

Board of Governors
Regular Meeting Minutes #314
February 2, 2023

L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro, MD, *Vice Chairperson*
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary*
 Hector De La Torre
 Christina R. Ghaly, MD
 Layla Gonzalez

George W. Greene, Esq.
 Honorable Hilda Solis
 Hilda Perez
 G. Michael Roybal, MD, MPH
 Nina Vaccaro, MPH

Management

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, Esq., *General Counsel*
 Linda Greenfeld, *Chief Product Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*

All via teleconference

**Absent*


State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Al Ballesteros, MBA, <i>Chairperson</i>, acknowledged the horrible shooting and acts of violence that occurred in Monterey Park on January 21, and he asked for a moment of silence to honor and recognize the individuals harmed and those affected by that event.</p> <p>He called the meetings to order at 1:04 p.m. the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously.</p> <p>He welcomed Hilda Solis, Los Angeles County Supervisor, to the Board and invited her to say a few words. Board Member Supervisor Solis thanked Chairperson Ballesteros and the entire Board of Governors for opening the meeting by recognizing the terrible shooting that occurred in Monterey Park, which is part of her district. There is a lot of hardship because of that event, mourning, and a lot of healing needs to go on. Many people are suffering from trauma and stress in the community. There is a great need for mental health services. She is happy about this opportunity to return to the L.A. Care Board of Governors, having served at the beginning of her term on the Board of Supervisors. There is so much happening and so many challenges; she is delighted that the L.A. Care Board has been steadily growing in revenue and helping so many providers expand their services to members. She is happy to see the new Community</p>	

APPROVED

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	<p>Resource Center (CRC) openings around the County. The CRCs are very useful and helpful to the community members. She is looking to L.A. Care and other entities to expand services, especially as the County recovers from the pandemic. Her district boundaries have changed, and now includes all of skid row. Addressing homelessness is a big priority for the Board of Supervisors and the Los Angeles City Council. She looks forward to working on utilizing resources to expand the safety net of providers and expansion of Medi-Cal. Redetermination of eligibility, implementing CalAIM, and all the things that constituents rely on are so important. She thanked the Board of Governors for the opportunity and she looks forward to seeing them in person soon.</p> <p>Those attending the meeting in person who wish to submit a public comment should use the form. Chairperson Ballesteros announced that for those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meeting, the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p> <p>Board Members have received in writing the voice messages and written public comments sent before the meeting. All comments sent before and during the meeting were read for up to three minutes. All are welcome to provide input.</p> <p>He noted that public comments should be related to the meeting topic on the Agenda to inform Board Members. Submitters should include the Agenda item for which the comment is to be read. If one does not tell us which item, the comment will be read in the general public comment section of the Agenda. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Public comment must be submitted before the public comment period for an item. This is normal procedure and every government agency that has public comment does it before the item because it is intended, and the State law is designed in a way to inform the discussion of the Board members. That is why we read the comments before the Board members discuss the item. He thanked participants for their public comment. The Board members value hearing the ideas and comments about the items on the Agenda. It better informs the Board’s discussion on those items and about what is happening at L.A. Care.</p>	

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APPROVAL OF MEETING AGENDA	The agendas were approved as presented.	Unanimously approved by roll call. 9 AYES (Ballesteros, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)
APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT	<p><i>(Board Member Greene joined the meeting.)</i></p> <p><u>Motion BOG 100.0223</u></p> <ol style="list-style-type: none"> 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act; 2. Adopt findings as set forth in this Motion Summary and, 3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act. <p><i>(Board Member Perez joined the meeting.)</i></p>	Unanimously approved by roll call. 9 AYES (Ballesteros, De La Torre, Ghaly, Greene, Raffoul, Roybal, Shapiro, Solis, and Vaccaro) 1 NAY (Gonzalez)
PUBLIC COMMENTS	<p>Estela Lara, RCAC 2, spoke to the Board in person. She is a member of the Executive Community Advisory Committee, which serves as an advisory committee for the Board of Governors. She looks forward to meeting Board Members in person. It is fantastic that Board members are here and she knows they have the best interests of the members at heart. She is here to present her ideas personally, because she knows she is just as important an element as the members of the Board. She hopes they always keep in mind that decisions do not come just from the air, but from thinking about the members who are patients in the Medi-Cal program, and who deserve the highest quality health plan we can give them. It is very difficult, based on what has happened in the past. Under Mr. Baackes' leadership, things have improved. She looks forward to having an even better plan for the members. She thanked Board members for serving and she looks forward to meeting them in person at future meetings.</p> <p>Comments received in writing: Submitted January 26 at 4:32 am via text by Carolyn Rogers Navarro <i>Feb 2 board meeting Carolyn Rogers Navarro 626-217-0549 , board chairman comment what is going on with this lawsuit, what the <expletive> is going on with you people, why are you hiding "quality of care" you don't actually give, you were fined \$55 million for good cause, as I type people with cancer are being denied care</i></p>	

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	<p><i>and dying needlessly because YOU , YOU don't belong in your jobs, YOU ignore blaring red flags patients alert you to! I don't believe you did right by my daughter Vanessa, how many girls have you killed by not properly investigated abusive doctors who you help abuse patients?!</i></p> <p>Submitted January 26 at 4:54 am via text by Carolyn Rogers Navarro https://wpsocdmhc.ca.gov/enfactions/docs/4313/1674054536893.pdf <i>General Public Comment Carolyn Rogers Navarro 626-217-0549 I've waited for you fools to drop the ball again, fined 300,000 for misleading consumers, how is anyone safe with you. I've seen it going back to Mabel Ponce inboxing me saying my complaints were being investigated, I don't believe you did a <expletive> thing, you just sided with the abusive doctor and abusive Synermed! Add to general comment, this email proves we seemed help and I don't believe you did anything about it! Members , it's not going to get better, LA Care needs to be shut down and criminally investigated! Add to general comment from Carolyn Rogers Navarro 626-217-0549 Feb 2 attached below next comment edit I meant seek help not seemed help</i></p> <p>-----Original Message----- From: Webmaster <W@lacare.org> To: 'netsicle@aol.com' <netsicle@aol.com> Cc: Rebecca Cristerna <rcristerna@lacare.org>; Maribel Ferrer <MFerrer@lacare.org> Sent: Fri, Mar 28, 2014 09:43 AM Subject: RE: Edited Timeline</p> <p>Good morning, Mrs. Navarro,</p> <p>L.A. Care is in receipt of your email and timeline. Per your request, I have forwarded your timeline and concerns to our Execute Services office.</p> <p>I am the Senior Member Advocate with L.A. Care and will be working with you to address your concerns. I will call you later today to further discuss. I will re-read your timeline before contacting you. I really hope things are better for your daughter now.</p> <p>Mabel</p> <div data-bbox="445 1101 829 1258">  <p>Mabel Ponce Senior Member Advocate Member Services Department</p> <hr/> <p>L.A. Care L.A. Care Health Plan 1055 West 7th Street, 10th Floor • Los Angeles, CA 90017 213.694.1250 x 4551 • mponce@lacare.org • www.lacare.org</p> <p><small>15 Years of One Million Members Strong</small></p> </div> <p><i>General comment add, probably too late but I'm filing a civil rights complaint with HHS pertaining to the mishandling of my complaint! You people can't be trusted, your just window dressing on tombs!</i></p>	

