

DRAFT



AGENDA

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

Thursday, November 21, 2024, 2:00 P.M.
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

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

<https://lacare.webex.com/weblink/register/r7f39c340b54fbdded631c2a2d4c26ae2>

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

Meeting Number: 2497 210 0061 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, 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.

WELCOME

Stephanie Booth, MD, *Chair*

1. Approve today’s meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve October, 2024 Meeting Minutes *Chair*
4. Chairperson’s Report *Chair*
 - Education Topics

COMPLIANCE

5. Chief Compliance Officer Report *Todd Gower
Chief Compliance Officer*
 - 2025 C&Q Calendar Recommendation
 - Compliance Work Plan Update
6. Internal Audit Services *Maggie Marchese
Senior Director, Audit Services
Gennadiy Daych
Director, Internal Audit*

- | | | |
|-----|--|--|
| 7. | Delegation Oversight Audit Schedule and Status | Marita Nazarian
<i>Director, Delegation Oversight</i> |
| 8. | Compliance Training Update | Michael Sobetzko
<i>Senior Director,
Risk Management and
Operations Support</i> |
| 9. | Issues Inventory | Michael Sobetzko |
| 10. | Regulatory Audit (Follow Up) | Miguel Varela
<i>Senior Director II,
Regulatory Operations</i> |
| 11. | Payment Integrity Report | Erik Chase
<i>Senior Director, Claims Integrity</i> |

HEALTH SERVICES

- | | | |
|-----|--|---|
| 12. | Medi-Cal Accountability Set (MCAS) Updates | Betsy Santana, MPH
<i>Senior Manager, Quality
Improvement Initiatives, Quality
Improvement</i> |
| 13. | Member Experience Survey Results P.94 | Linda Carberry,
<i>Manager, Quality Performance
Management, Quality
Performance Management</i>
Brigitte Bailey, MPH, CHES
<i>Supervisor, Quality Improvement</i> |
| 14. | Public Comment on Closed Session Items | |

ADJOURN TO CLOSED SESSION (Est. time 20 minutes)

- 15. PEER REVIEW
Welfare & Institutions Code Section 14087.38(o)
- 16. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases
- 17. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069
Department of Health Care Services (Case No. Unavailable)

RECONVENE IN OPEN SESSION

ADJOURNMENT

**The next Compliance & Quality Committee meeting is scheduled on
Thursday, January 16, 2025 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. Please follow additional instructions on the first page of this Agenda.

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

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

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th 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.

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 – October 17, 2024



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

Members

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

Senior Management

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

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:05 P.M. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The meeting Agenda was approved as submitted.	Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)
PUBLIC COMMENT	<i>There was no public comment.</i>	
APPROVAL OF MEETING MINUTES	The September 19, 2024 meeting minutes were approved as submitted.	Approved unanimously. 3 AYES

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT	<p>Chairperson Booth reported on her search for educational topics that could benefit board members. She suggested providing brief educational sessions, either online or as short presentations during board meetings, ideally lasting no longer than 15 minutes. These sessions would focus on clarifying board members' roles, responsibilities, and key issues to consider. Booth expressed concern that if these were optional and only available online, they might be overlooked by board members, particularly those new to the board. She also mentioned a recent minor miscommunication between the Internal Audit and IT departments, describing it as a natural part of organizational growth. Booth reassured the board that Internal Audit's role is supportive and not punitive, aiming to address potential issues internally before any external audits. She added that if departments face an overload of responsibilities, they can return new activities to the risk management team for further guidance.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>In his Chief Medical Officer report, Dr. Amin provided an update on recent initiatives and progress within L.A. Care Health Services. He began by discussing the October 7-8 strategy summit, where senior leadership across all health services areas gathered to set strategic goals for 2025. The summit aimed to create a “living strategic guide” that aligns enterprise goals and integrates efforts across departments. Key initiatives from the summit included streamlining authorizations and care coordination, enhancing population health management, and establishing collaboration frameworks with other divisions to build a more cohesive healthcare ecosystem. Dr. Amin plans to present a detailed summary of the summit outcomes at the November board meeting.</p> <p>Dr. Amin then spoke about developments in L.A. Care's enhanced Care Management and Case Management programs. L.A. Care is progressing toward its goal of enrolling 30,000 members in Enhanced Care Management, with over 16,000 members currently enrolled, half of whom joined within the past year. New incentive payments and contract structures have spurred this growth, and additional provider partnerships, such as with Didi Hersh Mental Health Services, have been beneficial. Case management services also expanded, with 542 new cases in August, including 427 high-risk cases and 73 transferred to California Children Services. The high-risk case management remains a crucial support for L.A. Care's members.</p> <p>Transitioning to care services, Dr. Amin reported on the rapid expansion of the Transitions of Care program, which contacted over 2,700 members in August to offer post-hospital discharge support. L.A. Care established an intake line for low-risk members, enabling them to access care</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>coordination resources when needed. Dr. Amin also touched on Utilization Management, emphasizing the program’s high performance, with metrics consistently above 95% for timeliness and accuracy over the past 15 months, a testament to the team’s commitment to quality.</p> <p>Dr. Amin noted the behavioral health telehealth program in schools, a significant initiative providing mental health services to students across 703 schools through partnerships with 63 local education agencies. In 2023, the program served 3,000 students through 20,000 visits, reaching a diverse demographic, including 54.5% Latinx and 8.6% Black students. This school-based telehealth program has successfully delivered critical behavioral health services to a highly diverse student population. Dr. Amin wrapped up by acknowledging upcoming presentations on quality oversight, facility site review, and utilization management, indicating that these topics would be explored in further detail by other leaders.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</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 written report can be obtained from Board Services</i>).</p> <p>Todd Gower provided an overview of the Compliance and Quality (C&Q) Committee's efforts and shared updates on key compliance initiatives. Mr. Gower introduced a new format for the C&Q meeting to allocate more time for quality discussions, with a full compliance report planned for December to evaluate progress against the compliance work plan. Of the 20 projects outlined in the work plan, guided by the Office of Inspector General (OIG) recommendations, six have been completed, and the remaining projects are expected to conclude by late 2024 or early 2025. Notably, the team has focused on refining the regulatory intake process with IT support, enhancing the annual risk assessment by integrating efforts with IT security, and forming a Risk Committee to improve risk accountability and efficiency.</p> <p>Mr. Gower noted improvements in governance, including the reformation of oversight and sanctions committees, as well as implementing scorecards to monitor progress. He discussed efforts to benchmark L.A. Care’s compliance activities against similar organizations, particularly regarding organization size and risk, while collaborating with Finance and Human Resources to ensure that resources align with budgetary and operational needs. This year, they launched an annual compliance survey to gather feedback from delegates and providers to reduce redundancies and improve provider relations.</p> <p>Mr. Gower noted efforts to streamline reporting requirements, distinguishing quarterly from monthly reports to enhance efficiency, and stated that further reporting refinements would be rolled out in 2025. He spoke about ongoing improvements in defining roles between internal audit</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and compliance functions, aiming to solidify a structure based on the "three lines of defense" model. Mr. Gower also shared that today's meeting would cover internal compliance updates, the revised compliance charter, and updates on Special Investigative Units (SIUs). The compliance charter was a major agenda item, developed with input from Augustavia J. Haydel, Esq., <i>General Counsel</i>, Board Services, and other stakeholders. The charter clarifies recent structural adjustments, including moving internal audit outside Compliance, ensuring quality and compliance oversight, and aligning with the OIG's seven compliance elements. He acknowledged the need to potentially revise the charter in the future to reflect an expanded focus on quality and ethics, which may be incorporated depending on ongoing evaluations. Mr. Gover noted the integration of compliance and quality functions within L.A. Care, recognizing the unique structure among California health plans and expressing a commitment to evaluate and adjust the reporting approach as needed to meet member and regulatory expectations.</p> <p><u>Motion COM 100</u> To approve the Revisions to the Compliance and Quality Committee Charter.</p>	<p>Approved unanimously. 3 AYES</p>
<p>QUALITY OVERSIGHT COMMITTEE (QOC) REPORT</p>	<p>Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i>, gave an update from the Quality Oversight Committee (QOC) meeting held on September 24. He focused on four key areas: Healthcare Effectiveness Data and Information Set (HEDIS) metrics, Initial Health Appointments (IHAs), the 2023 Preventive Services Report, and the Cardiovascular Disease Management Program.</p> <p>HEDIS Performance Dr. Sheen highlighted improvements in HEDIS performance in 2023 compared to 2022, with LA Care meeting the Minimum Performance Level (MPL) on 11 of 18 measures, including specific progress in lead screening, topical fluoride, and well-child visits. This overall performance improvement is expected to reduce the number of measures subject to sanctions and the overall total financial penalties by approximately \$550,000 from the previous year, although of note, L.A. Care is still legally appealing the \$800,000 penalty from 2022 due to ongoing concerns over DHCS sanctions methodology .</p> <p>Two developments will further impact financial penalties:</p> <ul style="list-style-type: none"> • Data Barriers for Mental Health and Substance Abuse Follow-Ups: The state acknowledged data limitations for follow-ups after ED visits for mental illness and substance abuse, leading to a waiver of penalties for these measures. • Asthma Medication Ratio (AMR): LA Care's lower-than-expected AMR performance in 2023 was actually due to data mapping issues. Missing data from certain drug codes affected score 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>calculations. LA Care is appealing to the Department of Health Care Services (DHCS) to recalculate this measure, which could further reduce penalties. When the data mapping issues are corrected, L.A. Care’s AMR performance clearly exceeded MPL.</p> <p>Dr. Sheen also discussed improvement in the Covered California Quality Transformation Initiative (QTI) measures, notably in blood pressure control, colorectal cancer screenings, and diabetes management, driven by targeted interventions and upcoming financial incentives for both providers and members.</p> <p>Initial Health Appointments (IHAs) IHAs remain a significant challenge, with a completion rate of around 30%, with slight year-over-year improvements. IHAs require a comprehensive initial assessment for Medi-Cal members within 120 days of enrollment, covering physical and mental health history, risk assessments, preventive screenings, and more. Challenges include:</p> <ul style="list-style-type: none"> • Access to Care: Providers struggle to bring members in for IHAs, despite knowing the importance of the requirement. • Provider administrative and documentation burdens • Members may not come in for IHA even when PCPs try to get them in • Documentation: Proper documentation is crucial, as missing any IHA component results in no credit. Members can also be removed from the denominator if they refuse the IHA or if providers document three outreach attempts. But providers also often have challenges with documenting these exclusions. <p>To address these challenges, Dr. Sheen outlined several initiatives:</p> <ul style="list-style-type: none"> • Provider Engagement: LA Care has implemented, performance reviews and scorecards to monitor and improve IHA metrics. Monthly meetings with provider groups review performance and review strategies to increase IHA completion. There is also a provider incentive in place. • Member Outreach: LA Care has updated member welcome kits. We have also expanded member outreach through text message and phone campaigns targeting high-risk members to encourage IHA completion. <p>2023 Preventive Services Report Dr. Sheen summarized the results of the 2023 preventive services report, emphasizing key services and preventive measures implemented for members. Details of this summary were brief but focused on aligning preventive care with long-term health goals.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Cardiovascular Disease Management Program</p> <p>Dr. Sheen concluded with updates on the cardiovascular disease management program, though specifics on program advancements were not detailed.</p> <p>Dr. Roybal raised concerns about the extensive documentation requirements for the IHA, noting that multiple screening tools, such as hepatitis screenings, make compliance burdensome for providers. He suggested exploring ways to ease this documentation load, possibly by providing asynchronous tools that can supply necessary information back to providers. He also inquired about whether access surveys conducted by the organization include calls specifically for IHA appointments to capture data on access for new appointments. Dr. Sheen stated that data is collected on new visits and new appointments. Member Roybal commented on the challenges of meeting the 120-day Initial Health Appointment (IHA) requirement, pointing out that high patient-to-provider ratios, especially when providers contract with multiple entities, restrict access for members. He suggested that reassessing patient assignments could improve access and help meet compliance targets. He also noted that IHAs are increasingly lengthy, with new requirements adding to providers' workloads each year. Dr. Sheen agreed with Dr. Roybal's concern about high patient-to-provider ratios, noting that Health Services supports considering this factor in the contracting process. Dr. Sheen noted that Initial Health Assessments (IHAs) should be considered for members re-enrolling in Medi-Cal. If an IHA was already completed it could count, even if conducted with a different provider or health plan. However, the challenge lies in ensuring providers are aware of this and are then able to access this prior IHA information, potentially saving costs by avoiding duplicate assessments.</p> <p>Member Vazquez asked that as a member, how can she make sure that her clinic, her provider is participating in all these studies. She would like to know how she can make sure that her provider is participating in all these studies. Dr. Sheen clarified that the Preventive Services Report (PSR) utilizes a sampling methodology, which includes Los Angeles and L.A. Care. Dr. Sheen emphasized that LA Care evaluates performance across various measures (MCAS, HEDIS, STAR) by provider group and aims to support providers and members equitably, despite data challenges and the network's large size.</p>	
FSR OVERVIEW AND UPDATE (QUARTER 1 TO QUARTER 2, 2024) AND IHA OVERVIEW AND	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review (FSR), Director, Population Health Management</i>, gave a FSR Overview and Update (Quarter 1 to Quarter 2, 2024) & Initial Health Assessment Overview and Update (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Report Content & Background</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
UPDATE	<p>FSR and Medical Record Review (MRR) are essential audits that ensure quality and compliance within facilities. Both audits evaluate critical criteria, with FSR focusing on 156 standards and MRR on 147. Each criterion set carries a minimum passing score of 80%, reflecting the level of adherence needed for compliance.</p> <p>Key Findings: Q1-Q2 2024 From January through June 2024, FSR and MRR audits were conducted, emphasizing areas where facilities met or fell short of compliance. The audits offered a snapshot of overall facility performance, assessing their alignment with quality care standards and identifying specific strengths and weaknesses in their operations.</p> <p>Challenges in FSR and MRR The presentation highlighted notable challenges encountered during these audits. These included logistical and operational barriers in facilities, such as documentation inconsistencies, limited resources affecting compliance, and areas where clarity in standards may have been lacking. These issues prompted a reassessment of approaches to support facilities in achieving compliance.</p> <p>Actions Taken To address these challenges, corrective actions were implemented across FSR and MRR activities. This involved providing targeted support to facilities, offering clear guidelines to ensure understanding of compliance standards, and introducing streamlined processes to enhance audit efficiency. Training and resources were provided to facilities where recurring issues were observed, aiming to build capacity and prevent future compliance risks.</p> <p>Future Vision and Strategy for FSR Looking ahead, the presentation outlined a strategic plan focused on sustainable compliance improvements. This included enhancing audit methodologies, refining the criteria to better reflect evolving standards, and leveraging technology to improve data accuracy and audit processes. The strategy emphasized collaboration with facilities to foster a culture of continuous improvement.</p> <p>Member Roybal inquired about the new requirements for hepatitis B and C screenings, he said that beyond conducting the tests, a risk assessment is also necessary. He asked for clarification on the specific tools to be used for these risk assessments and asked whether such tools are included in the enduring documentation provided to the medical group. Ms. Sadocchi-Smith responded that it is included in the comprehensive assessment guide that L.A. Care provides to provider groups. Member Roybal asked whether there is a process to ensure consistency in evaluations across clinics within large health systems, such as Kaiser or the Department of Health Services, where different health plans may evaluate separate clinics within the same system. He emphasized the importance</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	of consistent scoring, given that these clinics often use the same medical records and processes, and questioned whether steps are taken to align evaluations across different reviewers. Ms. Sadocchi-Smith explained that they are implementing a mini Inter-Rater Reliability (IRR) process with collaborative health plans, including Health Net. Her team meets monthly to review any score variances, with the DHCS APL 20-017 guideline allowing up to a 10% variance. When variances approach or exceed 10%, Health Net and LA Care address these discrepancies together, a practice that has been ongoing for several years.	
APPROVE UTILIZATION MANAGEMENT PROGRAM DESCRIPTION AND PROGRAM EVALUATION (COM 101)	<p>Tara Nelson, BSN, RN, <i>Senior Director, Utilization Management (UM)</i>, presented the following motion (<i>a copy of the 2023 UM Program Evaluation and 2024 UM Program Description can be obtained from Board Services</i>):</p> <p><u>MOTION COM 101</u></p> <p>To approve the following documents:</p> <ul style="list-style-type: none"> • 2023 UM Program Evaluation • 2024 UM Program Description 	<p>Approved unanimously.</p> <p>3 AYES</p>
ADJOURNMENT	The meeting adjourned at 4:15 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: _____

Compliance & Quality Committee (C&Q) Meeting



L.A. Care
HEALTH PLAN®

For All of L.A.

