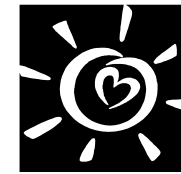


Board of Governors
Regular Meeting Minutes #334
February 6, 2025

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



L.A. Care
 HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro, MD, *Vice Chairperson* *
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary*
 Jackie Contreras, PhD
 Christina R. Ghaly, MD

Layla Gonzalez
 George W. Greene, Esq.
 Supervisor Hilda Solis
 G. Michael Roybal, MD, MPH
 Nina Vaccaro, MPH
 Fatima Vazquez

Management

Martha Santana-Chin, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Todd Gower, *Chief Compliance Officer*
 Linda Greenfeld, *Chief Product Officer*
 Augustavia Haydel, Esq., *General Counsel*
 Alex Li, MD, *Chief Health Equity Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

**Absent*

** *Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Board Chairperson Alvaro Ballesteros, MBA, called the meetings to order at 1:04 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously.</p> <p>Chairperson Ballesteros welcomed everyone to the first meeting of 2025. It is also the first meeting since the horrific wildfires in Los Angeles County. Those fires have caused a lot of pain, and unfortunately folks passed in those fires. There have been many people displaced and lots of damage in a few distinct areas of Los Angeles County. He expressed compassion for those that lost property, lost homes, and to those that worked in those homes or in the buildings and businesses in the area. The disruption, hurt and hardship that the disaster has caused is unimaginable. Board Members' thoughts are with everyone affected. The Board will talk more about this later today and he felt it was appropriate to open the meeting to say that folks are on everyone's mind.</p> <p>He acknowledged that February is Black History Month, and there are many events and opportunities across Los Angeles County to hear more about and to celebrate the rich history of the Black communities, in our county, across our state and in our country.</p> <p>This is the first board meeting with a new Chief Executive Officer, Martha Santana-Chin. She has been with L.A. Care for a month, and what a month it has been. The new CEO began with the wildfires and everything happening at the federal level with respect to potential threats</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>to programs and services in Los Angeles County. We are honored to have her, and we welcome her to the meeting. He invited each board member to introduce themselves and comment.</p> <p>Board Member and Supervisor Hilda Solis thanked him and thanked the new CEO, Martha Santana-Chin. She thanked Board Member Christina Ghaly, MD, representing the Department of Health Services in Los Angeles County and the Wellness Center. Many friends and Board Members attended the beautiful reception hosted by the Wellness Center in honor of Ms. Santana-Chin to welcome her to the community. There were 89 individuals and fantastic food – she did not think anybody wanted to leave. She personally thanked everyone. She is excited that so many people already knew Ms. Santana-Chin and her work, which said a lot for what she is going to be doing for L.A. Care. She was pleased that the County held that event, and there will be many events to welcome her. Los Angeles County will work with her in partnership, mano y mano, as they say in Spanish, hand in hand. She thanked the Executive Committee and Chairperson Ballesteros for working so hard on the selection of Ms. Santana-Chin for this very important position in the County of Los Angeles. She apologized for not attending today’s meeting in person, she’s attending virtually because she’s losing her voice and has a terrible cold.</p> <p>Board Member Contreras welcomed Ms. Santana-Chin. She is sorry she is not able to be there in person. She was glad to have had an opportunity to meet Ms. Santana-Chin at the Los Angeles Department of Public and Social Services (DPSS) headquarters, which was unprecedented. It was a wonderful opportunity to think through the partnership between L.A. Care and DPSS. Board Member Contreras feels that Ms. Santana-Chin will help to take that relationship to the next level. She welcomed her, and offered to help with anything that she and DPSS can do in partnership with L.A. Care.</p> <p>Board Member Booth noted that she has met Ms. Santana-Chin a couple of times. Board Member Booth is a pediatrician. She is happy to be on this Board and hopefully she can support and help Ms. Santana-Chin.</p> <p>Board Member Ghaly leads the Department of Health Services (DHS) for Los Angeles County, and she knows Ms. Santana-Chin. Board Member Ghaly is grateful for Ms. Santana-Chin’s strong understanding about the role of DHS and the safety net in Los Angeles County. She looks forward to working with her and is excited for her to take on this role. Ms. Santana-Chin has a lot of experience and expertise in health plan operations that will be helpful for L.A. Care as it moves forward. There are a lot of uncharted waters ahead. Board Member Ghaly appreciates her deep appreciation and understanding of the importance of the Medicaid program for so many people in Los Angeles. Board Member Ghaly thanked Chairperson Ballesteros, it is not easy to be the Chair of a Board during a CEO search and he did such a</p>	

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	<p>fantastic job. She thanked him for his hard work, it was a lot of time, and he led the Board well. She thanked the entire search committee for the extra hours that were put in throughout the process. An outstanding group of individuals applied for the CEO role, and it was a pleasure to meet so many outstanding candidates. The Board is thrilled that Ms. Santana-Chin is the new CEO and looks forward to working together.</p> <p>Board Member Vaccaro is happy that Ms. Santana-Chin is the CEO. She is thankful that within the first week Ms. Santana-Chin visited the Community Clinic Association, meeting with health center leaders and listening to priorities and issues coming up. She knows that a strong relationship is already building with Ms. Santana-Chin. Ms. Vaccaro has had a relationship with Ms. Santana-Chin and recognizes her experience with health centers and the knowledge that she brings into this role to support them. Board Member Vaccaro looks forward to building that relationship with Ms. Santana-Chin, with L.A. Care and with the fantastic team during her tenure. She thanked Chairperson Ballesteros for his leadership, he has been doing a phenomenal job keeping things going.</p> <p>Board Member Roybal is Director of the East Los Angeles Health Center for DHS, which includes Roybal Comprehensive Health Center and East Los Angeles Health Center. He looks forward to working with Ms. Santana-Chin and partnering with L.A. Care to help improve the safety net and support Medicaid in California.</p> <p>Board Member Raffoul has worked with Ms. Santana-Chin for many years going back to AltaMed days, he is thrilled and excited to have her and thinks she is the perfect fit for L.A. Care. She knows the community well and has always been very collaborative. He wishes her well as L.A. Care's CEO.</p> <p>Board Member Layla Gonzalez introduced herself as the consumer advocate for L.A. Care members. She thanked Ms. Santana-Chin and invited her to attend Temporary Transitional Executive Community Advisory Committee (TTECAC) and Regional Community Advisory Committees (RCACs) meetings this month. Members would love to meet her.</p> <p>Board Member Fatima Vazquez welcomed Ms. Santana-Chin. Board Member Vazquez is the member representative and has the privilege to represent over two million members. She also has a responsibility to represent them and inform the Board about the experience for members, everything that they go through to access healthcare services. Board Member Vazquez had the privilege to talk to Ms. Santana-Chin previously, and she is sure that Ms. Santana-Chin will work together with the Board to make sure that members have access to health care in a very dignified way.</p> <p>Chairperson Ballesteros thanked Ms. Santana-Chin and echoed Board Member Vaccaro's invitation to meet representatives of the federally qualified health centers (FQHCs). The</p>	

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	<p>FQHCs and safety net providers are very important to Los Angeles County residents. He hopes to have conversations about the homeless services, which are important to the safety net providers. He thanked the ad hoc committee members for their time because it was quite a few hours. One thing noted by the Board is the talent and the commitment of L.A. Care’s leadership team, how confident the Board is and how good Board Members felt about a transition this big taking place with a lot of well-seasoned, talented, and committed executives and directors currently with L.A. Care. It made Board Members feel assured that the transition would be smooth. He thanked L.A. Care leadership. It was a long process. From the Board's perspective, they could not have wanted anything more from the leadership. The Board appreciates their commitment to L.A. Care.</p> <p>Ms. Santana-Chin commented that it is a pleasure to be here. She thanked the Board Members. She is grateful for the opportunity to serve. She noted how generous every single Board Member has been with their time, advice, sharing observations and insights. She feels the passion from each of the Board Members helping to make sure that L.A. Care is successful. L.A. Care can be an engine of power for good and will keep its focus on making sure to care for the people that really need it. She has met with several County agency leads, the Departments of Mental Health (DMH), Department of Public Social Services (DPSS) and Department of Public Health (DPH) and a number of other organizations in the community. She knows that L.A. Care will continue to navigate very difficult times and address the issues that need to be addressed for the members. Every person she met wants to see L.A. Care succeed. Every person she met is very giving, offering the opportunity to partner and collaborate. That is just a testament to the strength in Los Angeles County, and one reason she chose to join the organization. She expressed deep gratitude to the leadership team at L.A. Care. She has walked into a situation where, if you heard some of the discussion they are having, you would understand. L.A. Care has some of the most talented, humble, passionate people, and she is fortunate to walk into that situation. Everyone has been warm, welcoming, embracing, willing to rethink things, willing to challenge the status quo, while making sure that to keep her honest about a focus on things already in place that are critical to the value. She thanked the leadership team for all that has been done to set L.A. Care up for success in the future. She thanked Board Member Vazquez for spending some time with her. Her insights are very thoughtful. Ms. Santana-Chin knows Board Member Vazquez put three or 4 hours of energy to help her prepare and provide the insights she needs. Ms. Santana-Chin is looking forward to visiting all of RCACs. It is a priority to make sure that she spends time with each one. Noah Paley, <i>Chief of Staff</i>, Francisco Oaxaca, <i>Chief of Communications and Community Outreach</i>, and their team will go on the ride with her, and she cannot wait to hear all the insights from the members, member perspectives are critically important.</p>	

