

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – March 11, 2020

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Staff
<p>Russell Mahler, <i>RCAC 1 Chair</i>  Estela Lara, <i>RCAC 2 Chair</i>  Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i>  Silvia Poz, <i>RCAC 4 Chair *</i>  Rachel Rose Luckey, <i>RCAC 4 Vice-Chair *</i>  Maria Sanchez, <i>RCAC 5 Chair</i>  Andria McFerson, <i>RCAC 6 Chair *</i>  Maria E Nunez, <i>RCAC 6 Vice-Chair</i>  Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i>  Ana Romo, <i>RCAC 8 Chair</i>  Tonya Byrd, <i>RCAC 9 Chair</i>  Damares O Hernández de Cordero, <i>RCAC 10 Chair</i>  Maria Angel Refugio, <i>RCAC 11 Chair</i>  Lluvia Salazar, <i>At-Large Member</i>  Deaka McClain, <i>At Large Member</i></p> <p><i>* Excused Absent    ** Absent</i>  <i>*** Via teleconference</i></p>	<p>Maria Adela Torres-Guadarrama, <i>RCAC 1</i>  Demetria Saffore, <i>RCAC 1</i>  Wilma Ballew, <i>RCAC 2</i>  Janet Henderson, <i>RCAC 2</i>  Daniel Kwong, <i>RCAC 3</i>  Fung Ha Leung Kwong, <i>RCAC 3</i>  Phyllis Coto, <i>RCAC 4</i>  Lynnea Johnson, <i>RCAC 5</i>  Esther Rivas, <i>RCAC 6</i>  Dalia Cadena, <i>RCAC 7</i>  Higinio Carrillo, <i>RCAC 8</i>  Dorothy Lowery, <i>RCAC 8</i>  Cristina Deh-Lee, <i>RCAC 9</i>  Ana Rubio, <i>RCAC 10</i>  Mary Jackson, <i>Public</i></p> <p>Eduardo Kogan, <i>Interpreter</i>  Ruth Nuno, <i>Interpreter</i>  Ivan Ho, <i>Interpreter</i></p>	<p>Hilda Pérez, <i>Member, Board of Governors ***</i>  John Baackes, <i>Chief Executive Office, L.A. Care</i>  Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>  Marina Acosta, MPH, <i>Program Director of Health Equity, Health Services</i>  Shavonne Caldwell, <i>Community Outreach Liaison, CO&amp;E</i>  Kristina Chung, <i>Community Outreach Field Specialist, CO&amp;E</i>  Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>  Auleria Eakins, <i>Manager, CO&amp;E</i>  Hilda Herrera, <i>Community Outreach Liaison CO&amp;E</i>  Dania Jacob, <i>Department Assistant, CO&amp;E</i>  Nicole Justo, <i>Community Outreach Liaison, CO&amp;E</i>  Sal Lanniello, <i>Programs &amp; Initiatives Manager, Customer Solution Center</i>  Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i>  Candace Nafissi, <i>Communications and Community Relations Specialist III, Communications Department</i>  Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>  Cindy Pozos, <i>Community Outreach Liaison, CO&amp;E</i>  Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&amp;E</i>  Jackie Tham, <i>Senior Director, Customer Solution Center</i>  Victor Rodriguez, <i>Board Specialist, Board Services</i>  Martin Vicente, <i>Community Outreach Field Specialist, CO&amp;E</i></p>

The audio recording of the March 11, ECAC meeting was unavailable for review during the writing of these minutes.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Fatima Vazquez, <i>ECAC and RCAC 7 Chair</i> , called the meeting to order at 10:03 a.m. and she reviewed the meeting rules.	

