

Board of Governors
Regular Meeting Minutes #269
April 5, 2018

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



Members

Louise McCarthy, *Chair*
 Hector De La Torre, *Vice Chair*
 Mark Gamble, *Treasurer* *
 G. Michael Roybal, MD, MPH, *Secretary*
 Alvaro Ballesteros, MBA
 Stephanie Booth, MD

Robert H. Curry
 Christina R. Ghaly, MD *
 Layla Gonzalez-Delgado
 Hilda Perez
 Honorable Mark Ridley-Thomas *
 Kimberly Uyeda, MD, MPH *

**Absent **Via teleconference*

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME Louise McCarthy <i>Chair</i>	Louise McCarthy, <i>Chair</i> , called the meeting to order at 2:08 p.m. She announced that the public may address the Board on any matter at the Public Comment section at the beginning of this meeting, and before or during the Board's consideration of items listed on the Agenda. Guests are welcome to introduce themselves or can remain anonymous.	
APPROVAL OF MEETING AGENDA Louise McCarthy	The agenda was approved as submitted.	Approved unanimously. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF CONSENT AGENDA Louise McCarthy	<ul style="list-style-type: none"> • Approve February 8, 2018 regular and supplemental special meeting minutes • Microsoft Enterprise Agreement (FIN 100) • Infosys Managed Services (FIN 101) • Language Line Contract (FIN 102) • Revised Accounting & Financial Services Policy AFS 004 (FIN 103) • California Long Term Care Education Center Contract Renewal (FIN 104) • Contract Amendment with Cognizant, FlexTech, HCL and Infosys for Professional Services (FIN 105) 	Approved unanimously. 8 AYES

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Risk Assessment Report (COM 100) • RCAC Membership (ECA 100) • CHCAC Membership (CHC 100) 	
CHAIRPERSON'S REPORT	There was no report by the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT John Baackes	<p>John Baackes, <i>Chief Executive Officer</i>, referred to his written report included in the meeting materials, and he reported:</p> <ul style="list-style-type: none"> • Phinney Ahn is the new Executive Director of Medi-Cal. • Covered California enrollment closed on January 31, 2018. About 84,000 signed up and 78,000 have paid the premium, tripling L.A. Care Covered enrollment. • The premium subsidy (CSR) for the Affordable Care Act (ACA) ended in October 2017, resulting in shortfall of over \$4 million for L.A. Care for the last three months of calendar year 2017. L.A. Care adjusted prices for calendar year 2018 to account for the lack of premium subsidy paid by the federal government. Most consumers did not see an increase in their premium payment because they received other premium assistance. Legislation for continuing the premium subsidies had been included in the federal budget, but it was eliminated before the budget bill was passed. • In addition, tax penalties for not enrolling in health coverage were eliminated for 2018, which may lead to fewer people with coverage. • L.A. Care will continue to participate in the Exchange. • 2017 Department of Health Care Services (DHCS) audit resulted in six adverse findings – down from 50 adverse findings in 2015 and 15 last year. He congratulated Dr. Seidman and all staff in Health Services and other departments for the improvements. He thanked the Plan Partners for their cooperative efforts. • L.A. Care is concerned about the impact of immigration issues, which may affect members and their families. The L.A. Care Community Health Investment Fund supports the Coalition for Human Immigrant Rights of Los Angeles and the “Know Your Rights” campaign. Grants have been made to organizations that provide support to immigrants. • L.A. Care’s directly contracted provider network (L.A. Care Direct Network) is growing and now has 273 providers. L.A. Care continues to build capability to support the network with care management, utilization management, claims authorization and payment and other administrative services. This provides an alternative way for medical service providers to participate in L.A. Care’s network. This effort adds value to L.A. Care’s support for 	