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	<p>Submitted January 26 at 6:48pm via text by Sender Not Self-Identified https://wpsocdmhc.ca.gov/enfactions/docs/4119/1646418995957.pdf <i>\$55 million fine members are not told about</i></p> <p>Submitted January 27 at 4:23am via text by Sender Not Self-Identified <i>Copy provided at meeting member see, in Spanish</i> https://www.oc-breeze.com/2023/01/19/223497_dmhc-fines-l-a-care-health-plan-300000-for-deceptive-enrollment-tactics/ <i>I believe my daughters group home was solicited by LA Care behind my back, I've believed that for years! Please translate ALL of this to Spanish</i></p> <p>Submitted on February 2 at 12:15pm via email by Andria McFerson RCA 6 Chair <i>Hello Chair and the Board of Governors</i> <i>My name is Andria McFerson Chair of RCAC 6 and HAPPY BLACK HISTORY MONTH</i> <i>My heart goes out to the family and the loved ones of Tyre Nichols. Also the residents of Memphis Tennessee (which is scary because that is where my own brother lives right now)</i> <i>Overall my heart also goes out to the Black and Brown people all over the nation. The recently released video illustrates, yet another unacceptable and sickening incident of police brutality. We must use this violent abuse of power as a catalyst in our efforts to seek A more Just and Safe Nation. It's sad because I communicate with many Black men and women daily, and a lot of people say that this abuse makes some people afraid to go to certain places WITHOUT BEING HARASSED or even get behind the wheel and drive WITHOUT BEING PROFILED BY A POLICE OFFICER AND RECEIVING BRUTALITY.</i> <i>This abuse has caused mental disparities like PTSD and Depression As posted on the National Institute of Mental Health website.....after substantial research from this Government website.....what a lot of people don't know is that bad mental health conditions can cause an increased risk of cardiovascular disease, diabetes, strokes, pain, and Alzheimer's disease, substantial resear lmk cch has shown that people with depression may even be at higher risk for osteoporosis.</i> <i>I'm speaking about this here at LA Care for a reason, because harassmt, abuse is spread throughout the country and in LA County and it is not only with police officers, Black people also suffer from harassmt and abuse in many other fields that are not illustrated on video like; Doctor's visits and hospital stays or any other Medical professional who give personal care. This treatment has to stop!</i></p>	

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	<p><i>How?....By surveying the treatment we receive everyday. Because bad and neglectful medical treatment can cause chronic conditions mentally and physically and could also be deadly. It is definitely not a coincidence that Black people have the highest number of chronic conditions and the highest mortality rate.</i></p> <p><i>As a chair here, due to these findings, year after year, I myself have routinely asked that LA Care please participate in a Black History Month Event in the month of Feb. or have our own event with the LA Care Outreach and Education department and the Stakeholder committee members that represent our communities I was told NO! (three minutes expired; the remainder can be found at the end of these minutes)</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, noted that he will report on L.A. Care’s activities for Black History Month during the CEO Report later in this meeting.</p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p>PUBLIC COMMENT</p> <p>Submitted on February 2 at 12:27pm via voicemail by Elizabeth Cooper, RCAC 2 Member</p> <p><i>Good Morning, My name is Elizabeth Cooper and I am speaking on my behalf of my son who is a member. I would offer my prayers and concern for the people who lost a loved one in the recent mass shootings in Southern California and Northern California. Now I would like to speak on public comment approval of today’s meeting Feb 2 2023. This is Back History month and I welcome this holiday. The month of Feb 2023. Every day is a celebration for me on rights and responsibilities regarding the rights and freedoms that we all share with all Americans. I would like to speak on the Board agenda. I would like to welcome the chair and the members of the board and Mr. John W Baackes I would like to welcome you all. I was supposed to be present but I was not able to make it today. I would like to speak about Motion 100, please inform me what the motion means. I would also like to know what the 2023 Compliance Work Plan and Internal Audit mean.</i></p> <ul style="list-style-type: none"> • December 1, 2022 Board of Governors Meeting Minutes • Ratify L.A. Care Chief Executive Officer, John Baackes execution of Department of Health Care Services Medi-Cal Secondary Contract 22-20466, DSNP Contract 22-20236 Amendments <p><u>Motion BOG 101.0223</u></p> <p>To ratify execution by L.A. Care Chief Executive Officer, John Baackes, of the following: Amendment 38 to Department of Health Care Services Medi-Cal</p>	

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	<p>Contract 04-36069; DHCS “Secondary” Contract 22-20466; and Amendment 2 to DHCS DSNP Contract 22-20236.</p> <ul style="list-style-type: none"> • Appointment of Sameer Amin, MD, Chief Medical Officer, as member of the Children’s Health Consultant Advisory Committee <u>Motion BOG 102.0223</u> To approve the appointment of Sameer Amin, MD, for the seat representing L.A. Care’s Chief Medical Officer as member of the Children’s Health Consultant Advisory Committee (CHCAC), effective February 2, 2023. • Appointment of Sameer Amin, MD, Chief Medical Officer, as member of the Technical Advisory Committee <u>Motion BOG 103.0223</u> To approve the appointment of Sameer Amin, MD, for the seat representing L.A. Care’s Chief Medical Officer as member of the Technical Advisory Committee (TAC), effective February 2, 2023. • Scout Exchange Contract Amendment <u>Motion EXE 100.0223</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$14,500,000 not to exceed a total spend of \$48,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2023. • Cognizant Contract Amendment for Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) services <u>Motion FIN 100.0223</u> To authorize staff to execute a 4 month-amendment to the existing contract with Cognizant to provide Healthcare Effectiveness Data and Information Set (HEDIS) & Align. Measure. Perform (AMP) software and services for the period of April 2023 through July 2023 with fees not to exceed \$300,000 for a contract total \$2,200,000. • Toney Health Care Consulting (THCC) to provide Utilization Management Frontline Nursing and Leadership Staffing Augmentation <u>Motion FIN 101.0223</u> To authorize amendment extensions of the current contracts with Toney Health Care Consulting (SOWs 3 & 7) for UM services through September 30, 2023, at an additional cost of \$1,509,200 for a total UM contract not to exceed \$15,186,571. 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, De La Torre, Ghaly, Gonzalez, Greene, Perez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro) <i>Board Member Supervisor Solis abstained from voting on approval of the meeting minutes, as she was not present at that meeting.</i></p>

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	<ul style="list-style-type: none"> 2023 Compliance Work Plan <u>Motion COM 100.0223</u> To approve the 2023 Compliance Work Plans, as submitted. 2023 Internal Audit Plan <u>Motion COM 101.0223</u> To approve the 2023 Internal Audit Plan, as submitted. 	
CHAIRPERSON'S REPORT	<p>Chairperson Ballesteros noted that Board Members have been sent the 2023 committee assignments. With new members, the schedule will change for the Finance & Budget and the Executive Committees.</p> <p><u>Motion BOG 104.0223</u> To approve the revised 2023 Board of Governors meeting schedule as submitted.</p>	<p>Unanimously approved by roll call. 11 AYES</p>
<p>CHIEF EXECUTIVE OFFICER REPORT</p> <ul style="list-style-type: none"> In Memoriam for Dr. Robert E. Tranquada Redetermination of Medi-Cal Eligibility 	<p>PUBLIC COMMENT</p> <p>Submitted on February 2 at 12:27pm via voicemail by Elizabeth Cooper, RCAC 2 Member <i>My name is Elizabeth Cooper, I spoke earlier on consent items. I would like to give my comments for today February 2, 2023. I would like to address the Chief Executive Officer Mr John W. Baackes. Mr Baackes as you know as a long time member I am very deeply concerned, as I've shared about the intended cuts in Social Security, Medi-Cal and other programs that are before congress. Please Mr John W. Baackes, Board members, staff, and RCAC members please take notice and I encourage everyone to get in touch with their representatives and senators. It is very important. The constitution is about We the People. I would like to share my concerns about the election process of the RCACs. Please give the notice to the people. Many of the important concerns we have addressed have come before the ECAC and Board of Governors and it is very important for we the people. I welcome Supervisor Hilda Solis. Welcome back to all the Board members. I look forward to providing my input. I thank you very much and have a very good day, As one who believe in all cultures I once again like to say, I would note that its black history month which should be every day. Thank you.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, reported that a founder of L.A. Care has passed away. Robert Tranquada, MD, was an original member of the Board. He was instrumental in the formation of L.A. Care and served on the Board for more than 10 years.</p> <ul style="list-style-type: none"> On December 4, 2022, L.A. Care lost one of its founding leaders with the death of Dr. Robert Tranquada at age 92. 	

