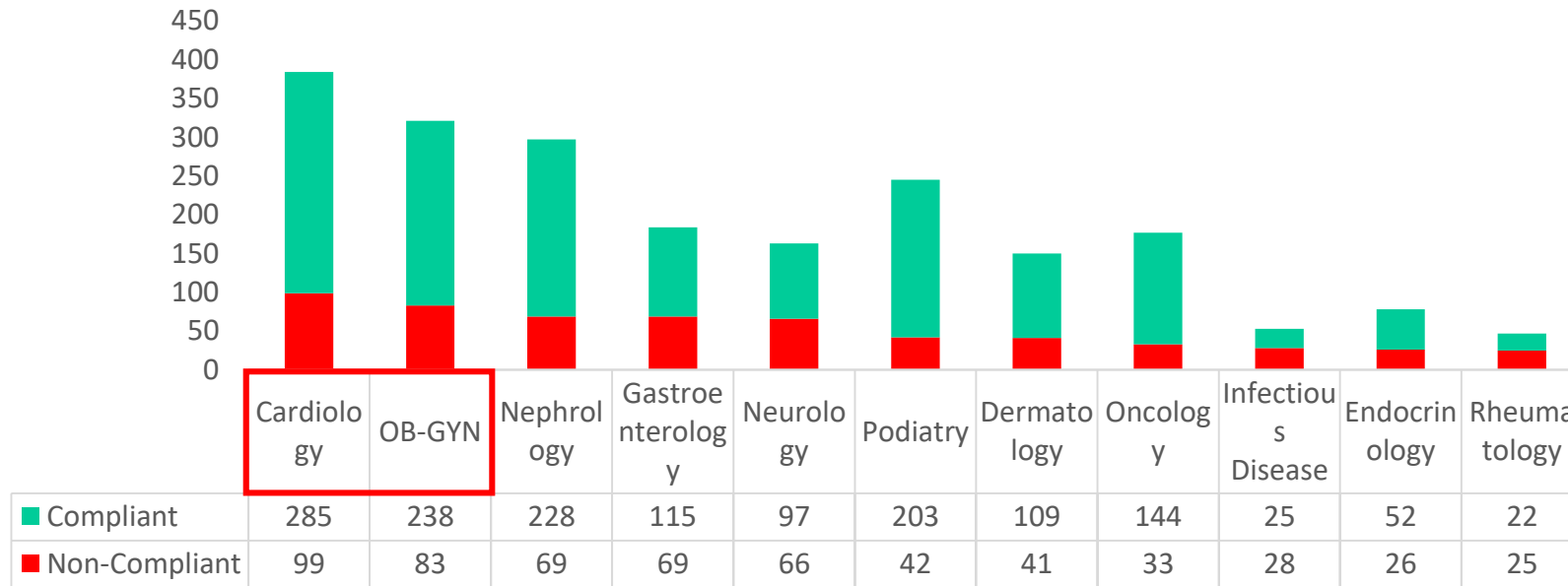
#### 4. Prospect Medical Group

- 32 / 115 providers were non-compliant
- Zip code with the most non-compliant providers: 90241, Downey

#### 5. Health Care LA IPA

- 28 / 72 providers were non-compliant
- Zip codes with the most non-compliant providers: 91355, Valencia  
90230, Culver City  
90014, Los Angeles

# Specialty Care Physician – Five Lowest Performing PPGs for Urgent Care Appointment



Specialty Type	Non-Compliant	Compliant	Total
Cardiology	99	285	384
OB-GYN	83	238	321
Nephrology	69	228	297
Gastroenterology	69	115	184
Neurology	66	97	163
Podiatry	42	203	245
Dermatology	41	109	150
Oncology	33	144	177
Infectious Disease	28	25	53
Endocrinology	26	52	78
Rheumatology	25	22	47

## Key Take Away

### Cardiology – PPGs:

#### 1. L.A. Care Direct Network

- 18 / 56 providers were non-compliant
- Zip code with most non-compliant providers: 91208, Glendale