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	<p>providers and fulfills the objective to increase direct contact with members and providers and expand services at the Family Resource Centers.</p> <p>Member Booth asked how many of the 273 directly contracted providers were previously contracted through managed service organizations that were recently terminated from L.A. Care's network. Mr. Baackes responded that L.A. Care is working with the providers that had been contracted through Synermed or Employee Health Services Medical Group Inc. (EHS) but new contracts have not yet been executed. The DMHC ordered all health plans to cease contracts with those two organizations. L.A. Care staff diligently reassigned affected members.</p> <p>Member Booth stated her appreciation for Mr. Baackes' advocacy for members and physicians in media coverage of this matter. She asked if L.A. Care is seeking feedback from potential providers who indicate they do not want to participate in L.A. Care's provider network. Mr. Baackes responded that L.A. Care's dedicated provider contracting staff seeks to garner all information possible and has adjusted the process as needed to facilitate provider contracting.</p>	
<p>In-Home Support Services / Home Care Integration Training Program Update</p>	<p>Mr. Baackes introduced Corinne Eldridge, Executive Director of the California Long-term Care Education Center. Ms. Eldridge provided a summary of the program for Care Team Integration of the Home-based Workforce (<i>a copy of her presentation can be obtained by contacting Board Services</i>).</p> <p>L.A. Care began supporting the program in 2012 through a Healthcare Innovation funding award. The 6,000 consumer/home care provider pairs trained over three years included about 1,900 L.A. Care members. Through the training intervention there was a reduction in hospitalization, emergency room use and nursing home lengths of stay.</p> <p>The current program provided training for over 900 providers in 10 months, in six languages and across nine cities in Los Angeles County. Some of those providers assist more than one consumer. The program honors consumer directed care. Participants attend 35 hours of classroom training with about eight hours of take home assignments. Graduates demonstrate competence in five important roles in caring for the consumer: 1) Monitor, 2) Communicator, 3) Coach, 4) Navigator, and 5) Care aide.</p> <p>Pre- and post-training surveys illustrate improvement in knowledge and well-being for both the patient and the caregiver.</p> <p>Ms. Eldridge introduced Isabel Menjivar, Percy Tolton, Jr., two recent graduates of the training program. Ms. Menjivar thanked L.A. Care for the support for the program. She stated that the program has helped her be a better caregiver, with enhanced ability to provide meaningful</p>	

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	<p>information to the doctor and care team. Mr. Tolton also thanked L.A. Care. He has learned to provide better care for his mother and to separate the role of son from caregiver.</p> <p>Ms. Eldridge concluded by thanking L.A. Care for the partnership which will train an additional 1800 care providers in the next two years. She indicated that in addition to working more closely with L.A. Care’s Regional Consumer Advisory Committees, the program would also seek deeper integration with care teams and develop a research partnership.</p> <p>Member Booth remarked that it would be beneficial to see data on emergency room visits and appropriate use of resources. Ms. Eldridge confirmed that she is working with L.A. Care to develop the research partnership. Mr. Baackes noted that the contract does not currently include data collection, but L.A. Care will work to develop an analysis of the program’s effectiveness.</p> <p>Member Roybal asked about how the care recipient is informed about the training and how medical care providers can encourage caregivers to enroll. Ms. Eldridge indicated that the care recipients provide consent for the caregiver to participate and can participate in the classes and graduation. The caregiver labor union and health plan provide referrals for the program as well as recruitment in the community by the graduates of the home care program.</p> <p>Mr. Baackes commented about the graduation events and the importance of recognizing caregivers as members of the care teams.</p>	
STANDING COMMITTEE REPORTS		
Executive Committee Louise McCarthy	The Executive Committee met on February 28 and March 28 (<i>meeting minutes are available by contacting Board Services</i>).	
Government Affairs Update	<p>Mr. Baackes reported that at the March Executive Committee meeting, Board Member De La Torre requested information and a discussion on the health care bills introduced by legislators in Sacramento. A summary of the key bills as part of both the Assembly package of bills as well as some Senate bills was handed out (<i>a copy can be obtained by contacting Board Services</i>).</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported.</p> <p>Last year SB 562 was proposed to create a single payer system in California. The subsequent announcement of the estimated \$400 billion annual cost stalled action on that bill. Discussions continue among legislators about ways California could incrementally develop a universal health coverage system.</p>	

