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COMPLIANCE ADVISORY COMMITTEE
Regular Meeting Minutes
Friday, March 8th, 2023
10:30 a.m. – 11:30 a.m.

Video Conference Call and
1240 S. Loop Road
Alameda, CA 94502

CALL TO ORDER

Committee Members Attendance: Byron Lopez, Richard Golfin III, Dr. Kelley Meade

Committee Members Remote: None

Committee Members Excused: None

1. CALL TO ORDER

The regular Compliance Advisory Committee meeting was called to order by Dr. Kelley Meade at 10:30 am.

2. ROLL CALL

A roll call was taken of the Committee Members, quorum was confirmed.

3. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

4. PUBLIC COMMENT (NON-AGENDA ITEMS)

None

5. CONSENT CALENDAR

a) December 8th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

Motion: A motion was made by Richard Golfin, III and seconded by Byron Lopez to approve Consent Calendar Agenda Item (a).

Vote: Motion unanimously passed.

No opposition or abstentions.

6. COMPLIANCE MEMBER REPORTS

a) COMPLIANCE ACTIVITY REPORT

- i. Plan Audits and State Regulatory Oversight

1. Status Updates on State Audit Regulatory Oversight

a. 2024 DHCS Routine Medical Survey Audit

- The audit is scheduled for June 2024, and the virtual interview sessions are scheduled to be conducted from June 17 – June 28, 2024.
- The Plan is expecting to receive a formal audit notification the week of March 11, 2024.
- The lookback period is expected to cover April 1, 2023 – March 31, 2024. The following areas will be included:
 - i. Utilization management;
 - ii. Case management;
 - iii. In-care coordination;
 - iv. Access and availability;
 - v. Member's rights and responsibilities;
 - vi. Quality improvement system;
 - vii. Organization and administration;
 - viii. Transportation;
 - ix. Behavioral health
- 2024 Mock Audits
 - The Plan will hold 2024 Mock Audit interviews with subject matter experts in preparation for the 2024 DHCS audit.
 - Our Mock Audits are scheduled for April 22, 2024 – May 3, 2024, and will cover all sections of the DHCS audit.
 - The Mock Audit schedule and questions are provided.
 - 1. Sample questions provided.
 - 2. Sample answers provided.

Question: The line up of items covered in the actual survey in the mock survey—do they overlap, and the mock survey will have more items, or will they be equal?

Answer: They will be equal.

Question: I got a mock audit schedule that has these categories, and the categories mentioned for the actual audit were smaller in number. So will these be put into larger categories.

Answer: Yes. When we get the final audit findings, the report will have eight categories—utilization management, administrative management, administration, etc.—but the categories that are listed are more refined, so there are sections within the greater categories.

b. 2023 DHCS Routine Medical Survey

- The onsite interview took place April 17, 2023 – April 28, 2023.
- There were 15 findings and four identified repeat findings.
- The Plan submitted its Corrective Action Plan to the department in November.

- Internal meetings have been held with stakeholders to review CAP plans and implementation efforts to eliminate repeat findings and lower the number of overall deficiencies year over year.
- The DHCS is requesting a monthly update of the CAP progress.
 - A January update was submitted on January 18, 2024.
 - The Plan received the DHCS response to the January update on February 12.
 - DHCS has additional questions for eight out of 15 findings and the Plan submitted the February update timely on February 26, and we are currently waiting for a response.

2. Compliance Dashboard

- Findings have been received for the 2022 DMHC Behavioral Health Investigation.
 - There were two findings, which were added to the dashboard. That brings the total overall findings that we are tracking on the dashboard to 183.
 - The Audit Review Period for the 2022 DMHC Behavioral Health Investigation was April 1, 2022 - April 30, 2022. DMHC came on site virtually from September 7, 2022 – September 8, 2022.
 - The final report was received January 5, 2024, and the Corrective Action Plan was submitted to DMHC on February 4, 2024.
 - Along with the two identified findings, there were also three barriers to care, which have been added to the dashboard as well.
 - Findings involved two provisions of the Knox-Keene Act:
 - The first area is Utilization Management: The Plan failed to timely implement the requirements of Sections 1374.72 and 1374.721 (SB 855).
 - Among these requirements was the obligation to conduct utilization review for behavioral health services, applying the criteria and guidelines set forth in the most recent versions of treatment criteria developed by the nonprofit professional association for the relevant clinical specialty.
 - The specific issue was with policy UM-063 Gender Affirmation Surgery and Transgender Services, which wasn't in compliance with the World Professional Association of Transgender Health (WPATH) criteria when DMHC reviewed it back in 2022. The policy was updated to bring it into compliance in September 2022.
 - Additionally, the Alliance has contracted with the WPATH to provide training for standards of care. All training for UM reviewers will be complete by Q4 2024.
 - The Alliance also conducts annual Interrater Reliability Studies, or IRRs, with all UM decision makers to ensure that documented criteria are being applied consistently. The next IRR will be completed by Q3 2024.