Compliance Department
November 21, 2024

Chief Compliance Report & Agenda

1. Chief Compliance Officer Report A. 2025 C&Q Calendar Recommendation B. Compliance Work Plan Update	Todd Gower Chief Compliance Officer
2. Internal Audit Services	Maggie Marchese Sr. Director, Audit Services Gennadiy Daych Director, Internal Audit
3. Delegation Oversight Audit Schedule and Status	Marita Nazarian Director, Delegation Oversight
4. Compliance Training Update	Michael Sobetzko Sr. Director, Risk Management and Operations Support
5. Issues Inventory	Michael Sobetzko Sr. Director, Risk Management and Operations Support
6. Regulatory Audit Follow Up	Miguel Varela Sr. Director II, Regulatory Operations
7. Payment Integrity Report	Erik Chase Sr. Director, Claims Integrity



Chief Compliance Officer Report Out

2025 C&Q Calendar Recommendation

Todd Gower



2025 DRAFT C&Q Schedule

		REPORTING MONTH											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
COMPLIANCE													
Reporting	Compliance Dashboard	X		X		X			X		X		
	Compliance Officer Report (oral) (Todd Gower)	X	X	X	X	X	X		X	X	X	X	
	Compliance Program Annual Plan / Workplan (Todd Gower)	Presentation/ Approval											
	Compliance Program Plan / Workplan Report and Evaluation (Todd Gower)	Presentation											
	Provider Training Overview/Approval (biennially)	X											
	Provider Training (Theresa Moore)			X		X			X		X		
	Training Updates (Mike Sobetzko) - Includes NEO, Annual, and BOG	X		X					X		X		
	SIU (Michael Devine)			X		X			X		X		
	Privacy (Closed Session) (Serge Herrera)			X		X			X		X		
	IT Security (Closed Session) (Gene Magerr/Penny Winkfield)			X		X			X		X		
Member Complaints to Regulators	X												
ICC Report Out	Policy Management - Including significant changes due to regulatory changes	ICC Materials To Be Shared Quarterly as Appendix ICC Top Items presented Quarterly as part of C&Q Presentation											
	Internal Compliance Monitoring (Miguel) - Includes Operational Impacts												
	Delegation Oversight - (Miguel) - Includes Credentialing Results												
	Regulatory Change Management												
Risk Committee Report	Risk Assessment Annual Presentation (Mike Sobetzko)	Presentation/ Approval											
	Top Risks - Mitigation Update (Mike Sobetzko)	Risk Committee Materials Shared Quarterly as Appendix Risk Committee Top Items presented Quarterly as part of C&Q Presentation											
	Issues Inventory (Mike Sobetzko)												
	Vendor Risk Management												
	Disaster Recovery - Emergency Response												
Audit Services	Internal Audit Annual Plan (Maggie Marchese)	Presentation/ Approval											
	Internal Audit (Maggie Marchese)			X		X			X		X		
	Regulator Audit Follow-ups			X		X			X		X		
	Non-Compliance Issues - CAPs			X		X			X		X		
1st LOD	A&G Compliance (Demetra Crandall)			X		X			X		X		
	Payment Integrity (Erik Chase)			X		X			X		X		

2025 DRAFT C&Q Schedule

		REPORTING MONTH											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Quality													
Reporting	CMO Report - (oral)	X	X	X	X	X	X		X	X	X	X	
	HEDIS				X		X			X		X	
	California-Specific Quality Metrics				X		X			X		X	
	Provider Network Performance				X		X			X		X	
	UM Quarterly Report				X		X			X		X	
Quality Presentations	QI Workplan		Presentation / Approval										
	QI Report / Evaluation		Presentation										
	UM Program Document		Presentation / Approval										
	UM Report / Evaluation		Presentation										
	QIHEC Activity Report Out				X		X			X		X	
	NCQA				X		X			X		X	
	Patient Safety				X		X			X		X	
	Rotating Presentations				X		X			X		X	

Chief Compliance Officer Report Out

Compliance Work Plan Update

Todd Gower



Compliance Program Maturity

Compliance Program Components	Subcomponents	Operational Practice (1 st LoD)		Education, Comms. and Training		Reporting		Technology		Trend
		2023	2024 (Current)	2023	2024 (Current)	2023	2024 (Current)	2023	2024 (Current)	
Policies & Procedures	<ul style="list-style-type: none"> Mission, Vision and Value Statements Policy Management (P&Ps) Regulatory Change Management 	2	3	2	3	2	3	2	2	↔
Training and Awareness	<ul style="list-style-type: none"> Culture and Tone of Compliance & Regulatory Change Participation of Training and Timely Content Medicare Awareness Regular and Frequent Communication 	2	3	2	3	3	3	3	3	↑
Effective Communication	<ul style="list-style-type: none"> Periodic Reporting to Management and Committee Required Regulatory Reporting Compliance Effectiveness Dashboard L.A. Care Governance Structure Reporting and Tracking of Potential FWA FDR and Delegation Oversight Committee 	2	3	2	2	2	3	2	2	↑
Risk Management	<ul style="list-style-type: none"> Inventory Material Regulatory Requirements Review Current Compliance Risks Issues Management and Recommendations Vendor Risk Management Hotline Triage and Review Responding to Government Investigations and Exam Proactive COI Monitoring 	2	2	2	2	1	2	1	2	↑
Monitoring and Auditing	<ul style="list-style-type: none"> Monitoring and Tracking of Regulatory Change Payment Integrity FWA Auditing and Monitoring Periodic Compliance Program Evaluation Delegation / FDR Oversight 	2	3	2	3	3	3	2	2	↑
Use of Technology	<ul style="list-style-type: none"> Technology to Support Compliance Program Defined Measures (KRIs/KPIs) Potential Recoveries and Refund Monitoring 	2	2	2	2	1	1	2	2	↔
People, Skills and Culture	<ul style="list-style-type: none"> Roles & Responsibilities Performance Management and Incentives Enforcement and Disciplinary Accountability Culture and Tone from the Top Organizational Design 	2	3	2	3	2	3	2	2	↑

KEY
1- Basic (Ad hoc, Individual Heroics)
2- Developing (Reactive)
3- Established (Proactive)
4- Advanced (Orchestrated)
5- Leading (Continuous Improvement)

*The rationale for the maturity rating applied across the Compliance Program Components are provided in **Appendix A (Compliance Program Maturity Rating Scale)**

What has Changed - Structure

Compliance Maturity and Strategic Enhancements

- Over the past year, Compliance has progressed significantly, evolving beyond a primary focus on addressing enforcement matters to enhance delegation oversight and monitoring. Previously, we lacked a unified view of our delegates, and reporting to Compliance & Quality (C&Q) was fragmented.
- To streamline regulatory intake, we implemented a technical solution, thank you to IT, to navigate various regulatory announcements, including APLs and CMS communications. This resulted in the launch of a Minimum Viable Product (MVP) to support this process.
- Our Annual Risk Assessment process previously operated in a bifurcated manner that did not engage IT and Security and other 3rd party assessments, now will include those assessments and update the company-wide risk management program on a more frequent basis.

New Enhancements:

- This year, with the use of Gartner, and collaboration with our Risk and Governance leaders (CISO, Ops, PNM, HCS, Privacy, Finance, Compliance, IA, and CITO), we've taken steps to align their input to the inherent risks for an improved risk assessment. A testament to collaborative risk management vs an annual exercise to meet a requirement.

Building on Prior Work:

- Internally validate statements, issues, and audits from previous years, supporting the need for IA to test these closures.
- Strengthen coordination and communication with Chief Officers, with a 2025 goal to ensure transparency and minimize surprises at Cabinet Leadership.

Governance Improvements:

- Established a Risk Committee.
- Relunched the Delegation Oversight Committee with a focus on Delegate Scorecards.
- Restructured and formalized the Sanctions Committee.
- Reformatted and formalized the Internal Compliance Committee.
- Enhanced Regulatory Intake processes to include project management of Compliance-driven changes.
- Additionally, we continue to refine our organizational design, adding team members with expertise in Medicare, Medicaid, and experience across hospitals, provider groups, and health plans.

What has Changed – Language and Process

Enhancing a Common Vernacular for the Lines of Defense:

- We are consistently advancing a shared understanding of the lines of defense, reinforcing this concept at each meeting. A visual representation has been provided today to support this alignment.

Scheduling and Preparing for Compliance & Quality (C&Q) Reports:

- Dr. Amin's team and Compliance have initiated planning for our 2025 reporting activities. At our next C&Q meeting, we will outline the reports to be presented, aligning with required disclosures based on historical actions and best practices. Flexibility will be maintained to ensure balanced reporting, allowing both mandated and best-practice reports to be scheduled with optimal timing and frequency for the Committee's review.

Stakeholder Management:

- As we refine our monitoring and reporting practices, we are enhancing engagement with Cabinet Members responsible for risk issues and findings. This ensures they are fully informed of their teams' progress on issue resolution, mitigation strategies, and timeliness in closing out findings.

Integrating Feedback Surveys:

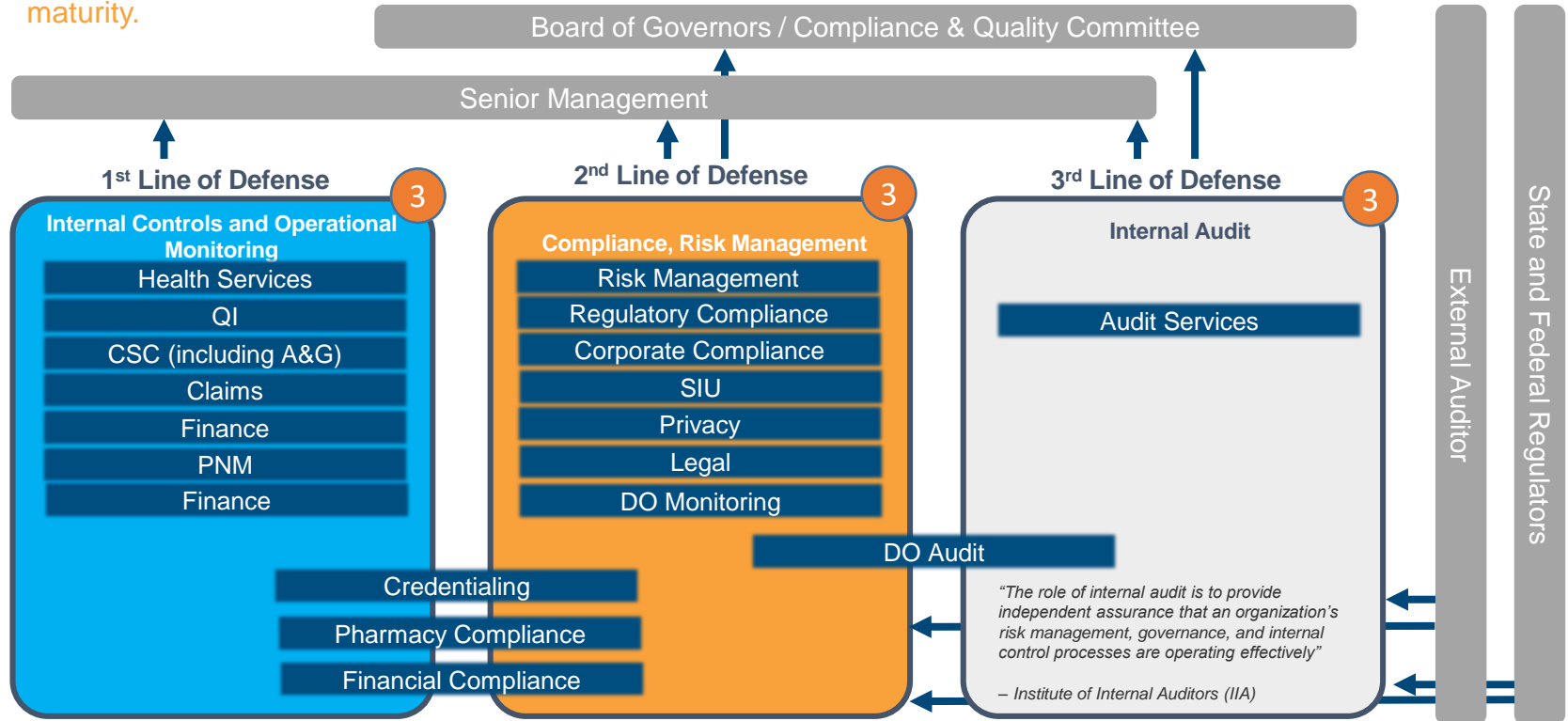
- Annual Compliance Awareness and Feedback surveys.
- Collecting delegate feedback from LA Care touch-points, including Joint Operating Meetings, Delegation Oversight Auditing, SIU, Finance, and Credentialing.

Strengthening Internal Compliance Coordination:

- In collaboration with Finance and HR, we are working to support our Governance Mission by:
 - Ensuring financial responsibility.
 - Updating job descriptions to reflect the evolving needs and responsibilities of LA Care, addressing gaps that have emerged due to organizational changes in recent years.

Reiterating the 3 Lines of Defense

Since the remediation efforts of the enforcement matter, LA Care has made significant improvements in their Lines of Defense. Each line is more established and 2025 will be a focus to harden the processes and tech to level in maturity.



Completed FY24 Compliance Work Plan

The projects noted in the subsequent pages related to the approved 2024 Compliance Workplan Presented at C&Q. A Draft 2025 Compliance Work Plan will be presented January of 2025 C&Q.

2024 Overview: 29 Projects

- **Testing effectiveness (6):** Compliance validated the closure of 6 of the 7 closed projects from 2023. The remaining project now #14) ties to completing the Fraud Prevention Program, which will be part of 2025 Work Plan
- **2024 Projects removed (3):** These projects related to Internal Audit and Delegation Oversight Audit and not part of Compliance.
- **2024 Completed Projects (6)**
- **2024 Remaining Projects that will roll over to 2025 (14):** These projects focus on the OIG 7 elements, Medicare Compliance and overall Corporate Compliance. One project was split into 2 projects #9 and #10 are tied to #25 in the approved list of 2024 Compliance Work Plan Projects.



Completed FY24 Compliance Work Plan

The projects listed below were completed as part of the CY24 Compliance Work Plan. Though complete, the Compliance organization is continuously working to mature its current processes.

Item #	Project	Compliance Unit	Description	Related Compliance Element(s)
1 (#8)	Develop HIPAA Resource Page	Privacy	<ul style="list-style-type: none"> Develop an intranet resource page to centralize Privacy and InfoSec resources related to workflows, guidance, relevant rules/reggs, micro trainings, and policies. 	<ul style="list-style-type: none"> Effective Communication Training and Awareness Risk Management
2 (#10)	Improve quality and integrity of enterprise and network performance data	CCM	<ul style="list-style-type: none"> Aggregate and distill all applicable requirements into performance criteria, validate these criteria with stakeholders, implement quantitative and qualitative metrics and attestations, and systematically measure the performance of retained and delegated functions against these standards. 	<ul style="list-style-type: none"> Monitoring and Auditing Risk Management
3 (#13)	Design and implement centralized performance dashboard for enterprise and network data	CCM	<ul style="list-style-type: none"> Information germane to understanding internal and external performance will be consolidated and presented centrally to all stakeholders through the Centralized Dashboard. CCM will work collaboratively with IT, across the Enterprise, and notably with Quality Improvement (QI), with Legal, and within Compliance, including with Regulatory Compliance, Enterprise Risk Management, the SIU, and Privacy, to ensure relevant data is represented on the Centralized Dashboard. 	<ul style="list-style-type: none"> Effective Communication Monitoring and Auditing Use of Technology
4 (#21)	Revitalize Delegation Oversight (DO) program	Delegation Oversight	<ul style="list-style-type: none"> Create a new Delegation Oversight Charter, Quarterly reporting cadence and improve visualization of metrics. This was part of 2023 Workplan that needed to be completed. 	<ul style="list-style-type: none"> Monitoring and Auditing Effective Communication Training and Awareness Risk Management
5 (#22)	Create Risk Management Committee	Risk Management	<ul style="list-style-type: none"> Create an new Risk Management Charter, Quarterly reporting cadence and improve visualization of Risk Management metrics 	<ul style="list-style-type: none"> Effective Communication Training and Awareness Risk Management
6 (#24)	Communication plan and roll-out	Risk Management	<ul style="list-style-type: none"> Develop detailed communication plan to help calibrate communication protocols, frequency of information and audience for the communications. This will include further build out of communications with all the Chairs, the subcommittee of the BOG and LA Care leadership. 	<ul style="list-style-type: none"> Effective Communication

Validated FY23 Compliance Work Plan

The projects listed below were completed in FY23 Compliance Work Plan. This updates the status of those completed projects

