

**Board of Governors**  
**Regular Meeting Minutes #278**  
**April 4, 2019**

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



**Members**

Hector De La Torre, *Chairperson*  
 Alvaro Ballesteros, MBA, *Vice Chairperson*  
 Robert H. Curry, *Treasurer* \*\*  
 Layla Gonzalez-Delgado, *Secretary*  
 Stephanie Booth, MD  
 Christina R. Ghaly, MD \*  
 George W. Greene, Esq. \*

Antonia Jimenez  
 Hilda Perez  
 Courtney Powers, Esq.  
 Honorable Mark Ridley-Thomas \*  
 G. Michael Roybal, MD, MPH  
 Ilan Shapiro, MD

**Management/Staff**

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

\*Absent \*\*Via teleconference

| <b>AGENDA<br/>ITEM/PRESENTER</b>                                     | <b>MOTIONS / MAJOR DISCUSSIONS</b>  | <b>ACTION TAKEN</b>   |
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| <p><b>WELCOME</b><br/><br/>Hector De La Torre</p>                    | <p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:04 p.m.</p> <p>Rudy Martinez, <i>Safety &amp; Security Specialist</i>, provided safety information.</p> <p>Chairperson De La Torre noted that everyone should be proud that L.A. Care celebrated the 22<sup>nd</sup> anniversary of its Knox Keene license on April 1. He welcomed everyone to the meeting.</p> <p>He announced that members of the public are welcome to introduce themselves or can remain anonymous. The public may address the Board on matters listed on the agenda before or during the Board's consideration of the item, and on any other topic in the public comment section on the agenda. He also announced that the Board is pleased that people are here to speak to the Board, and would like to ensure that everyone who would like to do so has the opportunity to speak today. He welcomed members of the CCIs and RCACs and informed them that members will be introduced later in this meeting during the ECAC report.</p> |   |
| <p><b>APPROVAL OF MEETING AGENDA</b><br/><br/>Hector De La Torre</p> | <p>The agenda was approved as submitted.</p>  | <p><b>Approved unanimously.</b><br/> <b>9 AYES (Ballesteros, Booth, De La Torre, Gonzalez-Delgado, Jimenez, Perez, Powers, Roybal, and Shapiro)</b></p> |

**APPROVED**

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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| PUBLIC COMMENT           | <p>Stefanie Sunshine Mangone, <i>Shield HealthCare</i>, a medical supply company which has been in business since 1957. Shield currently serves about 5,000 L.A. Care members; about half of those members have Medicare health coverage. Shield Health Care serves Medicare beneficiaries who get nutrition through a gastric tube. Ms. Mangone stated that most assume Medicare would cover these types of supplies, but about 1/3 of these patients do not qualify for enteral services through Medicare. Medicare has very specific criteria to meet billing requirements. Examples of conditions which may require enteral services that are not covered by Medicare are end stage renal disease, dementia and aphasia.</p> <p>L.A. Care requires Shield HealthCare to obtain a denial from Medicare before it will approve an authorization for this coverage. For Shield HealthCare to obtain a denial, they have to provide care to the member first, then submit a claim to Medicare. A denial from Medicare takes six to eight weeks. L.A. Care does not retroactively authorize coverage after 30 days. Ms. Mangone requested that L.A. Care extend the retro-authorization period to 90 days or give Shield HealthCare an upfront authorization pending Medicare denial. An upfront authorization does not eliminate or supersede Shield HealthCare's requirement to submit documentation that Medicare has been billed. This process is in line with Medi-Cal's treatment authorization review policy. Enteral nutrition is life sustaining and can keep patients from getting malnourished and going back into hospital. She asked L.A. Care to consider changing its process so Shield HealthCare can better serve these members. John Baackes, <i>Chief Executive Officer</i>, asked Board Services to get Ms. Mangone's contact information so staff can follow up on the issues.</p> <p>Mr. Baackes also noted that L.A. Care has tens of thousands of dual eligible members (eligible for both Medicare and Medi-Cal) for whom L.A. Care provides coverage through Medi-Cal. Some of these patients may have another carrier for Medicare or are in the fee for service (FFS) program. L.A. Care processes these claims as a secondary payer. Mr. Baackes stated that L.A. Care would be happy to work with Shield HealthCare to try to streamline the process. Ms. Mangone thanked Mr. Baackes. She suggested that L.A. Care convene a vendor/provider advisory committee to bring these types of issues to the health plan. Mr. Baackes noted that L.A. Care will take her suggestion under advisement.</p> <p>Elizabeth Cooper, <i>RCAC 2 and CCI Member</i>, asked for moment of silence for victims of injustice, immigrants and others who may be suffering. Ms. Cooper congratulated L.A. Care and staff for the 20<sup>th</sup> Regional Community Advisory Committees anniversary. Ms. Cooper asked about the Coordinated Care Initiative (CCI) Councils restructure and asked to be a participant in the discussion on behalf of Jonathan Cooper. She commented that we are now seeing an attack on health care that will impact seniors, immigrants, persons with disabilities and others, and people need to join together. She asked Mr. Baackes to keep people informed on</p> |              |