Question: So this is state oversight; is there anything that meets up at a federal level for this particular item?

Answer: This is something we have been working on since 2021. We have UM-063, which is one of our global health management policies and clinical services, clinical delivery. Dr. Mendoza, Dr. Juan, have worked extensively at shaping that policy to match the transgender, gender-diverse, and intersex guidelines. DMHC has gone back and forth with us on what they wanted to see with that policy, and the types of parity-centric language they wanted to see for our population. Last summer, we finally got approval of this filing, under SB 855, just as a sort of overall state legislation that polices plans in delivering these services, but then we received additional comments because the WPATH guidelines have been updated to a new standard, and that new standard is different than what California laws are. The last guidance that we received was they would like us to be on the latest standards of WPATH, which we did, but then WPATH came out with new requirements that were different, so then we had a question: do we comply with the latest updates to WPATH and be out of compliance with the law, or do we not update to WPATH and be out of compliance with what was asked of us? Legal services has recently updated the policy. We have actually updated the policy in coordination with Dr. Mendoza and SB 855, which incorporates WPATH, so we were able to make revisions that we think comply with all, and this was done last week or the week before.

Question: Just so I understand this, the Corrective Action Plan that was submitted on February 4 now has a companion policy document that is in compliance with all jurisdictions.

Answer: That is what we are shooting for. We engaged Legal to see how we can comply with both.

- The second finding is in the area of Quality Assurance: The Plan does not ensure its delegate consistently documents quality of care provided is being reviewed, problems are being identified, effective action is taken to improve care where deficiencies are identified, and a follow-up is planned where indicated.
 - As of April 1, 2023, Alameda Alliance for Health (AAH) has terminated its contract with Beacon Health Options, so we no longer have the delegate that this finding refers to.
 - Since termination, the Alliance has insourced all mental and behavioral health services and processes all quality of care issues identified.
 - The Alliance follows its internal policy and procedures and workflows to ensure that all quality of care problems are identified, reviewed and further, that effective action is taken to improve care where deficiencies are identified, and that follow-up is planned where indicated.

Question: Do we submit a Corrective Action Plan for that item, or do we just insource and say that was our corrective action plan?

Answer: Yes. So what we are reviewing are findings from a BHI parity audit, which the State said there wouldn't be findings for; back in 2021 and 2022 they said they would issue group results for five plans, and do five plans each year, so we expected to get group findings from their findings of the five plans that they had reviewed. But instead, we

received individual plan results. We since terminated our NBHL partnership, so the findings we received in 2022 are not reflective of the current state of our business in managing behavioral health services, so for most of these we plan to highlight we no longer have a behavioral health delegate, as those services are administrated in-house, and then plan to talk about how we administer behavioral health here, and we have a collection of professionals, under Dr. Carey's leadership, that manage our behavioral health services here.

- In addition to the findings, DMHC also found the Alliance had unaddressed barriers to care. These are not Knox-Keene Act violations.
 - According to the DMHC, barriers to care may create delays in a member's ability to obtain behavioral health services, however they do not rise to the level of a Knox-Keene Act violation.
 - The barriers to care are basically recommendations from DMHC. There were three found, in the following three areas:
 - 1 Pharmacy Services: The Plan has limited ability to provide Office Based Opioid Treatment (OBOT) and Opioid Treatment Program (OTP) therapy and lacks policies and procedures for these treatments.
 - 2 Cultural Competency and Health Equity: Neither the Plan nor its delegate conduct assessments pertaining to cultural competency and health equity specific to the Plan's enrollee population.
 - 3 Enrollee Experience: Enrollees experience difficulties obtaining appointments.
 - Since these are not findings, we did not need to provide a CAP response to DMHC, however, Internal Audit will be adding these barriers to care to the Internal Audit Plan, where we will review plan processes in order to risk asses, much like we have with other comparison audits. This will allow us to determine areas of possible weakness that lead to these barriers to care, so we can partner with the Alliance departments to strengthen any weaknesses and continue to improve the Plan.

Question: Will the mock audit incorporate these items, or will that be a separate internal audit process?

Answer: It will be a separate internal audit process.

ii. Compliance Risk Assessment Results and Plan Progress

1. Update Presented at March 8th Board of Governors

- a. An update will be provided on the Compliance Risk Assessment and Internal Review which was conducted in 2022 and 2023, and updates on plan progress which has an overview of our internal audit program as well as some of our plans for future development in Compliance.

b) DELEGATION ACTIVITY AND OVERSIGHT

None

c) MEDI-CAL PROGRAM UPDATES

None

7. COMPLIANCE ADVISORY COMMITTEE BUSINESS

a) 2024 Compliance Advisory Committee Calendar

8. STAFF UPDATES

None

9. UNFINISHED BUSINESS

None

10. STAFF ADVISORIES ON COMPLIANCE BUSINESS FOR FUTURE MEETINGS

None

11. ADJOURNMENT

Chair Dr. Kelley Meade adjourned the meeting at 11:30 am.