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	<p>The California Assembly appointed a Select Committee which held a series of hearings over the last few months to identify policy approaches to achieve universal coverage, make health care more affordable and make the multi-payer system less fragmented and more transparent for consumers. University of California at San Francisco (UCSF) produced a report following the hearings that identify various paths California could take to improve the state's health care system. To date, approximately 20 bills have been introduced, but very little detail has been provided. Amendments are needed to determine the proposal details and costs.</p> <p>The Assembly Select Committee introduced a package of bills intended to prompt discussion about the alternative ways to move the state toward universal health coverage after the UCSF report was released. The Senate also proposed legislation for health coverage.</p> <p>There is a new coalition of about 50 groups across California, including Health Access, labor, Western Center on Law and Poverty, and other progressive advocacy groups that support a majority of these bills. The coalition believes the state can get closer to a <i>Medicare for All</i> type of system, and when there is a universal health care proposal at the federal level; California will be that much closer. The California Hospital Association and California Medical Association have not yet formally weighed in on the bill package, again primarily due to the fact the many of the bills do not contain significant detail and cost.</p> <p>Many of the bills would require federal approval, and it may be unlikely that federal approval would be obtained under this Administration. California legislators have decided to move forward with policy proposals to improve coverage and affordability in both the short- and long-term. It is unlikely that legislation will be passed this year and these issues will likely be a multi-year discussion. Nonetheless, these are important policy proposals that will affect L.A. Care. It is not known at this time what our Governor may approve, as he has never been a strong health care advocate. Rough estimates indicate the cost for many of the measures could be as much as \$10 billion.</p> <p>It is premature to take a formal position on the two public option bills; but there are several bills on the legislative matrix for which L.A. Care staff has recommended a support position.</p> <p>Ms. Compartore summarized Medi-Cal expansion proposals with a recommendation for L.A. Care to support :</p> <ul style="list-style-type: none"> • AB 2965 (Arambula) and SB 974 (Lara) would expand full-scope Medi-Cal benefits to undocumented adults. 	

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	<ul style="list-style-type: none"> • AB 2430 (Arambula) would increase the income eligibility limit for seniors 65 years of age and over to match the limit for younger adults. This uniform standard would equal 138% of the federal poverty level (FPL). <p>Ms. Compartore summarized proposed legislation that addresses affordability of health care coverage with a recommendation not to take a position at this time:</p> <ul style="list-style-type: none"> • AB 2459 (Friedman) would create a tax credit under the Personal Income Tax Law in an amount that would be equal to the cost of premiums under the lowest cost bronze plan. • SB 1255 (Hernandez) and AB 3148 (Arambula) would expand existing federal subsidies with state money to help consumers purchase insurance through Covered California, making it more affordable by boosting financial assistance with state dollars. There is \$900 million excess general funds that may be available because of federal funding levels for Children’s Health Insurance Plan (CHIP). • AB 2565 (Chiu) would provide Covered California consumers higher premium assistance to consumers who, under federal law, would be eligible for tax subsidies. <p>Ms. Compartore recommended that L.A. Care support AB 2579 (Burke), which would provide presumptive automated enrollment for Medi-Cal for children who apply for the federally funded Women, Infants and Children (WIC) program.</p> <p>Ms. Compartore reported that California Assemblymember Wood wants to bring regulatory oversight to health plan corporate mergers. Other legislative efforts are underway to control costs by lowering prescription drug prices, capping payment rates to medical providers and requiring limits on profits earned, and the marketing and administrative costs incurred by commercial health plans. Ms. Compartore recommended that L.A. Care not take a position on these bills until more detail is provided and the extent of the potential impact on L.A. Care’s financials and operations can be assessed.</p> <p>There is no individual mandate bill because Assembly leaders stated they do not have the appetite for introducing an individual mandate bill at this time but instead will address subsidy funding that they believe is more of an incentive than an individual mandate.</p> <p>Member Curry asked if L.A. Care is tracking legislation that will affect consumers particularly around behavioral health. Ms. Compartore responded that staff is tracking over 350 bills, including some addressing issues in behavioral health.</p> <p>Member De La Torre thanked Ms. Compartore for the report. More analysis is needed, and he recommended a focus on bills that can result in progress for health coverage.</p>	