#### 2. Allied Pacific IPA

- 10 / 22 providers were non-compliant
- Zip code with most non-compliant providers: 91105, Pasadena

#### 3. Health Care LA IPA

- 10 / 33 providers were non-compliant
- Zip code with most non-compliant providers: 90015, Los Angeles

### OB-GYN – PPGs:

#### 1. L.A. Care Direct Network

- 19 / 58 providers were non-compliant
- Zip codes with most non-compliant providers: 91740, Glendora; 90813 Long Beach

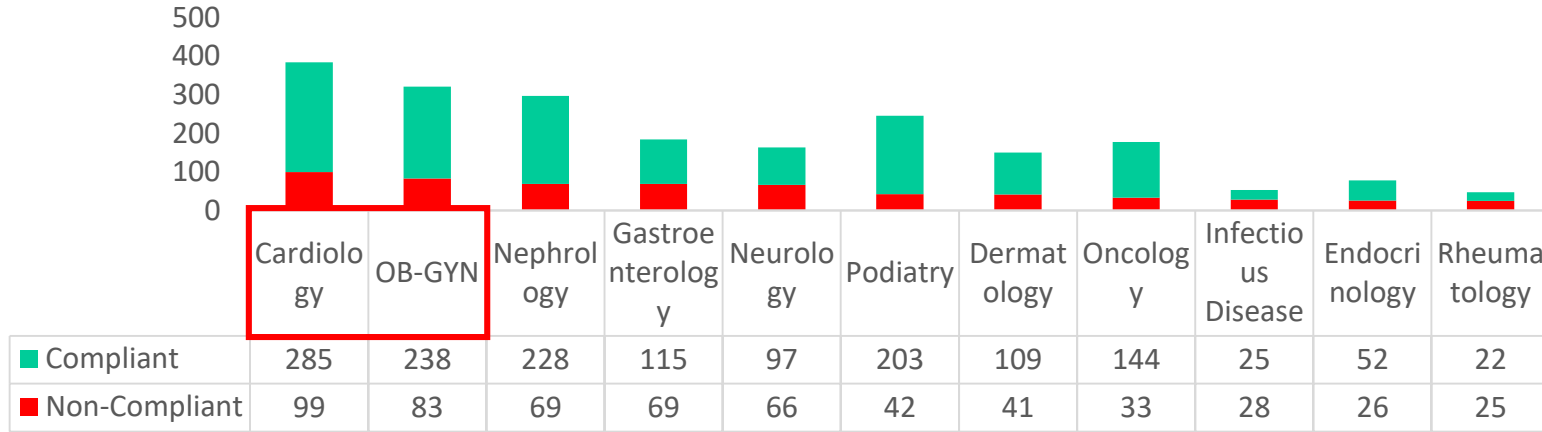
#### 2. Optum Health Plan of California

- 8 / 19 providers were non-compliant
- Zip code with most non-compliant providers: 91740, Glendora

#### 3. Prospect Medical Group

- 8 / 25 providers were non-compliant
- Zip codes with most non-compliant providers: 90035, Los Angeles; 90640, Montebello

# Specialty Care Physician (cont.): Five Lowest Performing PPGs for Urgent Care Appointment



Specialty Type	Non-Compliant	Compliant	Total
Cardiology	99	285	384
OB-GYN	83	238	321
Nephrology	69	228	297
Gastroenterology	69	115	184
Neurology	66	97	163
Podiatry	42	203	245
Dermatology	41	109	150
Oncology	33	144	177
Infectious Disease	28	25	53
Endocrinology	26	52	78
Rheumatology	25	22	47

## Key Take Away

### Cardiology – PPGs:

#### 4. Global Care IPA

- 9 / 19 providers were non-compliant
- Zip codes with the most non-compliant providers: 90015, 90033 & 90017, Los Angeles

#### 5. Prospect Medical Group

- 7 / 20 providers were non-compliant
- Zip code with the most non-compliant providers: 91801, Alhambra