<p><b>APPROVE MEETING AGENDA</b></p>	<p>Ms. Vazquez stated that John Baackes, <i>CEO</i>, will present both of his agenda items simultaneously.</p> <p>Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>, stated that Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, would be presenting during the Communications and Community Relations update.</p> <p>The Agenda for today’s meeting was approved as amended.</p>	<p><b>Approved unanimously. 12 AYES</b> (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, Nunez, Poz, Refugio, Russel, Salazar, Sanchez, and Vazquez)</p>
<p><b>APPROVE MEETING MINUTES</b></p>	<p><b>The February 12, 2020 meeting minutes were approved as submitted.</b></p>	<p><b>Approved unanimously. 12 AYES</b></p>
<p><b>STANDING ITEMS</b></p>		
<p><b>ECAC CHAIR REPORT</b></p> <p>Fatima Vazquez</p>	<p>Ms. Vazquez presented the following motion for consideration:</p> <p><b>To recommend the approval of Dina Lucha RCAC 5, Maria de Lourdes Flores RCAC 7, Gisela Brigido RCAC 10, Nereyda Ibarra RCAC 10 as members of the Regional Community Advisory Committees (RCAC).</b></p>	<p><b>Approved unanimously. 12 AYES</b></p>
<p><b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b></p> <p>John Baackes</p>	<p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> <li>• Dr. Seidman will join the meeting later to speak about COVID-19.</li> <li>• L.A. Care currently is not been impacted by COVID-19. Most of the calls received related to COVID-19 are members asking for advice.</li> <li>• It will be an interesting year in the future due to the election in November, the State legislative agenda, the expansion of Medi-Cal coverage to undocumented seniors and undocumented young adults. Since January 1, one thousand newly-eligible young adults have enrolled into Medi-Cal. This is encouraging, because they have not been dissuaded due to the Public Charge Rule. L.A. Care is prepared for this new enrollment.</li> <li>• Governor Gavin Newsom is proposing to take the pharmacy benefit out of the benefit package and set up a free standing pharmacy “carve out.” Pharmacy funds would not come to L.A. Care anymore. L.A. Care is opposed to this change, because it is disintegrated care. L.A. Care would no longer have access to member’s prescription data and this would cause continuity of care issues. L.A. Care is working with the state to minimize the potential impact as much as possible. The State would recreate bureaucracy and would have to negotiate the pharmacy prices. There was a study by L.A. Care on other states that have done this, which found that this proposal would spend more money not less. Other states went back to allowing the plans to negotiate instead of the state. This would take effect January 21, 2021. L.A. Care will provide more updates as they become available.</li> </ul>	

<p><b>COMMUNICATION AND COMMUNITY RELATIONS UPDATE</b></p> <p>Francisco Oaxaca</p>	<p><i>(Ana Romo, RCAC 8 Chair joined the meeting)</i></p> <p>Mr. Oaxaca reported:</p> <ul style="list-style-type: none"> <li>• Dan Salo, <i>Senior Director, Medicare and Cal-MediConnect Operations</i>, will present information to ECAC in June regarding an issue that L.A. Care members are receiving calls to change insurance companies.</li> </ul> <p><u>Request for Upright Walkers</u>  Your Primary Care Physician will give you a referral if you meet the medical criteria to receive a walker. Once a referral is given, you should receive authorization within five days. You have the right to file a grievance if your claim is denied, and you have the right to appeal the denial.</p> <p><u>Events</u>  March 29 - Telemundo Health Fair Los Angeles Convention Center - 10am-5pm  March 14 - LAC &amp; USC Health Fair- The Wellness Center - 11:00am - 2:00pm</p> <p><u>Upcoming Presentations to ECAC</u>  April ECAC</p> <ul style="list-style-type: none"> <li>• Denti-Cal</li> <li>• Call the Car</li> </ul> <p>May ECAC</p> <ul style="list-style-type: none"> <li>• Newly Reinstated Medi-Cal Benefits for 2020</li> <li>• Lead Screening</li> </ul> <p>June ECAC</p> <ul style="list-style-type: none"> <li>• Presentation on member recruitment from Dan Salo</li> </ul> <p>Mr. Oaxaca introduced Richard Seidman, MD MPH, <i>Chief Medical Officer</i>.</p> <p>Dr. Seidman gave a report on the new novel coronavirus, (COVID-19).</p> <ul style="list-style-type: none"> <li>• The World Health Organization (WHO) declared COVID-19 a global pandemic, meaning there is active transmission globally.</li> <li>• Cases and deaths have increased. As of yesterday there are 17 known cases in Los Angeles County. There are undoubtedly more cases that have not been diagnosed. 80% of people infected worldwide are mild cases, however, there have been 4,000 deaths worldwide.</li> <li>• Older adults with chronic conditions such as diabetes, heart disease, and lung disease are most at risk for serious infection and death. In Los Angeles County there is one of case community infection to a person who has not visited another country or traveled with someone who has been in another country.</li> </ul>	
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- He advised members to limit travel and limit time spent in large gatherings. Many concert and music festivals have been cancelled.
- 650 COVID-19 cases in the U.S.
- In contrast, the influenza season is beginning, and as of now there are 15 million influenza cases and 20,000 deaths. The seasonal influenza is very serious and real, and the new virus has infected fewer people.
- Masks are not necessary and not recommended for people who are not sick. It is not recommended by any health authorities. Health care workers are at a high risk of exposure and will use masks.
- He advised that if people are sick to please stay home, and do not go into public areas unless it is necessary.
- There is no vaccine and treatment for COVID-19 is through supportive care such as mechanical breathing machines.
- Stay as healthy as possible with good eating, drinking, sleeping and hygiene habits. Wash your hands frequently for 20 seconds at a time.
- Do not travel to countries with high rate of infection such as China, Iran and South Korea, and avoid ocean cruises.
- He stressed that if people feel sick or have flu like symptoms, to please stay home and avoid putting others at risk.
- L.A. Care members are encouraged to call the nurse advice line if they need advice 24 hours a day. Members are also able to speak to a doctor through Telehealth. Members can use Telehealth to speak to a licensed doctor that can establish a diagnosis and provide health advice and write prescriptions as necessary. The link can be found on the L.A. care website. Members can register online or schedule an appointment.