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Finance & Budget Committee	Chair McCarthy reported that the Finance & Budget Committee met on February 28 and March 28 (<i>meeting minutes are available by contacting Board Services</i>). The Committee approved a contract amendment with 3Key Consulting to provide professional services to support L.A. Care's Membership Eligibility and Clinical Care Advance (CCA) strategic projects; that motion does not require Board approval. All other motions considered at the committee meetings were presented to the Board today.	
Motions Approved in Consent Agenda	<p><u>Motion FIN 100.0418*</u> To approve a three year Microsoft Enterprise Agreement for the purpose of renewing licensing and support of mission critical Microsoft products from May 31, 2018 to May 31, 2021 in an amount not to exceed \$4,800,000.</p> <p><u>Motion FIN 101.0418*</u> To authorize staff to replace the existing Infosys staff augmentation contract with a three year managed service contract to provide quality assurance testing for three years in the amount of \$12,006,528.</p> <p><u>Motion FIN 102.0418*</u> To approve execution of a three-year contract with the option to renew for two consecutive years with Language Line to provide telephonic interpreting services in an amount not to exceed \$9 million dollars over three years.</p> <p><u>Motion FIN 103.0418*</u> To approve revisions to Accounting & Financial Services Policies AFS-004 (Non-Travel and Other Expenses) as attached.</p> <p><u>Motion FIN 104.0418*</u> To authorize staff to renew a contract in the amount of \$4.6 million (total not to exceed \$6.6 million) with CLTCEC to provide education and training for IHSS providers for dual-eligible beneficiaries for the period of May 15, 2018 through May 15, 2020.</p> <p><u>Motion FIN 105.0418*</u> To authorize spending with the following existing key vendors: Cognizant, FlexTech, Infosys, and HCL in an aggregate amount of \$10,000,000, not to exceed \$62,300,000 for staff augmentation expenditures through December 31, 2018.</p>	Approved unanimously in Consent Agenda. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez- Delgado, McCarthy, Perez, and Roybal)
Approval of Financial Report	Marie Montgomery, <i>Chief Financial Officer</i> , reported the highlights of the Financial Reports for FY 2017-18 for the fiscal year to date February 2018. (<i>A copy of the reports can be obtained by contacting Board Services</i>).	

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	<p>Ms. Montgomery reported that as has been done in prior years, staff updated the forecast after four months:</p> <ul style="list-style-type: none"> • Member enrollment is overall favorable to forecast. Variances in comparison to forecast are the result of rate reclassification by DHCS from Medi-Cal Expansion (MCE) to the dually eligible rate category. The state will request recoupment of overpaid funds. • Financial performance for February fiscal year to date is \$95 million favorable to forecast due to higher than forecast enrollment and retroactive increased rates. • Healthcare cost overall is even with forecast, with higher member enrollment offset by higher than forecast claims payments. • Administrative expense is \$1 million favorable in February and overall operations are \$5.7 million favorable compared to forecast. • Operating margin overall favorable to budget expectation. Individual market segment operating margins are in line with prior months. • Overall, medical expense is even with budget. • The “other” category in revenue reflects federal grant funds received. • A net surplus of \$143 million is projected for the end of the fiscal year • Key financial ratios are positive. The cash on hand ratio reflects the IHSS program as in prior months. • Achievement of the tangible net equity goal of 530% is projected by the end of this fiscal year. <p><u>Motion FIN 106.0418</u> To accept the Financial Report for the period ended January and February 2018, as submitted.</p>	<p>Approved unanimously. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)</p>
<p>Monthly Investment Transaction Report</p>	<p>Ms. Montgomery referred to the January and February Investment Transaction Reports included in the meeting materials. <i>(A copy of the reports can be obtained by contacting Board Services).</i> Total market value is \$1.3 billion as of February.</p>	
<p>Compliance & Quality Committee</p>	<p>Member Roybal reported that the Committee met on March 15: <i>(copy of the minutes can be requested by contacting Board Services.)</i> Mr. Baackes reported at the committee meeting on items covered in his report earlier today.</p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> reported the following:</p> <ul style="list-style-type: none"> • L.A. Care hosted a Continuing Medical Education (CME) event on February 24 focused on end of life and palliative care. More than 200 L.A. Care network providers and others attended. 	