### OB-GYN – PPGs:

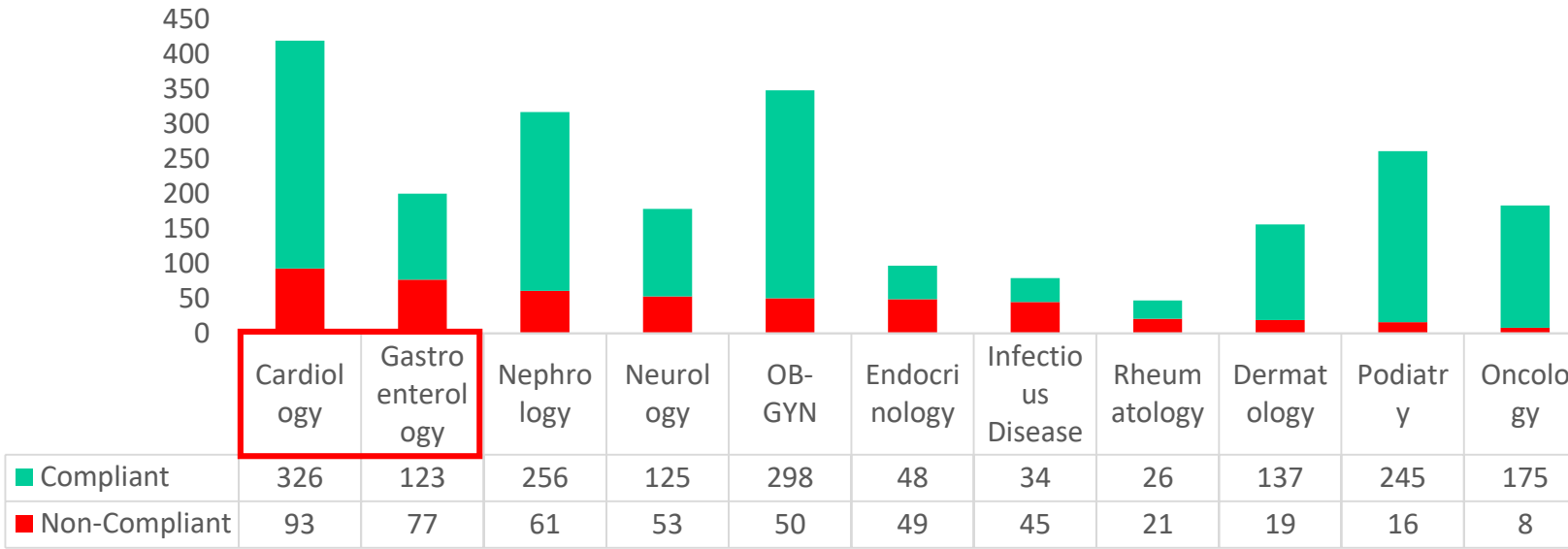
#### 4. AltaMed Health Services

- 7 / 16 providers were non-compliant
- Zip codes with the most non-compliant providers: 90027, 90033, 90057, Los Angeles

#### 5. AltaMed Health Network Inc.

- 7 / 12 providers were non-compliant
- Zip codes with the most non-compliant providers: 90027, 90033 & 90057, Los Angeles

# Specialty Care Physician (cont.): Five Lowest Performing PPGs for Routine Care Appointment



Specialty Type	Non-Compliant	Compliant	Total
Cardiology	93	326	419
Gastroenterology	77	123	200
Nephrology	61	256	317
Neurology	53	125	178
OB-GYN	50	298	348
Endocrinology	49	48	97
Infectious Disease	45	34	79
Rheumatology	21	26	47
Dermatology	19	137	156
Podiatry	16	245	261
Oncology	8	175	183

## Key Take Away

### Cardiology – PPGs:

#### 1. L.A. Care Direct Network

- 19 / 61 providers were non-compliant
- Zip code with the most non-compliant providers: 91208, Glendale

#### 2. Health Care LA IPA

- 10 / 35 providers were non-compliant
- Zip codes with the most non-compliant providers: 90017, 90015 & 90033, Los Angeles

