



L.A. Care
HEALTH PLAN®

For All of L.A.

EXECUTIVE COMMITTEE MEETING

Board of Governors

April 27, 2020 • 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997



AGENDA
Executive Committee Meeting
Board of Governors

Monday, April 27, 2020, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, 1st Floor, Los Angeles

DRAFT

California Governor issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order No. 33-20, ordering all residents to stay in their homes, except for specific essential functions. Accordingly, members of the public should now participate in this meeting via teleconference as follows:

Teleconference Call-In Information/Site

Call (844) 907-7272 or (213) 438-5597
Participant Access Code #73259739

Members of the Executive Committee or staff may also participate in this meeting via teleconference. *The public may listen to the Executive Committee’s meeting by teleconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628 6420.*

The text, voicemail, or email should indicate if you wish to be identified or remain anonymous, and should also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 1:00 pm on April 27, 2020 will be provided to the members of the Board of Governors that serve on the Executive Committee. Public comments submitted within this timeframe shall be read for 3 minutes into the record.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (“ADA”) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME

Hector De La Torre, *Chair*

- 1. Approve today’s meeting Agenda *Chair*
- 2. Public Comment *Chair*
- 3. Approve March 23, 2020 Meeting Minutes p.3 *Chair*
- 4. Chair’s Report *Chair*
- 5. Chief Executive Officer Report John Baackes
 - 2nd Quarter Progress Report p.16 *Chief Executive Officer*

COMMITTEE ITEMS

- 6. Government Affairs Update Cherie Compartore
Senior Director, Government Affairs
- 7. Revise 2020 Board & Committee Meeting Schedule **(EXE 100)** p.31 Linda Merkens
Senior Manager, Board Services

DRAFT

8. Annual Disclosure of Broker Fees p.33

Terry Brown
Chief Human Resources Officer

9. Authorization of Expenditures for existing programs under the Elevating the Safety Net (ESN) Initiative **(EXE 101)** p.35

John Baackes

ADJOURN TO CLOSED SESSION (Est. time: 30 mins.)

Chair

10. **CONTRACT RATES**

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

11. **REPORT INVOLVING TRADE SECRET**

Pursuant to Welfare and Institutions Code Section 14087.38(n)

Discussion Concerning New Service, Program, Business Plan
Estimated date of public disclosure: *April 2022*

12. **CONFERENCE WITH REAL PROPERTY NEGOTIATORS**

Pursuant to Section 54956.8 of the Ralph M. Brown Act

Property: 11725 Rosecrans Ave., Norwalk, CA. 90650

Agency Negotiator: John Baackes

Negotiating Parties: Hekmatravan Family Norwalk, LLC, and Levian Family Norwalk, LLC.

Under Negotiation: Price and Terms of Payment

13. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act
One Potential Case

RECONVENE IN OPEN SESSION

ADJOURN

Chair

The next Executive Committee is scheduled on Tuesday, May 26, 2020 at 2:00 p.m.

Please keep public comments to three minutes or less.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Government Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH MONDAY OF MOST MONTHS AT 2:00 P.M. POSTED AGENDA and MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT www.lacare.org.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available at www.lacare.org.

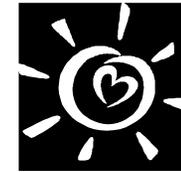
AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – March 23, 2020

1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Robert H. Curry, *Treasurer ***
 Layla Gonzalez, *Secretary*
 Stephanie Booth, MD
 Hilda Perez

**Absent*

Management/Staff

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

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order for L.A. Care Executive Committee and L.A. Care’s Joint Powers Authority Executive Committee at 2:17 p.m. The meetings were held simultaneously.</p> <p>He welcomed everyone to the meeting and invited the members of the Committee, staff and guests to introduce themselves.</p> <p>Chair De La Torre summarized the process for this teleconference meeting as reflected on the meeting agenda.</p> <ul style="list-style-type: none"> Public comments received by voicemail, email or text received by 2pm today were provided to the Executive Committee members. Public comments will be read for 3 minutes during the meeting. Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved unanimously by roll call. 4 AYES (Booth, De La Torre, Gonzalez, and Perez)
PUBLIC COMMENTS	<p>(Copy of text message received March 20, 2020)</p> <p>This is a documented message from Carolyn Navarro, mother of Synermed victim Vanessa Navarro, today 3-20-2020 I observed at your website that my 6 minutes of public comment at you Feb 6 2020 board meeting are not listed at your site but you have all of your other minutes listed from the past 1.5 year a least, seeing "Achievamed " pasted onto the old Synermed site and them being located at the same address with same employees gives me good cause to believe they are the same people who repackaged themselves and it's a slap in the face of the victims I keep locating ! I also saw them as co-defendants in a whistleblower lawsuit where the plaintiff says she was told to keep falsifying records AFTER the DMHC cease and decist. I intend to follow up on this regarding my Brown Act and commenting against a non profits rights. YOU are the bad people not me, I'm a mother who was and has been pushed too far and isn't taking your crap!</p> <p>https://en.m.wikipedia.org/wiki/Brown_Act</p> <p>(Photos of LA Care Board pg today 3-20-2020)</p> <p>If Achievamed is so kosher they should welcome my questions, I called them and asked if they service Blue Shields "promise plan" and the agent refused to tell me acted defensive, I asked promise plan if they use Achievamed and they would not tell me, that doesn't sound like companies with a fiduciary / ethical duty to Medi-Cal recipients.</p> <p>Chair De La Torre Hector noted that L.A. Care is not those entities.</p> <p>John Baackes, <i>Chief Executive Officer</i>, noted that L.A. Care never had a contract with Synermed. L.A. Care Plan Partner Care 1st (later renamed Blue Shield Promise Health Plan) had some L.A. Care members who had selected primary care physicians that used Synermed as a management services organization (MSO).</p>	
APPROVE MEETING MINUTES	The minutes of the February 24, 2020 Executive Committee and the Finance & Budget Committee meetings were approved, as submitted.	Approved unanimously by roll call. 4 AYES

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CHAIRPERSON'S REPORT	Chair De La Torre thanked all staff for their work under these extraordinary circumstances.	
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported</p> <ul style="list-style-type: none"> • L.A. Care's workforce is working remotely. Approximately 4.5% are working on site. • Metrics are being met for responding to member calls, claims payment timeliness, utilization management, and care management. • Mr. Baackes complimented Information Technology staff for their quick response and continuing support for remote staff connectivity. <p><i>(Member Curry joined the meeting.)</i></p> <ul style="list-style-type: none"> • L.A. Care is working with the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC) and the Los Angeles County Department of Health Services (DHS); as well as with hospital providers, the Community Clinics Association of Los Angeles County, and the Federally Qualified Health Clinics to continue access to quality health care services for members. • Hospitals are creating bed capacity. The Department of Public Health is providing a daily update on bed availability. • We have yet to see a surge in hospital admittance as has been experienced in New York City and Seattle. • L.A. Care is working on sourcing personal protective equipment (PPE) and ventilator availability and has successfully procured masks today for health care workers. • L.A. Care is also helping to source childcare services for clinic workers. • St. Vincent Hospital in Los Angeles has been leased by the state of California to increase available hospital beds. Work to provide staff for the facility is under way. • L.A. Care is lobbying for sufficient financing for Medicaid beneficiaries and the safety net providers who serve them. Staff is working with national health plan trade associations to keep this topic on the legislative agenda and working on creative financing options. • L.A. Care is communicating with employees through daily updates from the CEO, CMO and communications department, and a personal email from the CEO. Staff is responding positively. Mr. Baackes has asked staff to develop a post-pandemic work from home policy. • L.A. Care is well positioned for the long run 	