Item #	Validated	Project	Compliance Unit	Description	Related Compliance Element(s) and Actions
1 (#14)	In Process for 2024	Enhance and improve risk assessment process	Risk Management	<ul style="list-style-type: none"> Catalog risks from key stakeholders and document current and desired management of risks. Build Management Action Plans (MAP) to support remediation efforts and allow Compliance to monitor progress Integrate the Annual Risk Assessment into the 2023 Internal Audit Work Plan 	<ul style="list-style-type: none"> Effective Communication of the Process New Tool used - Gartner
2 (#15)	Operational	Create BAA review tool to align contracts with federal/state/ and contractual requirements.	Privacy	<ul style="list-style-type: none"> Develop a BAA matrix to help Privacy staff review BAAs to ensure HIPAA risks are identified, and that a review worksheet is completed for auditing and monitoring purpose 	<ul style="list-style-type: none"> Privacy has an analog process in an excel spreadsheet that breaks down the DHCS requirements to include in the LA Care BAA template.
3 (#16)	Follow-up is still outstanding to validate	Delegate Member Communication - Validation & Monitoring Process	Regulatory Compliance	<ul style="list-style-type: none"> Implement process for distribution of member communications/letter templates to delegates: <ul style="list-style-type: none"> Regulatory required communications for all LOBs Best practice (i.e., not required by regulations) Develop tracking tool Draft Communication Work plan (identify roles, responsibilities, action required, deadlines, etc.) Report distribution results and/or delegate compliance rates to Business Units, Committees, etc., 	<ul style="list-style-type: none"> Effective Communication Created Communication Plan and centralized non-compliance communications to Delegates Reorganized Delegation Oversight Program
4 (#17)	Completed	Compliance Engagement Survey	Risk Management	<ul style="list-style-type: none"> Complete the survey of the L.A. Care Enterprise Stakeholders to determine opportunities to streamline the touchpoints and bi-directional communications with L.A. Care's Service Delivery Network. Develop strategies to addresses issues identified in survey. 	<ul style="list-style-type: none"> Effective Communication
5 (#19)	Operational	Provide oversight of our Planned Partner and delegate SIU Units	Delegation Oversight	<ul style="list-style-type: none"> The SIU will continue to oversee our Planned Partner and PPG SIUs. SIU will maintain ongoing communication and continue to exchange information and collaborate with our Planned Partners and PPG SIUs on matter of healthcare fraud. the SIU will continue to host quarterly healthcare fraud roundtables with our PP and PPG SIU counterparts. 	<ul style="list-style-type: none"> Delegation Oversight has incorporated Plan Partners in their scorecard design.
6 (#20)	Operational	CCO – Internal Investigations Program	CCO	<ul style="list-style-type: none"> Formalized internal investigations program to help HR, Legal on Internal Investigations that are not FWA. 	<ul style="list-style-type: none"> Cross-collaboration with HR and Legal in place 3rd party support in place for overflow and specialist needs

2024 Compliance Work Plan Rollover

#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
1 (#5)	Regulatory Compliance Quarterly Reporting	Regulatory Compliance	Design and launch a trending and actionable report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits, deficiencies and corrective action plans. <ul style="list-style-type: none"> The report will be communicated to senior management and used to monitor business unit investigation and remediation activities Each section will include new initiatives or programs and implementation updates 	<ul style="list-style-type: none"> GRC Implementation Sr. Director onboarding Smart Sheet configuration 	25%	<ul style="list-style-type: none"> Report baseline document created and outlined the quarterly inputs (new PM managing the development); working with stakeholders to provide initial quarter inputs Currently collecting a pilot due 8/5 (differs from CCM's KPIs - this is focused on CAPs, monitoring and Chief level need-to-knows)
2 (#1)	Regulatory Reports Quality Assurance & Monitoring	Regulatory Compliance	Continue to develop and expand the Regulatory Reporting Quality Assurance process including the following actions: <ul style="list-style-type: none"> Comprehensive technical specifications document for regulatory reports including regulatory review tools. Data validation protocols for data that may pose a high-risk to the organization if it is found to be inaccurate Streamline coordination of report development and ensure data governance 	<ul style="list-style-type: none"> Prioritization efforts Enhancement to ERCM program Delegation Oversight RACI GRC Implementation 	75%	<ul style="list-style-type: none"> FTE officially moved over (6/17); Upcoming meeting to discuss regulatory reports quality assurance current state and begin to outline future state process Developed Regulatory Reporting strategy; working on CMS audit universe collection as a priority; still defining the regulatory reporting team
3 (#6)	Improve Policy Management Program	Material Review	Improve enterprise-wide Policy Management Program: <ul style="list-style-type: none"> Update Policy template and glossary Review and revise Policy Management Workflow Implement new workflow to all affected parties, with monitoring to ensure enterprise-wide compliance with policy management requirement 	<ul style="list-style-type: none"> GRC Implementation 	25%	<ul style="list-style-type: none"> Gathering P&P listing current state assessment from BUs to enable reporting and to clean up P&P listing in the system; Developing quarterly report to be included in larger ongoing Director Compliance report; Policy Management of GRC is in the configuration stage (reviews begin week of 8/5) Deadlines may be pushed due to losing an FTE and one being on LOA
4 (#7)	Enhance enterprise-wide Regulatory Change Management (RCM) Program	Regulatory Analysis and Communication	Enhance the enterprise-wide regulatory change management program, including but not limited to: <ul style="list-style-type: none"> Develop and socialize Regulatory Implementation Dashboard Implement Regulatory Implementation Artifact Inventory Review and revise Regulatory analysis templates and change management workflow 	<ul style="list-style-type: none"> Staffing enhancements GRC Implementation 	50%	<ul style="list-style-type: none"> IT resources are not allowed to transfer to Compliance - project on hold until position filled (in the meantime regular regulatory change management process taking place; Need to confirm how items in the queue should be handled (w Todd);

2024 Compliance Work Plan Rollover

#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
5 (#4)	Create the Enterprise Business Continuity Plan	Risk Management / Business Continuity	<ul style="list-style-type: none"> • Create new BCP P&Ps to incorporate all DHCS 2024 requirements • Meet all deliverables for 2024 Operational Readiness associated with BCP and emergency preparedness • Conduct DR testing, Business Impact Analysis (BIA) and develop departmental BCPs to reflect multiple scenarios • Test enterprise level BCP by end of 2024 	<ul style="list-style-type: none"> • Outcome of Application (DR) and BCP testing • Mission critical BCP identification and creation • Sign-off of enterprise BCP 	50%	<ul style="list-style-type: none"> • Completed BIA and working through infrastructure changes (DR) – IT responsible • Enterprise BCP and crisis management plan created developed with IT and Compliance – both need sign off • BCPs being created for mission critical processes • Training component underway for crisis management • Developing a communication plan and vetting OnSolve contract (electronic tool for internal communications) – waiting on final sign-off
6 (#3)	GRC Implementation	All	<ul style="list-style-type: none"> • Collection and prioritization of business requirements: • Vendor request for proposals • System Design and Implementation • Training for Compliance and Business users 	<ul style="list-style-type: none"> • PISQ form completion underway (secure SFTP site development for Users) – needed for better automation 	Phase 1 50% Phase 2 15%	<ul style="list-style-type: none"> • Phase 1 workstreams (Policy Management testing underway; Privacy testing starting soon; Enhanced Regulatory Change Management still under configuration development) • Phase 2 workstreams (ERM, Incidents, Delegation oversight all kicked-off) • Confirming responsible parties for InfoSec privacy verification sign-off across the system
7 (#2)	External facing HIPAA Policy	Privacy	Create an external facing HIPAA policy used to communicate our privacy and security expectations with our vendors and delegates.	<ul style="list-style-type: none"> • Defining the roll-out plan along with established Vulnerability Management Program 	50%	<ul style="list-style-type: none"> • BAA updated and working to get it confirmed with internal stakeholders (deciding if there will be a single BAA or one for vendors and one for providers) • New FTE coming to inventory the contracts and then work through the high-risk contracts; Legal may go to outside counsel for help • New FTE coming to inventory the contracts and then work through the high-risk contracts; Legal may go to outside counsel for help
8 (#23)	Compliance Dashboard	All	Develop compliance dashboard to provide key metrics of an effective compliance workplan	<ul style="list-style-type: none"> • UBIX Approval (Resources) • GRC Implementation 	15%	<ul style="list-style-type: none"> • Potential contract with UBIX AI to complete a compliance dashboard pilot leveraging LA Care's available data • Outlining Compliance Dashboard metrics with details on availability, responsibility, and priority-level; defining scope of UBIX pilot

2024 Compliance Work Plan Rollover

#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
9 (#25)	Vendor Risk Management "Oversight" Program (Level 1)	Risk Management	Create an effective Vendor Risk Management program at LA Care. This includes support from IT Security, Compliance, Legal, Finance, Procurement.	<ul style="list-style-type: none"> Approval of charter Approval of P&Ps Staffing of 1 FTE 	50%	<ul style="list-style-type: none"> Working with contractor to assist with designing the program, charter, P&Ps, 12-month initial plan (sub-committee to the Risk committee); Worked with Delegation Oversight to combine the needs of DO, FDR and broad-based vendors Targeting 9/26 charter approval with Risk Committee Creating Vendor Risk Management P&P Approval from Finance to support VRMC reporting FDR definitions and rubric shared with the Risk Committee Need to update FDR list from mock audit and further define the future state (i.e., vendor listing)
10 (#25)	FDR Risk Management	Delegation Oversight	Create an effective FDR program at LA Care. This includes support from IT Security, Compliance, Legal, Finance, Procurement.	<ul style="list-style-type: none"> Procurement enhancements 	25%	<ul style="list-style-type: none"> Hotline Defined: Ethics hotline (mostly escalated issues (e.g., long wait on A&G), OCR mailbox, FWA hotline, in-person, Compliance team Initial awareness program kicks off with Compliance week (week of 9/16) Resource hired to assist with risk management team reporting (SIU and Hotline)
11 (#26)	Hotline Operations	Corporate Compliance	Create a new awareness campaign for our Hotline system along with appropriate reporting for substantiation and investigation. Be able to track the insights that could lead to an SIU or internal investigation	<ul style="list-style-type: none"> Access to SQL sandbox for report development 	25%	<ul style="list-style-type: none"> Updated the scope of the project to align with the CMS program mock audit findings (tied to program requirements) Developing project timelines for addressing findings Awaiting completion of KPI buildout
12 (#27)	Medicare Awareness Program	Medicare Compliance	Develop a robust Medicare and DSNP Compliance awareness program. To include modifying the current communication plan, monitoring and auditing.	<ul style="list-style-type: none"> DSNP KPI Implementation Medicare Product team partnership 	75%	<ul style="list-style-type: none"> In planning stage with a workgroup of HCS, Product team, Compliance and IT IT Architecture is finalizing the ingestion requirements to protect member data after analysis.
13 (#28)	Member Data Validation	Regulatory Compliance	Develop a robust quarterly monitoring process of member data This will help validate marketing and care efforts to nonqualified members. The data will have to be validated against a 3rd party resource to check movement of members within the county, state, or country	<ul style="list-style-type: none"> LexisNexus and IT Data Management 	10%	
14 (#18)	Fraud Prevention Program (Part of FY 23)	Regulatory Compliance	From FY23 (#18) Compliance Workplan - Develop a fraud prevention program. LA Care has a leading practice detection program which has provided recoveries and insights to reduce revenue leakage and thwart fraud. The next step is to improve its fraud prevention program by focusing on proactive measures, leveraging technology, enhancing internal and external partnerships, and fostering a culture of awareness.	<ul style="list-style-type: none"> Enhanced communication plan to providers Collaborative Fraud Prevention Committees. 	50%	<ul style="list-style-type: none"> SIU has developed tracking of trends in their investigations Established an Internal Investigations Team (potential employee FWA) Leverages Fraud Shield for case management and tracking of open cases

CY25 Compliance Work Plan Focus

- 1 Governance, Risk Management, and Compliance (GRC) Tool
- 2 People & Culture
- 3 Delegation Oversight Stabilization
- 4 Reporting
- 5 Regulatory Intake



Compliance Program Maturity Rating Scale

The scale below provides rationale for the ratings selected for each element of the Compliance Program maturity rating

Compliance Element	1-Basic (Ad hoc, Individual Heroics)	2-2- Developing (Reactive)	3- Established (Proactive)	4- Advanced (Orchestrated)	5- Leading (Continuous Improvement)
Policies & Procedures	Procedures are usually informal, incomplete and inconsistently applied.	There are some compliance controls in place, but they are not consistent across the organization. Often limited to certain areas or managed in "silos" (e.g., Clinical, IT, Facilities, etc.)	Compliance Controls and procedures are documented and standardized across the organization	Compliance procedures are an integral part of business processes and periodic reviews are conducted to access effectiveness of the program	Regular review and feedback are used to ensure continuous improvement of compliance processes; elements are often automated, which are more effective at preventing compliance failures and ultimately less costly
Training and Awareness	Compliance requirement is simple to meet and requires no special knowledge; general employee training is sufficient	One time training in requirements is sufficient to demonstrate and maintain competency	Annual Compliance training is completed by internal staff and the Employee Handbook / Code of Conduct is routinely shared	Annual Compliance training is periodically reviewed and updated to adapt to the changes in the organization and specialized training is offered for high-risk areas; the Employee Handbook / Code of Conduct is updated and routinely shared	Regular review and feedback of the Annual Compliance training is used to continuously increase its effectiveness; E2E training process is automated, and the Employee Handbook / Code of Conduct is updated and routinely shared internally and with contracted providers

2024 Compliance Work Plan Rollover

The scale below provides rationale for the ratings selected for each element of the Compliance Program maturity rating

Compliance Element	1-Basic (Ad hoc, Individual Heroics)	2-2- Developing (Reactive)	3- Established (Proactive)	4- Advanced (Orchestrated)	5- Leading (Continuous Improvement)
Effective Communication	Compliance-related outcomes are rarely communicated to responsible persons; inability to communicate issues	Compliance-related outcomes are communicated as issues arise though results of Compliance activities (e.g., ongoing monitoring and auditing results) are not routinely shared	Compliance-related outcomes are routinely communicated through a proper committee structure; basic reporting is provided and discussed enabling decision-making	A mature committee structure is in place with affected parties present and involved and reporting is mature enough for those accountable to make informed decisions	Systems are in place to ensure the Compliance Officer, Board of Directors and C-suite are informed of all areas of noncompliance; Detailed reporting is automated and readily available, and issues of noncompliance and related root causes are known
Risk Management	Minimal or no risk response plans in place; no root cause analysis or mitigation controls in place	Basic response plans exist but lack detail or consistency; Mostly reactive approach; limited root cause analysis and mitigation plans discussed and not well documented	Adequate risk response plans developed and documented, but resource allocation may not be optimized. Mostly proactive approach with limited updates to remediation plans, root cause analysis, and mitigation controls. Full time resources are not dedicated to the organization's risk management program.	Comprehensive and well documented response plans regularly reviewed and operating effectively; Remediation plans are developed proactively and consider root cause analysis and mitigation controls. Designated internal resources within functions develop and manage the organization's risk management program.	Advanced, dynamic response plans adapt to changing risk scenarios and align with strategic objectives and leading practices. Leading risk management protocols are established including remediation plans, root cause analysis, and mitigation controls for a proactive organizational approach to potential critical events leveraging expert advice and designated internal resources

2024 Compliance Work Plan Rollover

The scale below provides rationale for the ratings selected for each element of the Compliance Program maturity rating

Compliance Element	1-Basic (Ad hoc, Individual Heroics)	2- Developing (Reactive)	3- Established (Proactive)	4- Advanced (Orchestrated)	5- Leading (Continuous Improvement)
Monitoring and Auditing	Routine monitoring and auditing is not completed	Routine monitoring and auditing is completed based on the results of external audits	Routine auditing and monitoring is completed based on annual auditing and monitoring plans without alignment to risks affecting the organization and the organization's strategic priorities	Auditing and monitoring efforts take a risk-based approach and detailed reporting is readily available; A process for in-depth trend analysis and proactive communication of outcomes is available.	Highly sophisticated risk data and real-time monitoring and auditing capabilities are available; Automation is used throughout the monitoring and auditing process and predictive trend analysis available to help influence decision-making and the organization's strategic direction
Use of Technology	Organization has outdated or non-existent technology infrastructure, insufficient data integration, non-existent automation, and lack support for data analysis and reporting.	Organization has basic infrastructure, limited data integration, minimal automation of compliance processes, and sporadic support for data analysis and reporting	Organization has adequate technology infrastructure, moderate data integration, some automation of compliance processes, and support for data analysis and reporting	Organization has advanced technology infrastructure and data integration; automation exists across the end-to-end Compliance program	Organization has leading practice technology infrastructure and continuously seeks ways to remain innovative and informed on emerging technologies

2024 Compliance Work Plan Rollover

The scale below provides rationale for the ratings selected for each element of the Compliance Program maturity rating