### Gastroenterology – PPGs:

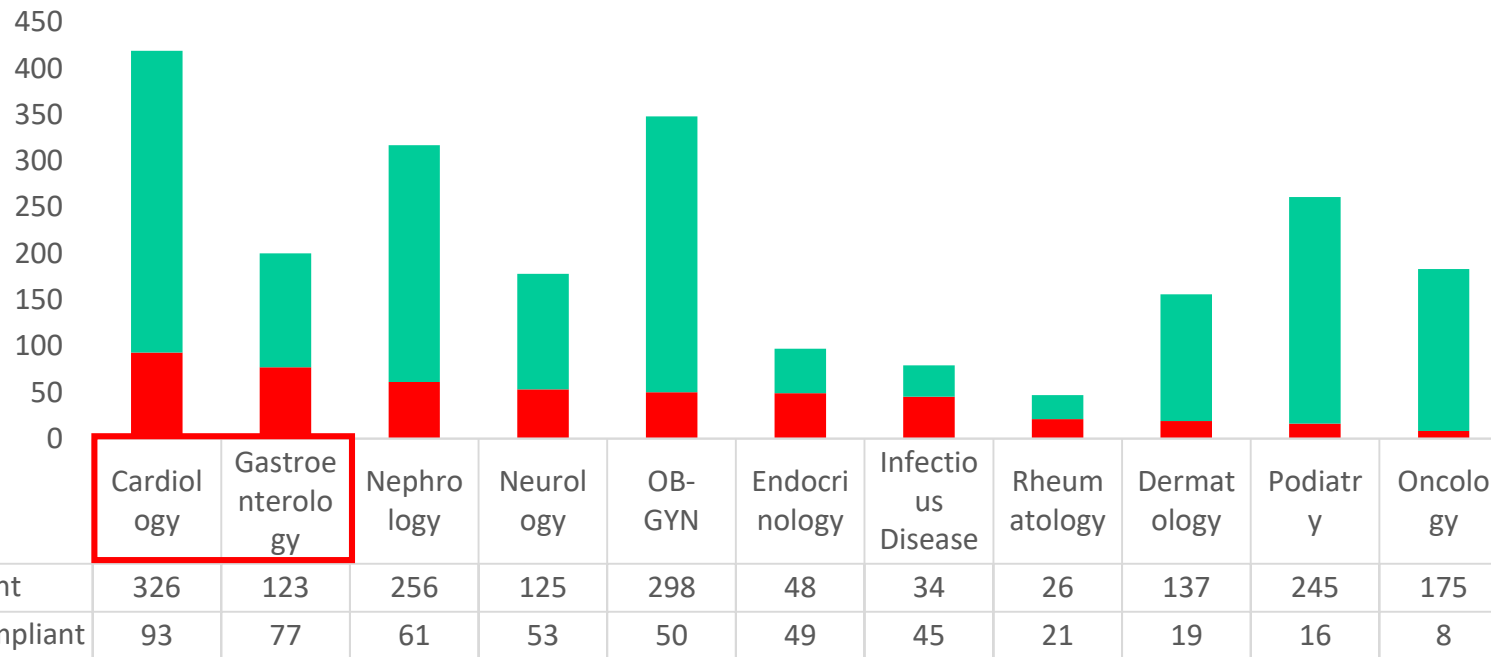
#### 1. L.A. Care Direct Network

- 13 / 28 providers were non-compliant
- Zip codes with the most non-compliant providers: 90712, Lakewood  
90301, Inglewood

#### 2. Optum Health Plan of California

- 12 / 26 providers were non-compliant
- Zip codes with the most non-compliant providers: 90712, Lakewood  
91776, San Gabriel

# Specialty Care Physician (cont.) – Five Lowest Performing PPGs for Routine Care Appointment



Specialty Type	Non-Compliant	Compliant	Total
Cardiology	93	326	419
Gastroenterology	77	123	200
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Rheumatology	21	26	47
Dermatology	19	137	156
Podiatry	16	245	261
Oncology	8	175	183