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	<p>Member Booth asked about requirements for productivity of working remotely, and the cost savings for L.A. Care. Mr. Baackes responded that L.A. Care has been measuring productivity, claims volume is the same, incoming calls to customer service are being answered quickly. Mr. Baackes noted that he does not know what to expect, and there may be a drop off in productivity.</p> <p>Member Perez asked if there has been any relaxing in regulations because of the crisis. Mr. Baackes responded that L.A. Care is maintaining all standards. There has been a remarkable temporary regulatory change to allow payment of claims for telemedicine visits. This may result in a permanent change.</p> <p>Member Perez asked about the Nurse Advice Line (NAL). Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, noted that use of NAL has gone up significantly as members access care remotely.</p>	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that the legislature is recessed and all floor and committee sessions are on hold. There is a possibility the health committee will hear all bills in a short session at the end of April. The California Senate and Assembly leadership has advised members that priority bills are to be introduced, and other bills should be withheld.</p> <p>L.A. Care has reached out to congressional offices to support California Association of Health Plan's letters requesting that Medicaid not finalize any fiscal responsibility regulations and extend current federal waivers until the COVID 19 emergency is over, so there will be no interruption in financing for health care programs.</p> <p>Mr. Baackes added that L.A. Care is working with America's Health Insurance Plans (AHIP) to encourage legislators to maintain health coverages and support the safety net of providers. The new Director of Department of Health Care Services (DHCS), Brad Gilbert, and the Secretary of Health and Human Services (HHS), Mark Ghaly, are both physicians, and it is hoped this will ensure that both organizations are patient focused. Dr. Gilbert is an advocate of Local Initiatives and is the former CEO of Inland Empire Health Plan.</p>	

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<p>COVID-19 Update</p> <p>Board Delegation for COVID 19 Actions</p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, summarized the motion requesting approval to delegate authority to the Board Chairperson and CEO to act on urgent matters to decide on actions relating to COVID19. Based on orders and guidelines from public health officials, L.A. Care may consider additional activities as appropriate to ensure the continued operation of the health plan and to protect the health and safety of members of the public, health plan, Board, advisory committees and staff. This will enable flexibility regarding Board and L.A. Care operations. The Board members will be notified of any changes made using this delegated authority.</p> <p>Member Booth suggested an amendment to include payment of stipends to Regional Community Advisory Committee members for cancelled meetings. Committee members agreed to include the amendment in the motion that will be presented to the Board on April 2.</p> <p>Staff will update the motion for presentation to the Board at the April 2 Board meeting.</p> <p><u>Motion EXE 100.0420</u></p> <p>Public health orders and guidelines have been issued, promoting social distancing and other actions to prevent the spread of the coronavirus (COVID-19). This motion will delegate to the Board Chairperson and Chief Executive Officer of L.A. Care the authority to act urgently and prudently to enhance or safeguard the health and safety of members of the public, Board, Advisory Committees, health plan and staff. Referring to Centers for Disease Control, public health recommendations and the Chief Medical Officer as indicated, potential actions could include:</p> <ol style="list-style-type: none"> 1) Postponing, updating locations or rescheduling meetings of the Board and its committees, including advisory committees; 2) Providing Board members with written reports from the Chief Executive Officer, Chief Medical Officer and Chief Financial Officer to update Board members in months when a Board meeting is postponed or cancelled; 3) Temporarily delegating final approval of financial statements to the Finance & Budget Committee; 4) Such other actions related to Board operations as may be prudent for the health and safety of all. 	<p>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, and Perez)</p>

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<p>Revisions to Human Resources Policy HR-114 (Paid Time Off)</p>	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized proposed revisions to Human Resources Policy HR-114 (Paid Time Off).</p> <p>Member Booth asked if L.A. Care has resources available to continue the emergency PTO for a long period of time. Mr. Brown noted that the key element is that the employee is not able to telecommute, and responded that L.A. Care would be able to cover all employees. Member Booth suggested editing section 4.4.6.1 on page 12 of the policy, to add “or employee is not able to telecommute.”</p> <p>Member Gonzalez commended Mr. Brown for the revision. It is a very difficult time for those who need childcare, and co-workers are not able donate time off to them.</p> <p>Member Perez asked about a potential staff shortage. Mr. Baackes responded that a shortage will be supplemented using temporary staff. He added that L.A. Care should prepare in case this goes on for months, because there may be some degradation in service levels. He is hopeful that L.A. Care is minimizing potential exposure to the virus by enabling staff to work remotely. If there are significant drop in staffing for skilled positions, L.A. Care would have to lower services until staffing is appropriately restored.</p> <p>Marie Montgomery, <i>Chief Financial Officer</i>, responded regarding the financial aspects of Member Booth’s question above. The change in policy will extend PTO, and staff would have earned that salary. If there is backfill in staffing, there would be an additional expense.</p> <p>Mr. Baackes noted that a larger issue is a potential surge in medical care. Administrative cost is 5.5% of L.A. Care’s entire budget. Medical care expenses are the much larger portion of budgeted expenses. Chair De La Torre suggested that the new PTO provision be carefully monitored and that changes are reported to the Board.</p> <p>Ms. Haydel asked that the motion be amended amendment to add, “as allowed under applicable law”. Member Booth accepted the amendment.</p> <p><i>(Member Ballesteros joined the meeting.)</i></p> <p>A final revised policy, reflecting the above suggested amendments will be presented to the Board for approval at its April 2 meeting.</p> <p><u>Motion EXE A.0320</u></p> <p>1) To approve then revisions to Human Resources Policy & Procedure HR-114 (Paid Time Off) as presented; and</p>	