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	<ul style="list-style-type: none"> • On March 24, L.A. Care, Kaiser Permanente and SafeMed LA hosted an all-day CME event. Topics included the opioid epidemic, substance use system of care, pain management and non-opioid alternative therapies, medication assisted therapy, and naloxone training and certification. • Applications are being received for the Community Clinic Physician Leadership Program, which will provide leadership coaching and development support for up to 25 physicians working at community clinics. Seven physicians have already applied. • L.A. Care funded 10 community clinic physicians to attend the UC Davis Primary Care Psychiatry Train New Trainers Fellowship, a two-day conference with a focus on integrating recent scientific data with current clinical practice for mood and anxiety disorders, substance misuse, personality disorders, collaborative care, pain psychiatric management and how to do a primary care psychiatric interview. <p>Thomas Mapp, <i>Chief Compliance Officer</i>, reported:</p> <ul style="list-style-type: none"> • The Delegation Oversight Audit Program is being enhanced to include a corrective action plan (CAP) validation process that is aimed at reviewing the Participating Provider Groups and other Delegates’ remediation of deficiencies through review of CAP implementation and effectiveness. • The enterprise wide 2018 Risk Assessment was completed with 29 business units in the first calendar quarter of 2018. Phase 2 is currently in process and includes validation of the risk universe and review and analysis of current risk scores. Cross-functional risk assessment meetings are in progress to document risk mitigation efforts by March 31, 2018. The Risk Management plan was approved earlier today in the consent agenda. <p>The Committee received, reviewed and approved the following documents:</p> <ul style="list-style-type: none"> • 2017 Quality Improvement Annual Report and Evaluation – All lines of business • 2017 Utilization Management Program Evaluation – All lines of business • 2018 Quality Improvement Program – All Lines of Business • 2018 Utilization Management Program – All Lines of Business <p>The Committee received and reviewed L.A. County Board of Supervisors’ proposed revisions to the Conflict of Interest Code of L.A. Care Health Plan. The revisions were approved earlier today in the consent agenda.</p> <p><u>Motion COM 100.0418*</u> To approve the Compliance 2018 Risk Assessment Report and attached 2018 Table of Risks.</p>	<p>Approved unanimously in Consent Agenda. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)</p>