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	<ul style="list-style-type: none"> • A diabetes researcher turned public health advocate, Dr. Tranquada was instrumental in increasing access to healthcare for underserved communities across Los Angeles County. Dr. Tranquada dedicated his life to public health. • He helped establish and direct the Watts Health Center, which is now known as the Watts Health Foundation, and he served as the Medical Director of L.A. County + USC Medical Center. • Dr. Tranquada also served as Dean of Medicine at USC and Director of the Health Administration Program at the School of Public Administration. <p>When Mr. Baackes was being interviewed by the Board of Governors CEO Search Committee, Dr. Tranquada was no longer on the Board but was invited to be on the Search Committee. Mr. Baackes met him in the first interview. Dr. Tranquada reached out to Mr. Baackes after the interview to say he was available if Mr. Baackes had any questions. Mr. Baackes talked with him and their conversation was the reason Mr. Baackes felt the CEO position would be a terrific opportunity.</p> <ul style="list-style-type: none"> • In 2007, L.A. Care launched the Robert E. Tranquada Safety Net Initiative to help small community clinics in Los Angeles County assess and plan projects that strengthen their long-term infrastructure. • These awards have and will continue to honor Dr. Tranquada’s activism and leadership by providing funding to clinics to strengthen their infrastructure to facilitate higher quality health care services to their patients. • Over the years, there have been 13 cycles of Tranquada grants, for a total of 179 projects and \$21.5 million in grants. <p>Mr. Baackes stated that Dr. Tranquada’s legacy of increasing access to health care for vulnerable communities would live on in the work at L.A. Care.</p> <ul style="list-style-type: none"> • Mr. Baackes reported that L.A. Care issued a statement about the Monterey Park shooting incident (<i>a copy of the statement is on page 77 of the Board materials for this meeting, and can be obtained by contacting Board Services</i>). L.A. Care has always viewed gun violence as a public health issue. In December 2022, L.A. Care hosted, in partnership with the Los Angeles County Department of Public Health, a gun violence prevention summit. A solution was not developed, because this is a much-nuanced issue. What resulted was a commitment to work across the community to address the issues. L.A. Care will continue with this work. Mr. Baackes is committed to the need to address this as a public health issue, not a second amendment issue. In the past, when automobile deaths reached a critical point, laws were passed requiring seatbelts. When it became obvious that 	

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	<p>smoking cigarettes was killing people, laws were passed to require package labeling and litigation against tobacco manufacturers. There are remedies available to address this problem and he hopes that L.A. Care will continue its leadership in the community.</p> <p><i>(Board Member Booth joined the meeting.)</i></p> <ul style="list-style-type: none"> • L.A. Care recognizes Black History Month and is hosting, in partnership with Black Health Network and the California Health Foundation, a dialogue around research and surveys titled, “Listening to Black Californians: How the Health Care System Affects Their Pursuit of Good Health”. During this session, health equity and advocacy will be discussed, as well as suggest ways the community can advocate for leaders who address equity gaps identified among Blacks. The event will be held via Zoom on Wednesday, February 22, from 10 am until Noon. Shavonda Webber-Christmas, <i>Director of Community Benefits</i>, will moderate it; panelists include Katherine Haynes, Senior Program Officer, California Healthcare Foundation and Rhonda Smith, Executive Director, California Black Health Network, with other guest panelists from Evitarus Research and Voice Media Ventures. It is open to internal and external audiences. • L.A. Care enrollment continues to grow across all lines of business, and as of January 1, 2023, the total membership is 2.8 million. L.A. Care Covered will probably be 130,000 after the open enrollment period that ended on January 31. California ended the CalMedi-Connect program and approximately 18,000 members were transitioned into a Duals Special Needs Plan (D-SNP). In Los Angeles County L.A. Care has 70% of the Medi-Cal members, 20% of the Covered California members, and just under 5% of the D-SNP members. • As discussed in prior meetings, there are significant events coming this year. L.A. Care welcomes Medi-Cal members previously covered under fee-for-service arrangements as California Department of Managed Health Care (DMHC) moves all Medi-Cal beneficiaries into managed care plans. More than 1,000 members joined in January and the potential is for 100,000 more members to enroll in the next few months. • On January 1, 2024, Kaiser Health will have a contract with the Department of Health Care Services (DHCS) and L.A. Care’s members enrolled in Kaiser will move under that contract. • Also on January 1, 2024, enrollment in Medi-Cal will open to undocumented residents aged 26 through 49. L.A. Care expects enrollment of 140,000 new members. • The event of most importance to L.A. Care is the resumption of eligibility redetermination for Medi-Cal. Three years ago, a public health emergency was declared for the COVID pandemic, and the process for redetermination of eligibility for Medi-Cal was suspended so that health care benefits could continue during the pandemic. The public health emergency is now scheduled to end on May 11, 2023. At the end of 2022, Congress passed the 	

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	<p>Consolidated Appropriations Act of 2023, which included a law to separate the eligibility redetermination process from the public health emergency declaration, and set the date for resumption of eligibility redetermination to April 1, 2023. Mr. Baackes introduced Phinney Ahn, <i>Executive Director for Medi-Cal</i>, to provide information about the eligibility redetermination process and the preparations being made at L.A. Care to assist members with their enrollment.</p> <p>Ms. Ahn (<i>a copy of her presentation is available by contacting Board Services</i>) noted that routine renewal process would resume in April 2023, for Medi-Cal beneficiaries with a June renewal month. The renewal process typically starts 90 days prior to a beneficiary’s renewal month. The Los Angeles County Department of Public Social Services (DPSS) manages renewals and monitors eligibility in Los Angeles County. DPSS has an ex parte or auto-renewal process which uses eligibility information in the DPSS system to determine eligibility and continue coverage. Individuals that cannot be automatically renewed will receive a renewal packet about 85 days before the renewal month. Those who are determined to be no longer eligible or unable to complete the renewal process will be disenrolled on July 1. DHCS has projected that 2-3 million Medi-Cal beneficiaries (about 13-20%) statewide could lose coverage once redetermination resumes. L.A. Care applied that decrease to its Medi-Cal enrollment, and estimates that 13% would mean L.A. Care loses potentially 330,000 members over 12 months. Recent guidance from DHCS and the Centers for Medicare and Medicaid Services (CMS) provides an opportunity for states, counties, Medi-Cal plans, providers and community based organizations (CBOs) and advocates to work together on messages for Medi-Cal beneficiaries:</p> <ul style="list-style-type: none"> • Members should keep contact information up to date so they receive important notices • Complete requested information as soon as possible to maintain coverage. <p>L.A. Care also promotes continuity of coverage for those who may no longer be eligible for Medi-Cal but who may be eligible for a no cost or low cost options for health coverage through L.A. Care Covered.</p> <p>L.A. Care has been working over the last three years to develop outreach activities for members and providers, and has been working very closely with DPSS, to make sure it is doing everything it can to keep members covered.</p> <p>Redetermination Outreach Tactics Strategies and Activities in Process include:</p> <ul style="list-style-type: none"> • Providers: <ul style="list-style-type: none"> ○ Provider newsletter articles ○ Provider Toolkit to include: <ul style="list-style-type: none"> ✓ Key messages and FAQs on how providers can support the renewal process ✓ Referral process to CRCs and CBOs for renewal assistance for members 	