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	<p>2) in approving the provisions relating to emergency paid time off related to COVID-19, the Committee makes the following findings:</p> <ul style="list-style-type: none"> a) H.R. 6201 would, if enacted, require L.A. Care to provide emergency paid sick leave benefits to employees who are unable to work for substantially similar reasons as those provided for under the emergency paid time off provisions of HR-114; b) granting emergency paid time off during COVID-19 emergency serves a public purpose by encouraging sick employees to remain home, thereby reducing other employees' potential exposure to, and the risk of further spread of, the novel coronavirus; c) doing so is necessary to mitigate the potentially severe financial impact on employees who would otherwise suffer a loss of income if they are unable to work as a result of COVID-19 impacts on them or their family members; and d) in actively participating in activities to mitigate spread of COVID-19, as well as directives by federal, state and local authorities, the public purpose of mitigating the potential spread within community and the impact on the healthcare system is served. 	<p>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, and Perez)</p>												
<p>Blue Shield partnership restricted funds authorization</p>	<p>In February 2019, Blue Shield's Board of Directors awarded L.A. Care a 5-year grant totaling \$73 million to support the joint operations of 14 community resource centers. The period of performance is from approximately August 1, 2019 to September 30, 2024 (Motion BOG 102.0719 had an end date of July 31, 2024). The below motion has corrected the end date to September 30, 2024. The grant amounts will be awarded annually by Blue Shield based on an annual budget developed jointly between L.A. Care and Blue Shield.</p> <p>In Motion BOG 102.0719, L.A. Care's Board of Governors authorized the CEO to execute the grant agreement, which included L.A. Care's expenditures as provided below. L.A. Care staff requests approval to restrict these funds for five years as the grant from Blue Shield is received each year, in these amounts:</p> <table border="1" data-bbox="493 1291 1585 1421"> <thead> <tr> <th>Date</th> <th>Blue Shield Funding</th> <th>Requested L.A. Care Restricted Funding</th> </tr> </thead> <tbody> <tr> <td>August 1, 2019</td> <td>\$5.25 million</td> <td>\$16.3 million</td> </tr> <tr> <td>October 1, 2020</td> <td>\$12.8 million</td> <td>\$18 million</td> </tr> <tr> <td>October 1, 2021</td> <td>\$20.2 million</td> <td>\$14 million</td> </tr> </tbody> </table>	Date	Blue Shield Funding	Requested L.A. Care Restricted Funding	August 1, 2019	\$5.25 million	\$16.3 million	October 1, 2020	\$12.8 million	\$18 million	October 1, 2021	\$20.2 million	\$14 million	
Date	Blue Shield Funding	Requested L.A. Care Restricted Funding												
August 1, 2019	\$5.25 million	\$16.3 million												
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	<p>October 1, 2022 \$17.15 million \$14 million October 1, 2023 \$17.4 million \$14 million</p> <p><u>Motion EXE B.0320</u> To authorize annual restricted funds for the L.A. Care partnership with Blue Shield to operate community resource centers from August 2019 to September 30, 2024. The L.A. Care portion will be deemed restricted only upon annual receipt of the agreed grant funding from Blue Shield.</p>	<p>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, and Perez)</p>
<p>Chief Financial Officer's Report</p> <ul style="list-style-type: none"> • Financial Report • 4+8 Forecast • Monthly Investments Transactions Report 	<p>Ms. Montgomery provided an update on the financial performance for February 2020. <i>(A copy of her presentation may be requested by contacting Board Services.)</i></p> <ul style="list-style-type: none"> • Membership in February was 2,124,222; 63,106 members unfavorable to the budget. YTD member months is unfavorable 147,342 to the budget. The budget assumed flat growth for Plan Partners and MCLA, except for the expansion of coverage to undocumented young adults. • L.A. Care Covered (LACC) enrollment increased in February and is slightly higher than budget expectations. • Medi-Cal enrollment may increase later in the year if an economic recession ensues (not yet included in forecast) due to the pandemic. • Net surplus in February was \$15.6 million and \$55.6 million YTD, \$5.5 million unfavorable to the budget. • Retroactive rate increases received in December 2019 have contributed to positive revenue despite unfavorable membership. • Fee-for-service claims are unfavorable to the budget by \$74 million on a year with nearly \$56 million coming from Skilled Nursing Facility (SNF). • Budget did not include changes in timing for SNF retro fee schedule increases. Coordinated Care Initiative (CCI) rate increases in revenue reflect these higher expenses. Administrative expenses are favorable to budget by \$3.3 million. • Non-operating revenue is favorable by \$6 million due to unrealized gains. • Expect market volatility for the remainder of the fiscal year due to the pandemic. • Overall Medical Cost Ratio (MCR) is 93.3% versus a budget of 92.5%. • Tangible Net Equity is 631% with cash on hand to cover operating expenses for the next 50 days. 	

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	<p>Member Booth asked about the Tangible Net Equity (TNE). Ms. Montgomery responded that she has met with investment advisors. L.A. Care has high quality short duration investments which may take longer to trade. L.A. Care is monitoring its working capital and the financial position is in good shape overall.</p> <p>Ms. Montgomery reviewed the 4+8 forecast update:</p> <ul style="list-style-type: none"> • Year-end membership is forecasted at 2,159,682, 46,140 members unfavorable to the budget, and 474,325 member months unfavorable for the year versus the budget. • The forecast assumes a 3.5% decrease in membership by year-end for Plan Partners and 2.5% decrease for MCLA, based on trend over the previous six months. • These decreases are partially offset by an increase in enrollment from MCE undocumented young adults and increase to the auto-assignment rate. • Cal-MediConnect (CMC) lowered their forecast vs. the budget by 8.5%. • LACC assumes an average membership of 80,000 members for the remainder of the year. • Forecast assumes net surplus of \$72.2 million, \$81 million unfavorable to the budget. This is driven by operating margin and updated estimates for Skilled Nursing Facility expenses. • Net impact to operating margin includes \$60 million unfavorable impact due to higher institutional rates and membership net of favorable CCI revenue, with additional \$10 million unfavorable impact due to volume of lower member months and \$8 million adjustment for the deceased member audit. • Operating expenses include increased estimate of vendor fees for overpayment recoveries. • Non-operating expense is lower in the forecast due to timing of grants and the updated investment expectations. <p>Risks and Opportunities</p> <p>Member Curry suggested it will be helpful to framing the potential future financial position with alternative worst, probable and best case scenarios. Mr. Baackes noted that he, Ms. Montgomery, and Richard Seidman, MD, <i>Chief Medical Officer</i>, will be meeting with CAPH to discuss this topic. L.A. Care is lobbying at the federal level to ensure</p>	

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	<p>sufficient funding for Medicaid. Staff is also working through the national trade association, AHIP, to ensure Medicaid funding is sufficient.</p> <p>Mr. Baackes has also offered to work with community clinics and all safety net stakeholders, and he has contacted Health Net and L.A. Care's Plan Partners. Mr. Baackes will also schedule a call with Barbara Ferrer, PhD, MPH, MEd, Los Angeles County Public Health Director, to establish regular daily updates to align resources among safety net stakeholders. He is encouraged that California has two doctors as head of DHCS and Secretary of HHS. Mr. Baackes offered to contact Member Curry about including coordination with hospitals associated with Private Essential Access Community Hospitals (PEACH).</p> <p>Member Curry expressed concern about the potential effects of COVID 19 on the health care system. Mr. Baackes noted that cooperation among health plans, payors and providers will be needed to maintain sufficient services.</p> <p>Member Ballesteros also referred Mr. Baackes to Community Clinics Association of Los Angeles County for coordination.</p> <p>Mr. Baackes mentioned that adding telephone visits to health care benefits is a significant factor in enabling members to access care while staying home. Member Ballesteros commented that it is a great improvement.</p> <p><u>Motion EXE 101.0420</u> To accept the Financial Report as submitted for February 2020.</p> <p>Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Committee member review. <i>(A copy of the report may be requested by contacting Board Services).</i> As of February 29, 2020, L.A. Care's total investment market value was \$2 billion:</p> <ul style="list-style-type: none"> • \$1.8 billion managed by Payden & Rygel and New England Asset Management • \$72 million in Local Agency Investment Fund • \$106 million in Los Angeles County Pooled Investment Fund 	<p>Approved unanimously by roll call. 6 AYES</p>
<p>California Long Term Care Education Center (CLTCEC) Contract Extension (EXE 102)</p>	<p>Mr. Baackes presented the motion requesting approval to renew the contract with California Long Term Care Education Center (CLTCEC) from May 15, 2020 through May 14, 2023, for \$8,711,339. CLTCEC provides education and training to In-Home Supportive Services (IHSS) and Personal Assistance Services Council (PASC) workers. It</p>	