Estela Lara, *RCAC 2 Chair*, thanked Dr. Seidman for his update on COVID-19. She asked if Telehealth will send a report to the member's Primary Care Physician (PCP). Dr. Seidman responded that the health professional will fax a report to the member's PCP and can also prescribe medication. He is not sure of the timeframe, but it should be done quickly. It is not designed to replace the member's PCP; it is designed as an option aside from (in-person) urgent care visit.

Deaka McClain, *Member At-Large*, is concerned that there might be a language barrier when members call in. Dr. Seidman responded that Teledoc contracts with individual doctors that are licensed, and there is access to interpretation services. For visually impaired or blind members, most people choose to only do audio and no visual. If it is not possible, a face to face PCP visit may be more appropriate.

	<p>Tonya Byrd, <i>RCAC 9 Chair</i>, asked about the meaning of self-quarantine. Dr. Seidman responded that people who have visited countries such as China must remain home for 14 days to avoid the risk of infecting others. He stated that currently there is no widespread infection in Long Beach.</p> <p><u>PUBLIC COMMENT</u></p> <p>Phyllis Coto, <i>RCAC 4 Member</i>, stated that some people have said that COVID-19 might have come from animals. Medical researchers have tested animals for the virus. Dr. Seidman responded that the virus has been thought to have originated from an animal source such as a bat. Ms. Coto asked Dr. Seidman if the virus will come back after it is gone. He responded that he does not have that information.</p> <p>Cristina Deh-Lee, <i>RCAC 9 Member</i>, asked why are people only being quarantined for 14 days. She stated that if people are sent home they are putting their families at risk.</p> <p>Janet Henderson, <i>RCAC 2 Member</i>, asked Dr. Seidman if he believes people should be hoarding water and other items. She asked if he thinks people are overreacting. Dr. Seidman stated that people should be sensitive to others. Dr. Seidman noted that people always want to blame someone. It is not isolated to a single type of person in any part of the world. Viruses do not care who the person is. He advised members to cancel travel plans.</p>	
<p><b>GLOBAL MEMBER ISSUES</b></p>	<p>In a previous meeting Rachael Luckey, <i>RCAC 4 Vice Chair</i>, stated RCAC 1 is impacted by the closing of the Antelope Valley Hospital. She proposed that ECAC create a motion so that L.A. Care can do something to assist.</p> <p>Mr. Oaxaca stated that the state informed the hospital current hospital does not meet California's earthquake safety standards and if it is not replaced by 2025, the Antelope Valley Health Care District will have no choice but to close the hospital. The Antelope Valley Healthcare District Board of Directors recently approved a resolution to ask voters for up to \$350 million to help finance the new hospital. That initiative appeared on last week's ballot and as ballots are being counted, it has not yet achieved the necessary support from voters.</p> <p>Russel Mahler, <i>RCAC 1 Chair</i>, stated the Antelope Valley General Hospital will be closing if nothing is done.</p>	
<p><b>OLD BUSINESS</b></p>		