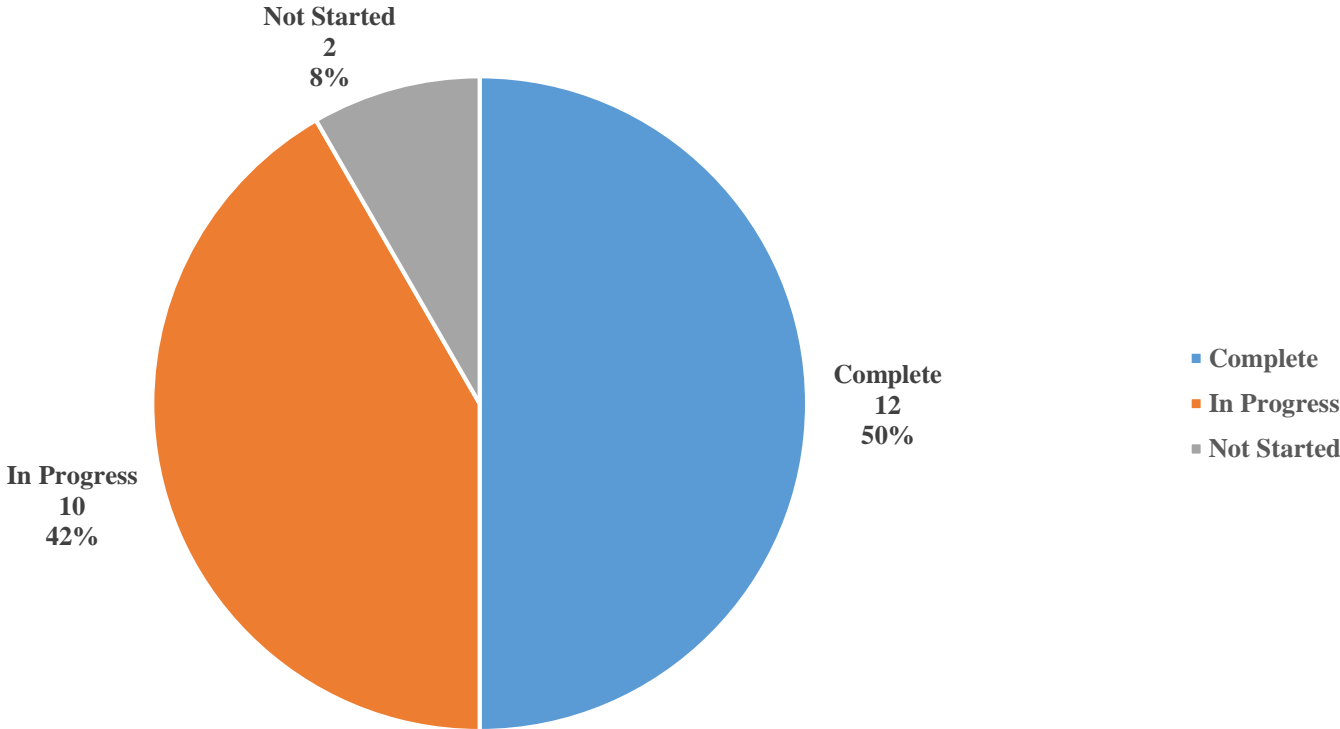
Compliance Element	1-Basic (Ad hoc, Individual Heroics)	2- Developing (Reactive)	3- Established (Proactive)	4- Advanced (Orchestrated)	5- Leading (Continuous Improvement)
People, Skills and Culture	No existent resource planning and FTEs do not hold the skillset needed to manage a mature Compliance Program	Resource planning limited with FTE requests made on an ad-hoc basis; FTEs hold a basic understanding of Compliance	Adequate resource planning with FTE requests built into budget; FTEs have a competent understanding of Compliance and the proper skillset to manage a Compliance Program	Proper resource allocation planned and provided throughout the Compliance organization with FTEs available to complete all related activities; Compliance training and education is available throughout the organization.	Resource allocation is planned and provided and reaches beyond the Compliance organization and into appropriate business units; FTEs hold an advanced skillset and education that enables innovation throughout the Compliance program and embeds best practices throughout all components of the Compliance Program

Internal Audit Services

*Maggie Marchese
and
Gennadiy Daych*



Audit Services – Internal Audit (IA) Plan Status



Audit Services – 2024 Internal Audit Plan (IA)

Audit Activity	Type	Status
Product Sales and Member Services	Audit	Complete
Plan Partner Contracts Audit	Audit	Complete
Provider Network: Access to Care	Audit	In Progress
Customer Solution Call Center	Audit	Complete
Provider Operations	Audit	Not Started
Vendor Management / Contracting Process	Audit	In Progress
Encounters/ Proposition 56 Payments	Audit	In Progress
Provider Dispute Resolution	Audit	Not Started
Human Resources (HR) Audit: Recruitment Process and Background Checks	Audit	In Progress
Transportation Audit: Call the Car	Audit	In Progress
Potential Quality of Care Issues (PQI)	Follow-Up Assessment	Complete
IT System Security: Vulnerability Management Audit	Risk Mitigation Plan Implementation Effectiveness Review	In Progress
Dual Special Needs Plans - Implementation and Oversight	Progress Report	Complete

Audit Services – 2024 Internal Audit Plan (IA)

Audit Activity	Type	Status
Health Risk Assessment - Reassessment Efforts	Risk Mitigation Plan Implementation Effectiveness Review	Complete
Claims: Out-of-Area Emergency Services Claims	Risk Mitigation Plan Implementation Effectiveness Review	Complete
Appeals And Grievances: Process, Oversight and Support Systems	Risk Mitigation Plan Implementation Effectiveness Review	In Progress
Appeals And Grievances: Knox-Keene Violations	Risk Mitigation Plan Implementation Effectiveness Review	In Progress
Compliance Monitoring / Enforcement / Audits	Follow-Up Assessment	Complete
Business Continuity/ Disaster Recovery	Pre-Implementation Risk Assessment	In Progress
Staffing: Staffing / Skilled Hires / Time to Hire	Follow-Up Assessment	Complete
Business Strategy - Strategic Alignment - AKA (ERCM) Regulatory Change Management	Risk Mitigation Plan Implementation Effectiveness Review	In Progress
Data Management and Governance Phase I	Follow-Up Assessment	Complete
Data Management and Governance Phase II	Follow-Up Assessment	Complete
First Tier, Downstream, and Related (FDR) Entities	Follow-Up Assessment	Complete



Audit: Call Center Audit

Scope & Focus: Internal Audit (IA) reviewed L.A. Care’s Customer Solutions Call Center to express an opinion on L.A. Care’s design and operating effectiveness over monitoring processes and controls for Call Center Operations for the period January 2024 through June 2024. Scope included L.A. Care Connect (LACC), Dual Eligible Special Needs Plan (D-SNP), L.A. Care Medi-Cal Direct (MCLA) and Physician Association Clinics (PASC) Lines of Business (LOBs). The scope excluded Provider Services.

Audit Objectives:

1. L.A. Care maintains a mechanism for providing information on a timely basis, specifically a Call Center providing customer telephone service to current members in accordance with standards established by the Centers for Medicare and Medicaid Services (CMS), California Department of Health Care Services (DHCS) and the California Department of Managed Health Care (DHMC).
2. L.A. Care maintains its Call Center workforce management in a manner that allows for member timely access and availability of assigned and knowledgeable agents with appropriate Call Center staffing levels.

Conclusion: The table below summarizes the number of issues found and related Risk Ratings for each focus area reviewed.

Area	# Findings	Risk Rating
Call Handling Processes	1	Moderate
Complaints and Grievance Handling	1	High
Training and Competency	1	High
Quality Assurance Measures	1	High

The overall audit rating is determined to be “**Significant Improvement Needed.**” Management has provided detailed responses to address the issues noted and is committed to implementing corrective actions for all findings by October 1, 2024. *Additional information or questions, please reach out to Internal Audit Services.



Risk Mitigation Plan Effectiveness Review: Health Risk Assessment (HRA) Timeliness

Scope & Focus: Internal Audit (IA) tested the effectiveness of the controls implemented for HRA timeliness, including reporting tools and process flows developed to monitor timeliness and completion. IA reviewed HRA timeliness activities performed between January 1, 2024 through June 30, 2024 for the DSNP and MCLA lines of business in accordance with regulations and internal policies. The scope excludes an assessment of the Information Systems in play for this review as it requires a more comprehensive review due to the potential gaps identified during process walk-throughs in the pre-planning phase of the audit.

Review Objectives: Validate a process is in place for ensuring HRA outreach, documentation and required activities are completed timely in accordance with regulatory requirements and internal policies. Also, to validate the effectiveness of the reporting tools and process flows developed for HRA timeliness.

Conclusion: For both DSNP and MCLA lines of business, IA verified accurate reporting tools, including data elements developed for completing HRA activities timely. The newly developed process flows are effective and are being followed by the appropriate management and staff. However, IA identified that reporting tools were not ready for deployment for MCLA during the review period, resulting in the following findings.

Area	# Findings	Risk Rating
HRA Timeliness	2	High
Process Flow Charts	1	High

The overall audit rating is determined to be “**Significant Improvement Needed.**” Management has provided detailed responses to address the issues noted and is committed to implementing corrective actions for all findings by February 28, 2025.

Audit Services – 2024 Audit Work Plan Changes for Review & Approval

Audit Activity	Type	IA Recommendation	Background/Notes
Provider Operations	Audit	Move to 2025	Move to the 2025 Audit Work Plan due to system implementation that impacts the ability to test audit scope. Focus: Review Provider Representatives' relationships/collaboration between Provider Network and Quality Improvement teams.
Provider Network: Access to Care	Audit	Move to 2025	Move to the 2025 Audit Work Plan due to system implementation that impacts the ability to test audit scope. Focus: The Medi-Cal and D-SNP lines of business which deliver services to its members appropriate to meet their health care needs. Determine that L.A. Care maintains its network to in compliance with the time, distance, timely access, and availability of services standards established by the DMHC and DHCS, including contracting with essential community providers, and other providers.
Human Resources (HR) Audit: Recruitment Process and Background Checks	Audit	Add to 2024	Add to the 2024 AWP from the C&Q committee.
Transportation Audit: Call the Car	Audit	Add to 2024	Add to the 2024 AWP plan from Compliance.

Delegation Oversight Audits

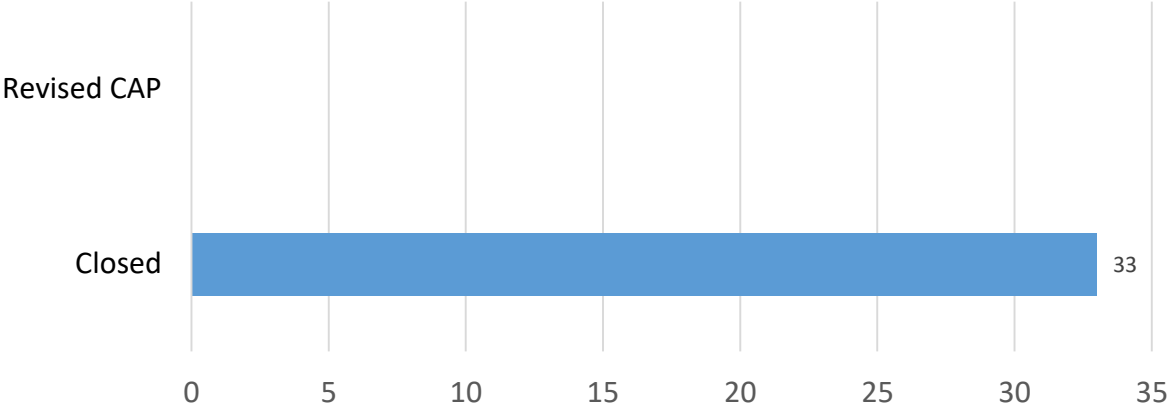
Marita Nazarian



2023 Delegation Oversight Audits

❖ 33 Audits scheduled- all completed and closed

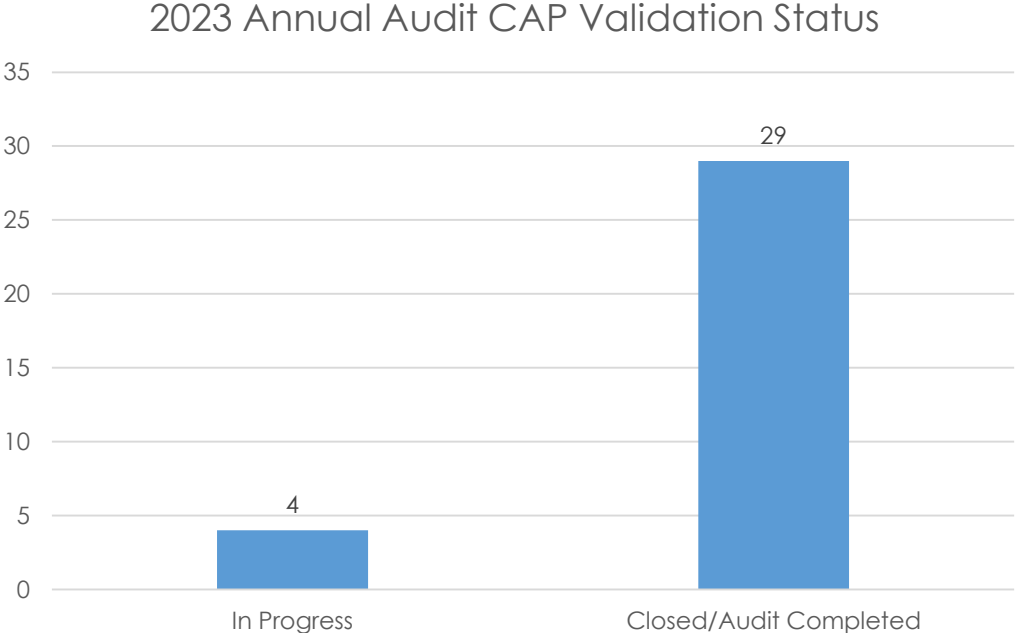
2023 Annual Audits by Phase



CAP= Corrective Action Plan

2023 Delegating Oversight: CAP Validations

CAP Validation occurs 60 days after CAPs are accepted.



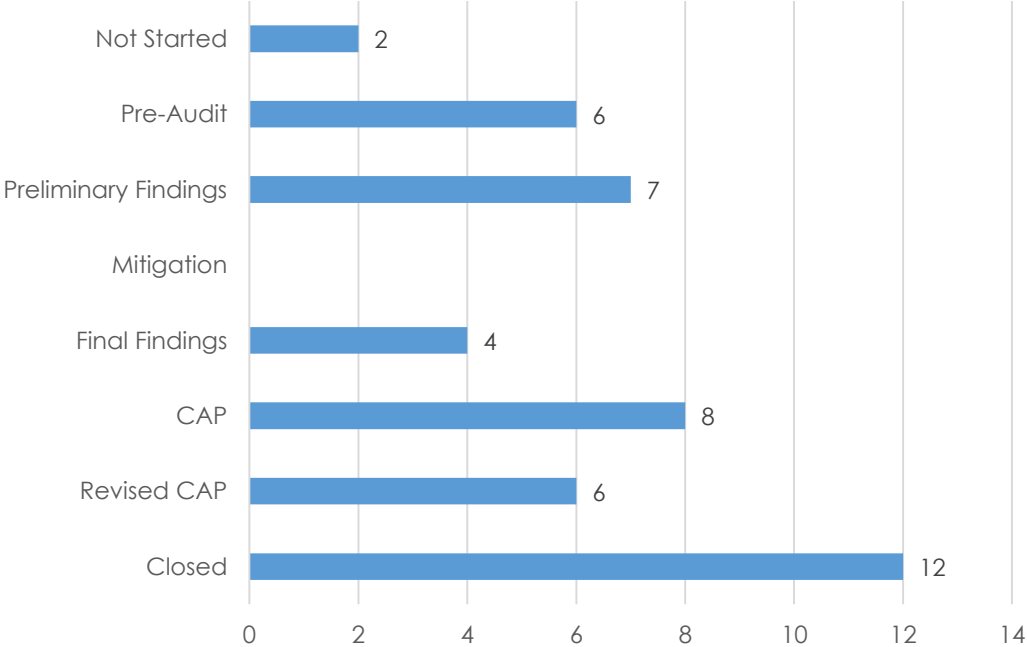
2024 Delegating Oversight Audits:

- 45 Audits scheduled from January – December 2024
 - 3 Dual Special Needs Plan (D-SNP) Risk Based Audits: 3 Participation Physician Groups (PPGs) with highest D-SNP membership
 - 1 Compliance Program Effectiveness Focus Audit
 - 2 Plan Partners
 - 31 PPGs
 - 8 Specialty Health Plans (SHPs)/Vendors
 - 4 Pre-Delegation Assessments
- 2024 Risk Based Delegation Oversight Audit Scope:
 - Past audit findings
 - D-SNP requirements
 - National Committee for Quality Assurance (NCQA) requirements



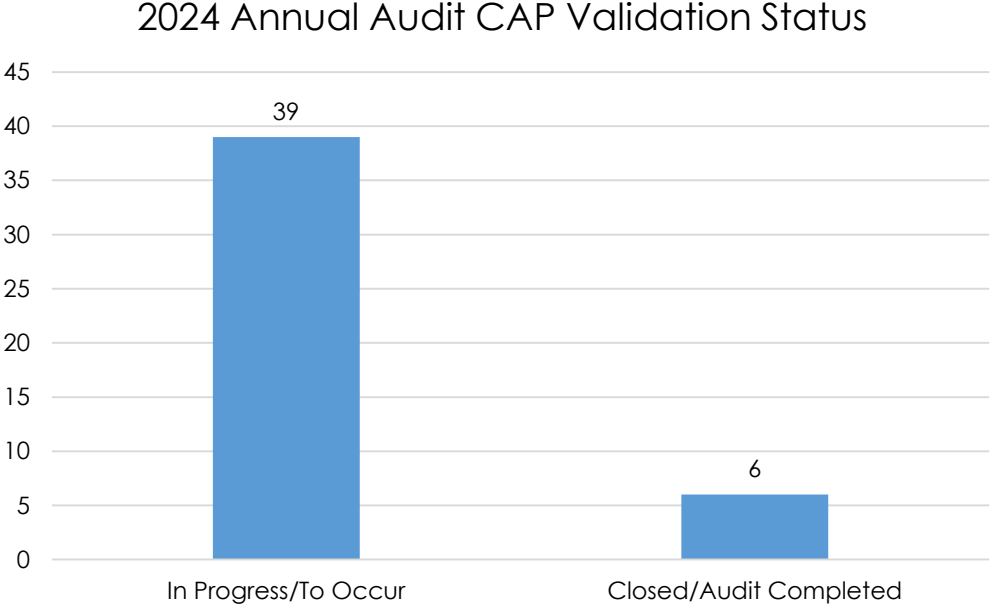
2024 Delegation Oversight Audits

2024 Audits by Phase



2024 Delegating Oversight: CAP Validation

CAP Validation occurs 60 days after CAPs are accepted.