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	<p>is a remarkable program. The original contract included training for about 3,000 caregivers. The current training was suspended due to COVID 19.</p> <p>Indicators show a reduced utilization of emergency room services. Mr. Baackes reminded Committee members about one of the program participants who stated that he is better both being a son and caregiver after taking the program.</p> <p>Member Booth complimented L.A. Care for the success of the program.</p> <p>Mr. Baackes noted an unintended result of the program is the development of cohesion among the participants, who initiated a phone tree to reach out after the training is over. L.A. Care continues to look for ways to support this group dynamic.</p> <p>Member Gonzalez noted that the CLTCEC training program is excellent. She asked if the curriculum could be expanded to better equip the trainees. The current training is great, and could include other important aspects like information on using equipment safely and paramedical training. Mr. Baackes will ask CLTCEC if timeframe of the program could be increased to include more content; and it may also be worthwhile to ask them conduct a presentation to the Board at a future meeting.</p> <p>Member Booth asked if the people who bring the lift equipment into the home are responsible for training the user. Dr. Seidman noted that unfortunately caregivers are not always trained properly, and suggested training for users on how to reach out to get additional training. Mr. Baackes added that one way to address may be to set up a resource guide so users can get more help.</p> <p>Member Curry stated that this is an important program for L.A. Care to support.</p> <p><u>Motion EXE 102.0420</u> To authorize a contract renewal in the amount of \$8,711,339 with California Long Term Care Education Center (CLTCEC) to provide education and training for In-Home Supportive Services (IHSS) providers for dual-eligible beneficiaries for the period of May 15, 2020 through May 14, 2023.</p> <p>Mr. Baackes added that when the trainees complete the 10-week program, there is a graduation, which is important to the participants. L.A. Care executives have attended the graduation ceremonies. Mr. Baackes thanked the Board for their support of this program.</p>	<p>Approved unanimously by roll call. 6 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Approve the Consent Agenda for April 2, 2020 Board of Governors meeting	<ul style="list-style-type: none"> • Approve February 6 Board of Governors meeting minutes • Board Delegation for COVID 19 Actions • California Long Term Care Education Center (CLTCEC) Contract Extension • Regional Community Advisory Committee Members • Children’s Health Consultant Advisory Committee Members 	Approved unanimously by roll call. 6 AYES
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:40 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>March 2022</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: Hector De La Torre Unrepresented Employee: Chief Executive Officer</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:39 pm. No reportable actions were taken during the closed session.	
CEO Compensation	This agenda item was not discussed.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 3:39 pm.	

Respectfully submitted by:

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

APPROVED BY:

Hector De La Torre, *Chair*

Date: _____



April 27, 2020

TO: Board of Governors

FROM : John Baackes, CEO

SUBJECT: 2nd Quarter FY 2019-20 Vision 2021 Progress Report

This report summarizes the progress made on the activities outlined in Vision 2021, L.A. Care's Strategic Plan. This is the second quarterly report for the 2019-20 fiscal year, which represents the second year of our three-year plan. Although some activities have been impacted by the COVID-19 pandemic, they are on track and L.A. Care is still making progress – a testament to our ability to adjust and maintain course through trying times.

L.A. Care's notable second quarter activities include:

- Teladoc services went live in January, and its use has doubled in March due to COVID-19.
- The Second Annual Provider Recognition event was held in late January, with great success.
- Cal MediConnect and L.A. Care Covered VIIP Reports were released in March for Measure Year 18/Reporting Year 19.
- Staff training for Community Link, the social needs resource and referral platform that L.A. Care uses, was completed. In response to COVID-19 and members' increased need for resources, Community Link pages were specifically created for assistance with: food delivery, shelter, financial support, and legal help.
- Care Managers and Community Health Workers continued efforts in Community Resource Centers, and although they have shifted to remote work due to COVID-19, they have launched a robust outreach campaign to ensure members' needs are still being met.
- L.A. Care's Health Equity Task Force created a Healthy Equity Action Plan and presented it to L.A. Care leadership and other departments – several activities are already underway.
- Continued to focus on our multi-year, multi-faceted systems improvement projects (for customer service, financial management, provider data management, care management, and encounter management).



1 High Performing Enterprise

A high functioning health plan with clear lines of accountability, processes, and people that drive efficiency and excellence.

Goal 1.1

Achieve operational excellence through improved plan functionality.

Key Activities	Status	Update
Enhance the systems, tools, and processes to improve customer service through the Voice of the Customer (VOICE) initiative.		The VOICE Program continues to operate according to budget and timeline after our recalibration that occurred in September 2019. Since that update, we have successfully updated to our call center agent system, Intelligent Desktop, to address the Cal-MediConnect Plan requirement for member initiated Service Authorization Requests, and made improvements to our printed Provider Directory and process to display online. We continue to work diligently on core foundational initiatives around provider and member data sources of truth, as well as our replacement Online Provider Directory due to be released in FY Q4.
Improve business functions related to financial management with the Enterprise Resource Platform (ERP).		L.A. Care has completed SAP configuration and SAP functional configuration unit testing. Our technical development is nearing 100% completion. The conversion timeline for parallel testing and go-live has been finalized and presented to stakeholders. This timeline includes key milestones such as high-level cutover activities, go-live of SAP Billing for 2021 and its associated tasks, go-live of IVR, member payment application portal, and PayNow. Functional aspects for disbursements is still ongoing and targeting completion of Blueprint by 4/15/20. Lastly, all teams have been gearing up to start cycle one integration testing on 4/13/20.

Color Indicator Legend			
	Green – On target, no issues		Red – Major issues, high risk
	Yellow – Some issues, probable risks, concerns		Blue – Complete



Key Activities	Status	Update
<p>Modernize provider data management through continued operations of the Total Provider Management (TPM) initiative.</p>		<p>TPM testing with PPG groups continued throughout the quarter. The program Outreach & Engagement team worked with the groups to provide error reports and support efforts to remediate data errors. PPG groups must meet a minimum data quality threshold during the test period in order for the group to be approved to submit TPM data in production, which will then be used to automatically update legacy systems.</p> <p>Project kickoff presentations were also submitted for IRB review for the next phase of the program. The Standard Provider Dataset Project 1 and Project 2 will support the collection and ingestion of provider data from direct physician groups, specialty health plans (“specialty vendors”), direct contracted ancillary providers and hospitals, other direct contracted providers, Plan Partners, and pharmacy providers.</p>
<p>Replace the Care Management Platform and change business practices to improve coordination of care for members with the Care Catalyst initiative, specifically the new Population Health Management System (SyntraNet).</p>		<p>The Utilization Management team has been documenting detailed rules related to scenarios that guide the IT configuration and building efforts in SyntraNet. Examples include but are not limited to: user roles, letter templates, turn-around times, special benefit coverage/limits, and medical necessity criteria hierarchies.</p>
<p>Implement strategies to improve encounters and risk adjustment processes.</p>		<p>Edifecs upgrade is currently being executed and on schedule. The upgrade will include additional tools which will allow supplemental data to be collected and improve data collection for risk adjustment. In addition, EDGE server submissions will be submitted through Edifecs.</p>

Color Indicator Legend			
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Goal 1.2

Maximize the growth potential of our product lines.