<p><b>L.A. CARE MEMBER TRANSPORTATION UPDATE</b></p> <p>Jackie Tham Sal Iannello</p>	<p>Jackie Tham, <i>Senior Director, Office of Customer Solution Center (CSC) Excellence</i>, and Salvatore Iannello, <i>CSC Programs and Initiatives Manager II, Office of CSC Excellence</i>, gave a presentation on L.A. Care’s January 2020 transportation costs (<i>A copy of the presentation can be obtained from Board Services</i>):</p> <p><u>January 2020 Report</u></p> <p>Total No Shows: 11,699</p> <ul style="list-style-type: none"> <li>• Lyft (No Shows): 8,460</li> <li>• Other (No Shows): 3,239</li> </ul> <p>94% of all No Shows are L.A. Care Medi-Cal members</p> <ul style="list-style-type: none"> <li>• Lyft (Medi-Cal members): 92.9% 7858</li> <li>• Lyft (Cal MediConnect members): 7.1% 602</li> </ul> <p>Total No Show cost for January: \$84,600</p> <p>Remediation Efforts:</p> <ul style="list-style-type: none"> <li>• Daily appointment reminder Robo- call</li> <li>• Daily text message appointment reminder</li> <li>• Daily No Show Robo-call</li> <li>• Launch of CTC Go mobile app – cancellation option</li> <li>• Health Navigator Outreach Campaign</li> </ul> <p><i>(ECAC Members were given instructions on how to download the Call the Car mobile phone application.)</i></p> <p>Ms. Lara asked if there is a list of reasons why members are not cancelling their ride request. Mr. Iannello responded that sometimes members forget that they have an appointment.</p> <p>Ms. Byrd asked, if members have a more serious case, is there transportation that is not for an emergency but is more immediate? Mr. Iannello responded that members can call in to request immediate transportation, but that may not always be accommodated.</p>	
<b>NEW BUSINESS</b>		
<p><b>MEDICARE FOR ALL</b></p> <p>John Baackes</p>	<p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> <li>• L.A. Care adopted a 2020 Federal legislative agenda. Currently, there are a few federal proposals. L.A. Care supports proposals that support Medi-Cal members and providers.</li> <li>• The reason L.A. Care has not backed Medicare for All is that there are many missing details in the legislative proposal which are not addressed. The lack of detail has</li> </ul>	

kept L.A. Care from fully endorsing Medicare for All. He stated that the ECAC could discuss the topic if desired.

- Senator Bernie Sanders' plan is the most comprehensive.
- Mr. Baackes visited eight other countries where single payer systems are in place. Other countries do not cover everything. People must figure out how to pay the rest of what is not covered themselves.
- Things related to cost are that plans are premediated on Medicare rates. Commercial insurance pays providers up to 150% of what Medicare pays for services. Depending on the service and the coverage, the payout will be different.
- Medi-Cal is paying 50% of what Medicare pays. Doctors who see Medi-Cal patients will say they are losing money.
- The U.S. spends 8.3% on health care administration while other countries spend on average 5.9% on administration.
- Medicare for All is being proposed as a fee-for-service system. L.A. Care has been trying to move away from fee-for-service claims, because we know many ways that the system can be abused.
- Medicare and Medicaid are not fully operated by the government. More people are on Medicare Advantage plans. Medicaid is available in all 50 states.

Ms. McClain thanked Mr. Baackes for his report and asked if people with special needs will be protected. She would like to know if he is willing to advocate for that. Mr. Baackes agreed with Ms. McClain and stated that he would advocate for people with special needs.

*(Rachel Rose Luckey, RCAC 4 Member, joined the meeting.)*

Ms. Luckey thanked Mr. Baackes for being very well educated on his statements. It seems that it might be possible for L.A. Care's Board to take a position on the overall idea of Medicare for All with some contingencies. She asked Mr. Baackes what changes need to be made to the proposal so that L.A. Care can back it. Mr. Baackes responded that the board has not been asked to take a position on Medicare for All.

Ms. Luckey stated that she would like ECAC to have that conversation.

Mr. Baackes noted that there is no conflict with L.A. Care's Mission Statement and backing Medicare for All. He is concerned about the details of a proposal.

#### PUBLIC COMMENT

Demetria Saffore, *RCAC 1 Member*, asked Mr. Baackes if L.A. Care can broaden Community Health Workers collaboration with community-based organizations.