2024 Delegation Oversight Successes and Challenges

- Areas of Success:
 - Delegates performing well in Cultural and Linguistics & Compliance Program Effectiveness audit areas.
 - Working closely with different Business Units within L.A. Care to utilize reports received from delegates as universes for annual audits.
 - Delegation Oversight Audit Team has hired a Clinical Audit Manager.
 - Reviewing Audit Tools.



2024 Delegation Oversight Successes and Challenges

- Challenging Areas:

- Collecting complete case files for Utilization Management (UM) audit areas from delegates.
 - *During 2025 Annual Audits, instead of requesting universes from delegates, audit team will utilize available internal reports to do sample selections. This will allow delegates to receive samples with engagement letter and have longer time to prepare case files for selected samples.*
- Delegates having repeat findings in UM case file reviews – Overall 90% threshold should be met to pass case file review audit.
 - *One of the main reason for not meeting 90% threshold is missing information within case files. During 2025 Annual Audits, through Audit Entrance Calls, audit team will highlight the areas and critical information that must be included in case files and will share best practices for compiling audit case files.*
- Delegates inconsistent in informing LA Care of their sub-delegation arrangements.
 - *To conduct a survey and re-educate the Delegates through a memo on the requirement for notifying L.A. Care of sub-delegations (Compliance and Provider Network Management)*



2024 Annual Compliance Training Program Results

Michael Sobetzko



2024 Compliance Training Results - L.A. Care Employees (EE's)

as of 11/07/2024	2024 Annual Compliance Training L.A. Care Employees		
	# Complete	# Incomplete	Percentage Completed
HIPPA Privacy Essentials	664	1562	30%
L.A. Care Code of Conduct	919	1307	41%
Compliance Program	494	1732	22%
HIPPA Privacy Rule for Covered Entities	537	1689	24%
Fraud and Abuse Awareness	588	1638	26%
Compliance Security Awareness	466	1760	21%

2024 Compliance Training Results - L.A. Care Contingent Workers (CW's)

as of 11/07/2024	2024 Annual Compliance Training Contingent Workers		
	# Complete	# Incomplete	Percentage Completed
HIPPA Privacy Essentials	84	270	24%
L.A. Care Code of Conduct	110	244	31%
Compliance Program	52	302	15%
HIPPA Privacy Rule for Covered Entities	62	292	18%
Fraud and Abuse Awareness	87	267	25%
Compliance Security Awareness	52	302	15%

2024 Compliance Training Results - L.A. Care Board of Governors (BoG's)

as of 11/18/2024	2024 Annual Compliance Training L.A. Care Board of Governors		
	# Complete	# Incomplete	Percentage Completed
Board of Governors	5	8	62%

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
Reported	5	6	7	10	4	6	27	5	1	3			
Open		2	1	2	0	1		2	1	3			
Closed to inventory	2	3	3	5	2	3		1					
Deferred													
Remediated	2	1	3	1	1			1					
Tracking Only	1			2	1	2	27	1					
Monitoring Only													

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

Issues Inventory Years 2019 - 2024

- OPEN
- DEFERRED
- TRACKING ONLY

Year	2019	2020	2021	2022	2023	2024
Total	6	134	32	105	212	69
Open				2	14	12
Closed to Inventory			2	20	127	17
Deferred			1		1	
Remediated	6	134	29	83	51	7
Tracking Only					19	33
Monitoring Only						

Issues Inventory Update – Open

Issue Name and Description	Date Reported	Business Unit
<p>Provider Submission of Correct Claims Process</p> <p>L.A. Care processes provider's resubmitted corrected claims as a new claim for the correct amount and then recover the initial payment from the provider. (1612)</p>	9/11/2024	Erik Chase; Claims
<p>Claims Processing Dispositions Status Wait-Pay/Paid or Wait-Deny/Denied</p> <p>Claims in wait/pay or wait/deny processing status are not timely adjudicating to a finalized status of paid or deny to trigger remittance advice to the providers. (1611)</p>	9/11/2024	Erik Chase; Claims
<p>Enrollment Data Validation Reports Not Received</p> <p>L.A. Care's Center for Medicare and Medicaid Services (CMS) Account Manager informed the Plan during the Plan Year 2025 Pre - Annual Enrollment Period (AEP) meeting that they have not received the Enrollment Data Validation reports since January 2024. The Account Manager requested the files to be submitted to Region 10 (we previously submitted them to Region 9). Enrollment Services confirmed the data/files are submitted following CMS' Electronic Retroactive Processing Transmission (eRPT) guide and there's no reference to region in the instructions. The Regulatory Affairs team is following up with the Account Manager to confirm the region instruction. (1610)</p>	9/5/2024	Dwayne Broussard; Enrollment Services



Issues Inventory Update – Remediation

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Remediation Description	Date Remediated
<p>2021 CPE Audit Finding</p> <p>The Plan did not have adequate internal resources and/or internal control mechanisms to ensure all governing body members, and first tier entities have the Code of Conduct and compliance policies and procedures. (1245)</p>	2/10/2022	Miguel Varela Miranda; Compliance	Delegation Oversight Audits team, formerly a part of the Enterprise Performance Optimization Department, demonstrated that L.A. Care has met this requirement by ensuring that delegates maintain their own comparable Codes of Conduct and Compliance Policies.	9/30/2024



Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Dual Special Needs Plans (D-SNPs) 2025 eForms</p> <p>L.A. Care is investigating regulatory process to address the outbound/834 files to the Participating Provider Groups (PPGs) or Plan Partners(PPs) 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	Aurora Cabrera Cabellon; Dwayne Broussard; Enrollment Services	Enrollment Services contacted Regulatory Communication and Analysis for regulatory guidance to address the outbound/834 files to PPGs or PPs that supply SOGI information. Compliance confirmed that the SOGI information is not required to be shared with PPs or PPGs or Vendors.	9/13/2024
<p>Inappropriate and Untimely Forwarding of Appeals and Grievances Cases to Special Investigations Unit (SIU)</p> <p>Appeals and Grievances cases involving potential Fraud Waste and Abuse (FWA) issues were not sent to the SIU for review in a timely manner. (1417)</p>	3/15/2023	Demetra Crandall, Grievance & Appeals	The ten days limit to submit potential FWA cases to the regulatory agency was confirmed by DHCS. The then day count starts upon receipt at L.A. Care not when SIU receives the issue.	9/27/2023
<p>Contract / Procurement Turnaround Time</p> <p>The process for contracting and Statement of Work (SOW) procurement is lengthy and has the potential to cause delays with execution and/or strategy risks. (1292)</p>	9/13/2022		This issue is address in the organization's Risk Management area under Risk Assessment 2024 - Vendor Management E5.	9/26/2023
<p>Communication Gap between business partners and IT</p> <p>Leaders must understand that not supporting new IT programs or other business changes can have a negative impact to the organization as well to the Network providers and Members to the Plan. Implementation of new requirements and initiatives require accountability/ownership decisions to be made, indecision or a slow response may lead to noncompliant implementations. (1288)</p>	7/8/2022	IT to be included in implementation meetings	This issue is address in the organization's Risk Management area under Risk Assessment 2024 - L.A. Care Business Strategy E1 - (CAP ID 1984).	9/27/2024
<p>Advance Warning of Encounter Data Quality Deficiencies</p> <p>L.A. Care received a non-compliant notice from Department Health Care Services due to a failure to meet data standards for the Q3 and Q4 2021 - Quality Measures for Encounter Data (QMED) reports. (1287)</p>	4/12/2021	Greg White; Encounters	This issue is addressed in the Risk Assessment 2024 - Encounters E10 and Data Governance O17 management action plan,	9/27/2024

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Enforcement Matter 18-807</p> <p>This matter concerns two "cost recovery initiatives" when the Plan requested reimbursement from over 6,000 providers for claims overpayments beyond the 365-day regulatory limitation on overpayment recovery. Fine \$75,000 with CAP. (1286)</p>	4/29/2022	Legal, Finance, Claims, Provider Network	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 19-1088</p> <p>This matter arises out of an LACC Member's (member JJ) consumer complaints to DMHC regarding the calculation of his Out- of-Pocket Maximum (OOPM). The Plan failed to correctly calculate an L.A. Care Covered Member's OOPM. Fine \$10,000 with CAP. (1285)</p>	4/29/2022	Claims, UM, Legal, Provider Network	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 19-1037</p> <p>The Plan's failed to properly handle an of out of area emergency room claims for services obtained by PASC-SEIU member (member GC). Fine \$10,000 with CAP. (1284)</p>	4/29/2022	Claims, Legal, UM	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-259</p> <p>The Plan's failed to issue a written determination of a provider dispute within 45 business days for a Member (member QP). Fine \$2,500 no CAP. (1283)</p>	4/29/2022	EPO, Operations, Legal	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-543</p> <p>The Plan inadvertently disclosed two individuals' medical information in the Statement of Position (SOP) in a State Fair Hearing unrelated to the member at issue in the SOP and without authorization from the individuals. The information was viewed by at least two persons. Fine \$5,000 no CAP. (1282)</p>	4/29/2022	Operations; Legal	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Enforcement Matter 19-605 The Plan failed to submit documents timely to DMHC IMR reviewing entity in response to an IMR notice for LACC Member. Fine \$5,000 no CAP. (1281)</p>	4/29/2022	Operations, Legal, EPO	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-220 This matter arises out of the Plan's handling of out of area emergency room claims for services obtained by an LACC member (member KS). Fine \$5,000 with CAP. (1280)</p>	4/29/2022	Claims, Operations, Legal	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 19-291 This matter involves ten Knox-Keene Act violations, pertaining to ten different member grievances. Appendix A of the attached DMHC Pre-Accusation Letter lists each member grievance along with a summary of the violations and penalties for each. The violations involve L.A. Care's failure to timely resolve enrollee grievances within thirty calendars days of receipt of the grievance. This is a repeat deficiency for which the DMHC assessed a penalty and required a CAP in EM 16-227. In EM 16-227, DMHC assessed penalties in the amount of \$280,000 for delays in resolving grievances and other violations identified in EM 16-227. Fine \$63,500 with CAP. (1279)</p>	4/29/2022	Operations, A&G, Legal	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-506 The Plan incorrectly processed a Member's Durable Medical Equipment claims (member RB who is an LACC member) and charged the Member a higher cost share than indicated in the EOC. Fine \$7,500 no CAP. (1278)</p>	4/29/2022	Operations, Claims	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-661 DMHC has found the Plan to be out of compliance in the Plan's handling of an out of area emergency services billing for an LACC Member (KS) for emergency services received on April 16, 2019. Fine \$20,000 with CAP. (1275)</p>	4/29/2022	Claims, Operations, Legal	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description	Date Closed
<p>Enforcement Matter 20-479 On November 4, 2019, the Plan initiated a Block Transfer Filing (2020-PROV-28) with the Department. The information provided by the Plan in its filing indicated a pending contract termination between the Plan and DaVita Medical Group California effective December 31, 2019. The filing was submitted to the Department on November 4, 2019, 57 days in advance of the contract termination date of December 31, 2019. The termination affected approximately 20,634 enrollees. Fine \$5,000 with CAP. (1274)</p>	4/29/2022	EPO, Enrollment, Provider Contracts, Legal, Nadia Grochowski	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-161 The Plan provided multiple late responses and multiple requests for extensions to respond to DMHC Help Center Consumer Complaints and IMRs. Additionally, the Plan had inadequate email inbox size and IT delayed rectifying the inbox issue sooner. Fine \$50,000 with CAP. (1273)</p>	4/29/2022	Operations, Legal, EPO	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 19-017 This matter arises from the late resolution of 20 enrollee grievances. Based on cases that have come through the DMHC Help Center, DMHC has identified 20 cases from 2019 to 2020 where the grievance resolution letter addressing the member's grievance was late, ranging from 9 to 423 days late. Most of the cases are from 2020. Fine \$123,000 no CAP. (1272)</p>	4/29/2022	Operations, A&G	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024
<p>Enforcement Matter 20-066 This matter arises out of the manner in which the Plan handled a Provider Dispute Request (PDR). DMHC previously served the Plan with interrogatories regarding this provider dispute matter and now they have concluded, based on their investigation, that there is sufficient evidence showing that the Plan was in violation of the Knox-Keene Act. Fine \$7,500 with CAP. (1271)</p>	4/29/2022	EPO	The relevant L.A. Care business unit responded to the regulatory agency and no further action has been required.	9/25/2024

Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description
<p>Enforcement Matter 20-701 DMHC asserts that the Plan failed to decide to approve, modify, or deny the treatment request from the enrollee's PCP within five business days of receipt as required by Health & Safety Code section 1367.01(h)(1). Fine \$10,000 No CAP. (1270)</p>	4/29/2022	Operations	L.A. Care addressed this enforcement matter with the business unit and provided a CAP and addressed fine with the regulatory agency when applicable.
<p>Enforcement Matter 20-685 This DMHC Enforcement Matter arises from the denial of out of state (OOS) emergency services claims by the Plan and its delegate, and the failure of the Plan to adequately consider the member's grievance. (The member is an L.A. Care Covered (LACC) member, enrolled in the Silver 87 plan). Fine \$18,000 No CAP. (1262)</p>	4/29/2022	Operations, Legal	L.A. Care addressed this enforcement matter with the business unit and provided a CAP and addressed fine with the regulatory agency when applicable.
<p>2021 DHCS Medical Audit Finding 1.5.1 - The Plan did not ensure that one of its delegated entities complied with UM and prior authorization requirements. Related to DHS & eConsult. (1239)</p>	2/8/2022	Delegation Oversight Monitoring	L.A. Care addressed this DHCS Medical Audit Finding with the business unit and the provided the CAP to the regulatory agency.
<p>County Programs Memorandum of Understanding (MOUs) L.A. Care does not have executed MOUs, - which is a formal agreement between two or more parties outlining their mutual intentions and expectations regarding a particular collaboration or project - with several county providers. The DHCS contract requires us to establish these relationships or show proof of good faith effort. (1165)</p>	3/10/2021	MediCal Products; Provider Network Management	This is was closed due to being addressed in another issue 1547



Issues Inventory Update – Closed To Inventory

Issue Name and Description	Date Reported	Accountable Exec./Business Unit	Closed Description
<p>2021 CPE Audit Finding</p> <p>There is a lack of training and education regarding how to determine the root cause of an issue and L.A. Care did not have effective mechanism for ensuring timely completion of corrective action plan (CAP) during the audit period. (1247)</p>	<p>2/10/2022</p>	<p>Miguel Varela Miranda; Compliance</p>	<p>The results of the 2023 CPE re-audit indicates no finding related to effective development and timely completion of corrected action plans (CAPs).</p>



Regulatory Audits Update

Miguel Varela



2021 DMHC Routine Survey Overview

- **Lines of Business:** MCLA, LACC, LACC-D, PASC-SEIU
- **Review Period:** September 1, 2019 – August 31, 2021
- **Virtual Onsite:** January 31, 2022 – February 4, 2022
- **Audit Areas (L.A. Care & Delegated Network):**
 - Appeals & Grievances
 - Quality Management
 - Utilization Management
 - Access & Availability
 - Pharmacy
- **Participating Delegates:**
 - PPGs associated with the Management Services Organization (MSOs): MedPoint Medical Management, Electronic Health Plans (Thriftly), Network Medical Management, Physicians Data Trust
 - Optum (AppleCare Medical Management)
 - L.A. County Department of Health Services
 - Navitus
 - Beacon Health Options



2021 DMHC Routine Survey Audit Phase



- L.A. Care must submit a CAP for each identified deficiency explaining and demonstrating the deficiency has been remediated.
- A CAP must also be submitted for deficiencies that reasonably require more than 45 days for full remediation.