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|   | <p>ways they can get involved before 2020. Mr. Baackes noted that he will talk about this during his CEO report.</p> <p>Chris Arroyo, <i>State Council on Developmental Disabilities, Los Angeles office</i>, provided information about a listening session on April 18 in North Hills for the Assembly Select Committee. Assemblymembers Fraser and Nazarian will attend to hear comments about the Regional Centers.</p> <p><i>(Member Curry joined the meeting by telephone.)</i></p> <p>Andria McFerson, <i>RCAC 6 Chair</i>, commented that she is dually eligible and has had the same problems the first speaker described. Many people have asked her about her condition lately. She did not receive assistance or coverage that her neurologist prescribed. She went three weeks without epilepsy medication. She has had seizures and her health has suffered because of the lack of medication. She had to pay \$80 a month for medication. The issue was life threatening. Something needs to be done about it. She had to sit in the doctor's office talking to Medicare and the doctor's assistant to get the medication she needs. She received no assistance from L.A. Care. She endorsed the idea of a committee to help resolve problems.</p> <p>Rachel Rose Luckey, <i>RCAC 4 Vice Chair</i>, commented that each RCAC is allocated \$5,000 annually for community events. RCAC members do not weigh in on how to spend the money. She recommended that each RCAC receive a larger budget and representation so the members can plan the events and members have a vested interest in what is going on. Ms. Luckey commented that she asked their Field Specialist for a map of the geographic area served by the RCAC, and she was told there are no maps of RCAC areas. Ms. Luckey suggested that the RCAC areas be mapped. Third, she suggested that L.A. Care utilize the 99 neighborhood councils to conduct outreach and communicate with community members. She advocated a pop up clinic to serve the many homeless people in her community.</p> |              |
| <p><b>ADJOURN TO<br/>CLOSED SESSION</b></p> <p>Hector De La Torre</p> | <p>Chairperson De La Torre announced the following item to be discussed in closed session. A report is not expected in open session. The Board adjourned to closed session at 2:26 p.m.</p> <p>CONFERENCE WITH LABOR NEGOTIATOR<br/>Section 54957.6 of the Ralph M. Brown Act<br/>Agency Negotiator: Hector De La Torre<br/>Unrepresented Employee: Chief Executive Officer</p>   |              |
| <p><b>RECONVENE IN<br/>OPEN SESSION</b></p>                           | <p>The Board reconvened in open session at 3:05 p.m. There was no report from the closed session.</p>   |              |

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| <p><b>Executive Community Advisory Committee (ECAC)</b></p> <p>Hilda Perez/Layla Gonzalez-Delgado</p> | <p>Member Gonzalez-Delgado reported that ECAC met on March 13.</p> <ul style="list-style-type: none"> <li>• Mr. Baackes updated the committee on the new transportation vendor Call the Car (CTC) (that replaced Logisticare). <ul style="list-style-type: none"> <li>○ L.A. Care targeted members in two areas of the county, all Cal MediConnect (CMC) members, and members that were discharged or transferred from facilities throughout the county for the initial rollout.</li> <li>○ All CMC members have been served by CTC since March 2019. By June 1, all member transportation for health services will be provided by CTC.</li> <li>○ 50 CTC vehicles already have L.A. Care’s branding and logos for easy identification. Eventually there will be 100 L.A. Care branded vehicles.</li> <li>○ Members that had been receiving transportation services from Logisticare received the required letter informing them L.A. Care’s new vendor is Call the Car (CTC) and a second letter informing them that L.A. Care is transitioning from Logisticare.</li> <li>○ All members that used transportation services received both letters, which may have caused confusion for our members and drove a high volume of calls that outpaced call center capacity.</li> <li>○ L.A. Care increased its call center staff and hold (wait) times are decreasing.</li> </ul> </li> <li>• Francisco Oaxaca, <i>Senior Director of Communications &amp; Community Relations</i>, provided the following updates: <ul style="list-style-type: none"> <li>○ Care Harbor will hold a new clinic at the Pomona County Fairgrounds on April 27-28.</li> <li>○ L.A. Care will participate in the L.A. Times Festival of Books on April 13-14.</li> <li>○ L.A. Care will partner with the Red Cross to host a program to install smoke alarm detectors in every home in the Pacoima and East L.A. areas for free. People can sign up at L.A. Care’s Pacoima and East LA FRCs and the Red Cross website.</li> </ul> </li> <li>• Inner City Law Center Attorney Ingrid Arriaga gave a presentation on tenants’ rights in Los Angeles County. She covered topics such as lease agreements, how to pay rent, pets and companion animals, poor housing conditions, eviction under California Law, Section 8 vouchers, and provided resources for tenants to get help when they need it.</li> <li>• Regional Community Advisory Committees (RCAC’s) Spring Conference, Elevating Advocay, was held on March 22. Very genuine and heartfelt meeting. Skit presenting difficulties people have in accessing health care. Members with more than 17 years of service were honored. Member Gonzalez-Delgado thanked Board members for attending.</li> <li>• Leadership training for RCAC Chairs and Vice Chairs were held on March 29.</li> <li>• The Health Promoters conducted a Colorectal Prevention and Screening at RCACs this month.</li> </ul> |              |

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|                          | <p>Member Perez thanked the Community Outreach &amp; Education staff for the RCAC's Spring Conference and for the promotional bags distributed at the Conference. Such incentives encourages members to keep working and giving to the community.</p> <p>With regard to the CCI restructure, a letter was sent to all CCI members.</p> <ul style="list-style-type: none"> <li>• The written information outlined the state requirements for the Cal MediConnect (CMC) contract, L.A. Care's demographic information and the process for the creation of a new Enrollee Advisory Committee (EAC). It also provided contact information for Mr. Oaxaca so that members will have the opportunity to express their concerns and provide their input.</li> <li>• There were discussions about the CCI restructure during the February and March 2019 RCAC and CCI meetings.</li> <li>• The final proposal will be presented to the Executive Committee on April 22 and to the full board at its May 2 meeting.</li> <li>• L.A. Care staff received input from all RCAC and CCI members on how to make the transition smooth and how to welcome the CCI members into the RCACs.</li> <li>• Ms. Perez asked to provide transportation for CCI members attending Board and Committee meetings. Staff will call CCI members to offer transportation.</li> <li>• The Board could also authorize staff to revise the Consumer Advisory Committee (CAC) Operating Rules and to implement the changes.</li> <li>• There are many questions and concerns regarding who will choose or select the members of the new EAC and when this committee will have its first official meeting.</li> <li>• Member Perez reminded all members that all meetings of L.A. Care are open to the public.</li> </ul> <p><b>PUBLIC COMMENTS</b></p> <p>Ms. Cooper commented that the process should be fair and asked board members to take notice of her comment. She understands that the recommendations will be reviewed by the Executive Committee and the Board. She will be providing recommendations at the Executive Committee and Board meetings. She asked Board members and the Chief Medical Officer to listen to her recommendations. She asked Mr. Baackes about her concern that she does not see too many independent doctors, and asked what L.A. Care is doing to support the independent doctors.</p> <p>Mr. Baackes responded that L.A. Care has many solo practice physicians in its network, located in many of the neighborhoods where members live. Mr. Baackes noted that many of these physicians are close to retirement. He added he has not seen a great rush of new physicians willing to work in those practices. The Elevating the Safety Net program grant funds will support clinics and private practices. L.A. Care could also help private physicians find</p> |              |