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	<p>She shared some things about her approach. She is committed to leading with compassion and with conviction. The community needs both, especially in times like this. She will center her approach, with the support of the entire team, in anchoring the work in service collaboration and accountability. Accountability to one another, accountability to the members that they serve, the providers with which they partner and the stakeholders in the community. It will be especially important this year as L.A. Care navigates the challenges ahead, the challenges coming from the federal administration. All those things are critically important to help us execute on what L.A. Care is here to do as an organization. She is humbled with the outpouring of support from every angle. She’s had nothing but love and a willingness to work with L.A. Care. She is grateful.</p> <p>L.A. Care serves about one third of the County residents and has a unique ability to partner across the County, to collaborate and provide streamlined services that deliver the highest quality equitable care in the County. That is what L.A. Care will do. She is proud to be here, to be able to lead the team through the next evolution of what L.A. Care will deliver. Coming to L.A. Care, joining the L.A. Care team feels to her like coming home. Hopefully that gives the Board a sense of where her heart is. She is deeply grateful for the opportunity.</p> <p>Chairperson Ballesteros asked Board Member Contreras to request approval to participate virtually. Board Member Contreras noted she is recovering from surgery and requested to participate remotely.</p> <p>Chairperson Ballesteros outlined the information for public comment included on the meeting Agenda.</p>	<p>Virtual participation by Board Member Contreras was unanimously approved by roll call 10 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro, Vazquez).</p>
<p>APPROVAL OF MEETING AGENDA</p>	<p>PUBLIC COMMENT</p> <p><i>Deaka McClean wanted to say Happy Black History Month. She really appreciates the Board acknowledging it. She has her sweatshirt on so she is ready. She also wanted to say welcome to the new CEO, and she wanted to introduce herself. Her name is Deaka McClain. She is a member of L.A. Care. She has many hats, one of them, she is currently the TTECAC Vice chair, and also the member at large for seniors and people with disabilities. She looks forward to having a one on one conversation with Ms. Santana-Chin to discuss the needs of all the 2.1 million members, but also people with disabilities, and especially those that are on Medi-Cal because she does not feel that they get the proper access to care that they deserve or need. She is looking forward to that conversation. Also she did her homework as well read her bio. She thanked her for being a fellow Long Beach resident. She is a Long Beacher as well. She welcomed Ms. Santana-Chin to the Board meeting, and she looks forward to setting up an appointment and meeting with her and talking to her, and to seeing her next Wednesday.</i></p> <p>The meeting Agenda was approved.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro, and Vazquez)</p>

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PUBLIC COMMENTS	<p><i>Demetria Saffore is from RCAC 4. She wanted to let the Board know that she is still having issues, as well as her geographical area 4 is having issues with access to care. She is still having issues getting her CPAP supplies and she has been off her CPAP for the last 90 days because she is not able to get the mask that she needs. And now she is having problems with her blood pressure due to the obstructive sleep apnea and she is going to into heart failure if she does not get this handled. And she would like to know what are you guys going to do to keep this from happening over and over and over because this is not the first time that this has happened.</i></p> <p>Chairperson Ballesteros directed staff to connect with Ms. Saffore.</p> <p>Written public comment submitted by California Society of Pathologists and read by L.A. Care staff:</p> <p><i>Dear Chair Ballesteros and Members of the Board of Governors: I write to you on behalf of the Board of Directors of the California Society of Pathologists and our nearly 400 member physicians who provide essential medical testing and diagnoses critical to the care of nearly all patients who are served by our state's health care system.</i></p> <p><i>We respectfully request that LA Care reverse its policy denying -26 claims for the professional component of clinical pathology (CP) services provided to Medi-Cal beneficiaries. This policy, adopted in 2021, is inconsistent with Medi-Cal's longstanding fee-for-service reimbursement model.</i></p> <p><i>Medi-Cal has long acknowledged that is the State's practice and policy to reimburse clinical pathologists for the professional component of automated tests in the attached letter. This is why DHCS' fee schedule explicitly distinguishes between the technical component and professional component of automated tests, and explicitly excludes physician professional services from APR-DRG payments to ensure fair compensation for pathologists. We urge L.A. Care to reconsider this decision in light of its implications for patient care and the critical role of pathologists in ensuring laboratory quality and reliability. Pathologists are physicians who not only provide diagnoses through the interpretation of biopsies but also oversee the operations of clinical laboratories to ensure that test results are accurate, timely, and compliant with all regulatory standards. Over 70% of medical decisions depend on laboratory test results and pathologic diagnoses, underscoring the vital role of pathologists in patient care.</i></p> <p><i>The professional component of CP billing compensates pathologists for these essential oversight services, which include establishing test protocols, performing quality control, supervising laboratory staff, and addressing questions about test results from treating physicians. Medi-Cal has long recognized the importance of this oversight by including the professional component of CP billing in its fee-for-service schedule.</i></p>	

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	<p><i>Eliminating direct payment for professional component services not only undermines pathologists' financial sustainability but also poses a significant risk to patient care by reducing the quality and reliability of laboratory oversight. Clinical laboratories operate as the foundation of modern medicine, and the professional oversight provided by pathologists, who are expressly trained in laboratory medicine, ensures that laboratory results are accurate, actionable, and delivered in a timely manner. Without proper compensation for these services, laboratories risk operating without the critical medical supervision required to meet these standards.</i></p> <p><i>We have surveyed pathology groups in Los Angeles County that provide pathology services to MediCal patients via L.A. Care and have learned that at least 23 groups are losing a total of \$590,000 per year ... [three minutes expired, the remainder of this written public comment is included at the end of these minutes.]</i></p> <p><i>Elena Enbom, MD, PhD, thanked the Board for the opportunity to speak on behalf of the California Society of Pathologists and hear their concerns. She is anatomical and clinical pathology board certified. She trained in Los Angeles and California. She is a graduate of USC-LAC system where she did her training, and UCLA and Harbor UCLA. She did most of her training in Los Angeles. They are here today to bring the Board's attention to a denial of payment for the professional component for clinical pathology, as just heard from the President's letter. The issue is that since this policy was implemented, it affects the ability to provide quality pathology services to patients. It has long been established that the payment system should be according to the Medicare reimbursement fee which allows and includes all the components for pathology services in different scenarios. When it is in the hospital reimbursement fee, one model, then when it is outside of the hospital. Those long standing payment systems have been long established to make sure they provide high quality pathologist services. The California Society of Pathologists surveyed small groups of pathologists that provide services for your beneficiaries. It affects the way they can provide the services. The professional component allows medical professionals, doctors, to oversee the tests that have been read to make sure they are accurate. Aside from the technical component, there is a professional component that allows us to oversee the performance that the test is accurate. They are all the invisible portions that go into a professional component, which allows them to make sure that is a high quality test. That is obviously what you want for your patients: to provide top notch services. They want to make sure to establish a dialogue with L.A. Care to allow you to consider the possibility of reestablishing the payment for professional component in clinical services. She would love to have a follow up appointment with one of your responsible staff members and one of the board members to define a solution.</i></p> <p><i>Tao Yang, MD, has been a resident of Southern California for over 30 years. He has been privileged to provide care for the residents of Los Angeles County since 2003 when he served as a Fellow at USC School of Medicine and Department of Pathology and</i></p>	