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	<ul style="list-style-type: none"> ✓ Animations for sharing on websites and provider offices ✓ Provider poster • Member Outreach and Support <ul style="list-style-type: none"> ○ In-person or virtual assistance with Medi-Cal renewals (CRCs & CBOs) ○ FAQ for call center reps to answer questions and direct members to resources ○ Medi-Cal renewal page on L.A. Care website ○ Social media renewal campaign ○ Text/robocall campaign ○ Annual mailing/ newsletters ○ Reminder postcards for disenrolled members ○ Bus shelters and media ads • Collaboration with DPSS <ul style="list-style-type: none"> ○ Secure sharing of member contact info changes daily (since August 2017) ○ Developing process to include subcontracted plan data onto new standardized template for sharing with DPSS ○ Memorandum of Understanding in process to receive renewal data from DPSS to support proactive member outreach <p>Board Member Gonzalez thanked Ms. Ahn for the presentation, and asked if there would be added staff at the CRCs in anticipation that more people may visit during redetermination. L.A. Care is working with CBOs with certified application assisters and can provide technical assistance through the renewal process in person at the CRC or over the phone.</p> <p>Board Member Roybal asked about data sharing between provider groups and L.A. Care, because providers may have the most up to date contact information for their patients. Ms. Ahn responded that there is not an established process for sharing contact information through data sharing, but providers are encouraged to ask the member to contact member services to update their L.A. Care contact information, and that is shared with DPSS. Noah Paley, <i>Chief of Staff</i>, noted that the L.A. Care account manager for the provider could facilitate getting the information from the provider groups.</p> <p>Board Member Vaccaro asked, for beneficiaries determined no longer eligible through redetermination because of income, does L.A. Care have an opportunity to have them enroll in L.A. Care Covered even if open enrollment has ended. Mr. Baackes responded that there is a provision that will allow members who exceed the income ceiling to enroll in the health care exchange.</p>	

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	<p>Board Member Roybal asked if L.A. Care is making beneficiaries aware of the availability of L.A. Care Covered. Mr. Baackes responded that L.A. Care is making them aware that they can enroll through L.A. Care Covered.</p> <p>Board Member Supervisor Solis congratulated the staff and said she really liked the presentation. She asked if L.A. Care has experience with members speaking indigenous languages that we may not be reaching. The County has found this to be a challenge for some county-provided services, with some people from Guatemala and Honduras. Ms. Ahn responded that issue has not come up but the outreach has just started, she will take this suggestion and work to develop the necessary support and will keep the Supervisor’s office informed. Supervisor Solis appreciates that L.A. Care included advertising for the metro stops, and she encouraged including advertising inside the metro stations. Mr. Baackes noted that L.A. Care has used the metro stations for Covered California advertising for years.</p> <p>Board Member Ghaly asked about any additional data that could be shared regarding the number of potential disenrollments and the reasons why people may not participate in or complete the redetermination process. Ms. Ahn thanked Dr. Ghaly for the question and responded that there is no specificity in the projections, which could be due to a number of challenges. Mr. Baackes responded that the disenrollment can be attributed to three categories:</p> <ul style="list-style-type: none"> • People who no longer live in Los Angeles County • People whose income has risen above the ceiling • People who otherwise might fail to complete the redetermination process. <p>Chairperson Ballesteros asked how the data for those who might be disenrolled could be confirmed. Mr. Baackes noted that there is no precedent for resuming eligibility redetermination after such a long time, but the reason for disenrollment will be available after the process is complete.</p> <p>Board Member Booth experienced technical difficulty and she submitted a comment in the chat, “Great presentation. Will there be any period of time when redetermination is still unsure and patients can see their doctor without it being a covered visit?” Mr. Baackes responded that there is about a 30-day window before termination of benefits. L.A. Care is concerned that people who fail to respond to the renewal application may not realize the coverage was terminated until they need services, like pharmacy.</p> <p>Mr. Baackes noted that in the public comments there was a reference to an enforcement action by DHCS. L.A. Care is in a dispute resolution process regarding the enforcement actions by DHCS and California Department Managed Health Care (DMHC). The findings in the enforcement action are not disputed because L.A. Care self-reported most of them. L.A. Care</p>	

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	<p>is asking for a review and modification of the fines imposed, based on previous enforcement actions on similarly situated health plans. The amount of the fines is unprecedented. The highest fines previously issued was \$10 million, for much more egregious violations than those cited in the L.A. Care enforcement actions. DMHC and DHCS has asked the court to postpone hearings on this matter that had been scheduled for mid-2023. The \$300,000 fine reported earlier in this meeting was about a sales complaint by an employee that was investigated by CMS, and L.A. Care filed a corrective action plan that was accepted. The incident ended in 2019, and the fine surprised L.A. Care, but it will not be contested.</p> <p>Supervisor Solis asked about the potential financial impact of significant disenrollment for Medi-Cal. Mr. Baackes responded that L.A. Care has budgeted a 13% reduction in Medi-Cal enrollment for June 2023 through June 2024. There will be an impact for the last two quarters of the current fiscal year, and L.A. Care will plan for any impact in the next fiscal year.</p>	
<ul style="list-style-type: none"> Quarterly Vision Progress Report 	<p>Mr. Baackes referred Board Members to the written report included in the meeting materials.</p>	
<ul style="list-style-type: none"> Grants and Sponsorship Report 	<p>Mr. Baackes referred Board Members to the written report included in the meeting materials.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reaffirmed his commitment to the needs of L.A. Care’s diverse membership, achieve operational excellence for the organization, work as a partner with the broader provider network and act as a catalyst to improve the healthcare system. These are all things that are very important to him personally and are very important to the Health Services department.</p> <p>His report will include information about departments within Health Services, including Quality Improvement, Behavioral Health and Social Services, Safety Net Initiatives, and Pharmacy. He noted that there would be some redesign work in the future, so he can be sure the departments are operating with the utmost excellence and the highest quality of care. A written report is included in the meeting materials (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> As part of a commitment to achieving high quality care, the Quality Improvement department entered two quality of care measures in the enterprise goals for the entire organization. This should help drive forward with better quality for L.A. Care members. L.A. Care will be participating in the “Equity and Quality at Independent Practices in Los Angeles County” (EQUiP-LA) Practice Transformation Grant with the California Health Care Foundation (CHCF) and California Quality Collaborative (CQC). The race and ethnicity enterprise wide data remediation program has been underway to address the erroneous categorization of race and ethnicity data. This is very important as 	

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	<p>race and ethnicity is a key part of delivering excellent health care in Los Angeles County. Appropriate categorization ensures patients are treated equitably.</p> <ul style="list-style-type: none"> • There is additional remediation ongoing based on 2020 data submitted through Covered California. There is a short-term fix for some data issues regarding categorization. • For the Provider Quality Review, there were a number of potential quality issues open and significant progress has been made in reducing this number, with only a handful of cases left in the high-risk category. The ongoing remediation process is reducing these at a fast pace, and these are on track to be closed by March. • With the new year, efforts around the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey resumed. • Conducting outreach to educate providers on Healthcare Effectiveness Data and Information Set (HEDIS) for Measurement Year 2023. • Working on an expanded Population Health Management (PHM) program addressing transitional care services. The team is working through two distinct areas of concentration: <ul style="list-style-type: none"> ○ high risk / complex members not enrolled in care management who have a transition of care event and ○ delegation oversight of providers who are conducting basic PHM activities • To address Facility Site Review, which was a topic brought up in a previous discussion, Dr. Amin reported that DHCS has approved L.A. Care’s Facility Site Review backlog methodology and has granted a two-year plan to address those. There is a tracker for the Facility Site Reviews, staff is making significant progress, and the backlog has decreased. There has been an increase in the review criteria which resulted in a little bit of a slowdown, but still progressing at a fast pace. • Incentive payments for Medi-Cal providers and the physician Pay 4 Performance plan are in process. These fantastic programs allow L.A. Care to incentivize providers to provide better and higher quality care for members. Action plans for the independent physician associations (IPAs) are being reviewed, and based on the performance goals and activities feedback will be provided on how to continue to make progress. A Physician level incentive program is in development for Medicare Plus and D-SNP providers. • Key progress by the Behavioral Health Department is in submission of a needs assessment and four proposed project plans to DHCS under the auspices of the School Behavioral Health Incentive Program (SBHIP). If all projects are funded, L.A. Care will bring telehealth services to participating school districts, increase staffing and workspaces for student wellness programs, expand the number of psychotherapist interns who provide support in schools, and enhance district-level visualization of BH data and its connection to educational outcomes. 	