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|   | <p>somebody to take their practice and serve in the L.A. Care network. Physicians come out of medical school with education debt. The easiest way to pay off the debt is to join a physician group or clinic at a salaried position.</p> <p>Chair De La Torre emphasized that this is a Medi-Cal problem in California, not just for L.A. Care. Only about one-half of the physicians practicing will accept patients with Medi-Cal coverage. L.A. Care is uniquely working hard to get more physicians in Medi-Cal. He asked Ms. Cooper to talk about her recommendations with the consumer board representatives as soon as possible.</p> <p>Andria McFerson, <i>RCAC 6 Chair</i>, noted that the ECAC report included the CCI structure and accommodations for disabled members. RCAC 6 has worked on a resolution to make the RCAC meetings longer, allow time for CCI members to speak, making the meeting longer and raising the RCAC member stipend. Members contribute to L.A. Care. She suggested there are other organizations that have higher stipends. L.A. Care has not raised the stipend in 20 years. RCAC 6 filed a motion, and she received a phone call that the motion did not have anything to do with the Agenda. They are doing everything they are supposed to do but this is the feedback they are getting.</p> <p>Wilma Ballew, <i>CCI Area 2 Chair</i>, is very comfortable with the transition of CCI members into the RCACs. She has attended all the CCI meetings and all the RCAC meetings. She does not see any reason for extending the meetings. A lot of members are saying that the meetings are too long. Her opinion is that it is amazing what L.A. Care does for its members. She recommended shortening the meetings.</p> |  |
| <p><b>APPROVAL OF<br/>CONSENT AGENDA</b><br/>Hector De La Torre</p> | <p><i>(Members Shapiro left the meeting.)</i></p> <p>Member Booth asked to remove motions EXE 100.0419 and EXE 101.0419 from the Consent Agenda.</p> <p><b>PUBLIC COMMENTS</b></p> <p>Ms Cooper stated that she comes to serve, not for money. She appreciates the opportunity to speak to the Board and thanked the members for listening. She will speak with the two consumer representatives. No single person can speak for all of us. She believes in service and advocacy.</p> <ul style="list-style-type: none"> <li>• Approve February 7, 2019 meeting minutes</li> <li>• TransUnion Contract Amendment</li> </ul>  | <p><b>The February 7, 2019<br/>Board meeting<br/>minutes and motions</b></p> |

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|                          | <p><b><u>Motion FIN 100.0419</u></b><br/>To authorize staff to amend a contract in the amount of \$1,316,000 not to exceed \$5,536,000 with TransUnion to provide encounter processing services for the period of July 1, 2019 to May 31, 2020.</p> <ul style="list-style-type: none"> <li>• RCAC Membership</li> </ul> <p><b><u>Motion ECA 100.0419</u></b><br/>To approve the following as members to the Regional Community Advisory Committee, as reviewed by the Executive Community Advisory Committee (ECAC) during its March 13, 2019 meeting:</p> <ul style="list-style-type: none"> <li>○ Maria Carmen Gutierrez, Consumer, RCAC 1</li> <li>○ Margarita Rodriguez, Consumer, RCAC 5</li> <li>○ Socorro Moreno, Consumer, RCAC 10</li> </ul> <p>Dorothy Lowery, <i>RCAC 8 Member</i>, stated that she met someone who lived next door to the RCAC meeting location who asked if L.A. Care has considered working people when scheduling the consumer advisory committee meetings so people who are available on weekends can help. Member Gonzalez-Delgado suggested that Ms. Lowery speak with the CO&amp;E field specialists.</p> <p>Member Booth thanked the staff for the revisions to the policy as discussed at the March 25 Executive Committee meeting. Member Booth added that there are additional changes that can make it more useful to the Board of Governors. She added that she would like for the policy to include that a report to the Board be made monthly, on how much money was sent out from L.A. Care, the entity which got the money and the total amount of grants and sponsorships that entity has received from L.A. Care for the fiscal year.</p> <p>Chairperson De La Torre noted that at the March 24 Executive Committee meeting Board members requested a monthly report on all expenditures for grants and sponsorships.</p> <p>Member Booth recommended items to be included in the report to make them more useful to the Board:</p> <ul style="list-style-type: none"> <li>• For Sponsorships, the annual report needs to include information for each sponsorship that was awarded subsequent to the last annual report. <ul style="list-style-type: none"> <li>○ Name of the entity receiving sponsorship</li> <li>○ Description of the event</li> <li>○ Amount, date and timeframe</li> </ul> </li> </ul> | <p>FIN 100.0419 and ECA 100.0419 were approved unanimously by roll call. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, Jimenez, Perez, Powers, and Roybal)</p> |