## Key Take Away

### Cardiology – PPGs:

#### 3. Allied Pacific IPA

- 9 / 23 providers were non-compliant
- Zip code with the most non-compliant providers: 91105, Pasadena

#### 4. Prospect Medical Group

- 8 / 22 providers were non-compliant
- Zip code with the most non-compliant providers: 91801, Alhambra

#### 5. Optum Health Plan of California

- 5 / 31 providers were non-compliant
- Zip code with the most non-compliant providers: 91505, Burbank

### Gastroenterology – PPGs:

#### 3. Health Care LA IPA

- 6 / 14 providers were non-compliant
- Zip code with the most non-compliant providers: 90020, Los Angeles

#### 4. Prospect Medical Group

- 6 / 11 providers were non-compliant
- Zip code with the most non-compliant providers: 90712, Lakewood

#### 5. Superior Choice Medical Group

- 5 / 7 providers were non-compliant
- Zip code with the most non-compliant providers: 90020, Los Angeles





Low Performance Analysis: Medi-Cal, Plan Partners, and Direct Network standards below the DMHC Goal of 70%

Low Performance	Appointment Availability (PCP)	Appointment Availability (SCP)	After Hour (PCP)
<b>Medi-Cal</b>	<b>Call – Back Appointment:</b> <b>65%</b>	<b>Call – Back Appointment:</b> <b>57%</b>  <b>Urgent Appointment:</b> <b>69%</b>	<b>Timeliness Appointment:</b> <b>66%</b>
<b>L.A. Care Direct Network</b>	<b>Call – Back Appointment:</b> <b>69%</b>	<b>Call – Back Appointment:</b> <b>56%</b>  <b>Urgent Appointment (69%):</b> <b>69%</b>	<b>NA</b>

DMHC Goal **70%**

Low Performance	Appointment Availability (PCP)	Appointment Availability (SCP)	After Hour (PCP)
<b>Anthem Blue Cross</b>	<b>Call – Back Appointment:</b> 63%	<b>Call – Back Appointment:</b> 47%  <b>Urgent Appointment:</b> 60%  <b>Routine Appointment:</b> 64%	<b>NA</b>
Low Performance	Appointment Availability (PCP)	Appointment Availability (SCP)	After Hour (PCP)
<b>Blue Shield Promise of CA</b>	<b>Call – Back Appointment:</b> 60%	<b>Call – Back Appointment:</b> 49%  <b>Urgent Appointment (64%):</b> 64%  <b>Routine Appointment (69%):</b> 69%	<b>Timeliness Appointment:</b> 68%

DMHC Goal **70%**

# Frequent Provider Group Responses for Non-Compliance

Group Responses	L.A. Care Actions
<p><b>Call-Back, Urgent, &amp; Routine Appointments:</b></p> <p>1) Providers Staff and Providers not aware of AH &amp; AA Standards.</p> <p>2) Provider &amp; Staff turnover.</p> <p>3) Providers do not have appointments available within the standard timeframe.</p> <p>4) Provider and specialist offices are still experiencing delays in appointment availability due to COVID-19 office restrictions /protocols and office staff changes.</p>	<ul style="list-style-type: none"> <li>• L.A. Care continuously educates provider groups on the access to care requirements via webinars, communicating standards, Corrective Action Plans, the Provider Appointment Availability Survey, and deepening collaboration during QI JOMs.</li> <li>• COVID-19 impacted practices tremendously and residual impacts are still being felt. Nonetheless, L.A. Care is collaborating with groups to understand more deeply the root causes beyond the public health emergency.</li> </ul>



# Interventions

# Summary

- New and more extensive analytics
- Education, Training, and Provider Engagement
  - Adjusting webinar approach to include best practices and interventions
  - Coordinating with CRM to conduct outreach to non-compliant Direct Network providers
- PAAS Survey Process
  - Updating timeline to distribute survey results earlier to Provider Groups
- QI Joint Operating meetings (JOMs)
- Report Card Enhancements
- Corrective Action Enforcement
- Exploration of additional digital health, telemedicine, and technology solutions to expand access to care beyond in-person care provider visits
- Collaboration:
  - Practice transformation
  - PNM, Finance, and QI teams to address broader systemic issues including network development, contracting, reimbursement, and other systemic challenges