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	<p><i>Laboratory Medicine. After graduating from medical school, he moved to Los Angeles and get a PhD in Physiology and Biophysics at USC School of Medicine. After spending several years teaching and doing research, he decided to put his knowledge into the practice of medicine and was accepted at the Department Pathology at UC Irvine as a resident before completing a Fellowship at LA County USC. He currently serves as chairman at the Department of Pathology at UC Irvine Los Alamito's Medical Center and serves as the medical director of the hospital lab. He would like to echo the comment from the Society and from the perspective of a first line practitioner. The lab in Los Alamitos receives over 786,000 specimens each year. Analysis of the specimens form the basis of a majority of the diagnoses and the decisions made by the physician colleagues as they decide how to give the patient the best treatment. Many of the patients are L.A. Care patients as well. Of the 785,000 specimens, over 10% are Medi-Cal patients, with inquiries coming from LA County pathology groups. He informed Dr. Emily Green, President of the California Society of Pathologists, that the L.A. Care policy recently changed to deny certain claims for the professional component of clinical pathology services is costing his group approximately a \$30,000 a year, nearly a hundred thousand since the policy changed in 2021. This may not sound like a lot of money but remember this loss of revenue compounds the rising cost of labor, materials, utilities and insurance that the practice is already facing. When revenues fall and costs continue to rise, something has to give. Medical directors form the last line of defense for the patient against the cost cutting measures that are necessary in the current climate. Without the physician medical directors looking out for patients ... [three minutes expired]</i></p> <p><i>Estella Lara welcomed the Board back, they missed the Board in January. Her name is still Estella Lara. She is the newly elected chair of RCAC 4, Metropolitan area of Los Angeles. She wants to tell everyone Happy Valentine's Day ahead of time. And tell everyone that even if one does not have a partner, a spouse or anybody significantly important to you, the most important thing is to celebrate it with oneself. And in these days of mental health issues, love yourself. She does. And she wants everyone to be very happy this year. It is a new year, it is 2025. And as far as she is concerned, it started off great, that is going to continue to be great. If we have that mentality in our minds, we will all be very happy this year, so this is what she wishes for you. It does not seem like it is a grandiose idea, but she believes that we also need to keep that in mind because it is very important. Mental health is an important issue. And the more we love ourselves, no matter who is around us and no matter how much envy or jealousy there is, it does not matter. What matters is what you have in your mind, what you think of yourself, that is it. So finally, I want to say, because I don't want to take up all the time, you guys are beautiful people. Every single one of you in this room today. And as long as you continue to believe that, that is all that matters. What is in your own mind.</i></p>	

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<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> • December 5, 2024 Board of Governors Meeting Minutes • Changes to regular meeting schedule of Technical Advisory Committee and Compliance & Quality Committee meetings <u>Motion EXE 100.0225*</u> Approval of the following changes to 2025 Board and Committee regular meeting schedules: <ol style="list-style-type: none"> 1. Technical Advisory Committee January 9, 2025 meeting moved to January 30, 2025 at 2:00 PM, and 2. Compliance & Quality Committee June 19, 2025 moved to Monday, June 16 due to Juneteenth Holiday. • Authorize staff to implement any and all of the identified limited employee assistance efforts and programs for a reasonable duration of time in order to effectively deal with the effects of the wildfire aftermath. <u>Motion EXE 101.0225*</u> To make and affirm the findings set forth in the Board motion report and authorize staff to implement any and all of the identified limited employee assistance efforts and programs for a reasonable duration of time in order to effectively deal with the effects of the wildfire aftermath. • Authorize staff to establish the Relief Fund in an amount up to \$10 million, utilizing the most feasible funding sources and delineate suitable requirements and conditions for approving and making the Relief Grants <u>Motion EXE 102.0225*</u> To authorize staff to: <ol style="list-style-type: none"> 1. Establish the Relief Fund in an amount up to \$10 million, utilizing either of the most feasible funding sources itemized above; and 2. Delineate suitable requirements and conditions for approving and making the Relief Grants in such amounts that are: <ol style="list-style-type: none"> a) consistent with staff-delineated requirements and conditions and b) commensurate with a designated grant recipient’s need for and proposed use of such funds. • OptumInsight, Inc. Contract Amendment to continue to support L.A. Care with post-payment Data Mining services. <u>Motion FIN 100.0225*</u> To authorize L.A. Care staff to enter into SOW #4 Amendment #3 with OptumInsight, Inc. increasing the contract amount from \$14,957,500 to \$25,645,000, 	

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	<p>an incremental increase of \$10,687,500. This amendment will allow OptumInsight, Inc. continue to support L.A. Care with post-payment Data Mining services.</p> <ul style="list-style-type: none"> • Delegate to Martha Santana-Chin, Chief Executive Officer, discretionary authority to approve vendors to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street Building <u>Motion FIN 101.0225*</u> To delegate to Martha Santana-Chin, Chief Executive Officer, discretionary authority to approve vendors and enter into contractual agreements for certain professional services to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street building in an amount not to exceed \$48,094,856 which includes a 10% contingency for potential unknown conditions. • 2025 Compliance Program Plan <u>Motion COM 100.0225*</u> To approve the CY2025 Compliance Program Plan, as submitted. • 2025 Compliance Work Plan <u>Motion COM 101.0225*</u> To approve the CY2025 Compliance Work Plan, as submitted. • Regional Community Advisory Committees (RCACs) members as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their December 11, 2024, meeting (TTECA 100) <u>Motion TTECA 100.0225*</u> To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their December 11, 2024, meeting: <ul style="list-style-type: none"> • Discovery Cube, RCAC 2, Community Partner • Meals in Motion, RCAC 2, Community Partner • Mend Poverty, RCAC 2, Community Partner • Pacoima Beautiful, RCAC 2, Community Partner • Pomona Valley Pride Center, RCAC 3, Community Partner • American Red Cross, RCAC 3, Community Partner • Breathe Southern California, RCAC 4, Community Partner • Humanity Heroes, RCAC 4, Community Partner • Plus Me Project, RCAC 4, Community Partner 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez) <i>(Motion COM 100 was discussed below.)</i></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • SELAH Neighborhood Homeless Coalition, RCAC 4, Community Partner • HELPERS Foundation, RCAC 5, Community Partner • Cinna Moms, RCAC 6, Community Partner • Green Dot, RCAC 6, Community Partner • Health Matters Clinic, RCAC 6, Community Partner • Macedonia Community Development Corporation, RCAC 6, Community Partner • Sanctuary of Hope, RCAC 6, Community Partners • Ten Toes, RCAC 6, Community Partner • Alzheimer’s Association, RCAC 6, Community Partner • East L.A. Women’s Center, RCAC 7, Community Partner • Helpline Youth Counseling, Inc, RCAC 7, Community Partner • Human IT Org, RCAC 7, Community Partner • Pools of Hope, RCAC 8, Community Partner • Woman II Woman, RCAC 8, Community Partner • Asian Pacific Environmental, RCAC 8, Community Partner <p>2025 Compliance Program Plan <u>Motion COM 100.0225*</u> To approve the CY2025 Compliance Program Plan, as submitted.</p> <p>Board Member Booth requested discussion of Motion COM 100, regarding the CY 2025 Compliance Work Plan. She noted that the written compliance materials are evolving to improve clarity. As Chairperson of Compliance & Quality Committee, she is responsible for providing the Board with the information needed. She noted that Board Members may not be experts in compliance and need to be educated. Todd Gower, <i>Chief Compliance Officer</i>, included information about educational topics and she sees that as a step in the right direction, but would like to amend the motion with a list of additional educational topics. The Committee makes decisions, and the Board is responsible for oversight. Education for the Board on these topics will benefit Board Members and will help with retention of members on the committee. The Committee and Board are in a learning phase.</p> <p>Mr. Gower noted that he is a member of the National Association of Corporate Directors that provides helpful education, and he will make that information available. Information about the responsibilities will be added to annual Board Compliance training.</p>	