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	<ul style="list-style-type: none"> • Within the Safety Net Initiatives department, under the Elevating the Safety Net program’s Provider Loan Repayment program, L.A. Care has disbursed a new grant of \$2 million to Uncommon Good to award 14 new physicians. We have 134 active physician awards. • L.A. Care currently has 37 active students in the Medical School Scholarship Program. A new cohort of eight medical students will be funded in 2023, with four students each at UCLA and Charles Drew University (CDU). • L.A. Care and CDU are preparing to co-name the Center for Faculty Excellence and will welcome the first class of 60 medical students in July 2023. • A total of \$10.7 million will be offered to Plan Partners to cover systems upgrades, hiring, and enhancements to reporting quality capabilities. • Ongoing work by Homeless and Housing Support Services (HHSS) Data and Operations will be reported in the motion that will be discussed later in this meeting. • Pharmacy staff is working with a multitude of programs to help L.A. Care members improve medication adherence. One program is the Comprehensive Adherence solutions; another is the Custom Health Collaboration, and the IVR medication refill reminders recently distributed. <p>There is much more detail in the written report. In future reports Dr. Amin will comment on the COVID pandemic and the effects of Medi-Cal eligibility redetermination on Health Services, as well as Health Services reorganization work.</p> <p>Board Member Gonzalez asked about incentives for Customer Services. Dr. Amin clarified that the acronym “CS” refers to Community Supports, and there is an incentive program for CS providers tied to CalAIM. CS services include a range of programs including homeless support and asthma remediation.</p>	
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	PUBLIC COMMENT Submitted on February 2, at 2:09 PM via email by Andria McFerson RCAC 6 Chair <i>Chair and Board of governors</i> <i>I believe that it would be great to have more participation with our RCAC committee members in OUR OWN communities. ALSO during ECAC and RCAC meetings having more time on the agenda to speak to each other and communicate. ALSO UNDERSTANDING that people who have mental illnesses sometimes have a difficulty speaking OR EXPRESSING THEMSELVES so please don't forget that when the public makes comments AND ARE SEEN AS IRRELAVENT. OR SEEN AS NOT RELEVANT to that PARTICULAR AGENDA ITEM</i>	

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	<p><i>TO ALL BOARD SEATS TODAY I ASKED THAT YOU PLEASE LET THE RCAC'S HELP MAKE A CHANGE IN OUR OWN COMMUNITIES. PLEASE ALLOW THE STAKEHOLDERS TO MEET PHYSICALLY AND VIRTUALLY FOR THOSE WHO PHYSICALLY COULDN'T RECEIVE THE COVID 19 VACCINATION SHOT THE ADVISORY COMMITTEES HAS A PURPOSE, AND THAT PURPOSE IS SO THAT WE CAN COME UP WITH MORE EFFECTIVE OUTREACH AND DISCUSS SOLUTIONS TO THE DISPARITIES THAT WE GO THROUGH AND THE PEOPLE WE REPRESENT</i></p> <p><i>AND LASTLY ADDING MORE TIME TO SPEAK TO EACH OTHER..... AS A ITEM ON THE AGENDA DURING OUR OWN RCAC AND ECAC MEETINGS IS A MORE EFFECTIVE WAY FOR LA CARE AND THE BOG TO HEAR FROM OUR COMMUNITY AND COME UP WITH BETTER DECISIONS TO ADHERE TO THE NECESSITIES PEOPLE WHO NEED BETTER HEALTH CARE WE ALL NEED TO HAVE A VOICE AND BETTER OUTREACH.</i></p> <p><i>ANDRIA MCFERSON, RCAC 6 CHAIR</i></p> <p><i>HAPPY BLACK HISTORY MONTH EVERYONE. THANK YOU</i></p> <p>Board Member Gonzalez thanked everyone listening to the Board meeting today and to the RCAC and ECAC members and public that were able to attend in person today. Your attendance is appreciated and your comments, suggestions and questions are welcome. ECAC met on December 14 and January 11. The meeting minutes can be obtained by contacting Community Outreach & Engagement staff.</p> <p>On December 14:</p> <ul style="list-style-type: none"> • Ms. Martinez gave an update on L.A. Care’s Diabetes program. She spoke about the diabetes program text messaging campaign. Members receive an introductory text to give consent to participate. Once consent is completed, six text messages will be sent one month apart. The information includes healthy lifestyle suggestions such as the importance of seeing their doctor regularly, resources including the doctor’s name and phone number to set up appointments, and encourages members to seek important exams for diabetes and monitor diabetes control. • Mr. Baackes gave a CEO update and he introduced Dr. Amin to the committee. • Dr. Eakins’ Community Outreach & Engagement update included the following highlights: <ul style="list-style-type: none"> ○ Community Resource Center update ○ The Regional Community Advisory Committees check ins took place in December and January 	

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	<ul style="list-style-type: none"> Mr. Vicente gave a report about the CO&E toll free line for RCAC members to call when they need CO&E staff for assistance. The committee approved a motion to create an ad-hoc team to work on a potential, feasible questionnaire or survey for relative participants of our community needing proper effective healthcare. This questionnaire can also give L.A. Care instructive information about our members. <p>On January 11:</p> <ul style="list-style-type: none"> Mr. Baackes gave an update about Medi-Cal Redeterminations, and we heard an update from Phinney Ahn earlier today. Dr. Brodsky gave an update about L.A. Care’s Behavioral Health Department. The department conducts screenings for L.A. Care members that may require behavioral health services. In the first quarter of 2022, L.A. Care did 4,103 screenings for behavioral health services, and 46.9% resulted in the member receiving care. About 40% of all members screened results in behavioral health services rendered. Shari Sinwelski, <i>Vice-President of Crisis Care, Didi Hirsch Suicide Prevention Center</i>, gave a presentation about the 9-8-8 Suicide & Crisis Lifeline. She reported that 988 has been activated across the United States as the new three-digit dialing code that will route callers to the 988 Suicide & Crisis Lifeline. When people dial 988 by voice, text, or chat, they will be connected to trained counselors that are part of the Lifeline network. These trained counselors will listen to understand how their problems are affecting them, provide support, and connect them to resources when necessary. The Lifeline’s network of over 200 crisis centers has been in operation since 2005, and has proven to be effective. The counselors at these local crisis centers answer the Lifeline contacts every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor. 	
Children’s Health Consultant Advisory Committee	<p>Committee Chairperson Tara Ficek reported that the members of the Children’s Health Consultant Advisory Committee met on January 17 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> Dr. Amin presented his first CMO report to the committee. Earlier today, the Board approved a motion to make Dr. Amin a member of CHCAC. Ms. Sadocchi-Smith gave a report on the CalAIM Population Health Management program. Launched January 23, the program is designed to ensure all members have access to basic population health management services based on their needs and preferences across the continuum of care. We are also identifying efficient and effective opportunities for intervention for data driven risk stratification, identification of gaps in care and standardized 	