# PCP Appointment Availability Dashboard (Example)

## PCP Appointment Availability

### Measure Level Compliance

Measure	Ranking	Goal	2023	2022	2021
Urgent Compliance	31 of 36	80%	56%	63%	67%
Non-Urgent Compliance	30 of 36	89%	62%	67%	79%
Preventative Compliance - Adult	18 of 36	97%	76%	81%	80%
Preventative Compliance - Child	21 of 36	93%	75%	80%	60%
Prenatal Compliance	1 of 36	98%	100%	100%	
Waiting Room Compliance	1 of 36	99%	100%	100%	100%
Callback Compliance	30 of 36	80%	40%	41%	92%
Reschedule Callback Compliance	21 of 36	99%	89%	96%	85%
Reschedule Process Compliance	14 of 36	96%	97%	100%	100%

### Response Rates

Outcome	Count	Percentage
Response	95	57%
No Response	46	27%
Refused	14	8%
Ineligible	13	8%

### Specialty

(All)

### LOB

(All)

### PPG

### Compliance

■ N

■ Y

### Provider Results

Provider Name	NPI	Address 1	Non-Compliant Appointments	Urgent Compliance	Non-Urgent Compliance	Preventative Compliance - Adult	Preventative Compliance - Child	Prenatal Compliance	Waiting Room Compliance	Callback Compliance	Res Ca Cor
			1	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>			<span style="color: green;">●</span>	<span style="color: red;">●</span>	
			1		<span style="color: red;">●</span>	<span style="color: green;">●</span>			<span style="color: green;">●</span>	<span style="color: green;">●</span>	
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>			<span style="color: green;">●</span>	<span style="color: green;">●</span>	
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>			<span style="color: green;">●</span>	<span style="color: green;">●</span>	
			3	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	
			2	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>			<span style="color: green;">●</span>		
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>			<span style="color: green;">●</span>	<span style="color: green;">●</span>	
			1		<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	
			2	<span style="color: green;">●</span>	<span style="color: green;">●</span>		<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	
			4	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>			<span style="color: green;">●</span>	<span style="color: red;">●</span>	
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>			<span style="color: green;">●</span>	<span style="color: green;">●</span>	

# SCP Appointment Availability Dashboard (Example)

## SCP Appointment Availability

### Measure Level Compliance

Measure	Ranking	Goal	2023	2022	2021
Urgent Compliance	15 of 36	80%	67%	25%	75%
Non-Urgent Compliance	29 of 36	80%	66%	75%	100%
Prenatal Compliance	NR	96%			
Waiting Room Compliance	1 of 36	98%	100%	86%	100%
Callback Compliance	23 of 36	80%	53%	50%	100%
Reschedule Callback Complia..	3 of 36	90%	97%	100%	75%
Reschedule Process Complia..	1 of 36	99%	100%	100%	100%

### Response Rates

Outcome	Count	Percentage
Response	54	38.3%
No Response	47	33.3%
Refused	16	11.3%
Ineligible	24	17.0%

Specialty

LOB

PPG

Compliance  
■ N  
■ Y

### Providers

Provider Name	NPI	Address 1	Non-Compliant Appointments	Urgent Compliance	Non-Urgent Compliance	Waiting Room Compliance	Callback Compliance	Reschedule Callback Compliance	Reschedule Process Compliance
[Redacted]			0	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			3	●	●	●	●	●	●
[Redacted]			2	●	●	●	●	●	●
[Redacted]			2	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			6	●	●	●	●	●	●
[Redacted]			1	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			2	●	●	●	●	●	●
[Redacted]			3	●	●	●	●	●	●
[Redacted]			1	●	●	●	●	●	●
[Redacted]			3	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			0	●	●	●	●	●	●
[Redacted]			2	●	●	●	●	●	●