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|   | <ul style="list-style-type: none"> <li>For Grants, all of the above information since the last annual report. In addition, the report should include reports to L.A. Care from the grantee or the entity that received the grant, that provides feedback to L.A. Care regarding the project progress, outcome and impact of the grant.</li> </ul> <p>Member Booth stated that the report should also contain provisions that further grant funding is contingent on the timely submission of progress reports by the grantee. A report shall also be made to the Finance &amp; Budget Committee for any entity that receives grants totalling more than \$150,000 in 12 months.</p> <p>Member Gonzalez Delgado noted that the Executive Committee requested a report on all entities receiving more than \$300,000 in aggregate grants and sponsorships for the entire year.</p> <p>Chairperson De La Torre requested that the policies be amended with the items above.</p> <p><b><u>Motion EXE 100.0419</u></b><br/> <b>To approve changes to L.A. Care Policy 603 (Grants and Sponsorships), as submitted.</b></p> <p><b><u>Motion EXE 101.0419</u></b><br/> <b>To approve changes to L.A. Care Policy 603.2 (Sponsorships), and renaming policy to COMM 006 (Sponsorship), as submitted.</b></p>                | <p><b>Motions EXE 100.0419 and EXE 101.0419 were approved unanimously by roll call, as amended. 9 AYES</b></p> |
| <p><b>Motion for Consideration: Authorization to Contract with Ntooitve for Traditional Media Buying services</b></p> | <p>Alex Gallegos, <i>Senior Director, Sales &amp; Marketing</i>, presented a motion requesting approval to contract with Ntooitve for digital marketing and traditional media buying services for L.A. Care’s lines of business, including Family Resource Centers (FRCs) and the Parent Brand Initiative. A Request for Proposal (RFP) process was conducted and Ntooitve was among eight agencies that responded.</p> <p>The funding allocation includes sustained product growth focused advertising for all Lines of Business. This funding is considered a “pass through” media cost that is managed by Ntooitve at the direction of L.A. Care. The funding would provide advertising resources for campaigns that would launch in the Spring and Summer of 2019 and lead into the Fall/Winter marketing period for L.A. Care Covered.</p> <p>In response to Member Curry’s question about the expense and results for the campaign, Mr. Gallegos responded that L.A. Care has systems in place to monitor the effectiveness of the campaign in several areas.</p> <p><b><u>Motion BOG 100.0419</u></b><br/> <b>To authorize staff to create a new Master Service Agreement with Ntooitve in the amount of \$4,117,000 (total contract amount not to exceed \$4,117,000) for the period of May 1, 2019</b></p> | <p><b>Approved unanimously by roll call. 9 AYES</b></p>  |



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|   | through December 31, 2019.   |              |
| <b>CHAIRPERSON'S<br/>REPORT</b>                               | <p>Chairperson De La Torre commented on recent news concerning the Affordable Care Act (ACA). He stated that because of the split in the Congress, a consensus on any action related to the ACA would be difficult to achieve and the public should not be concerned. There was a federal court ruling in Texas. There are two big steps, appeals court and supreme court, required to be taken which may take years. Lesser issues, like the work requirement, have been thrown out by the courts. There will be <i>noise</i> in the news but he encouraged people to not worry in the near term. He encouraged people not to worry or be stressed about it.</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, added that President Trump announced today that he will not pursue activities to repeal and replace the ACA until after 2020 election.</p> <p>Member Ballesteros stated that he was in Washington, DC for a conference last week. He noted that individuals receiving services through the ACA may not be aware that the program they are using is Obamacare. He suggested it may be helpful to improve education in this area.</p>  |              |
| <b>CHIEF EXECUTIVE<br/>OFFICER REPORT</b><br><br>John Baackes | <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> <li>• He recognized the recent 22<sup>nd</sup> anniversary of L.A. Care and noted that it has evolved as an organization from the plan partner model to a health plan which also offers coverage through directly contracted providers. He thanked Dr. Greg Buchert, President CEO of Blue Shield Promise, one of L.A. Care's three current plan partners, for attending today's meeting.</li> <li>• In the last four years, L.A. Care strove to achieve improvements along two tracks. One is foundational improvements, normal operational improvements in customer service, paying claims, credentialing, etc. Great strides have been made in these areas, improving services to members and providers. The second is transformational, to take advantage of L.A. Care's size and its ability to impact delivery of health care services. This includes the Value Initiative for IPA Performance, a program to evaluate and incentivize excellence among providers.</li> <li>• The 20<sup>th</sup> anniversary of the formation of L.A. Care's RCACs was celebrated at a conference on March 22. Long serving RCAC members were recognized at the event. L.A. Care is the only plan that has multiple consumer committees that are focused on issues in their community related to member experience. L.A. Care has the largest consumer advisory committee participation of any plan in the country. These are hallmarks of L.A. Care that are truly unique and appreciated.</li> </ul> |              |

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|                          | <ul style="list-style-type: none"> <li>• Mr. Baackes noted updates on transformational programs in the written CEO report included in the meeting materials. <ul style="list-style-type: none"> <li>○ 48 Grants have been made thorough Elevating the Safety Net.</li> <li>○ Elevating the Safety Net is supporting 29 physicians. 14 of them have applied for medical school tuition relief.</li> <li>○ Housing for Health (H4H) has placed 228 people who were homeless into permanent housing.</li> <li>○ In-Home Support Services training for CLTEC - 1525 people completed program and 1400 more are undergoing training.</li> </ul> </li> <li>• L.A. Care has switched to Call The Car for the transportation needs of its members. The transition began rolling out in March. An RFP process was used to select this local firm. There were a flood of calls when the transition started so CTC has added staff and technology to meet the needs of our members.</li> <li>• L.A. Care won a lawsuit over a provision in the ACA for cost sharing reductions. It may be appealed to a higher court. L.A. Care will continue to pursue its case. The use of executive authority for regulatory changes is something for which L.A. Care will be on the alert at all times. Last Fall, changes were proposed in applying the Medicaid cost under the public charge provision in the citizenship application process. L.A. Care asked for input and more than 200,000 comments were submitted. There has not been an indication of action by the government.</li> <li>• L.A. Care will continue to work with consumer advisory committees when it is appropriate to speak out to support L.A. Care’s members.</li> <li>• L.A. Care opened the East Los Angeles FRC a day after its last Board meeting. He described the care management services which will be located in the FRCs.</li> </ul> <p>PUBLIC COMMENT</p> <p>Ms. Cooper noted that she had asked to speak on a previous item on a motion related to sponsorship. Chairperson De La Torre indicated that he did not receive a written request for that, and she is welcome to speak about sponsorships and grants. She asked the Board to consider giving funds from the grants program to RCACs for a conference on grant funding. Ms. Cooper stated that the price of freedom is eternal vigilance. We cannot wait until something happens, but prevent it. She thanked Mr. Baackes for his report, it is important to her and she acts. As an advocate for her son, she applauds all the advocates of the world. She does not wait, she holds her representatives accountable. She encouraged others to be advocates and to carefully listen to Mr. Baackes and to Board Members.</p> |              |