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	<p>assessment processes. Focus is on upstream factors that link to public health and social services, providing care management for members at higher risk of poor outcomes, and transitional care services for members transferring from one setting or level of care to another. Additionally, emphasis is on identification and mitigation of social determinants of health to reduce disparities, and the program will utilize Community Health Workers for targeted interventions.</p> <ul style="list-style-type: none"> Ms. Mechsner gave a report on Help Me Grow LA Child Health Provider Outreach. The program is a partnership between L.A. Care Health Plan, L.A. County Department of Public Health, and First5 LA, and focuses on strengthening early identification and intervention to better support young children with or at risk for developmental delays. The program has prioritized increasing provider knowledge about developmental screening, design approaches and standards for providers to embed early identification and intervention practices within clinic settings. The goal is to improve providers' ability to connect children and their families to appropriate developmental and behavioral services and supports. Lastly, a big part of the program is advocacy for systems and policy changes to support increased access to screening and intervention services. 	
BOARD COMMITTEE REPORTS		
Executive Committee	Chairperson Ballesteros reported that the Executive Committee met on January 24 (<i>approved meeting minutes can be obtained by contacting Board Services and will be available on the website</i>).	
<ul style="list-style-type: none"> Government Affairs Update 	<p>(<i>Board Member Booth rejoined the meeting.</i>)</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, summarized a motion to approve the 2023 L.A. Care State and Federal Policy Agenda. Every year, Government Affairs brings a policy agenda that acts as a framework or a guide that allows L.A. Care to engage in positions and policy discussions with elected officials at the state and federal level on various issues relating to budgets or other proposals in legislation. It is designed at a very high level, although over time more topics have been added as the number of issues has increased. Reports are provided monthly on the specific positions to keep Board Members up to date on issues on which Government Affairs staff engages. Starting in March (after the February deadline for bills has passed) a matrix of legislative issues is provided to Board Members.</p> <p>Ms. Compartore briefly reviewed updates and changes in the Policy Agenda for 2023 (<i>a copy of the motion summary with changes marked is available by contacting Board Services</i>).</p> <p>Mr. Baackes commented that since the Board last met, the intent to award contracts for the commercial health plans in Medi-Cal were challenged by three health plans that were not</p>	

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	<p>included in the awarding of contracts. At the end of December, DHCS cancelled the procurement process and entered into negotiations with those three health plans and Health Net. In Los Angeles County, the arrangement negotiated is that Health Net would be the Medi-Cal plan, with Molina Health to receive 50% of the Medi-Cal members enrolled with Health Net. Molina had earlier been announced as the winner of the contract for Los Angeles County. On January 1, 2024, DHCS will auto-assign 50% of Health Net’s 1.1 million Medi-Cal members to Molina Health. It is assumed the auto-assignment will provide continuity of care with the primary care providers of the beneficiaries, but there has been no statement to that effect. Member choice in health plans has been protected through Medi-Cal enrollment. It is not known how the 50% shares will be implemented, but DHCS will need a waiver from Centers for Medicare and Medicaid Services (CMS) to reassign those members. This would be another disruption for Medi-Cal beneficiaries and could create confusion. L.A. Care is planning outreach campaigns to make sure plan members will not be affected.</p> <p>Mr. Baackes reported that the Safety Net Coalition (SNC) has been considering the Managed Care Organization (MCO) tax and matching funds from the federal government as a potential way to increase the base rate for Medi-Cal. Care would be taken to ensure this funding would be supplemental, not supplanting California state funds for Medi-Cal. In his recent Budget Message, California’s Governor has now proposed resurrecting the MCO tax along the same lines as it previously existed. In a previous iteration, the Medi-Cal managed care plans were taxed highly and commercial plans lightly. Matching funds from the federal government went into California’s general fund. If the Governor successfully restarts the MCO tax, L.A. Care will work with its partners to ensure that all the proceeds are put toward funding Medi-Cal. Future legislatures could change the rules again, so the SNC is focused on a ballot initiative to specify that the proceeds from any MCO tax are permanently going to Medi-Cal.</p> <p>Board Member Ghaly asked that references to “undocumented” could be reframed as “people without legal documentation”, and Ms. Compartore agreed to check the entire document and make any necessary corrections.</p> <p><i>(Board Member Perez left the meeting.)</i></p> <p><u>Motion EXE 101.0223</u> To approve L.A. Care’s 2023 State and Federal Policy Agenda, as submitted.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</p>
<ul style="list-style-type: none"> Housing and Homelessness Incentive Program 	<p><i>(Board Member Greene left the meeting.)</i></p> <p>Dr. Amin reported that the Housing and Homelessness Incentive Program (HHIP) has two major goals:</p>	

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	<p>1. Ensure managed care plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services;</p> <p>2. Reduce and prevent homelessness.</p> <p>There is a high degree of one-time total funding of \$1.88 billion statewide. L.A. Care has received the full 5% of the Local Homelessness Plan funding available, and 10% for the Investment plan, for a total of \$45 million so far.</p> <p>The Board previously approved the HHIP Investment Priorities and the HHIP Investment Plan of up to \$70 million.</p> <p>Dr. Amin introduced Karl Calhoun, <i>Director, Safety Net Programs and Partnerships</i>. Mr. Calhoun summarized the motion requesting additional funds for a total of \$110 million investment in this program. The motion also requests authority to apply \$50 million of that to the Los Angeles County Chief Executive Office Homeless Initiative (CEO-HI). An additional \$30 million investment in that CEO-HI program is requested and would be conditional on L.A. Care’s performance during measurement period 1. In other words, if L.A. Care’s achievements in measurement period 1 earn the expected \$40 million in funding, the \$30 million would then be applied to the CEO-HI. The motion would also authorize \$3.2 million in funding to the Los Angeles Homeless Services Authority and \$2.225 to the Los Angeles County Department of Mental Health. Lastly, the motion would delegate authority to the L.A. Care CEO to adjust the funding to align with evolving implementation needs. Mr. Calhoun then described the CEO-HI, which aims to meet the HHIP metrics and address urgent unmet needs for people experiencing homelessness in Los Angeles County. The CEO-HI strategies include:</p> <ul style="list-style-type: none"> • Unit Acquisition Strategy to increase use of tenant housing vouchers by paying non-rent operating costs (for items such as vacancies, trash, pest control) of “master leasing” buildings, for 1700-1900 new units (all L.A. Care and Health Net funding) • Activities of Daily Living (ADL) Expansion Strategy to improve identification, assessment and housing placements for people experiencing homelessness who need help with ADL/iADLs. This would include four new Enhanced Care Assessment teams, expansion of care giving services in interim housing, and Enriched Residential Care. <p>Mr. Calhoun introduced Alison Klurfeld, Klurfeld Consulting, and she described the ADL expansion strategies.</p> <p>Mr. Calhoun reported that the program approved by the Board of Governors in October has been revised to include assistance with the Medi-Cal application and eligibility redetermination process.</p>	