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	<p>Board Member Booth read the amendments:</p> <p>The Chief Compliance Officer will educate the Board regarding the Three Key Elements and the Office of Inspector General’s Seven Elements of an Effective Compliance Program.</p> <p>The Chief Compliance Officer will communicate with the Board around the following topics:</p> <ol style="list-style-type: none"> 1. Compliance-related laws and regulations, especially when new or changing; 2. Compliance policies and procedures; 3. Risks to the organization, the prioritization of those risks and how risks may change over time; 4. The structure and function of the L.A. Care compliance program including its framework, goals, work plans, activities and progress toward goals etc.; and its relationship to Internal Audit; 5. Effectiveness of the compliance program — the Board needs to learn about Compliance successes, learning opportunities and nonsuccesses; along with next steps, including root cause analysis; investigations; referrals to entities outside of L.A. Care; financial recoveries; Corrective Action Plans (CAPs), CAP implementation and outcomes; and future plans, such as monitoring or a follow-up audit; 6. Results of internal, external and regulatory body audit findings and plan for how findings will be managed; any related fees, fines or other forms of negative enforcement levied on L.A. Care Health Plan; 7. Industry trends and developments; trends related to regulatory body perception of the industry; trends related to fraud waste and abuse; 8. Compliance related to L.A. Care delegates and delegated functions; how Delegation Oversight handles the oversight of this function; findings, consequences and outcomes, and 9. How the compliance program aligns with the fiduciary responsibilities of LA Care. <p>Board members should know this is not an exhaustive list. It is meant to inform the L.A. Care Board, and specifically Compliance and Quality Committee members, regarding the kinds of L.A. Care compliance information they should expect to learn about and understand. This way, Board members can pursue what they deem to be L.A. Care’s best interest, and their deepening knowledge of Compliance will allow each member to make the most informed Compliance-related decisions they can make.</p> <p>Board Member Contreras asked if the training would occur yearly and at onboarding. She is most interested on the onboarding because everything that Board Member Booth highlighted would be extremely valuable for new board members. Mr. Gower responded that it would be ongoing, for onboarding and could be a deeper dive for those new to boards.</p>	<p>COM 100 was unanimously approved as amended by roll call.</p> <p>11 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT		
<ul style="list-style-type: none"> Discuss the ad hoc Nomination Committee to carry out the process for nominating a member to the L.A. Care Board. 	<p>Chairperson Ballesteros reported:</p> <ul style="list-style-type: none"> L.A. Care's Board nominates one member of the Board of Governors, that seat was held previously by Hector De La Torre. The Executive Committee discussed the process for nomination to this seat at its January 22 meeting and recommends the formation of an ad hoc Nominating Committee to bring a nominee forward. Advised the Board that the Chair has the authority to establish an ad hoc nominating committee to determine the characteristics desired and bring a potential candidate to the Board. <p>Next steps for the ad hoc Nominating Committee:</p> <ol style="list-style-type: none"> Chairperson Ballesteros will appoint Board Members to an ad hoc Nominating Committee and staff will schedule meetings. He invited Board Members to let him know if they are interested in serving on this ad hoc Committee. The ad hoc Nominating Committee will develop and implement the process for nominating a member to the L.A. Care Board. The Committee will review the process with the Board and the Executive Committee will have oversight of the ad hoc Nominating Committee. 	
<ul style="list-style-type: none"> Board Officers Election 	<p>Chairperson Ballesteros reported:</p> <ul style="list-style-type: none"> The L.A. Care Bylaws provide that the Board elect its four officers (Chairperson, Vice Chairperson, Secretary and Treasurer) for one-year terms annually at the November meeting, or as soon thereafter as possible. Discussion was postponed at the November 2024 and December 2024 meetings for the CEO transition. <p>Next steps for Officer Election</p> <ul style="list-style-type: none"> It's proposed that the Board consider holding the Officer elections at the April Board Meeting, to allow time to gather nominations and develop a slate of officers. Staff will request nominations and the Executive Committee will review the nominations at its March meeting. Ask for discussion and announce consensus decision on timing for the election of officers. <p>Board members can send nominations by email to Board Services or Ms. Haydel. Board Member Booth asked about making potential changes to the way officer positions are filled. Chairperson Ballesteros suggested that she discuss this with staff.</p>	

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<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>Ms. Santana Chin referred Board Members to the written report in the meeting materials for additional information. She reported when she initially assumed this role, a focus was to strengthen core operations and fulfill the mission to provide exceptional value to the members that L.A. Care serves, preparing to advocate for protections and advances that L.A. Care has made to coverage, addressing whole person care in light of potential challenges from the federal administration, and make sure she was accelerating her personal learning and supporting the L.A. Care team. She aims to position L.A. Care for success in the future. One day after her start date, the wildfires broke out and L.A. Care quickly turned its attention to supporting those affected. Many have been impacted, including friends or family of everyone here. For all who have experienced impacts because of the wildfires, our hearts go out to you. At one point during the emergency 200,000 people were evacuated, including 59,000 L.A. Care members and 237 employees. Lives were claimed and more than 12,000 structures were destroyed. She appreciated being with L.A. Care during this time, and through that process, she witnessed firsthand the commitment, dedication and focus of the L.A. Care team. They mobilized and went into action to support the members, providers, community, and employees. She has immense pride in knowing that she has a strong set of partners with her to navigate what's ahead. They showed up strong and did phenomenal work. A silver lining was to see them in action, to see what the team could do. She knows that this team is ready to tackle the challenges ahead as a result of witnessing the collective group in action.</p> <p>There has been quite a bit of work done to support members, ensure we were looking at policies, relax authorization requirements and make sure that people were getting prescriptions uninterrupted. L.A. Care reached out to high risk members to support them in navigating the process of potentially leaving their homes and finding other places to be safe. L.A. Care supported nursing facilities that unfortunately had to transfer members to safety. The number one goal was just to make sure that everything was done to ensure that care was uninterrupted. L.A. Care partnered with field medicine teams to support individuals that were unhoused. L.A. Care expanded access to behavioral health services, which will be critically important in the short and long run.</p> <p>For providers in the communities, L.A. Care focused on making sure that they were safe, the doors were open, and L.A. Care understood how the fires were impacting practices, clinics, community-based adult centers, nursing facilities and hospitals. If there was a need to help bring in reinforcements, L.A. Care would work in partnership with other providers. She is happy to say that member needs were addressed. L.A. Care minimized unnecessary burdens to facilitate discharge from one place to another.</p> <p>The community resource team extended hours well into the weekend in partnership with Blue Shield, gathered donations, facilitated distribution of protective equipment and partnered with</p>	

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	<p>disaster relief agencies and community-based organizations to connect people with the services and the support to meet their basic needs.</p> <p>For employees, an emergency response system was activated to make sure people were safe. For those that were not safe, L.A. Care supported them through the process, offered financial support, employee assistance and extended direct support to individuals that lost their homes. L.A. Care is continuing to work with the employees that lost their homes.</p> <p>The energy and passion of employees and their willingness to go out and volunteer was delightful to see. L.A. Care made sure to allow people to volunteer and do what they could for the community without personally experiencing financial hardship.</p> <p>The recovery will take a long time. Staff recommends an allocation of \$10 million to a wildfire relief fund and ensure access to health care is available in the impacted communities. L.A. Care looks forward to contributing and partnering with agencies that are making an impact to avoid duplicating efforts and fill gaps to help providers and members get back on their feet. Unfortunately, time didn't stand still for California. The federal administration has unleashed a very aggressive agenda. Many have seen or heard about some of the anticipated changes. The proposals being made in budget or policy may have a direct impact on how health plans provide health care for members, partner with providers, and how programs are run. L.A. Care continues to engage with trade associations, local and state agencies and elected officials to advocate for the integrity of programs, to make sure that low-income communities continue to have access to the health care that they deserve, and to guard against compromising the gains made over the last decade or so in advancing whole person care. L.A. Care will continue to advocate, continue to partner and to maintain the integrity of the programs.</p> <p>L.A. Care is a leader in bringing resources together. There is a lot of misinformation and L.A. Care is working with partners to provide access to trusted partners that are keeping up with all the changes. L.A. Care will help communities navigate through these difficult times, acknowledge the sensitivities to proposals and provide access for people to get the care that they need.</p> <p>L.A. Care will continue to focus on the facts, educating, building awareness, and partnering with other organizations to ensure that people continue to access health care. L.A. Care is deepening partnerships with a variety of organizations specifically in supporting immigrants. There is a lot of fear and L.A. Care will continue to support people in getting the vital care that they need, that they deserve and are eligible for. L.A. Care has launched an effort to educate members, partner with providers, and equip staff to effectively direct members and providers to resources to help them get ready. L.A. Care will help them understand their rights through what may become a traumatizing event, facing immigration officials and not understanding how to engage. She thanked Francisco Oaxaca, Cherie Compartore, Noah Paley and their</p>	