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| <b>Community Health Investment Fund Report</b>                      | This agenda item was not discussed. The Community Health Investment Fund Report was included in the meeting materials. <i>(A copy of the report may be requested by contacting Board Services.)</i>   |              |
| <b>CHIEF MEDICAL OFFICER REPORT</b><br><br>Richard Seidman, MD, MPH | <p>PUBLIC COMMENT</p> <p>Ms. McFerson proposed a resource guide proposal to make it easy for L.A. Care members, seniors and disabled to look up and contact community based organizations for assistance. She wrote it in simple terms so people could understand. The guide was also color coded so it would be easy to use for residents and community based organizations in Los Angeles County. She proposed a structured plan for RCACs to reach out to the community and bring the information back to the RCAC meetings.</p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, referred to his written report <i>(a copy of the report can be requested from Board Services)</i>.</p> <ul style="list-style-type: none"> <li>• L.A. Care is close to selecting an electronic platform for the functions that were just summarized to connect members and community based organizations.</li> </ul> <p>Member Perez invited Dr. Seidman to come to an ECAC meeting to provide them with the information.</p> <ul style="list-style-type: none"> <li>• L.A. Care is one of 29 federal grantees for the Transforming Clinical Practices Initiative (TCPI). L.A. Care ranks 3<sup>rd</sup> of the 29 grantees for cost savings and ranks 1<sup>st</sup> among health plans across the nation in a measure of our ability to transform practices to higher performing and achieving better health outcomes.</li> <li>• Governor Newsom has a significant focus on health and has a particular interest in pediatric health care. He proposes to significantly expand the external accountability set. This is a set of clinical measures that health plans are accountable for. The set was expanded to more than 60 items, with a minimum performance to the 50<sup>th</sup> percentile of the national Medicaid Performance Levels. This is a very high bar. L.A. Care is preparing to work hard to meet this challenge.</li> <li>• The Health Homes initiative is a state requirement with a launch date in July, 2019. L.A. Care has been preparing for this intense case management initiative and is contracting with community based care management entities. It is expected that L.A. Care will contract with 20 or more community based care management entities. Care management staff will be in L.A. Care FRCs.</li> </ul> <p>Member Booth noted that this provides an opportunity to work on improving communication among the primary care physicians and other people caring for patients.</p> |              |
| <b>STANDING COMMITTEE REPORTS</b>                                   |   |              |

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| <b>Executive Committee</b><br>Hector De La Torre      | The Executive Committee met on February 25 and March 25 ( <i>a copy of the minutes of the meeting can be obtained by contacting Board Services</i> ). The Executive Committee approved a motion to update human resources policies.  |              |
| <b>Government Affairs Update</b><br>Cherie Compartore | <p>Cherie Compartore, Senior Director, Government Affairs, reported:</p> <p>Governor Newsom issued an Executive Order with a goal to reduce the cost of prescription drugs in government sponsored programs. The Governor’s order would make the state the single purchaser of drugs for government sponsored health care programs. The Department of Health Care Services (DHCS) wants to carve out entirely the prescription drug coverage from Medi-Cal managed care plans and move it to a fee for service program by January 2021. This includes pharmacy purchase, utilization controls, and all administrative activities.</p> <p>DHCS desires to achieve several goals with a Medi-Cal carve out:</p> <ul style="list-style-type: none"> <li>• Obtain all rebates, including supplemental rebates.</li> <li>• DHCS believes its purchasing power will enable it to achieve more savings than the managed care plans.</li> <li>• Achieve cost savings through the 340B program, potentially ending the savings that health centers and hospitals experience.</li> <li>• Create a statewide single formulary that is consistent for all Medi-Cal enrollees, regardless of the health plan in which they are enrolled.</li> </ul> <p>L.A. Care supports the state’s goal to lower pharmaceutical costs, but the Executive order for a managed care carve out could have negative impact on Medi-Cal beneficiaries with a full carve out. Plans need access to real time pharmacy data. Currently, it takes from one to three months for plans to get pharmacy data through the mental health drug carve out.</p> <ul style="list-style-type: none"> <li>• Managed care plans have extensive care coordination teams that work with physicians and pharmacists to manage pharmacy benefits to avoid harmful drug interactions, monitor opioid prescription misuse, avoid unnecessary hospitalizations and ensure that patients take their medications for chronic medical conditions.</li> <li>• Plans need real time pharmacy data to understand the needs of members enrolled in care coordination programs. L.A. Care has many members that have chronic conditions such as diabetes, asthma, cardiac illness, HIV/AIDS, and other complex conditions.</li> <li>• A carve out will negatively impact the Whole Person Care and Health Homes programs, which target fragile populations that experience homelessness, mental illness and substance abuse disorders.</li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p>According to DHCS, the proposal would not impact the current 340B managed care program until 2021. DHCS is willing to work with the health centers to find a solution that would continue to support health care services. L.A. Care is concerned that the community health centers will no longer have the means to provide services to underserved patients. The clinics rely on the 340B program savings to enhance their clinic services.</p> <p>The state likely will not achieve the savings through a carve out. The infrastructure to administer a carveout will need to be created. There is a potential negative impact to Medi-Cal enrollees and other vulnerable populations that rely on care coordination from health plans, community clinics and hospitals.</p> <p>L.A. Care staff has been meeting with the state, elected officials, Department of Finance, and other key stakeholders, independently and with our trade associations, so L.A. Care is very engaged on this issue.</p> <p>Mr. Baackes noted that this is a significant change, and L.A. Care is in an awkward spot, because it does not want to be seen as opposing a program that could result in cost savings for prescription drugs. There are other solutions to improve transparency.</p> <p>Member Powers stated that this is a huge concern for the Community Clinics Association of Los Angeles County (CCLAC). CCLAC is working closely with its state association to communicate the importance of the 340B program and the savings achieved. Savings are used to support services for community clinic patients.</p> <p>Member Ballesteros added that the association is also working on a statewide fiscal analysis. Enhanced infrastructure in health centers is funded through 340B. Member Ballesteros noted that there is a need for complex patient provider teams to join together over this issue to preserve infrastructure that allows health centers to support clinical activities and outcomes for patients.</p> <p>Mr. Baackes noted that L.A. Care is working with plan partners and trade associations to help stakeholders understand how the funding works. It is important to watch how any savings are used by the state.</p> <p>Member Booth asked if there is information that can be disseminated to explain the potential effects of this Executive Order. Mr. Baackes responded that the best thing will be to provide data to the legislature so it can intervene through the budget. Member Ballesteros noted that health centers have constructed pharmacies to better serve the patients. These will be at risk, along with the opportunity to work directly with complex patients at the clinic where they receive medical services.</p> |              |