	<p>Mr. Baackes stated that he hopes one day L.A. Care will include looking at social determinants of health when addressing member health issues. L.A. Care would like to be an agent to connect eligible members with needed social services. The goal is to open access to social service agencies at L.A. Care’s Family Resource Centers and Community Resource Centers.</p> <p>Dorothy Lowery, <i>RCAC 8 Member</i>, asked Mr. Baackes if Medicare for All will cover illegal immigrants. Mr. Baackes responded that it will be universal coverage. Ms. Lowery stated that it is unfair, because her dental services were cancelled. She asked who would pay for the services. Mr. Baackes responded that the tax payers would pay.</p> <p>Ms. Deh-Lee stated that even if the federal government cuts California’s funding, it will still be well off. She stated that California is pretty well funded on its own. She asked if it would be easier if California made the decision for itself. She noted that there are many undocumented immigrants that do not have coverage. Mr. Baackes responded that there is a commission of 13 people to recommend ways to achieve a single payer health care system in California. Vermont decided 10 years ago that they would have their own health care system, but then realized it would be too costly.</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs, Government Affairs</i>, stated that California has taken steps toward universal coverage.</p> <p>Lluvia Salazar, <i>Member At-Large</i>, thanked Mr. Baackes and stated that she would like ECAC to know that illegal immigrants use ITIN to work and also pay taxes at a higher rate than citizens. Illegal immigrants also do not qualify for tax credits.</p> <p>Mr. Baackes stated that she is correct. Many people are unaware that illegal immigrants pay taxes.</p>	
<p><b>HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH</b></p> <p>Marina Acosta, MPH</p>	<p>Marina Acosta, <i>MPH, Director of Health Equity</i>, presented information on <i>Health Equity and Social Determinants of Health (A copy of the presentation can be obtained from CO&amp;E.)</i>.</p> <p>She shared an informational video on Health Equity. Link: <a href="https://www.youtube.com/watch?v=vIVZKZNXyBA">https://www.youtube.com/watch?v=vIVZKZNXyBA</a></p> <p>She stated that the World Health Organization defines equity as everyone having “a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.”</p> <p>Health equity is the ethical and human rights principle that motivates us to eliminate health disparities. Health equity aligns with L.A. Care’s mission. Other health plans and state agencies also think that addressing health equity should be important.</p> <p>There are many possible causes for these health disparities, including:</p>	



	<ul style="list-style-type: none"> <li>• Foundational factors, low socioeconomic status and low educational attainment,</li> <li>• Systematic reasons such as institutional biases</li> <li>• Poor provider and staff communication to patients</li> <li>• Poor health literacy and implicit/unconscious bias</li> </ul> <p>L.A. Care efforts to address health equity include:</p> <ul style="list-style-type: none"> <li>• Interpreting services and culturally sensitive translation of member materials</li> <li>• Diverse provider network to meet needs of members</li> <li>• Population and region focused health management programs</li> <li>• Focus on social determinants of health</li> <li>• Continue to expand the Elevating the Safety Net Program</li> <li>• Employee training for implicit bias</li> <li>• Member advocacy days</li> <li>• Family/Community Resource Centers activities</li> <li>• Los Angeles Homeless Health Summit</li> </ul> <p>Ms. McClain thanked Ms. Acosta for her presentation and stated that having to go through a medical group for authorizations can be a big disparity. Ms. Acosta responded that Mr. Baackes is working on creating a direct network so that members do not have to receive authorizations through a medical group.</p>	
<p><b>FUTURE AGENDA ITEMS</b></p>	<p>Ms. Luckey stated that agenda item on Medicare for All was skipped. Ms. Vazquez stated that Mr. Baackes reported on both of his agenda items simultaneously. Ms. Vazquez explained that Ms. Luckey arrived after the approval of the agenda and was not aware that the agenda was amended to allow Mr. Baackes to cover both of his agenda items.</p> <p>Ms. McClain asked if the discussion about raising the stipend take place at the next meeting.</p> <p>Maria Nunez, <i>RCAC 6 Vice Chair</i>, stated that RCAC 6 discussed the raising of the stipend in the month of February. She asked if the discussion will continue in the future at ECAC.</p>	
<p><b>PUBLIC COMMENT</b></p>	<p>Ms. Lowery stated that she did more research about dental services. She noted that she had to sign up with a different Liberty plan. Medi-Cal recipients need to call a specific number to enroll in dental services.</p>	

	Ms. Coto stated that it would be very important that ECAC have a presentation on mental health. She would like to know what type of services L.A. Care offers to members with mental health disabilities.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 12:49 p.m.	

**RESPECTFULLY SUBMITTED BY:**

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

**APPROVED BY**

Fatima Vasquez, *ECAC Chair*

Date \_\_\_\_\_

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 Malou Balones, *Board Specialist III, Board Services*  
 Linda Merkens, *Senior Manager, Board Services*

**APPROVED BY**



Cynthia Contreas Wood, *ECAC Chair*

Date 6-24-2000