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	<p>teams, who are working and organizing. L.A. Care is making it a priority. As L.A. Care moves forward, it will continue to have a very tight plan.</p> <p>Ms. Santana-Chin continues her own journey, learning how to position L.A. Care for success in the future. She started off engaging directly with employees. She shared an introductory video, had hosted town halls, and held monthly lunch sessions so she can hear firsthand from employees about things that are important to them. She is engaging with community leaders. L.A. Care operations depend on partners, and it values firsthand communication about how L.A. Care can better serve and support partners. A strategy retreat is planned in March to discuss and assess current strategy. A lot of progress has been made to prepare for 2025 and 2026, given potential changes to programs and funding.</p> <p>The starting pace of 2025 will continue for the remainder of the year. L.A. Care is ready to engage and find success through coalitions and by demonstrating leadership. L.A. Care is aware of the facts today and will remain optimistic about the future. That approach will enable L.A. Care to lead. She will continue to update the Board. She appreciates the partnership and collaboration from Board Members.</p> <p>She referenced the written information included in the meeting materials for this meeting. She noted important work that has been done in community resource centers. L.A. Care and Children's Hospital jointly released four public briefings focused on children's health that are very informative. We believe that learning from those briefings and implementing the proposed areas of focus and changes can make a difference. L.A. Care invested in exam tables for seniors and persons with disabilities who may have trouble accessing exam tables at the at the doctor's office.</p> <p>Board Member Booth asked about business continuity disaster recovery issues in the emergency. Ms. Santana-Chin responded that one of the benefits of the emergency is that she was able to ask a lot of hard questions immediately. She worked with Tom MacDougall, <i>Chief Information and Technology Officer</i>, to better understand L.A. Care's business continuity and disaster recovery plans. She commented that the work done to make sure that L.A. Care is stable regardless of what is happening is very impressive. Mr. MacDougall commented that L.A. Care was very well prepared, and exercised the business continuity plan, Mr. Gower and his team did an excellent job. The conversation started very early in the morning prior to the at the beginning of the emergency, to make sure staff were positioned and had all the operations that were necessary. L.A. Care had seven days to make a decision to move if necessary. L.A. Care is on two different power grids, good news from a data center perspective. One is the municipal services, and the other is the Staples Center, both are stable power grids.</p>	

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	<p>Board Member Booth noted this was not just a test, it was really happening, so she is very proud of that. Mr. Gower commented that L.A. Care is required to test the plans annually. He and Mr. MacDougall were in constant communication during the emergency. As a result, L.A. Care found some things to address in the process, which is a good thing.</p> <p>Board Member and Supervisor Solis thanked Ms. Santana Chin for the report, which she thinks is very comprehensive. As the community transitions after the fires, it will assist the individuals, including the unhoused who will need more health care services. She wondered about getting information around the Palisades and the Altadena and Pasadena areas to determine how members were impacted, what kinds of services were provided to them and if they are still engaged with L.A. Care or what needs to be done. There were elderly and disabled people in those areas that unfortunately lost their lives because people were not aware that they had disability and could not evacuate. She asked about looking at things differently and how services are provided, to create a more effective network to share that data. The County is also talking about this and could be available to help L.A. Care to mitigate these unnecessary circumstances for a future crisis that may come up.</p> <p>Ms. Santana-Chin reported that L.A. Care has roughly 59,000 L.A. Care members impacted in some way. L.A. Care care managers and Enhanced Care Management (ECM) providers did a great job of actively reaching out to individuals to understand their needs. She noted that the Supervisor’s point about thinking about it long-term is a good one, and it has been discussed. She invited Dr. Amin and Ms. Reed to add their comments.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, commented that it is important to note that effects were felt not just by members in the areas that had a wildfire close by, but the air quality caused distributed pain across the entire County. L.A. Care case management teams approached members in complex care management or high risk care management through community health workers and care managers. Initially, L.A. Care reached out to homebound members and then reached out to members in evacuation areas. After going through those lists, L.A. Care immediately moved on to members in order of risk category using a method within the system to risk stratify. In reaching out to offer help, L.A. Care was able to coordinate care for members, and he is proud of the work by care managers. Using available CalAIM services L.A. Care reached out to the enhanced care management (ECM) network, to the providers, to ask them to go ahead and speak with the members enrolled in the ECM programs. L.A. Care has close to 80 ECM providers or provider groups that provide ECM services and asked them reach out to members. L.A. Care adjusted pharmacy requirements so that members, particularly within the affected areas, would be able to refill medications even if it had been under 30 days. If a member had lost medication in the fire or was apart from medication because of evacuation, the member could get a refill without approval or pushback from the health plan or a pharmacy. Under another element of CalAIM, Community Supports, L.A.</p>	

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	<p>Care reached out to asthma mediation providers about the air quality issues. Asthma remediation is a relatively small program with not many members, but by virtue of the program, a roster of members who deal quite a bit with asthma is available. L.A. Care used that to reach out to talk with members and others. It was a constructive conversation which resulted in significant outreach to a population in need and addressed their concerns. This may become a long-term situation for the health plan. He expressed appreciation to Supervisor Solis for her comments. L.A. Care will continue to support those affected, particularly those who had the fire in Pasadena and Altadena areas.</p> <p>Dr. Amin noted that care managers and the utilization management team across the entire organization, are very mission driven. He was heartened to see that even staff who had been evacuated from their home, who had even had their home burned down, were still coming into work. One person in particular had their home burned down, and showed up at a community resource center, opened a laptop and started working. The person was encouraged to attend to personal needs. It is amazing to see the type of work that folks do here and their dedication to L.A. Care members. L.A. Care had great engagement with members and great engagement with the team over the course of this emergency.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, noted that in addition to the excellent work that Dr. Amin spoke of done by the care management team, the call center team also wanted to support the members. In partnership with Information Technology (IT) staff, the integrated voice recording system was updated. Members calling in with issues were advised about information available on the website, and the caller could press a button to hear the information on the website delivered to them audibly. L.A. Care identified the reasons that members were calling and clearly recognized an uptick on change of address and requesting new ID cards, questions about filling pharmacy prescriptions and questions about changing providers because the provider offices had been burnt. This was an entire organization that came together in support of the members impacted, irrespective of where and why they were impacted. It was an excellent showing of the community of L.A. Care.</p> <p>Supervisor Solis thanked the staff for that great report. She is happy and pleased to hear about how swiftly staff was able to react to such a horrible crisis. There's more for us to do because there will be a lot of people that will be unhoused who were renters, and that's the next phase. She hopes that the County departments can work with L.A. Care, using CalAIM funding to provide assistance for transition housing or interim housing or some form of help for the individuals that would otherwise not have that assistance.</p> <p>Board Member Ghaly followed up on Supervisor Solis' comments, and asked about using CalAIM community supports funding to support housing services for individuals who lost their home. She thanked L.A. Care for all the hard work. She knows that L.A. Care did a lot</p>	

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	<p>to help with the immediate aftermath of the fires. She thanked L.A. Care for the assistance with prescription refills and adjusting people's networks if their provider is no longer able to serve patients. She thanked L.A. Care for serving on the County's health and recovery task force. She asked, besides the ongoing asthma remediation and leaving aside the first question about housing, are there ongoing issues that need to be addressed by the health plans, the County or the provider community with respect to health care access. She noted that in the immediate aftermath a lot of those problems were thankfully quickly resolved, getting people access to refills and set up with a different provider. She asked about ongoing gaps in access that need to be addressed.</p> <p>Dr. Amin responded that those newly unhoused, as far as he understands it, will be allowed to access housing navigation, housing deposit and housing sustaining services through Community Supports. L.A. Care is considering further investments, but he doesn't believe there are any provisions in community supports that would preclude it. L.A. Care works very closely with Housing for Health on those issues. For the second question around access to care, there were some early issues with recuperative care providers, Community Based Adult Services (CBAS) centers, and a few skilled nursing facilities (SNF). L.A. Care was able to move members in the network, because of the relatively large network of providers and the cooperative relationships between facilities. For primary care and specialty care, a lot of the access that was unavailable for a short period of time is now restored. Dr. Amin serves a greater capacity on the wildfire recovery task force through the access to care subcommittee. He will report on what he learns from other committee members, and they will work together to plan long term solutions. That the emergency brings up the larger issues with access to care in Medi-Cal, which is an extreme need across the County.</p> <p>Board Member Ghaly stated that it does not seem like there are currently any urgent access issues apart from the broader Medicaid access challenges that exist regardless of an emergency in the community. Ms. Santana Chin added that there have been some clinics that have shut down completely because they were destroyed by the fires. L.A. Care is meeting with the Los Angeles County Medical Association (LACMA) on Friday. LACMA is taking an inventory of issues reported to their organization. Community Clinic Association of Los Angeles County (CCLAC) and LACMA are working to understand gaps to be filled. L.A. Care's proposed wildfire relief fund aims to raise access to care to optimal levels, and there are impacts to review and understand. Board Member Ghaly is pleased to know there is a meeting, but it doesn't sound like there's been specific identification of the gaps. It is great that organizations are looking at the situation.</p> <p>Mr. Paley noted that as part of the disaster response, L.A. Care surveyed providers daily at the professional facility and ancillary levels to understand the services impacted. The daily updates and follow up is informing actions going forward to ensure continued access to care.</p>	