Key Activities	Status	Update
Implement a product governance process to ensure enterprise-wide alignment for products, programs, and service offerings across all lines of business.		The Product Governance structure has been established. During this quarter, the Product Governance team met in February and discussed Intra-Team initiatives, where teams work across products to develop a unified approach to common business levers that influence the performance of our product lines. These Intra-Teams include Benefit Intent, Health of the Business, Growth, Expansion, and Retention, Network, Legislative/Regulatory, Quality, and Innovation. Also discussed was D-SNP development for 2023.
Create a tailored approach to member retention, based on unique needs of the product.		Retention is a focus of the Growth, Expansion, and Retention Intra-Team, headed by the Sr. Director of Sales and Marketing. Some strategies include member onboarding and touchpoint reform. We're also refreshing our brand campaign, which should help with retention as well as enrollment.
Leverage our ability to offer member choice and provide value-added programs for all product lines.		<p>Two value-added programs have been added recently:</p> <p>(1) Minute Clinic launched 5/1/2019</p> <ul style="list-style-type: none"> • The vendor reported 783 visits across all lines of business • As of 4/6/20 LA Care claims/encounter data shows 508 distinct members received paid services (391 for MCLA, 7 for CMC, 106 for LACC and 4 for PASC-SEIU) <p>(2) Teladoc launched 1/1/2020</p> <ul style="list-style-type: none"> • During COVID-19 Teladoc became essential in getting telehealth access to all L.A. Care members. • 850+ providers of which 244 are MediCal certified providers • All LOBs including PASC now have Teladoc access <ul style="list-style-type: none"> • 1,165 members registered for the services (773 for MCLA, 36 for CMC and 356 for LACC) • There were 589 Teladoc visits (418 for MCLA, 15 for CMC and 156 for LACC)

Color Indicator Legend			
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Key Activities	Status	Update
<p>Analyze the feasibility of D-SNP options and begin designing a product to serve our dually eligible Medi-Cal and Medicare population.</p>		<p>The Medicare product team updated the D-SNP Product Strategy with a 3 year plan to address:</p> <ul style="list-style-type: none"> • DSNP Product & Crosswalk • Network Alignment / Default Enrollment • STARS 4.0 <p>Initial Architecture planning meetings and Needs Assessment have been developed. The goal is to have a DSNP Development plan by 9/2020, Plan Implementation/Testing by 2021 and be fully operational by 10/2022 to support Annual Enrollment and the Crosswalk process.</p>

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2 High Quality Network

A network that aligns reimbursement with member risk and provider performance to support high quality, cost efficient care.

Goal 2.1

Maintain a robust provider network that supports access to high-quality, cost efficient care.

Key Activities	Status	Update
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.		L.A. Care continues to strategically expand the network, while supporting the network's fluctuating needs since the initiation of the COVID-19 health crisis. Focus continues on improving hospital contracts, ensuring improvement of internal operations and external business partnerships, and supporting the continued growth of the Direct Network.
Optimize oversight of delegated functions.		The Delegation Oversight department is focusing on building the monitoring program and streamlining data reporting. The department is developing a monitoring manual with all regulatory compliance requirements as attributed to data. This will be shared with the delegates and used internally to foster transparency and an efficient data reporting process.

Goal 2.2

Build foundational capabilities to support expansion of the L.A. Care Direct Network.

Key Activities	Status	Update
Strategically develop, expand, and address gaps in the Direct Network to meet all member needs.		L.A. Care continues to grow the Direct Network across Los Angeles County to include primary and specialty care providers and cover more members.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.		The Direct Network Strategic Steering Committee continues to address all internal business operations (Health Services, Finance, Ops) to support the ongoing expansion of the Direct Network. As membership assigned to directly contracted PCPs increases, L.A. Care will implement the process necessary to change the reimbursement methodology accordingly.

Color Indicator Legend	
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Goal 2.3

Providers receive the individualized information and resources they need to provide high-quality care with low administrative burden.

Key Activities	Status	Update
<p>Provide practices with actionable data, education, and resources to support ongoing efforts to improve quality and our NCQA status.</p>		<p>Baseline measurement year (MY)18/reporting year (RY)19 Cal MediConnect and L.A. Care Covered VIIP Reports were released in March, with planned payments for future program years. Final retrospective Gaps in Care Reports for MY19/R20 were shared with providers as an opportunity to close any remaining data gaps and achieve VIIP performance targets. The MY20/R21 VIIP Programs were finalized with targeted enhancements, including the addition of DHCS Managed Care Accountability Sets (MCAS) measures and new Action Plan guidance with a focus on Member Experience. Development of new incentive opportunity lost reports and additional analytics to support provider quality improvement efforts are ongoing. QI also began collaboration meetings with lower performing PPGs to help improve performance.</p> <p>Additionally, L.A. Care's Provider Continuing Education Program offers CME credits (for physicians) and CE credits (for other health care professionals) to L.A. Care network and community providers. At least 12 events are held per year. Three were held in the second quarter of FY 19-20: (1) Working with Persons with Severe Mental Illness (SMI) in the L.A. County Health Homes Program (HHP); (2) Pediatric Asthma Assessment, Diagnosis and Treatments; (3) Children's Health Conference, covering multiple topics related to child health and development. Events in March and April have been rescheduled due to COVID-19 precautions.</p>
<p>Celebrate top providers and improved performance.</p>		<p>The Second Annual Provider Recognition event was held in late January where we celebrated high performing and most improved providers. Although the event was a success, the planning committee is already reviewing opportunities for improvement for next year's event. The intention will be to have a larger event in a larger setting in order to invite more of the network providers and not just awardees.</p>

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Key Activities	Status	Update
Offer access to loan repayment and recruitment assistance for new physicians (Elevating the Safety Net).		<p>Physician Recruitment Program (PRP) – L.A. Care continues to grow PRP with 120 grants awarded to date and 11 new awardees in Q2.</p> <p>Physician Loan Repayment Program (PLRP) – L.A. Care has awarded 42 providers funding for loan repayment and another disbursement of funds will be provided to Uncommon Good in Q3. Currently, the procurement process has been delayed due to COVID-19.</p>
Support practice transformation and use of electronic resources such as Electronic Health Records (EHRs), Health Information Technology (HIE), and virtual care.		<ul style="list-style-type: none"> • L.A. Practice Transformation Network (LAPTNet) successfully ended, achieving \$197M in cost avoidance and exceeding nine of thirteen diabetes and depression quality goals. • The California Technical Assistance Program (CTAP) helped providers achieve 7,450 adopt, implement, upgrade (AIU) and meaningful use milestones which earned \$8.8M towards the \$10.8M goal. • L.A. Care is one of 59 organizations chosen for Network of Quality Improvement and Innovation Contractors (NQIIC). • L.A. Care and First 5 LA are entering into a partnership to help medical practices improve child development by implementing developmental screening tools and facilitating access to community resources. • eManagement is implemented with 94 providers serving 75,388 MCLA members • Transform L.A. work is ongoing. Transform L.A. provides technical assistance to help Direct Network primary care practices (providers and staff) build QI capacity and enhance care delivery. Since starting fall 2018, on-site coaching focuses on optimizing EHR workflows, staff training, and data reporting. Currently, with the COVID-19 response, practice coaching adjusts to meet practices' shifting priorities, sharing best practices and supporting practice adaptations for triage, staff and patient safety, and telehealth.