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ADVISORY COMMITTEE REPORTS		
<p>Executive Community Advisory Committee (ECAC)</p> <p>Hilda Perez Layla Gonzalez-Delgado</p>	<p>Member Gonzalez-Delgado acknowledged the advisory committee members attending today's meeting.</p> <p>ECAC met on March 14.</p> <p>Mr. Baackes provided ECAC members with an update on proposed changes in health care coverage that could affect L.A. Care members.</p> <p>Francisco Oaxaca, <i>Senior Director of Communications and Community Relations</i>, reported that progress is continuing with the Family Resource Center (FRC) in East LA and it is expected to open in early October. Staff has started looking for potential FRC locations in RCAC region 11. The Lynwood FRC will be relocated to a larger facility in the same shopping center and is expected to re-open in September.</p> <p>Hanan Obeidi, <i>Senior Director, Medi-Cal Administration</i>, provided an update on Urgent Care Centers in response to an ECAC motion on access to urgent care services:</p> <ul style="list-style-type: none"> • Members reported that they are receiving inaccurate urgent care information from member facing departments, the Nurse Advice Line and Providers. • Members are being turned away at urgent care centers because the center does not take Medi-Cal or does not contract with their PPG, which causes members to go to hospital emergency rooms (ER). <p>Three strategies will be used to address the issue:</p> <ul style="list-style-type: none"> • Improve accuracy of urgent care center data • Outreach and education • Alternative ways to expand the urgent care center network <p>At the March ECAC meeting, Board Member Gonzalez-Delgado reviewed the Americans with Disabilities Act (ADA). She shared that L.A. Care has made an impact by funding accessible equipment so that L.A. Care members can access health services. Moving forward she suggested L.A. Care contract with providers who already have accessible equipment at their clinics, and advocate for changes to the ADA to advance access to providers with accessible equipment.</p> <p>Cristina Deh-Lee was elected ECAC Chairperson and Ana Rodriguez was elected ECAC Vice Chairperson for the calendar year 2018.</p>	

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	<p><u>Motion ECA 100.0418*</u> To approve the following as members of the Regional Community Advisory Committees (RCACs) and Coordinated Care Initiative Councils (CCI), as reviewed by the Executive Community Advisory Committee (ECAC) during the February 14, 2018 ECAC meeting.</p> <table border="1" data-bbox="512 342 1648 529"> <thead> <tr> <th data-bbox="512 342 823 415">Name</th> <th data-bbox="823 342 1228 415">RCAC/CCI #</th> <th data-bbox="1228 342 1648 415">Type of Member (Agency, if applicable)</th> </tr> </thead> <tbody> <tr> <td data-bbox="512 415 823 453">Chou Prak</td> <td data-bbox="823 415 1228 453">RCAC 9</td> <td data-bbox="1228 415 1648 453">Consumer</td> </tr> <tr> <td data-bbox="512 453 823 490">Sambath Um</td> <td data-bbox="823 453 1228 490">RCAC 9</td> <td data-bbox="1228 453 1648 490">Consumer</td> </tr> <tr> <td data-bbox="512 490 823 529">Gerald W. Robles</td> <td data-bbox="823 490 1228 529">CCI Area 2</td> <td data-bbox="1228 490 1648 529">Consumer</td> </tr> </tbody> </table>	Name	RCAC/CCI #	Type of Member (Agency, if applicable)	Chou Prak	RCAC 9	Consumer	Sambath Um	RCAC 9	Consumer	Gerald W. Robles	CCI Area 2	Consumer	<p>Approved unanimously in Consent Agenda. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)</p>
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Gerald W. Robles	CCI Area 2	Consumer												
<p>Revisions to the Consumer Advisory Committee (CAC) Operating Rules effective April 5, 2018</p>	<p>The Board approved a motion on February 8, 2018 from the Executive Community Advisory Committee proposing updates to the Operating Rules for L.A. Care’s advisory committees.</p> <ul style="list-style-type: none"> • The revisions had previously been reviewed multiple times at meetings of the 16 community advisory committees (11 RCACs, 4 CCI Councils and ECAC). • As required by L.A. Care’s Bylaws, those changes were made available to the public for 30 days prior to this meeting. • No public comments were received during the 30-day posting. • The motion by this Board can now be considered final and the changes to the Operating Rules will be effective today. 	<p>Revisions to the Operating Rules approved at the February 8, 2018 meeting are effective April 5, 2018.</p>												
<p>ECAC Report (continued)</p>	<p>Member Perez reported that member research on transportation is being conducted to understand member needs and issues and how delivery of transportation can better meet their needs. Members will be invited to participate in focus groups and complete surveys, and their input will be added to concerns raised by other members.</p> <p>Communications staff is working with quality improvement staff to determine how best to improve access to care at hospitals contracted with L.A. Care. Member Perez would like to work on influencing regulations or propose legislation to require equipment to improve access.</p> <p>Ms. Compartore offered to begin discussions with ACAP to begin the process, which is likely to be multi year.</p>													
<p>Children’s Health Consultant Advisory Committee</p>	<p>Dr. Seidman reported that the Children’s Health Consultant Advisory Committee met on March 20 (<i>minutes of that meeting can be requested by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • The Committee reviewed membership roster and discussed potential members for vacant seats. 													