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	<p>Chairperson Ballesteros noted that there were a number of board and care or assisted living facilities that were affected in the Altadena area, and in other areas as well. They likely were dependent on Medicaid and probably served L.A. Care members. He asked about what access to other facilities look like for them, and if there are gaps for that specific population.</p> <p>Dr. Amin responded that the Managed Long-Term Services and Supports (MLTSS) team did a full roll call of the facilities where L.A. Care has members to ensure that there was a place for all members. There were a few board and care facilities that were shut down. L.A. Care was able to find another place for those members. The facilities that had L.A. Care members were all very helpful in trying to find another place for the member, and there was not significant movement. L.A. Care members seemed to be most concentrated in areas that were not immediately affected by the fire such that they had to be moved, but a few members were moved. Chairperson Ballesteros commented that having the ECM program in place at this particular time was very helpful to his organization. A facility primarily serving individuals with HIV on the border of Pasadena and Altadena had to close down for a couple of weeks, but thank goodness the ECM teams were in place, because that allowed the staff to quickly do the necessary outreach.</p> <p>Member Greene commended L.A. Care for the support provided to beneficiaries and communities over the course of the wildfires, specifically in the Pasadena and Altadena areas. There are a significant number of Skilled Nursing Facilities (SNFs) that members no longer have access to. Many patients showed up at Huntington Hospital. It really brought to light the challenges with the post-acute care services, community-based services. Many of the individuals showed up without a health record, many of them showed up with dementia and were not able to provide their own name. This is something on which the provider community needs to collaborate to work on. There will be long term effects. There are a significant number of individuals in Altadena, and this is exemplary of many of the communities that were directly impacted by the fires. Many rented apartments, many owned homes that were generationally handed down, and as they work through insurance issues and rebuild, many may ultimately be displaced because they would not be able to afford to rebuild. Some potentially won't be able to afford housing or apartments that replace what has been burned. And many of these individuals are L.A. Care members. It is something that must be taken into consideration moving forward.</p>	
<ul style="list-style-type: none"> Strategic Vision FY 2024/25 – 2026/27 	<p>Ms. Santana Chin introduced Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, to review the Strategic Vision Report at a very high level. This is a standard progress report on the current strategic plan.</p> <p>Ms. Schiffer highlighted the written report included in the meeting materials:</p>	

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	<ul style="list-style-type: none"> • This is the first progress report on the new strategic plan presented at the September Board Retreat. • The report is organized according to four high level strategic directions. Within each section there is an executive summary so Board Members can quickly review activities over the quarter, followed by a more detailed progress report for each goal. • There will be a strategy retreat for L.A. Care leadership. Ms. Santana-Chin has been talking to people inside and outside, so it is possible and probable that the strategic plan will change. 	
<ul style="list-style-type: none"> • Monthly Grants and Sponsorships Reports 	<p><i>Ms. Santana-Chin referred to the written report included in the meeting materials.</i></p> <p><i>(Please note question from Board Member Booth later in the meeting, at the bullet below titled, Update on Push Doors.)</i></p>	
<ul style="list-style-type: none"> • Government Affairs Update <ul style="list-style-type: none"> ○ Listing of California Lawsuits Against the Trump Administration ○ Directives Issued by the Trump Administration 	<p>Cherie Compatore, <i>Senior Director, Government Affairs</i>, referenced documents included in the meeting materials. One summarizes the Trump Administration executive orders or directives. There is a current summary of lawsuits filed in the first administration and those in the current administration. The list includes lawsuits in which L.A. Care has a strategic operational interest, it does not include every lawsuit that California has joined.</p> <p>She noted that the President issued an order that proposes to end birthright citizenship for children born in the U.S. to undocumented parents, which some legal experts claim may violate the 14th Amendment to the US Constitution. Implementation of the executive order has been temporarily halted by court order.</p> <p>Another executive order called for reports from more than 300 federal departments, potentially to freeze those funds, including hundreds in the health and human services area. A memo issued by the Office of Management and Budget (OMB) calling for a funding freeze on thousands of federal programs was rescinded pending review by the administration. The memo was also blocked by court order. It was an attempt to try to get control of spending approved by Congress, as other Presidents have done. The President may not be successful addressing the whole of federal spending, but he may be successful in other incremental ways. Executive orders or directives are most frequently blocked by courts as they make their way through the court system. There is no guarantee that a directive will be blocked, but it is highly likely, based on the last few years. It does not mean that the administration would not continue to try other avenues to get things done through regulatory process or passing a law through Congress. As the executive orders make their way through the court system, even going up to the Supreme Court of the US, and the refiling of lawsuits and appeals will begin in the lower courts by dissatisfied parties. Some lawsuits from the President’s first administration</p>	

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	<p>have been in the courts since 2019 or 2020. Advocates, such as L.A. Care, must put that noise aside.</p> <p>Government Affairs will track the activity and staff is very much involved. Staff will continue to highlight the work with trade associations at the federal and state legislatures, to highlight the impact of what L.A. Care believes are misguided policy initiatives. Real time data and statistics are being gathered to support the arguments at both legislatures and, more importantly, with the Republican offices at the federal and state level.</p> <p>She reported that among lawsuits filed in 2020 and lawsuits filed under the new administration in 2025, there are no direct replications, but they are not very different. The lawsuits have a theme that comes through, family planning, or diversity equity and inclusion (DEI) are themes, but the lawsuits are structured differently.</p> <p>Board Member Booth suggested that when combatting bad policy initiatives, data collection may help in proving that a proposed policy change does not save money. Some of what L.A. Care does is the right thing to do but does not save money. If L.A. Care can prove that activities save money, it can be an important point to use. Ms. Santana-Chin acknowledged the statements and L.A. Care will continue to refine its collection and reporting of data, from an economic perspective and with benefits for the region. A second is to continue to advocate for the Medicaid program, because in comparison to other healthcare coverage programs on a per person basis Medicaid is cost effective. She noted that L.A. Care is using data points as evidence of the importance of Medicaid.</p>	
<ul style="list-style-type: none"> Update on Push Doors 	<p>Terry Brown, <i>Chief Human Resources Officer</i>, noted that Board Member Gonzalez asked at a prior Board of Governors meeting for an update on the installation of automatic doors at Community Resource Centers (CRCs). Mr. Brown reported that when CRCs were closed over the holidays, automatic doors were installed at eight CRCs. Doors were not installed at CRCs with less than three years remaining on the lease. The installation of automatic doors will be standard for future CRCs. Automatic doors are installed at the entrance to the 1200 building and will be installed in other places inside the 1200 building as L.A. Care contractors work on improvements.</p> <p>Board Member Booth asked how it is determined that a sponsorship contribution is made by L.A. Care for an event listed as gala, conference or anniversary supports services such as access to care or early childhood education, for example. Chairperson Ballesteros responded that organizations hold events to raise dollars for services that the organization provides. Board Member Booth asked how it is determined.</p> <p>Board Member Gonzalez commented on the value of American citizenship. She asked if L.A. Care will have a statement on the impact of denying citizenship for children of undocumented</p>	

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	<p>parents. She is concerned that women who learn that their children will not be eligible for citizenship may abandon the children, and that will have an impact on the County and the State. Ms. Santana-Chin appreciates her comment, it is very heartfelt. There are people in the community are asking those questions. She knows that the Attorney General of California is aggressively challenging any change in birthright citizenship, and many elected officials are working to make sure that people understand the potential effects. Chairperson Ballesteros suggested that staff can provide a report with the different categories of sponsorship support.</p> <p>Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, responded that staff reviews the services offered by each organization. The grant making programs directly fund the services. The sponsorship program provides general funds used for community activities. Mr. Oaxaca offered to provide more detail in a report with more descriptive information about the organizations. Board Member Booth agreed that would be helpful, as she likes to see how the money that L.A. Care gives them is used and the credit L.A. Care receives for the sponsorship. Mr. Oaxaca agreed that L.A. Care receives recognition and visibility at the activities or events it sponsors. The community benefits program conducts formal grant programs with reports on deliverables to show exactly how funds are used. Mr. Oaxaca will provide more detail on the work of sponsored organizations that will give more information on how the funds are used.</p>	
CHIEF MEDICAL OFFICER	<p>PUBLIC COMMENT</p> <p><i>Reginald Fagan welcomed Ms. Chin, he is from the Long Beach area, so good to have another Long Beach person. He is willing to speak on the issue with the fire. He was a park ranger for many years and fought his share of fires, and he knows that whole experience as Dr. Amin said, this whole county has been contaminated. The water, the air, the soil, and it is going to be a while, this is Los Angeles which is already a dirty city. And he had brought up in December the need to try to incorporate within the community resource centers some type of effort to look at public health, to be able to really take a hard look at social determinants of health. So perhaps since this is on everybody's mind, maybe that might be something to really take a hard look at because you know many people are gardening and the soil is contaminated. Many of the various crops like leafy green crops, they sequester heavy metals in their leaves. So that is the reality. Many people in this county fish on the shores and in the various lakes in the parks. And those fish are also digesting the various chemicals from the fires. So there has to be an effort, community-based health equity research, to be able to question the information and to be able to get some valuable data that can be used to address the health issues. Now the lady here spoke in terms of how we demonstrate saving money. Well, if one can look at the fact that people are dealing with social determinants of health and it's impacting them, and it causes this organization to have to incur additional expense, so it is a preventive measure that can be incorporated through outreach utilized in the resource centers. And he had come back in October and talked about a situation that he encountered in his</i></p>	