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3 Member-Centric Care

Member-centric services and care, tailored to the needs of our varied populations.

Goal 3.1

Understand our member needs so we can better manage their care and plan for the future.

Key Activities	Status	Update
Use all available data sources, including the Optum Impact Symmetry Suite (Member360), to assess and improve the population health of our membership.		<p>The Population Health Assessment (PHA) is complete. Data for the PHA included Optum SDOH indices, and NCQA required information - member demographics, geographic data, and clinical information from claims and encounter data. Additionally, a homelessness indicator was included in the PHA.</p> <p>This data was used to develop a comprehensive clinical member profile. Data confirmed the need for many already existing L.A. Care programs related to the most frequently occurring diagnoses such as cardiovascular disease, hypertension, diabetes, chronic obstructive pulmonary disease, and asthma. This data informs the quality improvement initiatives that L.A. Care engages in.</p>
Incorporate assessment of social needs into the day-to-day work of staff who interact directly with members.		<p><u>Community Link (social needs resource and referral tool)</u> L.A. Care prioritized the Health Homes Program providers for outreach and extra training regarding the use of Community Link. After successfully piloting this with one Community Based Care Management Entities (CB-CME), we are moving to the next phase of training and additional 6-7 CB-CME's.</p> <p>L.A. Care Community Link staff platform training is completed. The current focus is on teaching Regional Community Advisory Committee members about the platform and reaching out to Community Based Organizations to participate on Community Link. Also, L.A. Care is working with a consortium of health plans (Anthem, Health Net, SCAN) to further utilize the platform.</p> <p>With the onset of COVID-19, Community Link platform communication and utilization has increased and a special COVID-19 tag created for individuals seeking social resources at this time. Information regarding Community Link is provided on the lacare.org website, including the COVID-19 section. Additionally, a COVID-19 Resource</p>

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Key Activities	Status	Update
		<p>Workgroup led by CM compiled a dynamic, continuously updated list of COVID-19 emergency resources for dissemination across LA Care and to participating CB-CME's. Areas of focus include:</p> <ul style="list-style-type: none"> • COVID-19: Food Delivery • COVID-19: Shelter • COVID-19: Financial Support • COVID-19: Legal Help <p><u>General Care Management</u> Recently trained Community Health Workers (CHWs) will be extension of L.A. Care's Care Managers. Part of their scope, among others activities, includes assisting with members' social needs as needed. CHWs will be serving out in the community and working closely with members in the field.</p> <p>Care Management COVID-19 related activities include the launch of an outreach campaign to make contact and support our vulnerable members. 1,680 members were identified for outreach activities, and over half had been reached by the end of March.</p>
<p>Replace the Care Management platform and change business practices to improve coordination of care for members with the Care Catalyst initiative, specifically the new Population Health Management system (SyntraNet).</p>		<p>The Utilization Management team has been documenting detailed rules related to specific scenarios that guide the IT configuration and building efforts in SyntraNet. Examples include but are not limited to: user roles, letter templates, turn-around times, special benefit coverage/limits, and medical necessity criteria hierarchies.</p>

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Goal 3.2

Address members' unmet health and social needs by making care accessible in the right way, at the right place, at the right time.

Key Activities	Status	Update
Utilize alternative approaches to expand access to care, including full implementation of Minute Clinic and telehealth opportunities.		Minute Clinic and Teledoc (L.A. Care's contracted telehealth provider) are both live at this time. Access to urgent care services at Minute Clinic came on-line mid-2019, and our members are able to access 17 Minute Clinic locations – 14 in Los Angeles County, two in Orange County, and one in Ventura County. Access to Teledoc went live on January 1 st , 2020 and demand has doubled in March 2020 as a result of the COVID-19 pandemic. We are working closely with Teladoc to expand their network of contracted physicians consistent with DMCH and DHCS guidance.
Expand care management at Community Resource Centers/Family Resource Centers.		<p>Care Managers (CMs) are deployed to Community & Family Resource Centers (CRC/FRC) and continue their efforts to try to engage members to visit the CRCs/FRCs and participate in the activities offered. CMs and CHWs continue to work synergistically to outreach to our members in the community. In January and February, CHWs completed a total of 139 visits for 67 unique members (eight CHWs are currently on staff). Due to COVID-19 restrictions, as of March 16th the Care Management team is deployed to work from home 100% of the time.</p> <p>Due to the team's deployment to work from home exclusively, the CM and CHW teams are not seeing members face to face. However, the CM team has implemented a CM Outreach Campaign to reach out to our most vulnerable members. 1680 members are in scope for this outreach campaign where the team calls them to ensure they have food, medications and other needs covered and connect them to resources as needed.</p> <p>In concert with our Care Management activities at CRCs/FRCs, engagement with providers is a critical component of the care management process. Physicians refer members to L.A. Care's services. Additionally, CMs involve providers in the members' care by:</p> <ul style="list-style-type: none"> • Calling physician's offices to provide updates on member's cases or to request/discuss information regarding members' health status and treatment plan, as appropriate • Inviting physicians to participate in members' Interdisciplinary Care Team meetings • Sharing the members' care plans with their assigned physicians

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Key Activities	Status	Update
<p>Implement initiatives that promote health equity in order to improve health disparities based on findings from the population health assessment and other data analytics.</p>		<p>L.A. Care’s Health Equity Task Force created a Healthy Equity Action Plan and presented it to L.A. Care leadership and other departments. Activities are underway including:</p> <ul style="list-style-type: none"> • An educational session on Health Equity at the March Executive Community Advisory Committee (ECAC) meeting. • Two Performance Improvement Projects addressing health disparities. One is aimed at improving the use of controller medication use among people with persistent asthma in SPA 6 with a plan to launch in Q3. The other project is aimed at L.A. Care Covered (LACC) members with diabetes, specifically African American/Black (BAA) and American Indian/ Alaskan Native (AIAN) populations. The program includes a multi-pronged intervention approach inclusive of a 1) member-, 2) provider- and 3) administrative-level focus. The provider intervention, involving member outreach, is currently on hold due to COVID-19.

Color Indicator Legend			
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4 Health Leader

Recognized leader in improving health for low income and vulnerable communities.

Goal 4.1

Be a local, state, and national leader to advance health and social services for low income and vulnerable communities.