- The report will identify corrected/not correct deficiencies
- L.A. Care will be required to submit any supplemental requests and/or CAP revisions to include supporting docs w/in 60 days

- The Plan will have an opportunity to append a brief statement to the Final Report.
- L.A. Care will undergo a follow-up review to assess the status of any not corrected deficiencies identified in the Final Report.

Summary of Findings

2021 Routine Survey Summary of Findings						
Audit Area		2018 Summary of Final Findings (Local Initiative)	2021 Preliminary s (Local Initiative)	2021 Final (Local Initiative)	2021 Preliminary Findings (JPA)	2021 Final (JPA)
Audit Area 1	Quality Assurance	No Findings	5 Preliminary	5 Final	2 Preliminary	2 Final
Audit Area 2	Grievances and Appeals	6 Final Findings	19 Preliminary	19 Final	17 Preliminary	17 Final
Audit Area 3	Access and Availability of Services	No Findings	1 Preliminary	1 Final	1 Preliminary	1 Final
Audit Area 4	Utilization Management	4 Final Findings	11 Preliminary	10 Final	2 Preliminary	2 Final
Audit Area 5	Continuity of Care	2 Final Findings	No Findings	No Findings	No Findings	No Findings
Audit Area 6	Emergency Services and Care	No Findings	2 Preliminary	1 Final	2 Preliminary	1 Final
Audit Area 7	Prescription Drug Coverage	2 Final Findings	4 Preliminary	3 Final	5 Preliminary	3 Final
Audit Area 8	Language Assistance	No Findings	No Findings	No Findings	No Findings	No Findings
Total:		14 Final Findings	42 Preliminary (25 shared, 17 unique)	39 Final (23 shared, 16 unique)	29 Preliminary (25 shared, 4 unique)	26 Preliminary (23 shared, 3 unique)

Supplemental Responses (Local Initiative)

#	Deficiency Statement
Quality Assurance	
13	The Plan did not consider the enrollee's medical condition when determining its response time to expedited grievances. Section 1368(a)(1); Rule 1300.68.01(a)(3)
Utilization Management	
32	The Plan did not ensure its delegate's specialist referral process complies with applicable utilization review requirements. Section 1367.01(a), (h), and (j).
34	The Plan did not maintain a process to provide enrollees diagnosed with a terminal illness with the required information when the Plan denies treatment, services or supplies deemed experimental. Section 1368.1(a).
Emergency Services and Care	
38	The Plan did not ensure its delegates make timely post-stabilization care authorization decisions. Section 1371.4(a), (e); Rule 1300.71.4(b)(1) and (2).
Prescription Drug Coverage	
42	The Plan did not ensure enrollees can continue to receive previously approved non formulary drugs when appropriately prescribed. Section 1367.22(a); Section 1367.24(c).



Supplemental Responses (Joint Powers Authority "JPA")

#	Deficiency Statement
Quality Assurance	
2	The Plan failed to implement reasonable procedures for overseeing delegated quality assurance functions. Section 1370; Section 1386(b)(1); Rule 1300.70(a)(4)(D), (b)(2)(B)-(C), and (c).
Utilization Management	
9	The Plan did not consider the enrollee's medical condition when determining its response time to expedited grievances. Section 1368(a)(1); Rule 1300.68.01(a)(3).
Appeals & Grievances	
19	The Plan did not include the statement required by Section 1368.02(b) in the appropriate format on all required documents. Section 1367.01(h)(4); Section 1368.02(b); Section 1368.015(c)(3); Rule 1300.68(d)(7).
Emergency Care and Services	
22	The Plan did not ensure its delegate's specialist referral process complies with applicable utilization review requirements. Section 1367.01(a), (h), and (j).
Prescription Drug Coverage	
28	The Plan did not ensure enrollees can continue to receive previously approved non-formulary drugs when appropriately prescribed. Section 1367.22(a); Section 1367.24(c).

Next Steps

- **Final Report**
 - The Final Report has been made available to the public as of 10/15.
- **Supplemental Responses**
 - Within 60 days of issuance of this Final Report, the Plan shall submit a supplemental response outlining a corrective action plan that addresses all elements of this deficiency and provide a status report on the Plan's compliance efforts.
 - Supplemental responses are **due on November 30, 2024.**



2024 CMS 1/3 Financial Audit Scope

Earlier this month, L.A. Care received the official audit engagement from the CMS contracted [CPA firm, DavisFarr](#).

- **Purpose:** This audit will involve a detailed review of L.A. Care's financial records and compliance with CMS regulations. The CPA firm will audit and inspect any books and records that pertain:
 - Our organization's ability to bear the risk of potential financial losses, or
 - Services performed or determinations of amounts payable under the contract.
- **LOB:** L.A. Care Medicare Plus (HMO-DSNP) H1224-001
- **Review period:** CY2023 for CY2025 Bid
- **Audit Areas:** Claims data, solvency, enrollment, base year entries on the CY2025 bid, medical and/or drug expenses, related party transactions, general administrative expenses, and Direct and Indirect Remuneration (DIR).



CMS 1/3 Financial Audit Timeline-Example

Disclaimer: This timeline is subject to change, but this is CMS' ideal timeline.



PDE = Prescription Drug Event

DIR = Direct and Indirect Reenumeration



Pre-Fieldwork Document Requests-Due 11/22

Document Request List (DRL)

- 57 Documents
- 1 Part C Claims Universe
- Entity Level Controls Questionnaire

Expectations

- With some exceptions, LAC must submit the document requests by the established due date (i.e. early November).
- If information is deemed proprietary and/or will not be made available until fieldwork, LAC must indicate “OS” for on-site in the Pre-Fieldwork DRL.



Next Steps

#	Description	Date
1.	The Regulatory Audits team continues to work with the impacted Business Units (BUs) to collect all the requested documentation.	11/4-11/12
2.	The Regulatory Audits team has scheduled a Quality Committee meeting to discuss with leadership any identified risks/issues prior to submitting the documents to the CMS contracted auditor	11/14/2024
3	The Regulatory Audits team will upload the pre-fieldwork document requests to the CMS contracted auditor's secure portal.	11/22/2024