home. And he got a three-page report from the asthma organization, and it clearly shows various violations. Ms. Ghaly, he is a member of the Housing for Health Program and there needs to be a hard look at that program as far as identifying social determinants of health, but he appreciates this opportunity. He encourages Ms. Reed, Dr. Li, Dr. Amin, to keep a dialogue open. Let us keep trying to talk. He may not be like most. He is outspoken, speaks his mind, he speaks truth to power. So do not be offended by it. Embrace it. It is good information.

Dr. Amin responded that he would certainly take that under advisement and incorporate in the plans. He noted that L.A. Care has tried already to incorporate some of his feedback, and his voice has definitely been heard. Ms. McFerson, another member of the community has also brought up some points about better understanding member voices. L.A. Care is undergoing a process right now through the quality improvement team using the CRCs to clearly hear the member voices. L.A. Care is working on mapping out the member journey, interactions with the health care system, interactions with the health plan, interactions with social determinants of health, to better understand pain points in the system and how to improve the provider network and improve the quality of care provided. It will directly address understanding the needs of the community and how to serve members through the CRCs. L.A. Care wants to hear in the member voice what has been bothering them. Medical directors from health services will attend RCAC meetings to hear direct member feedback. These are a result of listening to members at meetings over the past year. He appreciates member input. He really appreciates help from members in trying to make L.A. Care a better health plan.

Andrea McFerson from RCAC 5 is glad he spoke about that. She did speak about a survey. A survey after someone sees their PCP, received any sort of services, and then also the overall treatment coverage that they received with L.A. Care as well. And that could be everything from placing their name on the form in itself and asking necessary questions according to that particular instance, but then also it could be anonymous. Because a lot of people do not want to speak about the treatment that they receive because they're afraid that they'll get worse treatment the next time. So in order to give people freedom to speak about how they feel about any sort of instance where they had coverage or services with L.A. Care, then there can also be a drop box as well that drop box is not to the PCP after they fill out their survey. It is to a lock box to where no one could actually even see the necessary information that they filled out except for the people who are making the major decisions about how to change that and better their services. And that is real. Also, she talked at the Board of Supervisors meeting, not this week, but the last week, about how having to do with the fires and just different things like that. RCACs has been here for over 20 years. And the RCACs have been doing outreach for a very long time. So, when she spoke to people, they are so willing to give back to the community. Because they had a budget for three years, over \$150,000 that they did not use. RCACs want to get back and start doing more outreach. COVID-19 and things like that kind of limited them. But the RCACs need to get out there, have that eye to eye, peer

on peer type of intercommunication because people are more willing to give themselves to people who may have been through it or have family or could have possibly went through that type of thing, and are willing to give themselves back. She went to Santa Monica college, and they had an event having to do with that. And there were disabled people, there were seniors, and they were giving back as well. All they got that day was maybe a \$25 gift card, some food to eat or those resources that were given out during the event. But they are totally willing to give back. And they are low-income people, so any sort of thing, like a \$25 gift card, would help them eat.

Dr. Amin referred to the written report in the meeting materials that outlines the work in each of the core departments in Health Services. At the last Board of Governor's meeting, he introduced the concept of developing a strategy framework for Health Services. It started with focus areas for Health Services around operational efficiency, network management, quality of care, member experience, health equity and community. Those are used as core pillars for strategies to build out in each of the departments. It was framed not necessarily that these are goals for each department, but as questions for the leadership in each department about how the department should operate by the end of 2025. As a reminder, there are four key departments in Health Services: pharmacy, community health, medical management and quality improvement. It was discussed that working fire by fire, emergency by emergency, there would not be improvement, but in a year or two years from now, all that will have been done is the daily work of getting past the issue of the day. Instead, Health Services wanted to proactively determine what the departments needed to work on in order to better address the needs of the members. The staff shaped goals and drew out what initiatives and investments needed to move forward to get the department where it needs to be in one year.

After developing the strategic initiatives, staff is using a project management-based approach, with timelines and deliverables to be achieved on a schedule. No matter what fire comes up, no matter what issue comes up, Health Services will continue to move toward achieving those goals. He highlighted a few items from each of the departments:

- Medical Management is working on improving the IT infrastructure. The current infrastructure in place is called Syntranet, and it limits the ability to automate and facilitate the work of utilization management. Medical management will move to a new system, thanks to the help of Mr. MacDougall and his team, to improve efficiencies and ensure compliance. A goal that will build out many initiatives, is to streamline the utilization management (UM) process to minimize member friction and provider abrasion. UM should facilitate care, not stop care. Staff is working on the model of care that will include the needs of different areas of member populations and align case management, community supports and ECM resources, to deliver services. Risk stratification facilitates proactive intervention. For each tier of risk stratification, staff is detailing the engagement needed and how to align internal programs to make sure that members are getting the services they deserve.

- In Community Health, staff is working to integrate work being done in community health with county and government programs. The Los Angeles Department of Health Services (DHS), Department of Public Health (DPH), and Department of Mental Health (DMH) approaches through the County Supervisor offices should be tucked and tied with the work L.A. Care is doing through community health to build a better health care ecosystem. A second part is developing an innovation platform through Community Health, to align L.A. Care investments and enterprise wide goals, and develop very streamlined processes for project launch and evaluation, to monitor new projects for the community. L.A. Care hopes to attract external funds to these programs. It will include projects like services now available at McArthur Park and Skid Row. There are other projects on the table that he is excited to talk about but will not yet speak about publicly.
- For the Pharmacy Department, some of the main goals he highlighted were creating new clinical quality programs to drive improved member outcomes, enhancing provider engagement by integrating pharmacy more into L.A. Care’s network management efforts. Staff is regularly going out and engaging with L.A. Care providers and going to move pharmacy to the forefront of those conversations.
- For Quality Improvement, the goals are around building better analytics and technology into a better infrastructure to connect with provider offices and inform them of gaps in care that need to be filled, and work on practice transformation. A concept of a member journey to better understand the member experience and create innovative solutions that drive satisfaction and deepen engagement with members.

Board Member Booth asked about the term “open child vaccine gap.” Dr. Amin responded that the CIS10 measure is for child members enrolled in L.A. Care Covered. That is a commercial product with many quality initiatives tied to it. There are four key quality initiatives that are each subject to financial sanctions if care gaps remain open below a minimum performance level. One requires that child vaccinations are administered by age. But it is not just one or two, CIS 10 requires ten vaccinations in a specific order and on a specific timeline. Unfortunately, some kids get vaccinated outside of the required timelines. Health plans do not receive credit for closing gaps outside of the timeline. There are a few hundred kids that need to be vaccinated per CIS10, and there are about 26 kids that needed to be vaccinated according to the requirement for L.A. Care to achieve the minimum performance level. A multi-million dollar penalty would be imposed on a health plan unless those 26 kids are vaccinated timely as required. L.A. Care has suggested to regulators that the sanctions are heavy. Regardless, health plans are obligated to ensure that the kids get appropriate vaccines according to the schedule, and L.A. Care is working to close care gaps. Health plans are marked down for not closing child vaccination requirements, even if the parents refuse.

(Board Member and Supervisor Solis left the meeting.)