Key Activities	Status	Update
Advocate for policies that improve access to care and quality of life for low income communities.		Government Affairs met with 18 state legislative offices in Sacramento to discuss bill priorities and issues for the new legislative and budget sessions. On February 6th, John Baackes met with 33 California congressional delegates in DC during a private California delegation luncheon to discuss the Public Option from L.A. Care's perspective.
Demonstrate the value of a public option.		California Healthline interviewed L.A. Care CEO, John Baackes, for the article, "Newsom Touts California's 'Public Option.' Wait — What Public Option?". In the article, Mr. Baackes outlined the advantages of the public option, emphasizing that it would create competition, lower prices, and encourage innovation, and used L.A. Care as an example of a successful public option. Spectrum News also interviewed Mr. Baackes prior to the California primaries to explain what a public option is and how it is beneficial. Mr. Baackes also met with 33 California congressional delegates in DC during a private California delegation luncheon to discuss the Public Option from L.A. Care's perspective. State and federal activities related to public option continue to be monitored.

Color Indicator Legend



Green – On target, no issues



Yellow – Some issues, probable risks, concerns



Red – Major issues, high risk



Blue – Complete



Key Activities	Status	Update
Contribute to and participate in the State’s Medi-Cal Waiver design efforts to ensure waiver programs support and meet member needs.		L.A. Care is currently monitoring all of the stakeholder workgroups convened by the Department of Health Care Services (DHCS) and has official representatives on three of the five – Population Health Management/Open Enrollment, Full Integration, and NCQA Accreditation. These meetings, as well as the comment periods provided by DHCS, present an opportunity for L.A. Care to provide feedback and voice concerns and support for different aspects of the waiver proposal. <i>Note: as of April, DHCS is putting new Medi-Cal Waiver design efforts on hold in light of COVID-19 priorities.</i>

Goal 4.2

Implement initiatives that improve the health and wellbeing of those served by safety net providers.

Key Activities	Status	Update
Continue and expand the Elevating the Safety Net initiative.		Elevating the Safety Net (ESN) activities continue to progress: <ul style="list-style-type: none"> • Residency Support Program (RSP) – L.A. Care executed five contracts and disbursed funds to awardees. • Medical School Scholarships – The third cohort of medical school scholars for UCLA have been identified and the four students for CDU are still in preliminary review. We expect final scholar lists after April 30th and all students confirmed in Q3. • Physician Recruitment Program (PRP) – L.A. Care continues to grow PRP with 120 grants awarded to date and 11 new awardees in Q2. • Physician Loan Repayment Program (PLRP) – L.A. Care has awarded funding to 42 providers for loan repayment and another disbursement of funds will be provided to Uncommon Good in Q3. However, the procurement process has been delayed due to COVID-19. • Elevating Community Health – The second cohort of the CHW training program was completed with 26 CHWs. A total of 47 CHWs from both cohorts completed the training and we reached our goal of training 40-50 CHWs.

Color Indicator Legend			
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Key Activities	Status	Update
<p>Expand the number, size, and scope of our Community Resource Centers to a total of 14 sites across 11 Regional Community Advisory Committee regions in partnership with Blue Shield of California Promise Health Plan.</p>		<p>Progress continued on construction at the Metro L.A. site. Leases for sites in Long Beach, Wilmington, and El Monte were authorized. Lease proposal was submitted for site in Norwalk. Plans for remodeling/refitting East L.A., Lynwood and Palmdale sites to become CRCs finalized. All sites closed at end of Q2 until further notice due to the COVID-19 pandemic. Construction on remodeled sites to begin during April 2020.</p>
<p>Fully implement L.A. Care as a Health Homes program CB-CME through care management based at Community Resource Centers/Family Resource Centers and continue to expand the Community Based Care Management Entity (CB-CME) network.</p>		<p>L.A. Care added four additional CB-CMEs to our Health Homes network in the first three months of 2020, bringing the total CB-CME count to 32. L.A. Care continues to offer ongoing learning opportunities to our CB-CME staff, including biweekly webinars and a large scale Learning Collaborative event in January, attended by more than 200 CB-CME leaders and staff.</p>

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L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 27, 2020

Motion No. EXE 100.0520

Committee:

Chairperson: Hector De La Torre

Issue: Approval of revised 2020 schedule of meetings for the Board of Governors and Committees.

Background: The schedule is revised to show that the June 4, 2020 will be held at L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017. The meeting was originally scheduled to be held offsite, but due to changes in circumstance because of the public health orders related to the COVID-19 pandemic, that meeting will now be rescheduled to be held at L.A. Care's offices. An offsite meeting will be scheduled in the future.

Member Impact: Public input is welcome at all Board and Committee meetings.

Budget Impact: None.

Motion: To approve the revised 2020 Board of Governors meeting schedule as submitted.

2020 Approved Regular Board and Committee Meeting schedule as of 02062020

BoG: Board of Governors, meets at 2:00 for approximately 3 hours, and meets all day in September for strategic discussion

C&Q: Compliance and Quality Committee, meets at 2:00 p.m. for approximately 2 hours

Exec: Executive Committee meets at 2:00 p.m. for approximately 90 minutes

F&B: Finance & Budget Committee meets at 1:00 p.m. for approximately 60 minutes

CHCAC: Children’s Health Consultant Advisory Committee meets at 8:30 a.m. for approximately 2 hours

ECAC: Executive Community Advisory Committee meets at 10:00 a.m. for approximately 2 hours

TAC: Technical Advisory Committee meets Quarterly at 10:00 a.m. for approximately 2 hours

JPA and LACH: Joint Powers Authority and L.A. Care Community Health Plan meet concurrently with a BoG meeting

Meetings are usually held at 1055 West 7th Street, 1st Floor, Los Angeles, CA 90017

Except where *offsite* meetings are indicated below or if a different address is posted on the meeting agenda.

<p><u>January 2020</u> No Board meeting 1/8 – ECAC 1/16 – C&Q 1/21 – CHCAC 1/22 – TAC 1/27 – F&B, Exec, JPA TBD - Audit</p>	<p><u>February 2020</u> 2/6 – BoG, JPA 2/12 - ECAC 2/24 – F&B, Exec</p>	<p><u>March 2020</u> <i>3/5 BoG (tentative)</i> 3/11 – ECAC 3/17 – CHCAC 3/19 - C&Q 3/23 – F&B, Exec TBD – GOV</p>
<p><u>April 2020</u> 4/2 – BoG 4/8 – ECAC 4/9 – TAC 4/27 – F&B, Exec</p>	<p><u>May 2020</u> 5/7 – BoG 5/13 – ECAC 5/19 – CHCAC 5/21 – C&Q 5/26 – F&B, Exec*, JPA <i>*Tuesday due to holiday</i></p>	<p><u>June 2020</u> 6/4 – BoG , JPA <i>(offsite)</i> 6/10 - ECAC 6/22 – F&B, Exec</p>
<p><u>July 2020</u> 7/8 – ECAC 7/9 – TAC 7/30 – BOG</p>	<p><u>August 2020</u> No Board meeting 8/18 – CHCAC 8/20 – C&Q 8/24 – F&B, Exec, JPA TBD - Audit</p>	<p><u>September 2020</u> 9/3 – BoG <i>(offsite all day retreat), JPA</i> 9/9 - ECAC 9/15 - CHCAC 9/17 - C&Q 9/28 - F&B, Exec TBD –GOV</p>
<p><u>October 2020</u> <i>10/1 BoG (tentative)</i> 10/8 – TAC 10/14 – ECAC 10/26 - F&B, Exec</p>	<p><u>November 2020</u> 11/5 – BoG 11/11 – ECAC 11/16 - F&B, Exec, JPA 11/17 – CHCAC 11/19 – C&Q</p>	<p><u>December 2020</u> 12/3 – BoG, JPA 12/9 – ECAC No other meetings</p>