| AGENDA<br>ITEM/PRESENTER                                      | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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| <b>Finance &amp; Budget Committee</b>                         | <p>Robert Curry, <i>Treasurer</i>, reported that the Finance &amp; Budget Committee met on February 25 and March 25 (<i>Minutes of the March meeting are available by contacting Board Services, there were no Minutes for the February 25 meeting as there was not a quorum of members at that meeting</i>). The Committee approved the following motions that do not require Board approval:</p> <ul style="list-style-type: none"> <li>• Contract amendment with MarkLogic for Total Provider Management program, and</li> <li>• Tenant improvement expenses for 5th Floor, 1200 Building.</li> </ul>   |              |
| <b>Chief Financial Officer Report</b><br><br>Marie Montgomery | <p>Marie Montgomery, <i>Chief Financial Officer</i>, reported (<i>a copy of the report can be obtained by contacting Board Services</i>):</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Membership continues to decrease each month. The decrease is likely linked to the audit findings of the discrepancies between the state Medi-Cal enrollment system and the County enrollment system. Enrollment is favorable for the month for L.A. Care Covered.</li> </ul> <p>In response to Member Curry’s question about decreased enrollment, Ms. Montgomery indicated it likely is due to the improved economy and lower joblessness, leading to fewer Medi-Cal beneficiaries.</p> <ul style="list-style-type: none"> <li>• Consolidated financial performance shows positive effects from improved claims payment results and revised rates retroactively applied to July 2018 with an update in Proposition 56 revenue.</li> <li>• Net surplus year to date is \$171 million, significantly favorable to budget mostly due to retroactive rate adjustments.</li> <li>• Administrative expenses are favorable by \$1.6 million. Information Technology labor expense is unfavorable due to maintenance and support activities, which are generally not capitalized.</li> </ul> <p>Member Jimenez asked how much of the \$171 million is related to one time cost savings. Ms. Montgomery estimated that \$70 or \$80 million reflects one time savings.</p> <ul style="list-style-type: none"> <li>• The overall medical cost ratio (MCR) is 89.8 % which is favorable to budget of 93.1%.</li> <li>• The Cash to Claims ratio will continue to be unfavorable until the In Home Supportive Services program reconciliation is complete.</li> <li>• Tangible Net Equity is at 611% of the state requirement. The updated average among health plans statewide is 600% so L.A. Care is updating its goal to that level.</li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER                                 | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN  |
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|  | <ul style="list-style-type: none"> <li>The 4+8 forecast projects a 3% decrease in membership by year-end for MCLA and Plan Partner enrollment, based on the current trend. Cal MediConnect is assuming a slight decrease in enrollment in the forecast vs. budget as the brokers ramp up activities.</li> </ul> <p>Member Jimenez asked about the projected decrease in Medi-Cal membership. Ms. Montgomery noted that L.A. Care is seeing continued decreases in membership for this year.</p> <p>Mr. Baackes noted that Health Net is also experiencing decreases in Members. Ms. Jimenez indicated that Los Angeles County Department of Public Social Services is not experiencing a decrease in case load. Mr. Baackes suggested that Ms. Jimenez meet with him to discuss the discrepancy.</p> <ul style="list-style-type: none"> <li>Some increases in administrative expenses are forecast for costs that were not anticipated in the original budget.</li> <li>The revised 4+8 forecast projects increased overall year end net surplus revenue of \$206 million.</li> </ul> <p>Ms. Montgomery presented potential risks and opportunities for surplus revenue for this fiscal year:</p> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>Improvement in claims payment continues</li> <li>Recovery activities for overpayment of claims to providers</li> <li>Improvement in rates for 2019-20</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Final reconciliation of IHSS program</li> <li>CCI risk corridor methodology</li> <li>Update in risk adjustment factor</li> </ul> <p><b><u>Motion FIN 101.0419</u></b><br/> <b>To accept the Financial Report for the period ended January and February 2019, as submitted.</b></p> | <p><b>Approved<br/> unanimously by roll<br/> call. 9 AYES</b></p> |
| <p><b>Monthly Investment<br/> Transaction Report</b></p> | <p>Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Board member review. <i>(A copy of the report can be obtained by contacting Board Services).</i> As of February 28, 2019, the market value of L.A. Care’s investments was \$1.4 billion.</p>  |   |