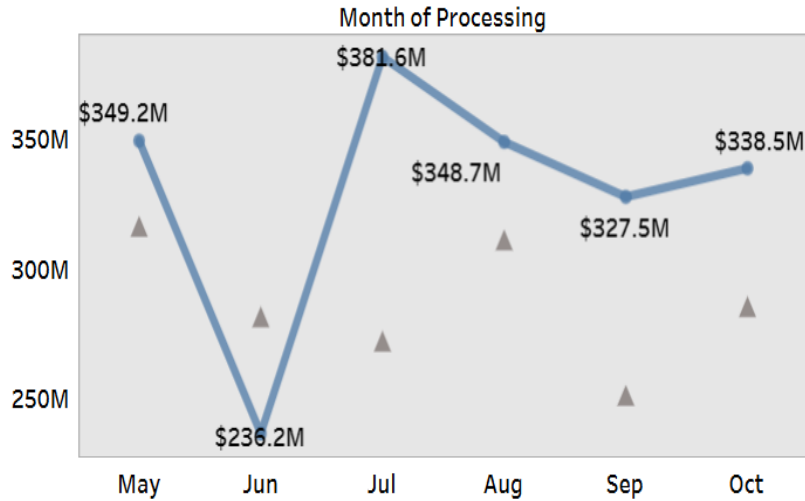
Payment Integrity - Claims

Erik Chase

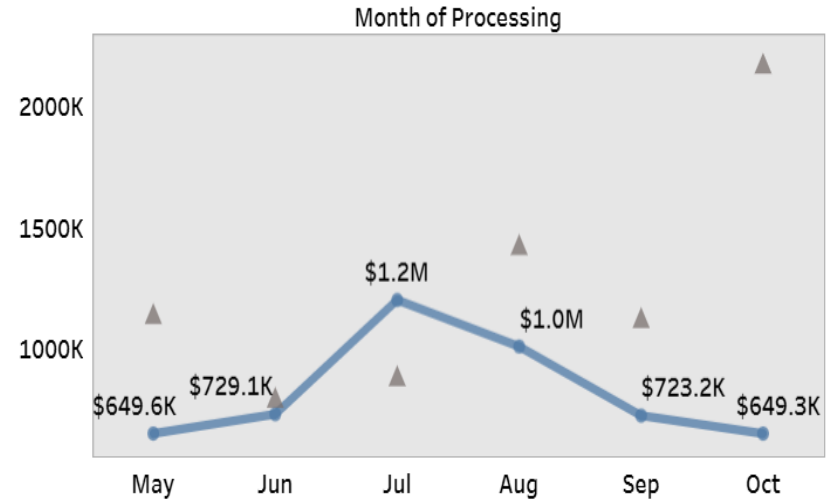


Claims Integrity

Total Paid (including Interest) - May-2024 to Oct-2024

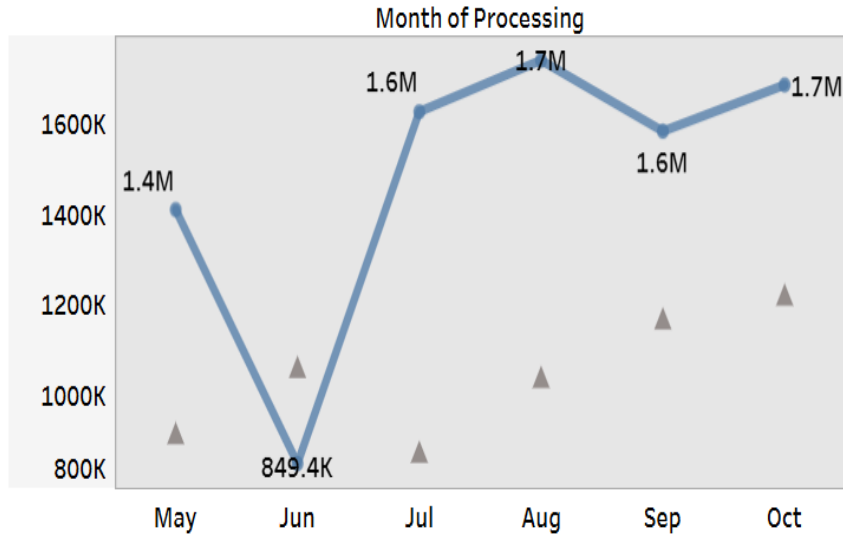


Total Interest Paid - May-2024 to Oct-2024

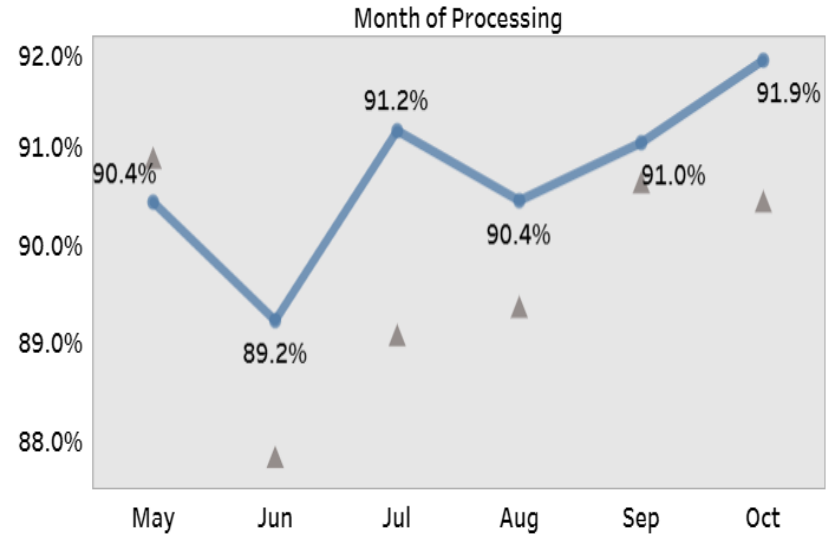


Claims Integrity

Total First-Pass Adjudicated Claims Volume - May-2024 to Oct-2024

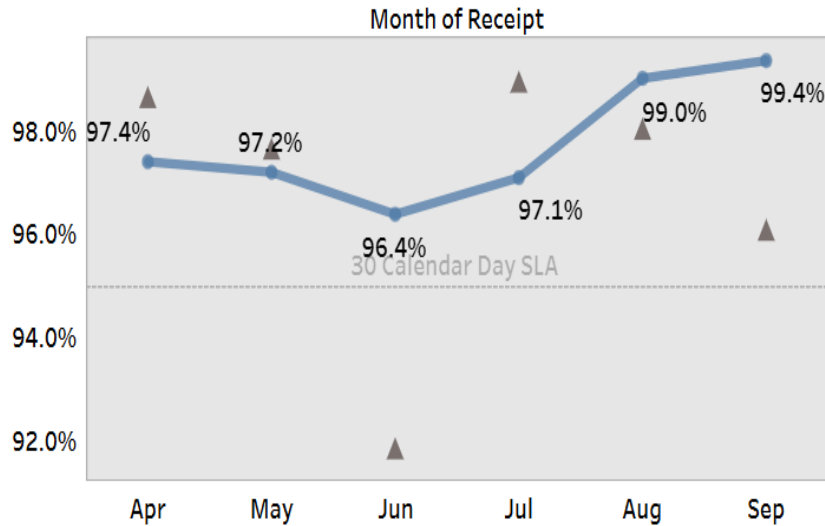


% of First-Pass Claims Auto-Adjudicated - May-2024 to Oct-2024

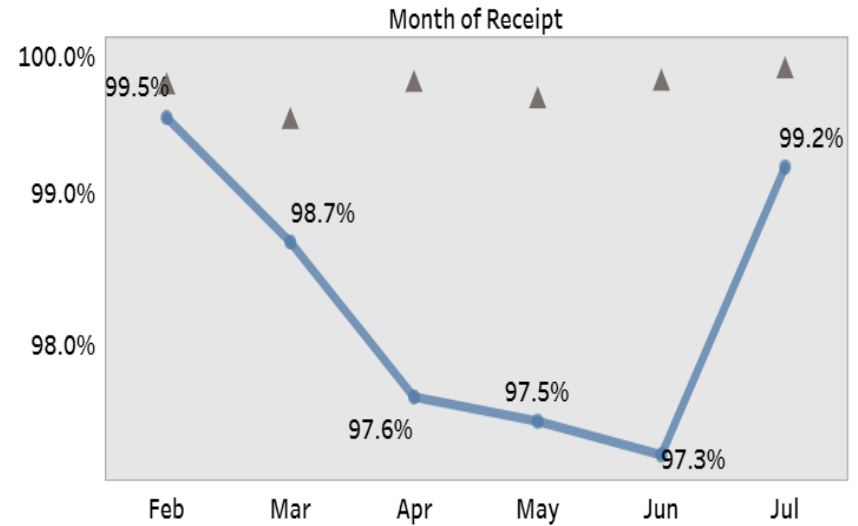


Claims Integrity

% Processed within 30 Calendar Days - Apr-2024 to Sep-2024

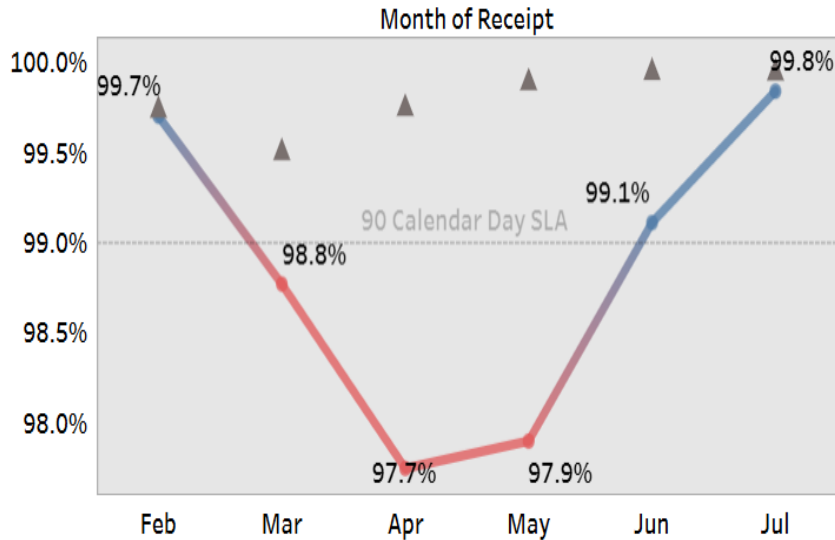


% Processed within 45 Business Days - Feb-2024 to Jul-2024

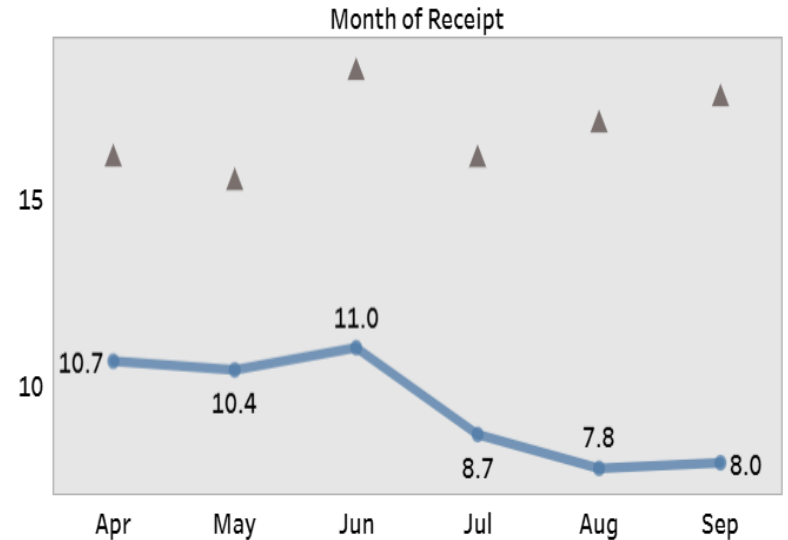


Claims Integrity

% Processed within 90 Calendar Days - Feb-2024 to Jul-2024

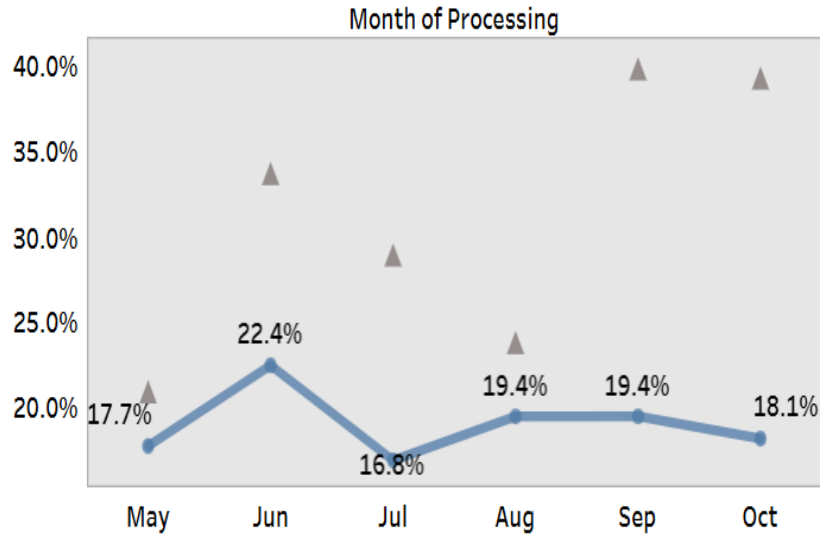


Average Calendar Days to Process - Apr-2024 to Sep-2024

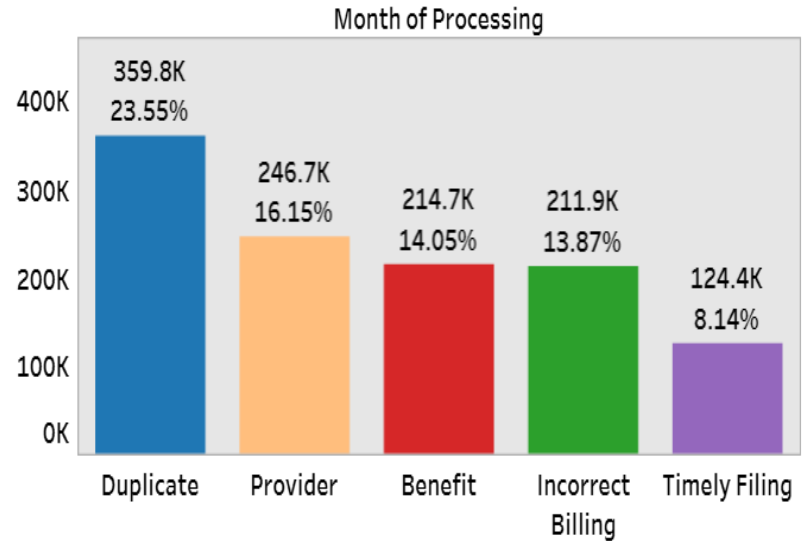


Claims Integrity

First-Pass Claims Denial Rate - May-2024 to Oct-2024

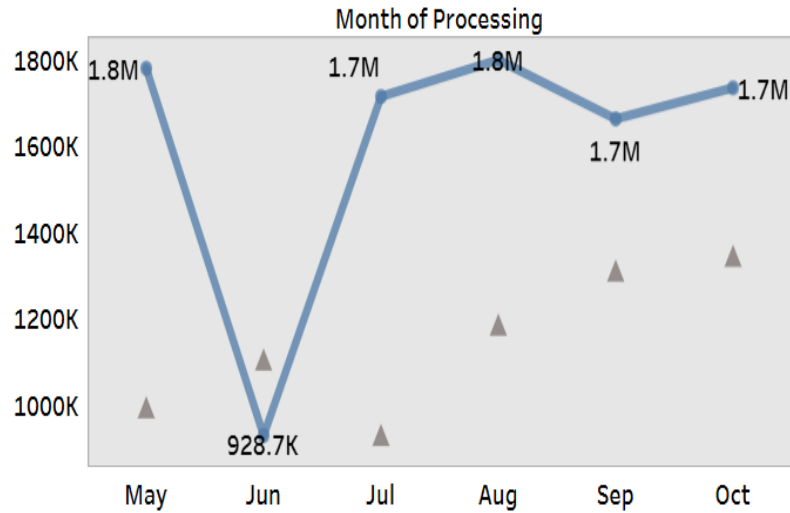


Most Recent 6 months' Denial Volume by Reason: May-2024 to Oct-2024

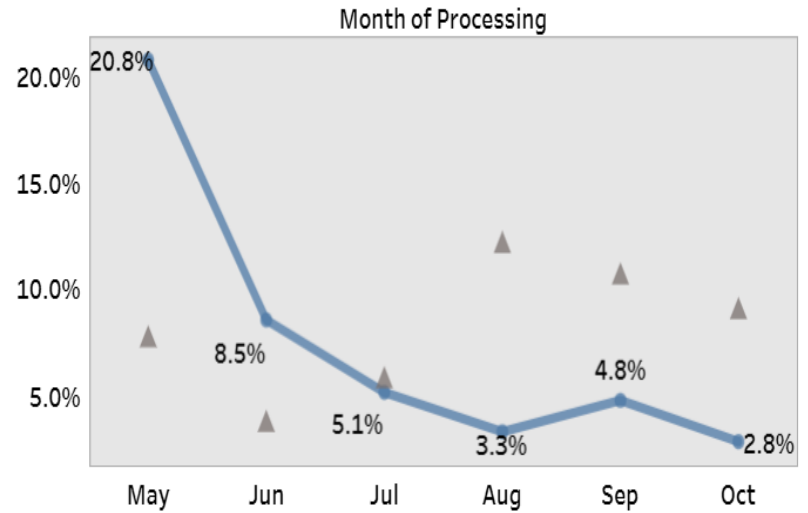


Claims Integrity

Total Claims Processed (Originals + Adjustments) - May-2024 to Oct-2024

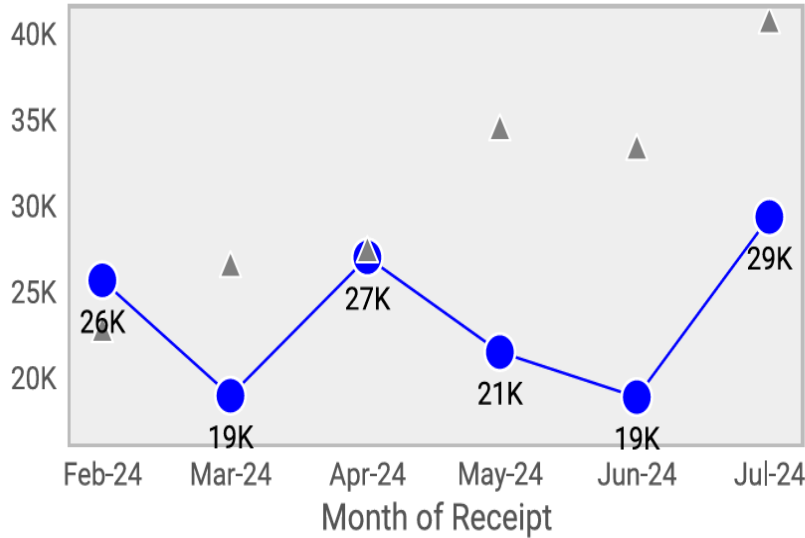


% of Total Claims Processed that are Adjustments - May-2024 to Oct-2024

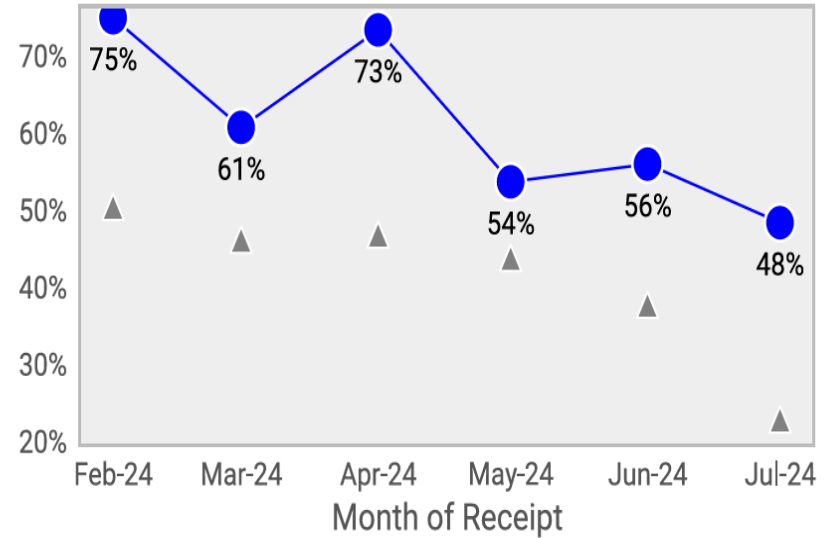


Claims Integrity

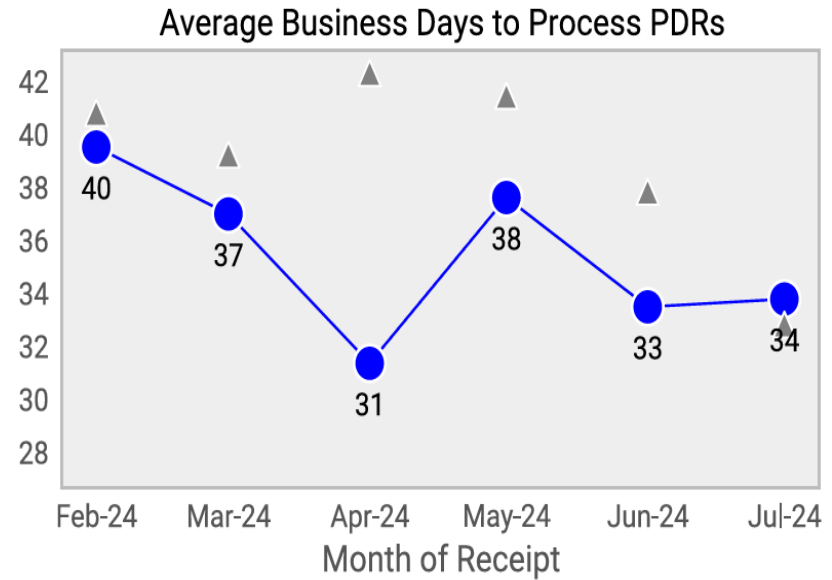
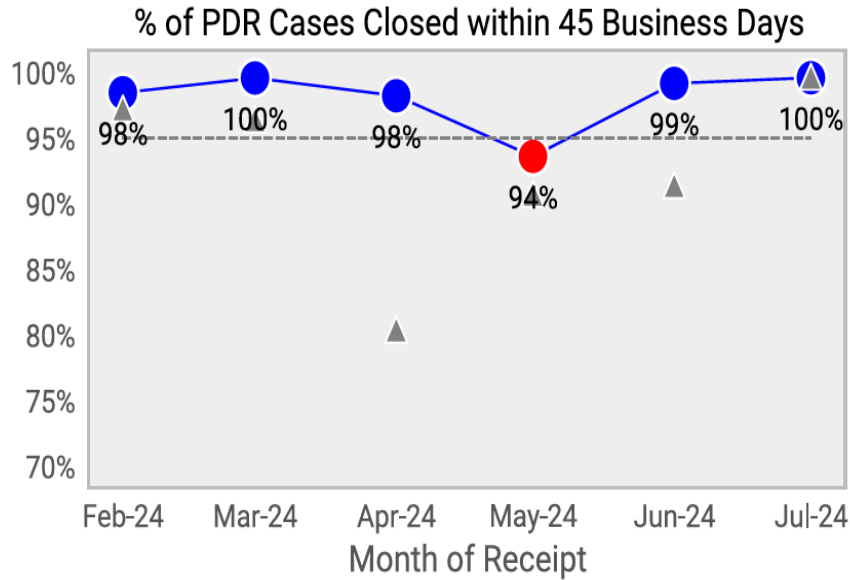
PDR Volumes Received



% of Closed PDR Cases that are Upheld



Claims Integrity



Questions??





L.A. Care
HEALTH PLAN®

For All of L.A.

Managed Care Accountability Set



Compliance & Quality Committee (C&Q)

Date: 11/21/2024

Presenter: Bettsy Santana



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

Managed Care Accountability Set (MCAS)

Background

- The Managed Care Accountability Set is comprised of 42 measures in MY 2023
- 18 measures are held to the Minimum Performance Level (MPL) or national 50th percentile
- Overall aggregate improvement in measures compared to MY 2022. 6 /15 measures did not meet the minimum performance level for MY 2023
- Three measures below MPL were in Children's Health:
- Others:
 - Cervical Cancer Screening (CCS)
 - Follow-up After ED visit for Mental Illness
 - 30 day Follow-up after Ed Visit for Substance Use
- Asthma Medication Ratio (AMR) was cited by DHCS as being below MPL. In reality, this was due to a data mapping technical issue. Once corrected, AMR exceeded MPL.

Key Findings and Updates

- Administrative/Legal appeal for MY 2022 still in process (administrative hearing in March 2025). **We continue to have valid concerns about DHCS sanctions methodology.**
- Overall improvement in MY 2023 measure performance with sharp reduction in MCAS sanctions
- MCAS Sanction for MY 2023 received 10/25: \$222K
- This is much lower than MY 2022 at \$890K
- DHCS will not be sanctioning plans for FUM and FUA MY 2023 due to known state data gaps: savings of \$ ~ 22K
- FUM and FUA will not be removed from measure set for MY 2025
- In summary, for MY 2023 L.A. Care had 5 measures (vs. 7 in MY 2022) that were sanctioned; sanction amounts were substantially reduced from MY 2022 with higher performance
- Requesting DHCS remove AMR from this sanction list because technical data mapping issue was the root cause; once corrected, L.A. Care AMR was confirmed to exceed MPL
- For MY 2025 there will be no new accountable measures

Measurement Year 2024

- Most rates higher compared to MY 2023 despite headwind of losing historical across the board performance “lift” from Kaiser exit
- IMA, DEV, CHL, already met 50th Percentile
- Children’s well care visits are trending up (W30 A and B)
- AMR rates still low as data mapping has not been adjusted, but expecting correction once fixed
- CIS-10: Rates are down across all plan partners and MCLA; other plans struggling also; growing vaccine hesitancy in many communities across U.S.
- CCS rates continue to be challenging

Measure Description	Measure Type	Denom	Admin Rate	YOY Rate Change	50th Percentile Rate
Asthma Medication Ratio (AMR)	A	18,885	56.35%	-10.48%	66.24
Breast Cancer Screening (BCS-E)	ECDS	137,100	53.03%	2.86%	52.68
Controlling High Blood Pressure (CBP)	H	119,656	49.48%	17.54%	64.48
Cervical Cancer Screening (CCS)	H	526,276	44.66%	-2.23%	57.18
Chlamydia Screening in Women (CHL)	A	42,995	63.04%	2.31%	55.95
Childhood Immunization Status (CIS)	H	25,950	22.81%	-3.00%	27.49
Developmental Screening in the First Three Years of Life	A	127,828	42.15%	8.03%	NA
Follow-Up After Emergency Department Visit for Substance Use (FUA)	A	8,976	25.57%	1.82%	36.18
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	A	8,041	25.07%	-0.29%	53.82
Glycemic Status Assessment for Patients With Diabetes (GSD)	A	120,659	45.80%	NA	33.33
Immunizations for Adolescents (IMA)	H	35,499	38.27%	-0.61%	34.30
Lead Screening in Children (LSC)	H	26,116	60.42%	5.77%	63.84
Prenatal and Postpartum Care (PPC)	H	17,025	77.53%	3.88%	84.55
Prenatal and Postpartum Care (PPC)	H	17,025	63.28%	3.47%	80.23
Prevention - Topical Fluoride For Children	A	1,326,096	1.55%	-0.90%	NA
Well-Child Visits in the First 30 Months of Life (W30)	A	11,502	37.30%	2.24%	60.38
Well-Child Visits in the First 30 Months of Life (W30)	A	26,489	63.21%	3.38%	69.43
Child and Adolescent Well-Care Visits (WCV)	A	644,365	34.89%	4.30%	51.81

Performance Challenges

- **Cervical Cancer Screening (CCS):** rates continue to be low across many health plans
 - Barrier analysis reveals mix of member and provider issues; Member motivation and appointment availability
- **Childhood Immunization (CIS-10):** Growing vaccine hesitancy is major barrier in many communities; challenge across public and private plans
 - Vaccination rates for Flu are lower and drive rates down

Actions Taken

- **Cervical Cancer Screenings (CCS)**

- Piloting incentive for CCS
- Expanding member outreach and communication
- Exploring partnerships with community-based organizations
- Addressing data gaps with PPGs
- Leveraging HIE platforms to secure additional data

- **Childhood Immunizations**

- Developing more specific flu content via text messages
- Working closely with PPGs to close care gaps for children who are just missing one vaccines (e.g. second flu dose)
- Delivering provider education programs
- Boosting incentives
- Leveraging HIE platforms to secure additional data

Next Steps

- Continue multi-channel member outreach
- Increase incentives for immunizations, well care visits, and cervical cancer screening
- Deepen partnership with PPGs
- Expand provider outreach and engagement
- Expand access to care options outside traditional primary care visits (e.g. CRC and at home services)
 - Well care visits at Community Resource Centers (10/19)
 - Home test kit campaigns (FIT kits)
- Enhance and expand data aggregation and reconciliation

Questions?