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	<ul style="list-style-type: none"> The Committee reviewed motion to approve new CHCAC member, Diane Tanaka, M.D., representing Adolescent Health Seat, which was approved earlier today in the consent agenda. <p>Carolina Coleman, <i>Quality Improvement Project Manager</i>, presented information on Childhood Immunization Status Combo 3 Performance Improvement Project.</p> <ul style="list-style-type: none"> Medi-Cal Performance Improvement Projects focus on priority HEDIS measures and aims to evaluate interventions in a short period of time L.A. Care selected the following topics: <ul style="list-style-type: none"> Diabetes medication adherence in African American members Childhood Immunization Status – Combo 3 (CIS-3) in the San Gabriel Valley, with a goal to increase the rate of CIS-3 completion for children aged two by June 30, 2019. <p><u>Motion CHC 100.0418*</u> To approve the nominations of Diane Tanaka, M.D., representing Adolescent Health Seat, effective May 15, 2018.</p>	<p>Approved unanimously in Consent Agenda. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)</p>
<p>ADJOURN TO CLOSED SESSION</p> <p>Louise McCarthy</p>	<p>PUBLIC COMMENT: Elizabeth Cooper, <i>Member RCAC 2 and CCI Area 2</i>, stated that she is a single Afro American parent. She invited the consumer and advocate representatives to take notice of her comments. When she goes to the committee meetings, she tries to be an advocate for all issues. She feels that she was not able to participate today because of something that happened. She said revisions in the rules would have long lasting effects. There is no diversity. She does not have a right to speak. She has advocated for everybody. She feels, as a member with a severely developmentally disabled son, there are not too many others. Those who are disabled do not get acknowledgement. She does not get acknowledgement or recognition. She asked Mr. Baackes to look at the CCI Councils. She asked the two representatives to start noticing the CCI Councils. She is proud to be a member of L.A. Care and the information has helped her. She asked board members to recognize the consumers that cannot speak for themselves; sometimes she thinks they are left aside.</p> <p>Wilma Ballew, <i>Chair, CCI Area 2</i>, stated that she enjoyed the L.A. Care continuing education conference on opiates. She takes the information she learns back to her committee for discussion. She sat with women who were pharmacists, and they were concerned about the epidemic. She asked why the prescriptions take so long to fill in the Antelope Valley and why some pharmacies are closing in that area. She hopes the education conferences will continue. She complimented the staff.</p> <p>Member Perez thanked Terry Brown, <i>Chief Human Resources Officer</i>, for taking the time to attend a RCAC 6 meeting.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. A report is not expected in open session however there will be voting on two open session items after this closed session. There was no public comment on the closed session items. The Board adjourned to closed session at 3:35 p.m.</p>	