| AGENDA<br>ITEM/PRESENTER   | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
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|  | <p>PUBLIC COMMENT:<br/>Ms. Luckey asked if there was a breakdown of real money spent by RCAC region. Mr. Baackes indicated there is a RCAC budget, but there is not a report on expenditures for each RCAC region. Mr. Baackes responded that the MCR by itself would not provide complete information, it could be compiled on a per member per month basis.</p>   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| <p><b>Authorization to survey Family Resource Center (FRC) locations and delegation of authority to Finance &amp; Budget Committee</b></p> | <p>Lance MacLean, <i>Director, Facilities Services</i>, presented a motion requesting authority to survey the real estate market in each of the remaining 6 RCAC regions to locate a Family Resource Center (FRC). L.A. Care leadership has prioritized and approved establishing a physical presence by opening and operating FRC's in communities where large numbers of our members reside. The plan is to establish 12 FRC's in select communities to deliver integrated health education and other services in each of our defined RCAC regions. L.A. Care has opened and is currently operating six FRC's with six new FRC's to be developed over the next two years. Below are the communities and RCAC regions that L.A. Care intends to establish an FRC:</p> <p style="text-align: center;"><b>FRC Schedule</b></p> <table border="1" data-bbox="617 721 1425 1019"> <thead> <tr> <th>Year</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>Pomona (RCAC 11) * already approved</td> </tr> <tr> <td>2019</td> <td>Metro L.A. (RCAC 4)</td> </tr> <tr> <td>2019</td> <td>Long Beach (RCAC 9)</td> </tr> <tr> <td>2020</td> <td>The Westside (RCAC 5)</td> </tr> <tr> <td>2020</td> <td>San Gabriel Valley (RCAC 3)</td> </tr> <tr> <td>2020</td> <td>Gateway Cities (RCAC 7)</td> </tr> <tr> <td>2020</td> <td>South Bay (RCAC 8)</td> </tr> </tbody> </table> <p>Chair DeLaTorre informed the Board that Board Member Shapiro was incredibly excited about the new East LA FRC and possibilities for the members and for the community.</p> <p><b><u>Motion FIN 102.0419</u></b></p> <ol style="list-style-type: none"> <li><b>1. To authorize L.A. Care staff to survey the real estate market for the remaining six Family Resource Centers (FRCs) in the Regional Community Advisory Committee (RCAC) regions, negotiate lease terms and perform leasehold improvement design and construction.</b></li> <li><b>2. To delegate authority to the Finance &amp; Budget Committee approval of final lease terms and approval of capital improvement design and construction budgets.</b></li> </ol> | Year         | Location | 2019 | Pomona (RCAC 11) * already approved | 2019 | Metro L.A. (RCAC 4) | 2019 | Long Beach (RCAC 9) | 2020 | The Westside (RCAC 5) | 2020 | San Gabriel Valley (RCAC 3) | 2020 | Gateway Cities (RCAC 7) | 2020 | South Bay (RCAC 8) | <p><b>Approved unanimously by roll call. 9 AYES</b></p> |
| Year   | Location  |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2019   | Pomona (RCAC 11) * already approved   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2019   | Metro L.A. (RCAC 4)   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2019   | Long Beach (RCAC 9)   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2020   | The Westside (RCAC 5)   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2020   | San Gabriel Valley (RCAC 3)   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2020   | Gateway Cities (RCAC 7)   |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| 2020   | South Bay (RCAC 8)  |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |
| <p><b>Compliance &amp; Quality Committee</b></p>   | <p>PUBLIC COMMENT:<br/>Ms. McPerson suggested that the Compliance department make sure that seniors participate in</p>  |              |          |      |                                     |      |                     |      |                     |      |                       |      |                             |      |                         |      |                    |   |



| AGENDA<br>ITEM/PRESENTER                               | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|  | <p>all the programs. She made that suggestion and she has been taking flack for speaking up and speaking out. She wants to make sure that everyone has an opportunity to participate in the program, for the seniors, disabled or whatever race you are. The Health Promotor program was shut down. The new members are 16 Latinos and two Black people. L.A. Care has a statement on its website that it does not discriminate. But there is no diversity in the Health Promoter program. She speaks up and she received a warning letter. She had a meeting with compliance department and received a response yesterday. She read a portion of the letter regarding L.A. Care's ability to expand the Health Promoter program.</p> <p>Chairperson De La Torre asked about the warning and responded that Ms. McFerson's concerns about the warning she received from Francisco Oaxaca will be looked into.</p> <p>Ms. McFerson stated that three African American women received warnings for speaking up and speaking out.</p> <p>Chairperson De La Torre stated that L.A. Care will always draw a line on comments that are perceived to be racially focused.</p> <p>Board Member Booth, <i>Committee Chair</i>, reported that the Committee met on March 21. <i>(A copy of the minutes may be requested by contacting Board Services.)</i></p> <ul style="list-style-type: none"> <li>• Member Booth was elected the Chair of the Committee.</li> <li>• Dr. Seidman provided updates during his CMO report earlier today.</li> </ul> <p>Elysse Palomo, <i>Director of Regulatory Affairs</i>, reported on the 2018 CMS Program Audit</p> <ul style="list-style-type: none"> <li>• L.A. Care received a score of 1.93 (0 is the best score possible).</li> <li>• Findings during the audit included misclassification of coverage determinations, appeals and grievances, inappropriate denials, denial letter language, grievance resolution letters, and misclassification of service authorization requests. There were 218 members affected and L.A. Care was fined \$200 for each, resulting in a \$43,600 fine.</li> </ul> <p>L.A. Care is conducting ongoing monitoring and remediation of these findings. The Committee received and approved the 2018 Quality Improvement Program Annual Report and Evaluation and 2019 Program description and work plan.</p> |              |
| <b>ADVISORY COMMITTEE REPORT</b>                       |  |              |
| <b>Children's Health Consultant Advisory Committee</b> | <p>Dr. Seidman reported that the Children's Health Consultant Advisory Committee (CHCAC) met on March 19.</p> <ul style="list-style-type: none"> <li>• The CMO report was presented at the CHCAC meeting.</li> </ul>   |              |

| AGENDA<br>ITEM/PRESENTER    | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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| Richard Seidman, MD,<br>MPH | <ul style="list-style-type: none"> <li>• Aligned with the Governor’s health agenda and pushed further by recent legislative audit findings, the Department of Health Care Services (DHCS) hosted a call with all of the Medi-Cal Managed Care Plans earlier this month to announce an increased focus on pediatric screening and adult and pediatric prevention services.</li> <li>• The Board discussed earlier in this meeting about the Governor’s proposal to manage pharmacy benefits at the state level. L.A. Care is working with clinic and pharmacy networks to ensure that there are no unintended consequences.</li> <li>• In February 2019, the Quality Performance Management team hosted an onsite HEDIS compliance audit by NCQA and the state. L.A. Care passed all phases of the audit. Results will be reported when available.</li> </ul> <p>PUBLIC COMMENT</p> <p>Nesima Estrefi, <i>CCI 4 Chair</i>, stated that womens and children’s health are both very important things, and asked what about the teenagers.</p> <p>Dr. Seidman responded that the CHCAC often discusses adolescent health. Many of the measures included in the existing external accountability set and the new additional measures are focused on adolescents. A lot of time was spent at the last meeting about how to improve screening for sexually transmitted infections. Another item in the written CMO report today is the effort to help with the transition to adult medical care for children who age out of pediatric medical care.</p> |              |
| <b>PUBLIC COMMENT</b>       | <p>Ms. Luckey commented that the Chair was about to admonish her earlier. She stated if one puts in a public comment card ahead of time, how can they actually have input into the discussion that’s going on, especially if public comment is before any of the discussion.</p> <p>Chairperson De La Torre responded that is the way the Ralph Brown Act works. He’s been doing this for over 20 years now, working under these rules, and that’s the way the rules are laid out. The idea is to have people be able to comment about a subject, not necessarily about the debate or discussion that takes place among the body in front of them, whether it is a city council or county supervisors meeting. Any public entity in the state of California is able to have their discussion, their debate, after the public has given their input. The idea is that the public has given input that the Board hears before they have a debate. It’s not meant to be an ongoing back and forth between the board and the public. That’s not the point of that structure. The point is for decision makers to make decisions with input from the public.</p> <p>Ms. Luckey noted that that’s a great explanation for everybody else in the room. She is intimately familiar with the Brown Act, being an elected government official. At least when a</p>   |              |