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	<p>Board Member Supervisor Solis commended the staff for this important work. She and Supervisor Mitchell introduced a motion last week at the Los Angeles County Board of Supervisors meeting that was unanimously approved. This is a good trajectory on an issue that is an important priority for the Board of Supervisors, along with establishing more assistance for providers in the field who are doing street medicine and telemedicine. All of these things come together and there is a great niche for L.A. Care to fill. She would like to talk at length about the things the County is doing in creating housing with the City of Los Angeles and Metro. There is a lot of opportunity to expand the program and include a message to encourage enrollment in Medi-Cal. There are many objectives here that she strongly supports. It is about finding the places where shelter is needed and providing wrap around services to fulfill the needs of people where they reside. She thanked Chairperson Ballesteros for his work over many years alongside the County to help provide these needed services. Earlier she mentioned that Skid Row is now within her Supervisorial District so these services are very important to her constituents. This is challenging but by working together we can begin to make progress in providing needed services and she looks forward to working with L.A. Care on these issues.</p> <p><u>Motion EXE 102.0223</u></p> <ol style="list-style-type: none"> 1. To increase approval of investments for Housing and Homelessness Incentive Program (HHIP) from \$70 million by \$40 million, for a new total of up to \$110 million. 2. To authorize the CEO or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to implement an investment to the Los Angeles County Chief Executive Office Homeless Initiative (CEO HI) of \$50 million for HHIP Strategic Housing Investments. 3. To authorize the CEO or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to implement an investment to CEO HI of an additional \$30 million for HHIP Strategic Housing Investments, contingent upon L.A. Care’s internal assessment of expected earnings for HHIP Measurement Period 1 of \$40 million. 4. To authorize the CEO or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to implement grants, incentives, or other funding agreements of up to the amounts listed for the below: <ol style="list-style-type: none"> a. The Los Angeles Homeless Services Authority: Up to \$3.2 million b. The L.A. County Department of Mental Health: Up to \$1.225 million 	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</p>

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	<p>5. Delegate authority to the CEO to adjust HHIP Investment Plan amounts, priorities, and recipients above to align with evolving implementation needs. All other policies and procedures related to grant making and expenditures will remain in place.</p>	
<p>Finance & Budget Committee</p>	<p>Board Member Booth reported that the Finance & Budget Committee met on January 24 (<i>approved meeting minutes can be obtained by contacting Board Services and are available on the website</i>).</p> <ul style="list-style-type: none"> • The Committee reviewed and approved motions at that meeting that were approved earlier today on the Consent Agenda. • The Committee reviewed and approved contract amendments with Milliman for L.A. Covered and Medicare’s line of businesses. The Committee also approved the Transform Health Contract. These three contracts do not require full Board approval. 	
<p>Chief Financial Officer Report</p>	<p>Marie Montgomery, <i>Chief Financial Officer</i>, presented Financial Reports for October and November 2022 (<i>a copy of the presentation can be requested by contacting Board Services</i>).</p> <p><u>Membership</u></p> <p>November membership was 2.75 million which was nearly flat to the budget; 756 member months unfavorable on a year-to-date (YTD). The unfavorability in membership for Plan Partners was due to the same reasons discussed at the end of the last fiscal year:</p> <ol style="list-style-type: none"> 1) A Plan Partner terminated a provider group contract which resulted in approximately 6,000 members that moved to MCLA, since that provider group is in L.A. Care’s network; 2) There was an error in the budget that over-counted Kaiser by approximately 5,400 members. This error will be corrected in the 3+9 budget update. <p>L.A. Care Covered (LACC) membership is slightly unfavorable to the budget due to action taken by California Covered. The impact to L.A. Care was approximately 2,500 members and L.A. Care is working to re-enroll those members. The open enrollment will exceed the budgeted enrollment numbers for LACC.</p> <p>Board Member Booth asked about L.A. Care’s assessment of potential affects of the terminated provider group contract by a Plan Partner. Ms. Montgomery responded that L.A. Care’s contracts with the providers are separate from the Plan Partner.</p> <p><u>Financial Performance</u></p> <p>The \$14 million net deficit for November 2022 is \$18 million unfavorable to the budget. This affects the operating margin, which was unfavorable to the budget by \$23 million driven primarily by incurred claims, which are \$4.5 million unfavorable to the budget, including the corrected claims recovery. The other unfavorable items include adjustments for LACC’s Risk Adjustment Factor (RAF) for the change in RAF from .75 to .67. The Risk Adjustment Data Validation (RADV) was negatively adjusted by \$3 million based upon the annual audit of the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>risk adjustment data. All the health plans in California were negatively impacted by RADV except Kaiser which benefitted by \$70 million. Pharmacy expense was unfavorable by \$6.3 million due to the timing of rebates.</p> <p>On the favorable side, there is continued favorability in Community Based Adult Services (CBAS) of \$2.3 million. Staff expects this favorable trend to continue. PASC cap deduct for pharmacy is favorable and will be adjusted in the 3+9 forecast.</p> <p>Administrative expense for November was close to budget, and Non-operating is favorable \$4.4 million compared to the budget, driven by unrealized gain of \$5.5 million, higher interest income of \$2.2 million, but offset by higher grant spending due to timing.</p> <p>There was \$5.3 million net surplus YTD that was \$5.3 million unfavorable to the budget. Membership is favorable YTD. The 2023 Calendar Year rates received are an improvement over budget assumptions and will be included in the 3+9 forecast.</p> <p>Operating margin YTD is \$16.6 million unfavorable to the budget, driven primarily by the incurred claims, which are unfavorable to the budget by \$18 million including the corrected claims recovery. This includes the SNF 10% fee schedule increase and was offset by higher institutional member revenue of \$6 million due to higher member count. The higher incurred claims also includes the higher COVID testing claims. The LACC RAF and RADV adjustments mentioned earlier impacted the YTD variance.</p> <p>Administrative expense was favorable to the budget by \$8.9 million due to lower spending in advertising, printing and mailing due to timing. Non-operating expense was favorable for the same reasons as the mentioned above for the month of November.</p> <p><u>Operating Margin by Segment</u> Overall Medical Care Ratio (MCR) is 95.2% versus budget of 94.2%.</p> <p><u>Reported vs. Paid Claims</u> The level of paid claims compared to reported claims shows some volatility. L.A. Care's reserves position is holding up well.</p> <p><u>Key Financial Ratios</u> The administrative ratio was 5.0%, lower than the budget of 5.5%. Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims is below the benchmark. The cash to claims ratio will not fully recover until the IHSS balances with the Department of Health Care Services (DHCS) is settled later this year.</p>	

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	<p><u>Tangible Net Equity</u> November 2022 Fund Balance was \$1.09 billion which represents 528% of Tangible Net Equity. The target of 600% was based on the average of these 8 other Local Initiatives and County Organized Health Systems. Ms. Montgomery noted that a change was made in how the Days Cash on Hand is calculated, using cash, cash equivalents and short term investments instead of Total Fund Equity. There is 47 days' cash on hand.</p> <p>Board Member De La Torre commented that the 95.2% medical cost ratio is compliant with Medicare plans. For a Medi-Cal health plan to achieve this benchmark is notable. The commercial health plans must have 85% and it is difficult to achieve. He noted that it is phenomenal to run a Medi-Cal plan at over 95% MCR. Mr. Baackes reported that DHCS is adding a requirement in the contract beginning January 1, 2024, that health plans must report the administrative costs for all delegated entities, separately from the MCR. This potential requirement could affect the MCR reported. Board Member De La Torre noted that commercial plans are contracting with the same providers. Mr. Baackes reported that L.A. Care pays the safety net providers the most possible, and excess revenue funds L.A. Care's community benefit programs such as Elevating the Safety Net. These community benefit programs are unmatched by L.A. Care's competitors. Ms. Montgomery added that the new reporting requirement for delegated entities will happen on quite a bit of a lag and would be reported on a separate template. L.A. Care can continue its financial reporting through the year with adjustments made separately.</p> <p>Board Member Raffoul asked about the cash to claims ratio. Ms. Montgomery responded that L.A. Care's day's cash on hand relative to the fund equity position appears lower than similar plans due to capitated contracts with providers. The days cash on hand shows the number of days L.A. Care could continue to fund commitments from the cash it has available, without additional revenue. The balances distort the cash to claims ratio still on hand from the IHSS program. Mr. Baackes noted that the Balance Sheet also has a claims reserve balance that would apply to Mr. Raffoul's question.</p> <p><u>Motion FIN 102.0223</u> To accept the Financial Reports for October and November 2022 as submitted.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</p> <p><i>Board Member Ghaly was unable to vote.</i></p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of November 30, 2022 was \$1.6 billion.</p> <ul style="list-style-type: none"> \$1.39 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$73 million in Local Agency Investment Fund 	