# PCP After Hours Dashboard (Example)

## PCP After-Hours

### Measure Level Compliance

Measure	Ranking	Goal	2023	2022	2021
Access ER Compliance	31 of 36	80%	57%	27%	100%
Access Reach Compliance	24 of 36	80%	71%	27%	86%
Timeliness Compliance	28 of 36	80%	62%	20%	86%

### Response Rates

Outcome	Count	Percentage
Response	65	98.5%
Ineligible	1	1.5%

### Specialty

Family Practice

### LOB

(All)

### PPG

### Compliance

- N
- Y

### Providers

Provider Name	NPI	Address 1	Non-Compliant Appointments	Access ER Compliance	Access Reach Compliance	Timeliness Compliance
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			2	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			2	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>
			2	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			2	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			1	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			0	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
			2	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>
			2	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>
			2	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>
			3	<span style="color: red;">●</span>	<span style="color: red;">●</span>	<span style="color: red;">●</span>

# Discussion and Feedback

- Which access to care standard gaps are you most concerned with?
- What is your understanding of root causes?
- What ideas and resources do you have for deepening provider engagement around Access to Care?
- What additional resources do you have for helping practices to expand access?

Questions?





**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

# MY2023 HEDIS Results



**Compliance & Quality Committee**

**Date: September 19, 2024**

**Presenter: Thomas Mendez**



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

# Report Content & Background

## MY2023 HEDIS Summary

All HEDIS Measurement Year (MY) 2023 Submissions for all Lines of Business (LOB) were successfully completed in June 2024.

L.A. Care maintained a 3.5 NCQA Health Plan Rating (HPR) for Medi-Cal which is the same earned rating since MY2020

The DSNP HPR was not calculated as the plan is new and didn't have eligible members for the CAHPS survey

NCQA does not calculate Marketplace HPR

# Key Findings

## MY2023 HEDIS

In general, HEDIS rates have been improving Year over Year since COVID-19 (MY2020).and rates have returned or are exceeding pre-COVID levels

	Measures Improved	Measures Declined
DSNP Admin Measures	45	34
DSNP Hybrid Measures	6	8
LACC Admin Measures	22	13
LACC Hybrid Measures	12	1
Medi-Cal Admin Measures	68	30
Medi-Cal Hybrid Measures	14	1
Totals	167	87

# Highlights/Goals Met

MY2023 HEDIS

## **Managed Care Accountability Set (MCAS) Minimum Performance Level (MPL) measures, 11 out of 18 reached the MPL.**

Lead Screening in Children (LSC), Topical Fluoride (TFL), and Well Visits for Children and Adolescents were 3 measures that reached MPL that did not meet in MY2022. Penalties from DHCS are expected to be approximately \$500K less than last year due to these improvements.

## **Quality Transformation Initiative (QTI) measures. 3 out of 4 were above MY2022**

Controlling Blood Pressure (CBP) reached the 50th percentile and is 5.19% over last year

Colorectal Cancer Screening (COL) (5.03%) and HbA1c for Diabetics (HBD) (5.84%) are also significantly above last year's final

# Any Areas of Poor Performance (?)

MY2023 HEDIS

For the MCAS MPL measures, areas of concern are:

Childhood Immunization Status (CIS) where the rate for the Influenza vaccine continues to decline year over year

Cervical Cancer Screening (CCS) the rate has been trending downward for this measure since COVID-19 as this is a 5 year measure that hasn't been recovering

For the QTI measures, there has been improvement however, all 4 are still well below the required 67<sup>th</sup> percentile, so there are still very substantial penalties expected



# Root Cause Analysis for any Areas of Poor Performance

Access to care continues to be an issue for several measures, especially for measures that require in person visits and/or multiple visits to be compliant for the measure, such as cervical cancer screenings, well child visits, and colorectal cancer screenings.

As examples, we have seen a significant increase in the number of immunizations that are given late, colonoscopies that take several months to schedule

# Questions?