April 17, 2020

TO: Executive Committee

FROM: Terry Brown, *Chief Human Resources Officer*

SUBJECT: **AB 2589 – Annual Disclosure of Broker Fees**

To comply with the requirements of AB 2589 in reporting insurance broker fees associated with the various health and welfare benefits L.A. Care offers to its employees, identified below is the disclosure of the commission earned by Woodruff Sawyer, our broker of record for the majority of our various health and wellness insurers providing L.A. Care employee benefits for the last two fiscal years (2018-2019 and 2019-2020). Commission is paid to Woodruff Sawyer on a monthly or annual basis, and the amount is based on the number of participants in the benefit program. This disclosure also includes commissions paid to LTC Solutions, Inc., the writing agent for the Genworth policy.

Line of Coverage	Carrier	Broker	2018/2019 Base Commission	2019/2020 Base Commission
Medical HMO	Kaiser	Woodruff Sawyer	1.5%	1.5%
Medical HMO and PPO	Blue Shield	Woodruff Sawyer	2%	2%
Dental HMO and PPO	Cigna Dental	Woodruff Sawyer	10% HMO \$2.25 pepm	10% HMO \$2.25 pepm
Vision	EyeMed	Woodruff Sawyer	\$0.86 pepm	\$0.86 pepm
EAP	Anthem Blue Cross	Woodruff Sawyer	0%	0%
Life, Long and Short-Term Disability	Unum	Woodruff Sawyer	10%	10%
Voluntary Benefits	Unum	Woodruff Sawyer	Varies by plan 70%-90% 1 st year 2.5%-10% years 2+	Varies by plan 70%-90% 1 st year 2.5%-10% years 2+
Business Travel Accident	Gerber	Woodruff Sawyer	0%	0%

Line of Coverage	Carrier	Broker	2018/2019 Base Commission	2019/2020 Base Commission
Pet Insurance	Nationwide	Woodruff Sawyer	10% new and 5% renewal	10% new and 5% renewal
Executive Disability	Unum	Woodruff Sawyer	50% 1 st year 5% years 2-5 2.5% years 6-10 2% years 11+	50% 1 st year 5% years 2-5 2.5% years 6-10 2% years 11+
Executive Term Life	Banner/Dye & Eskin	Woodruff Sawyer	25% 1 st year 4% years 2-5 2% years 6-10 .5% years 11+	25% 1 st year 4% years 2-5 2% years 6-10 .5% years 11+
Long Term Care	Genworth	LTC Solutions, Inc./ Woodruff Sawyer	11.25%/3.75%	11.25%/3.75%
Universal Life (CEO)	John Hancock	Woodruff Sawyer	The rest of the residual target premium held from year 1 (total of 95% of target over 2 years) 1% years 3-10	The rest of the residual target premium held from year 1 (total of 95% of target over 2 years) 1% years 3-10
Disability (CEO)	Lloyd's of London/Hanleigh	Woodruff Sawyer	20% per year	20% per year

In addition to insurance placement, additional services provided by Woodruff Sawyer for the commission payment include:

- Woodruff Sawyer core consulting services
- Wellness consulting services & platform up to \$80k beginning 7/1/2017
- FSA/COBRA administration
- Assistance with development and updates to employee communications
- Self-funding actuarial reports, including reserve calculations & COBRA rates
- Compliance consulting
- ThinkHR online & telephonic support for Human Resources
- Dependent Specialists, Inc. – dependent eligibility verification services
- Employee Call Center

Our external consultant, Pearl Meyer, has reviewed the commission structures and found them to be reasonably positioned in the range of costs paid by similarly-sized organizations in the state of California.



Board of Governors
MOTION SUMMARY

Date: April 27, 2020

Motion No. EXE 101.0520

Committee: Executive

Chairperson: Hector De La Torre

Issue: Continue authorization of expenditures for existing programs under the Elevating the Safety Net (ESN) initiative and integration of other workforce programs.

Background: On January 28, 2019, the Executive Committee approved board motion EXE B.0119 authorizing an expenditure up to \$18,200,000 in remaining funds for Elevating the Safety Net for existing programs, including the Provider Loan Repayment Program, Physician Recruitment Program and medical school scholarships. On April 2, 2020, the Executive Committee authorized a contract renewal (EXE 100.0420) in the amount of \$8,711,339 with California Long Term Care Education Center (CLTCEC) to provide education and training for In-Home Supportive Services (IHSS) providers for dual-eligible beneficiaries for the period of May 15, 2020 through May 14, 2023.

Provider Loan Repayment Program (PLRP)

To continue the success of the program, the review committee would like to maintain support to providers being awarded PLRP funds and request an additional \$6 million to continue loan repayment assistance to providers through the end of the fiscal year. The program is currently administered by Uncommon Good. The program has been successful with providing loan debt relief to nearly 50 providers since inception of the program, and another 15-20 providers have applied and are awaiting funds to be approved for the program.

Elevating Community Health

The *Elevating Community Health* program currently consists of the Community Health Worker (CHW) training program approved last year by the Executive Committee and we would like to expand this program to include other workforce development projects and training programs as part of a larger initiative to support non-clinical professionals in our network.

The Safety Net Initiatives Department and Leadership Team would like to add In Home Support Services (IHSS) Home Care Integration Training Program to the existing L.A. Care program with California Long-Term Care Education Center (CLTCEC) to align the work we are doing to equip our non-clinical professionals with the tools and skills to serve our members and work with our providers. We envision the work and training continuing under ESN with the current success of both programs. To date, 47 CHWs have successfully completed the training program as part of two groups of the CHW training program, and almost 2,500 caregivers have graduated from the CLTCEC since the program launched in 2017.

Member Impact: This initiative aligns with L.A. Care's organizational goal 2.2: to develop and implement strategies to promote quality performance in the provider network. The initiative also aligns with organizational goal 4.3: to 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: to foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.

Board of Governors
MOTION SUMMARY

Budget Impact: L.A. Care will designate retained earnings, an element of the fund balance, to set aside as Board Designated to fund the workforce development initiatives presented above.

- Motion:** To delegate authority to the Chief Executive Officer to:
1. Authorize expenditures of up to \$6 million to continue awarding providers in the Provider Loan Repayment Program, currently managed by Uncommon Good.
 2. Approve and authorize integrating the California Long-Term Care Education Center (CLTCEC) IHSS+ Home Care Integration Training Program under Elevating the Safety Net in the FY 2020-21.