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	<ul style="list-style-type: none"> • \$156 million in Los Angeles County Pooled Investment Fund 	
Compliance & Quality Committee	<p><i>Supervisor Solis left the meeting.</i></p> <p>Committee Chairperson Booth reported that the Compliance & Quality Committee met on January 19.</p> <ul style="list-style-type: none"> • Mr. Mapp and Compliance Department reported: <ul style="list-style-type: none"> ○ 2022 Compliance Division Year-in-Review: The Compliance Department was re-organized effective October 1, 2022, and consists of six sub-units that focus on preventing, detecting and correcting potential and actual issues. The six units are: <ul style="list-style-type: none"> ○ Regulatory Compliance (Audit & Monitoring), ○ Risk Management and Business Continuity, ○ Privacy, ○ Internal Audit, ○ Special Investigations Unit, ○ Enterprise Performance Optimization/Delegation Oversight. <p>Each unit presented key initiatives and performance for calendar year 2022.</p> <ul style="list-style-type: none"> ○ Audit management and preparedness: The Regulatory Audits & Monitoring unit managed and provided support for five regulatory audits, including California Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) audits that are currently underway. ○ The Committee reviewed and approved the 2022-23 Compliance Department Work Plan, Risk Assessment and Internal Audit Work Plan. • Dr. Amin presented the January 2023 Chief Medical Officer report, which included many projects underway. He gave his report earlier today. • Ms. Mechsner presented information on Help Me Grow LA, which CHCAC Chairperson Ficek described in her report. • Ms. Carberry reported on L.A. Care’s Medicare Health Outcomes Survey (HOS), which is required for managed care organizations with Medicare contracts. The survey is administered annually to a random sample of Medicare beneficiaries. The survey is administered to a new cohort each year. A follow up survey is sent to these same members in two years that will assess their change in health status since the baseline was taken. In addition to health outcomes measures, HOS is used to collect three HEDIS/STARs measures: <ul style="list-style-type: none"> ○ Management of Urinary Incontinence in Older Adults ○ Physical Activity in Older Adults ○ Fall Risk Management 	

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	<p>L.A. Care scored 45.11% or 3 stars on its Improving Bladder Control metrics, 60.22% or 5 stars on Monitoring Physical activity, and 68.28% or 4 stars on Reducing the Risk of Falling. L.A. Care received 4 Stars overall for this year from HOS.</p> <p>Committee Chairperson Booth commented that regulating entities require L.A. Care to complete many tasks. In her opinion, the regulating entities are not working together with health plans as well as they could, and it makes it difficult to complete the requirements and help all of the people that need services.</p>	
<p>Audit Committee</p>	<p>Chairperson Ballesteros reported that the Audit Committee met on December 21 to discuss the draft audited financial report for FY 2021-22 prepared by Deloitte & Touche.</p> <ul style="list-style-type: none"> • Deloitte & Touche provided a summary of the results of the onsite audit. • They received the full cooperation from management and staff and had unrestricted access to the senior management in the performance of the audits. • There were no material weaknesses or deficiencies found in L.A. Care’s financial operations or internal controls. • There were no significant changes in accounting estimates or in management’s judgments relating to Reserves for Incurred but not Reported Claims (IBNR) estimate, and Retroactive Revenue Adjustments. • There were no uncorrected misstatements identified during the audit, except an error detected in a sample that resulted in an extrapolated misstatement. Inpatient and outpatient services account was tested using statistical sampling techniques and certain errors in recording claims expense for the year ended September 30, 2020, were found. The mathematical projection of the likely errors resulted in an understatement of \$13.7 million in claims. The unrecorded errors were determined by management to be immaterial to the financial statements taken as a whole. • Throughout the year, routine discussions were held with management regarding the application of accounting principles or auditing standards which did not involve significant findings or issues requiring communication to the Audit Committee. • There were no material adjustments to the financial statements. <p>Ms. Montgomery commented that Deloitte worked very well with L.A. Care and met expected deadlines, which helped L.A. Care be more efficient.</p> <p>Mr. Baackes is pleased that the audit cited L.A. Care is operating the organization properly. A lot of credit goes to Ms. Montgomery and the Finance department, as well as the entire organization because everyone is involved in the audit to some degree. It is an organization-wide effort.</p>	

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	<p>Chairperson Ballesteros reported that the auditors were highly complimentary of L.A. Care’s staff.</p> <ul style="list-style-type: none"> • Under its authority delegated to the Audit Committee by this Board, the Audit Committee approved Motion AUD A.1222 to accept the audit findings. (The Board does not approve the audit report.) • A copy of the audit report and approved minutes can be can be obtained by contacting Board Services. 	
PUBLIC COMMENT on Closed Session Items	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 3:32 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:35 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>February 2025</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) L.A. Care Health Plan v. United States, (U.S. Court of Federal Claims Case No. 17-1542); (U.S. Court of Appeals for the Federal Circuit Case No. 20-2254)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p>	

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	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Marilyn Dyson vs. L.A. Care Health Plan, et al, Los Angeles Superior Court, Case No. 22STCV41016</p>	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:25 p.m. There was no report from closed session.	
Plan Partner Services Agreement Contract Amendments	<p>Ms. Haydel summarized the motion to extend the Plan Partner Services Agreements for Anthem Blue Cross and Blue Shield Promise for 10 years through September 30, 2035.</p> <p><u>Motion EXE 103.0223</u> To approve the attached amended terms and conditions to the Anthem Blue Cross Plan Partner Services Agreement and the Blue Shield Promise Health Plan Plan Partner Services Agreement which extend the term of each agreement through September 30, 2035; and to authorize the Chief Executive Officer, or his designate, to execute such amendments and to authorize staff to make non-substantive revisions to the amendments.</p>	Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Raffoul, Roybal, Shapiro and Vaccaro)
ADJOURNMENT	The meeting adjourned at 4:27 p.m.	

Public comments that were not read due to expiration of three minutes:

Submitted on February 2 at 12:15pm via email by Andria McFerson RCA 6 Chair (continued from page 6)
NO! BUT, there will be 1 virtual meeting from an outside party..... available to the community AND THAT'S IT!

WE NEED TO CHANGE THE NUMBER OF BLACK PEOPLE SUFFERING FROM CHRONIC CONDITIONS BY GETTING TO THE ROOT OF THINGS. AND I believe PEER ON PEER RESEARCH AND SUPPORT DURING THESE TIMES IS THE ONLY WAY WE COULD CHANGE THINGS!

TO ALL BOARD SEATS TODAY I ASKED THAT YOU ALLOW THE RCAC'S TO MAKE A CHANGE AND ALLOW THE STAKEHOLDERS TO MEET PHYSICALLY AND VIRTUALLY TO COME UP WITH EFFECTIVE OUTREACH SOLUTIONS AND ADD IT AS A ITEM ON EACH AGENDA.

*HAPPY BLACK HISTORY MONTH EVERYONE.
THANK YOU*

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III*

Victor Rodriguez, *Board Specialist II*

APPROVED BY:

DocuSigned by:

John Raffoul

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John G. Raffoul, *Board Secretary*

Date Signed 3/7/2023 | 3:34 PM PST

APPROVED