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	<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 <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Product Lines, Technology <i>Estimated date of public disclosure: March 2020</i></p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Negotiator: Louise McCarthy Unrepresented Employee: Chief Executive Officer</p>	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:35 p.m. There was no report on action taken during the closed session.	
Safety Net Workforce Development Initiative	<p>Mr. Baackes summarized the motion.</p> <p>A 2017 study by UCSF Healthforce Center found that California does not have enough primary care physicians in most regions of the state, and the situation will only grow more acute from an aging physician workforce, a growing population, and extended coverage through the Affordable Care Act (ACA). The UCSF study estimates that California will need an additional 8,243 primary care physicians by 2030 – a 32 percent increase. As the largest county, Los Angeles will need to find at least a quarter of that number. For L.A. Care safety net providers this is particularly acute since those providers often have fewer resources to recruit physicians to those practices.</p> <p>L.A. Care will appropriate retained earnings to support this initiative through a board designated fund to recruit primary care physicians and other providers to Los Angeles County to provide services through the safety net and be available to L.A. Care members. The fund can be launched this year to support:</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Scholarships for medical students for four years. L.A. Care will work with educational institutions on selection criteria, including interest in serving vulnerable populations, cultural and linguistic competency, and potential service requirement in LA County following completion of medical school and residency programs. • Grants to physician employing entities that can be used for educational loan repayments or salary subsidization to recruit new physicians to LA County. Criteria to be developed for the grants will include requirements for participation with L.A. Care, duration of employment and identifying an agency to administer medical school loan repayments in a manner beneficial to recruited physicians. <p>The initial support will be focused on physicians since they are needed to supervise or oversee the work of physician extenders. Future grant opportunities will be developed for other medical workforce personnel such as Nurse Practitioners, Physician Assistants and Care Managers. In addition, the feasibility of supporting medical residency programs in L.A. County will be explored, with appropriate requirements that participants will remain in medical practice in LA County.</p> <p>This initiative aligns with L.A. Care’s organizational goal 2.2: develop and implement strategies to promote quality performance in the provider network. The initiative also aligns with organizational goal 4.3: mobilize our community resources to ensure that we are responsive and accountable to the needs of our members and constituents. Goal 4.5 is also addressed: foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.</p> <p>Member Booth suggested that the last sentence of the motion summary budget impact section be revised to include “access to quality care”. The sentence will read, “The ultimate goals of this initiative are to increase workforce capacity and improve access to quality care across the safety net of providers in Los Angeles County.”</p> <p><u>Motion EXE 100.0418</u> To establish a safety net health care workforce development initiative (“Initiative”) and approve initial allocation of funds:</p> <ol style="list-style-type: none"> 1. Delegate authority to the Executive Committee to direct up to \$31 million annually for five years in to a designated fund to support the Initiative and authority to approve expenditures of those funds for Initiative purposes until they are exhausted or as otherwise directed by the Executive Committee; 	<p>Approved unanimously. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2. Direct the Executive Committee to establish an ad hoc committee that will develop the processes to evaluate and approve expenditures for this initiative and authorize the Chair to appoint board members to that ad hoc committee; and,</p> <p>3. Authorize an initial expenditure of \$2.8 million to provide funding to educational institutions to support medical school scholarships.</p>	
<p>Consideration of Chief Executive Officer's Compensation</p>	<p>Chairperson McCarthy reported that the board completed a performance evaluation for Mr. Baackes. She recognized that it has been a phenomenal year of staving off incredible threats and trying to take advantage of opportunities when they arise. She recognized the importance of his achievements and of assuring L.A. Care's compensation be more competitive in this marketplace.</p> <p>Ms. Haydel summarized a recommendation for final action on the Chief Executive Officer's compensation and announced that the Board will consider the following items related to compensation of the Chief Executive Officer:</p> <p><u>Motion BOG 100.0418</u></p> <p>To approve a salary increase of 8% of base salary for Chief Executive Officer, John Baackes, for a total base salary of \$554,090.76 effective March 23, 2018.</p> <p>Mr. Baackes expressed that he is overwhelmed.</p>	<p>Approved unanimously. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, McCarthy, Perez, and Roybal)</p>
<p>ADJOURNMENT</p>	<p>The meeting was adjourned at 4:35 p.m.</p>	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Liaison*
Jennifer Carabali, *Board Liaison*

APPROVED BY:


G. Michael Roybal, MD, *Board Secretary*

Date Signed


05/03/18

APPROVED