L.A. Care
HEALTH PLAN®

For All of L.A.

Member Experience Survey Results



Compliance & Quality Committee (C&Q)

Date: 11/21/2024

Presenter: Linda Carberry



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

Importance of Member Experience

- Regulatory survey results are important component of health plan ratings
- Regulatory survey results reflect member perceptions and expectations
- These survey results helps us see how our members see us
- Prioritizing the “rated measure” questions to support higher results will:
 - Educate L.A. Care and providers on the importance of these questions
 - Draw attention to member experience with L.A. Care
 - Provide insight on where we can improve
 - Achieve higher member experience scores
- Sharing these results on annual basis is crucial to understanding
 - Member experience
 - How we can best improve their experience

Report Content

Important results from regulatory Member Experience Surveys including:

- **Medi-Cal HP-CAHPS** (Consumer Assessment of Healthcare Providers & Systems) **Adult & Child** (Health Plan CAHPS)
 - HPR (Health Plan Rating)
- **QHP EES** (Quality Health Plan Enrollee Experience Survey)
 - QRS (Quality Rating System)
 - Covered CA
- **MAPD CAHPS DSNP** (Medicare Advantage & Prescription Drug, Dual Special Needs Plan)
 - STARS
- **PASC-SEIU** (Workers Health Care Plan [PASC-SEIU] Survey for homecare workers affiliated with Personal Assistance Services Council [PASC] and United Long Term Care Workers Union [SEIU Local 6434])

Report Background

Medi-Cal HP-CAHPS (Consumer Assessment of Healthcare Providers & Systems)

- Administered between 2/19/2024 and 5/10/2024
- Final sample included 4,059 members (Adult)
 - Adults Completing Survey: 681 (2024), 652 (2023)
- Final sample included 6,798 members (Child)
 - Children (Parents) Completing Survey: 856 (2024), 740 (2023)
- NCQA (National Committee for Quality Assurance) Response Rates:
 - Adult: 17.24% (2024), 16.42% (2023)
 - Child: 17.46% (2024), 15.14% (2023)

HPR (Health Plan Rating): 2024 STAR Rating: 3.5 STARS

Local Initiative Health Authority, dba **L.A. Care**
Health Plan
also known as **L.A. Care** Health Plan



Accredited - Under
Review by NCQA

Medicaid HMO

CA



L.A. Care received 3.5 STARS Rating in 2023

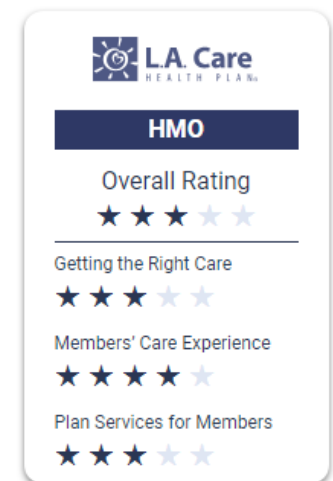
Report Background

QHP EES (Quality Health Plan Enrollee Experience Survey)

- Administered between 2/16/2024 and 5/17/2024
- Final sample included 1,690 members
 - Completing Survey: 217 (2024), 213 (2023)
 - Response Rate: 18.01% (2024), 18.23% (2023)

QRS (Quality Rating System): 4 Stars Member Care Experience, LACC (Covered CA)

L.A. Care received same rating in 2023



Report Background

- **PASC-SEIU:** Workers Health Care Plan (PASC-SEIU) Survey for homecare workers affiliated with the Personal Assistance Services Council (PASC) and the United Long Term Care Workers Union (SEIU Local 6434)
- Using Commercial CAHPS Survey Instrument
 - Preparing for Accreditation in 2026
 - 2025 fielding will be used for evidence
 - Administered between 11/29/2023 and 2/12/2024
 - Final sample included 1350 members
 - Completing Survey: 236 (2024)
 - Response Rate: 17.51% (2024)

Key Findings: Medi-Cal

▪ **Adult – HP-CAHPS**

- All 6 HPR rated measures increased by .5-3.5%

▪ **Child – HP-CAHPS**

- 2/5 rated measures increased by 1%
 - Even though child rates decreased for 3 measures
 - Child scores remain higher than the increased adult scores
 - Child scores are used for NCQA ratings (HPR)
- Over 60% returned in Spanish

▪ **Rating of Health Plan & Getting Care Quickly Increased for both Adult & Child**

Key Findings: Covered CA, Medicare DSNP, PASC-SEIU

▪ QHP EES

- 21/30 QRS rated measures increased by 0.3-6.5%

▪ MAPD CAHPS DSNP

- High Response Rate, higher than National average by almost 2%
- Over 50% returned in Spanish
- 4/9 STARs rated measures increased by 0.25-2% (Compared to 2022 – Cal Medi-Connect)

▪ PASC-SEIU

- How Well Doctors Communicate Composite scored highest

Highlights Met: Adult & Child HP-CAHPS

Scores for all listed measures have increased since 2023

Health Plan Rating Adult Measures

- Getting Needed Care
 - Ease of Getting Needed Care
- Getting Care Quickly
 - Ease of Getting Urgent Care
- Rating of Doctor
- Rating of Health Care
- Rating of Health Plan
- Advising Smokers to Quit

All Reported Adult HPR Measures Improved in 2024!

Health Plan Rating Child Measures

- Getting Care Quickly
 - Ease of Getting Urgent Care
- Rating of Health Plan

Highlights Met: QHP

Scores for all listed measures have increased since 2023

QRS (Quality Rating System)

- Rating of Personal Doctor
- Rating of Health Plan
- Access To Care
 - Ease of Getting Urgent Care
 - Ease of Getting a Check Up or Routine Care
 - Ease of Getting Needed Care
 - Ease of Seeing a Specialist
- Care Coordination
 - Doctor Had Your Information
 - Ease of Getting Test Results & Getting Results as Soon as Needed
 - Doctor Discussed Medications Being Taken

Highlights Met: QHP

Scores for all listed measures have increased since 2023

- **Access to Information**
 - Ease of Finding Information on Health Plan
 - Ease of Finding Cost for Service
 - Ease of Finding Cost for Medications

- **Plan Administration**
 - Customer Service Provided Information/Help
 - Customer Service was Courteous/Respectful
 - Forms Easy to Fill Out
 - Plan Explained Form

Highlights Met: MAPD CAHPS DSNP

Scores for all Listed Measures have increased since 2022 (Cal Medi-Connect)

STARS

- Rating of Health Plan
- Getting Needed Care
 - Ease of Getting Specialist Appointments
- Health Plan Customer Service
 - Health Plan Customer Service Provided Needed Information/Help
 - Health Plan Customer Service was Courteous/Respectful
- Coordination of Care
 - Doctor had your Records/Information at Appointments
 - Doctor Discussed Prescription Medications
 - Doctor's Office Followed Up/Provided Timely Test Results

Highlights Met: PASC-SEIU

First Fielding Using the Commercial CAHPS Survey Instrument

No Measure Rating – Accreditation Coming in 2026

- How Well Doctors Communicate (90.17%)
 - Doctor Explained Things
 - Doctor Listened Carefully
 - Doctor Showed Respect
 - Doctor Spent Enough Time



Improvement Opportunities: Adult & Child HP-CAHPS

Adult

- Ease of Seeing a Specialist – Impacting Getting Needed Care (HPR)
- Ease of Getting Routine Care – Impacting Getting Care Quickly (HPR)
- To Help Improve the Member's Experience
 - Doctor Communication
 - Doctor Explained Things
 - Doctor Listened Carefully
 - Customer Service
 - Customer Service Provided Info/Help
 - Customer Service Courteous/Respectful

Child

- Getting Needed Care (HPR)
 - Ease of Getting Needed Care
 - Ease of Seeing Specialist
- Rating of Doctor (HPR)
- Rating of Health Care (HPR)
- To Help Improve the Member's Experience
 - Doctor Communication
 - Customer Service

Improvement Opportunities: QHP

- Rating of Specialist (QRS)
- Ease of Coordination of Health Care Services
 - Impacting Care Coordination (QRS)
- Doctor Informed About Specialist Care
 - Impacting Care Coordination (QRS)
- Customer Service Wait Too Long
 - Impacting Plan Administration (QRS)
- To Help Improve the Member's Experience
 - Telehealth Visits Offered

Improvement Opportunities: MAPD CAHPS DSNP

- Getting Care Quickly (STARs)
 - Got Urgent Care as Soon as Needed
- Getting Needed Prescription Drugs (STARs)
 - Easy to Use PDP (Prescription Drug Plan) to Get Prescribed Medicines
 - Easy to Use PDP to Get Medicines from Pharmacy and by Mail
- To Help Improve the Member's Experience
 - Forms from Health Plan were Easy to Fill Out
 - Doctor Informed on Care Provided by Specialist
 - Doctor Listened Carefully
 - Doctor Spent Enough Time

Improvement Opportunities: PASC-SEIU

- Rating of Personal Doctor
- Rating of Specialist
- Rating of All Health Care
- Rating of Health Plan
- Getting Care Quickly
- Getting Needed Care
- Health Plan Customer Service
- Claims Processing
 - Handling Quickly & Correctly

Next Steps

- **Share important distinction between “Rated” and “Member Experience” measures**
- **Define process for how Rated Measure results can be improved**
 - Information packets are being assembled to show provider/member combinations
 - Pulling member data for providers regarding rated questions
 - Packets will be created for providers with members responding to rated questions
 - Educate providers and build clear understanding of rated survey questions
 - Providers are not aware of the breadth of survey questions being asked
 - Providers are not aware of their performance on rated questions
 - Expand virtual outreach to providers (e.g. Webex – CAHPS Trainings)
 - Encourage movement from Sometimes/Never & 0-8 to Usually/Always and 9/10

Questions?



Member Experience Improvement Efforts



L.A. Care
HEALTH PLAN®

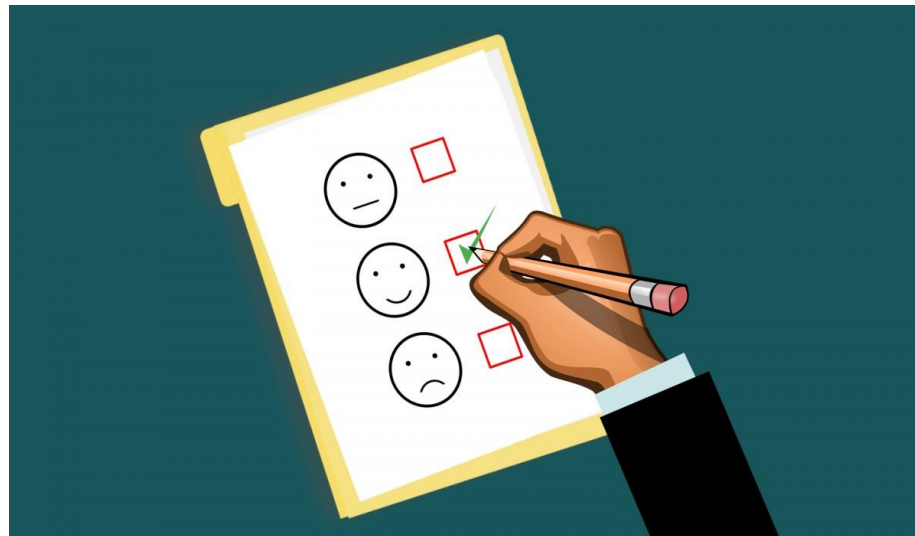
For All of L.A.



Brigitte Bailey, MPH, CHES
Quality Improvement Supervisor
Clinical Initiatives

Overview

- Enterprise CAHPS Leadership Team
- SullivanLuallin Group Patient Experience Trainings
- New PPG and Clinic Engagement



Enterprise CAHPS Leadership Team




- Established by Dr. Edward Sheen in February 2023
- CAHPS performance is driven by enterprise-wide teams beyond health services. Every LAC interaction with members counts. Access to both primary and specialty care are also key to member satisfaction.
- Bi-weekly collaborative bringing together leadership from departments across the health plan:
 - Representation from Quality Improvement, Product teams, Customer Solutions Center, Provider Network Management
- Teams are sharing current efforts and strategizing future joint initiatives to improve member experience, such as:
 - Member journey mapping
 - New member satisfaction surveys


Patient Experience Trainings

- We contracted with SullivanLuallin Group (SLG) in 2019 to deliver patient experience trainings. Extended contract through December 2025.
- Trainings developed for:
 - Office managers and front-line staff
 - Care Providers
- In 2020, pivoted in-person model of trainings to webinar series
 - Completed 9 full webinar series (Fall 2020, Spring 2021, Fall 2021, Spring/Summer 2022, Fall 2022, Spring 2023, Fall 2023, Spring 2024, Summer 2024)



**SullivanLuallin
Group**

 **L.A. Care**
HEALTH PLAN

 **SullivanLuallin
Group**

Optimizing the Clinical Experience for All

**Fall 2024
Online Training Series**

Join L.A. Care Health Plan and the SullivanLuallin Group this Fall for a series of online webinar trainings on enhancing patient experience and optimizing patient outcomes. Sessions will focus on setting the foundation for a positive patient experience including new training topics on finding joy in patient engagement (3-part series).

The webinar series will include sessions for clinicians, managers, and staff to establish a culture of patient-centered care and exceptional service. Invite your whole team!

The **full training schedule** can be found on the following page.

[Register here](#) or at www.lacare.org/QI-webinars

Questions? Email quality@lacare.org.

PL2023 0024

Available Trainings

- **For Care Providers**

- Leading to a Positive Patient Experience
- Efficient and Effective Patient Encounters
- Motivating Patients to Change Health Behaviors
- Improving Patient Compliance

- **For Managers/Staff**

- Managing for Telephone Service Excellence
- Handling Patient Complaints with H.E.A.R.T.
- A Better Care Experience with A.I.M.
- Managing Access and Flow

- **For Entire Care Team**

- Building an Empowered Care Team: Strategies and Tools for Fostering an Engaged Clinical Practice
- Finding Shared Purpose: Meaningful Connection Within Our Work Environment **new training**
- Professional Fulfillment: Finding Joy in Healthcare **new training**
- Compassion as Fuel: Empowering You Towards a Sustainable Career **new training**

Partnership with IPAs and Clinics

- Quality Improvement continues to partner with provider groups and clinics to offer trainings directly to clinicians and staff
- In 2024, SullivanLuallin Group completed 13 trainings for 8 clinics and IPAs.
 - Audience included clinicians, pediatricians, health educators, and physician fellows
- Teams are also partnering with L.A. Department of Health Services Ambulatory Care Network to offer trainings to primary care physician network
 - Conducted half-day retreat for primary care physician leadership on January 11th, 2024

Evaluation

- In addition to post-training surveys, Quality Improvement evaluates CG-CAHPS scores to determine impact of trainings
- 2023 CG-CAHPS Survey Scores: 10/14 clinics hosting a training realized improvement in year over year scores.
- Measures of focus:
 - Rating of Provider
 - Rating of Health Care
 - How Well Providers Communicate with Patients
 - Helpful, Courteous, and Respectful Office Staff

New PPG and Clinic Engagement

- In March 2024, Dr. Edward Sheen established monthly Joint Operations Meetings (JOMs) with 10 largest PPGs covering up to 70% of provider network.
- Regular JOMs also established with Plan Partners and Direct Network
- Forums are opportunity to review quality improvement needs, member experience, incentives, data processes, solutioning, and new initiatives and interventions



Questions?



L.A. Care
HEALTH PLAN®

For All of L.A.