| AGENDA<br>ITEM/PRESENTER  | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|   | <p>motion is put forward, it is seconded, then in the course of things public comment is required, then board discussion would be required, and then vote. That's her understanding of how things are to happen. Since a lot of this stuff did not fall under a motion she can understand where he is coming from as well. She wanted to make that clarification.</p> <p>Recently L.A. Care signed a contract with UCLA, and Ms. Luckey commented on an event planned as a protest because Dignity Health, a Catholic Charities organization is partnering with UCLA Health. Because of its religious beliefs, Dignity denies services for women's reproductive rights and services for transgender people. She asked about L.A. Care's relationship with Dignity and as L.A. Care has a relationship with UCLA, it could undermine what L.A. Care stands for.</p> <p>Mr. Baackes responded that he doesn't have details about the upcoming event. There are four Dignity hospitals in Los Angeles and L.A. Care contracts with three of them: California Downtown, Long Beach and Glendale. In those contracts, L.A. Care members are protected from discrimination in health care access. Mr. Baackes does not know about the partnership between UCLA and Dignity. L.A. Care members are protected against any discrimination in services provided.</p> <p>Russel Mahler, <i>RCAC 1 Chair</i>, thanked Mr. Baackes for his report on CTC. He has seen the vans in the Antelope Valley recently. He also thanked L.A. Care for 20 years of service through the RCACs. He thanked the Board for letting the public come and speak on their health issues.</p> <p>Ms. Lowery stated that she went through so many hurdles but finally found an advocate that helped her. The advocate connected her to a case manager that really did a professional job. She is pleased with the assistance from a case manager nurse. She thanked the Board for letting her speak.</p> |              |
| <p><b>ADJOURN TO<br/>CLOSED SESSION</b></p> <p>Hector De La Torre</p> | <p>Ms. Haydel announced the following items to be discussed in closed session. A motion will be considered in open session after this closed session. The Board adjourned to closed session at 5:10 p.m.</p> <p><b>CONTRACT RATES</b><br/>Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> <li>• Plan Partner Services Agreement</li> </ul>  |              |

| AGENDA<br>ITEM/PRESENTER                    | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|   | <p>REPORT INVOLVING TRADE SECRET<br/>Pursuant to Welfare and Institutions Code Section 14087.38(n)<br/>Discussion Concerning new Service, Program, Business Plan<br/>Estimated date of public disclosure: <i>April 2021</i></p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS<br/>Section 54956.8 of the Ralph M. Brown Act<br/>Property: 3101 W. Pico, Los Angeles, CA. 90019<br/>Agency Negotiator: John Baackes<br/>Negotiating Parties: Eurostar, Inc. DBA (“WSS”), William Argueta<br/>Under Negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION<br/>Pursuant to Section 54956.9 (d) (2) of the Ralph M. Brown Act<br/>Two potential cases</p> <p>PEER REVIEW<br/>Welfare &amp; Institutions Code Section 14087.38(n)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION<br/>Section 54956.9(d)(1) of Ralph M. Brown Act<br/>Case name is unspecified - disclosure of the case name would jeopardize service of process</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION<br/>Section 54957 of the Ralph M. Brown Act<br/>Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR<br/>Section 54957.6 of the Ralph M. Brown Act<br/>Agency Negotiator: Hector De La Torre<br/>Unrepresented Employee: Chief Executive Officer</p> |              |
| <p><b>RECONVENE IN<br/>OPEN SESSION</b></p> | <p>The Board reconvened in open session at 6:12 p.m. There was no report from the closed session.</p>  |              |

| AGENDA<br>ITEM/PRESENTER                                | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN                              |
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| Consideration of Chief Executive Officer's Compensation | <p><b>Motion BOG 101.0419</b></p> <p>To approve the payment of the following compensation amounts for Chief Executive Officer, John Baackes:</p> <ol style="list-style-type: none"> <li>1. A salary increase of 8% of base salary for a total base salary of approximately \$598,417.93.</li> <li>2. A performance based incentive opportunity for the performance period of October 1, 2017 thru March 22, 2018 of 35 %, and</li> <li>3. A performance based incentive opportunity for the performance period of March 23, 2018 thru March 22, 2019 of 50 % (adjusted by 10% similarly as other executives for the same period [ 45% *]).</li> </ol> <p>*Phrase in parentheses was added for clarity.</p> | Approved unanimously by roll call. 9 AYES |
| ADJOURNMENT   | The meeting was adjourned at 6:13 p.m.   |   |

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*  
Malou Balones, *Senior Board Specialist*  
Victor Rodriguez, *Board Specialist*

APPROVED BY:

\_\_\_\_\_  
Layla Delgado-Gonzalez, *Board Secretary*  
Date Signed \_\_\_\_\_


**APPROVED**

| AGENDA<br>ITEM/PRESENTER                                | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN                              |
|---|---|---|
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APPROVED BY:

  
 Layla Delgado-Gonzalez, *Board Secretary*  
 Date Signed 5/2/19

**APPROVED**