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF FINANCIAL OFFICER</p> <ul style="list-style-type: none"> Financial Performance Report 	<p>PUBLIC COMMENT</p> <p><i>Andrea McFerson, RCAC 5 will speak about the budget and how she has a motion coming up to basically talk about how the RCACs can use their \$5,000 in order to make sure that they give back to the community. Each RCAC has \$5,000. So in order to do that, they have to come up with some sort of feasible solution to where each RCAC has a fiscal year plan. That fiscal year plan would have everything to do with the necessary appendages, everything having to do with the locations that they want to have events or it could be the fact that they want to give that money to another organization. Now, they are entitled to make that decision. They were told that it would be best to do sponsorships and things like that. But no, she thinks they are more willing to give out to give back to the community like how they used to. It is not new because they have been doing this for a long time, events. And it has everything to do with kids and the family resource centers, how they gave out necessary information for L.A. Care, from L.A. Care. So, the financial report, can you please give it to the RCACs and give them some options during the RCAC meetings how they can give back to the community and something feasible, something that they can do for the next fiscal year, please.</i></p> <p><i>(Board Member Raffoul temporarily left the meeting.)</i></p> <p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on financial results for October and November 2024, the start of the new fiscal year. He focused on year to date (YTD) performance followed by the usual informational item on the investment transactions report.</p> <p><u>Membership</u></p> <p>Membership year to date, is about 5.2 million member months, which is 163,000 favorable to budget. The budget was set quite some time ago and is above the last forecast effort. At the time, there was a backlog of Medi-Cal eligibility redeterminations, so the budget is conservative with a month-to-month loss of about .33 % in enrollment for October and November. In actuality, there has been an increase in membership, primarily in Medi Cal enrollment. A 3+9 forecast is being developed. The budget projections for membership are conservative, given potential pressure on the margin with a less conservative membership projection. Enrollment for L.A. Care Covered (LACC) and Dual Special Needs Plan (D-SNP) are ahead of budget. For LACC the favorability is primarily due to SB260 and its competitive price position.</p> <p><u>Consolidated Financial Performance (YTD)</u></p> <p>Starting this month, staff has removed Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) categories from the organizational financial results and HHIP & IPP will be reported separately. A line was added showing the net surplus or deficit less investment income, to show context for performance without investment income.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Financial results year to date in November are a small loss of \$7.2 million, which is unfavorable to budget by about \$38 million. Highlighting the budget variances, the result is favorable to revenue \$104 million; more than half of that is tied to membership volume. Higher membership brings higher revenue. There is favorable development with Unsatisfactory Immigration Status (UIS) and Managed Long-Term Services and Supports (MLTSS) risk corridors, and favorability in L.A. Care’s actual rates compared to original assumptions.</p> <p>Health care costs are unfavorable \$134 million, with \$56 million tied to higher member volume which leads to higher medical cost. Staff will continue to monitor unfavourability in incurred claims for inpatient, outpatient, and pharmacy and may update the forecast for those categories.</p> <p>Operating expenses are favorable \$6 million primarily due to timing of depreciation and amortization. That favorability will likely continue for the rest of this year as capital project expenses come in later than originally expected. Purchased services, advertising and marketing are favorable due to timing; expenses will catch up later this year. Staff will tightly manage the budget after starting the year with favorable results for operating expense side.</p> <p>Non-operating expense is unfavorable by \$13.7 million; primarily tied to lower interest rates in the last quarter of 2024. In the long term, interest rates increased, so there are unrealized losses reported. This category will level out over time.</p> <p><u>Operating Margin by Segment</u> Medical Cost Ratio (MCR) for Medi Cal is unfavorable, mainly due to timing and it is expected to align more closely to budget as the year progresses and new rates take effect.</p> <p>Duals Special Needs Plan (DSNP) and LACC products will likely see updates or revised MCR in the forecast update. Both have cost pressures, LACC was impacted by the member acuity mix, as member enrollment increases, the acuity changes. MCR for PASC enrollment is unfavorable; this is a smaller dollar volume of business, and it is anticipated that the MCR will decrease over the year.</p> <p><u>Key Financial Ratios</u> The aggregate MCR is unfavorable to budget, 95.1% vs 93.1%. The administrative ratio is favorable to budget. Balance sheet accounts are all strong in terms of liquidity and working capital. Tangible Net Equity is healthy at 873% this month with 64 days of cash on-hand.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Booth asked for confirmation that there will be a 3+9 budget forecast. Mr. Ingram confirmed that the January financial report will include the 3+9 forecast. Quarterly budget updates are planned through the fiscal year given the changing economic environment.</p> <p><u>Motion FIN 102.0225</u> To accept the Financial Reports as of October and November 2024, as submitted.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Roybal, Vaccaro and Vazquez)</p>
<ul style="list-style-type: none"> Monthly Investment Transactions Reports <i>(Informational Only)</i> 	<p>Mr. Ingram reported that investment transactions reports are included in the meeting materials <i>(a copy of the reports can be obtained by contacting Board Services)</i> to comply with the California Government Code and are presented as an informational item. L.A. Care's total investment market value as of L.A. Care's total investment market value as of November 30, 2024, was \$3.2 billion.</p> <ul style="list-style-type: none"> \$3.1 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$125 million in BlackRock Liquidity T-Fund \$11 million in Los Angeles County Pooled Investment Fund \$6 million in Local Agency Investment Fund 	
<p>CHIEF HEALTH EQUITY OFFICER REPORT</p> <ul style="list-style-type: none"> Social Determinants of Health - Strategy, Approach & Results 	<p>PUBLIC COMMENT</p> <p><i>Andrea McFerson, RCAC 5, will speak about giving them back that priority, hearing the actual presentation first before they can speak on it. That is how it used to be, to where they were familiar with all information generated first and knew how it affected them. And then that way they can make comments accordingly and how it affects them and their families and friends and the people that they represent here throughout Los Angeles County. So that is a perfect explanation of what she was going to talk about. But then also, she is not quite sure whether the Board will go over Black History Month. She wished everyone a Happy Black History Month every month. They need to have more communication with their RCACs on what L.A. Care is doing to outreach the communities to let them know about Black History Month and other cultures having to do with maybe Dias De la Muerte or something. She is not quite sure, but what she does know is, is that they are peer on peer and ready to represent everyone and come and do community outreach. But what she did want to say is, the segregation has to stop because we all need to work together. They are taking away or they are trying to take away a whole lot of benefits, so that diversity that they need is right here at L.A. Care and it starts right here. So they need to have more peer on peer intercommunication and better communication with staff as well, and the public. The public needs to talk about different issues having to do with the RCACs as well and they are reluctant to do that because they are not able to talk about every motion on the agenda. She was not quite sure what to talk about so she is sorry about that.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, appreciated Mr. Fagen’s comment about food security and he will touch base later on with Mr. Fagen. There is a meeting with his public health colleagues after the fires, including Paula Daniels from Los Angeles County, a new executive director for food security.</p> <p>Instead of providing a broad health equity update, Dr. Li would like to start the year with a specific report on L.A. Care’s social determinants or social drivers of health efforts. He introduced Kathy Kwan, <i>Program Manager</i>. <i>(A copy of the presentation can be obtained by contacting Board Services.)</i></p> <p>Dr. Li commented that many people think of health and wellness with a medicine and healthcare perspective. He noted that from social economic and environmental factors account for over 60% of one’s health. Ms. Kwan stated that L.A. Care makes referrals to social service resources. She described the first member housed in the 2017 Housing for Health program, was homeless and in the hospital with gestational diabetes and kidney problems and had just given birth to twins. The hospital contacted L.A. Care’s social work department, and L.A. Care was able provide her with the first Housing for Health unit and other wrap around services. She and her two children are thriving today and is still housed. That is a great success story where addressing her housing needs made it possible for her and her two children to thrive. Addressing social determinants of health aligns with the L.A. Care mission, health equity plan and enterprise goals. It aligns with many federal and state regulatory and accreditation requirements. Centers for Medicaid and Medicare Services (CMS), Department of Health Care Services (DHCS), Covered California, and National Commission on Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) requires L.A. Care to collect social needs measures e.g. screening for food, housing and transportation. L.A. Care currently is informing members about resources in the community to help address their needs. L.A. Care created a member focused social determinants of health reference sheet for staff in the CRCs, case management, utilization management and providers. The reference sheet has a QR code on the form to help members link with nearby resources that are within the member’s zip code. The flyer is evergreen, so it doesn't change but the websites are updated every year with new resource links. In collaboration with CRCs, Health Equity has curated 84 community-based organizations (CBOs) in four categories: food, housing, transportation, and maternal health.</p> <p>A provider specific social determinants of health reference sheet and website were also created. The reference sheet leads providers to a website with recommended screening tools and priority social determinants of health ICD-9 and CPT codes. required-similar to ICD-9 and CPT codes. Provider referral sheet are also on the site.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Kwan summarized the various communication and outreach interventions conducted to inform members and providers. For example, community link magnets were distributed at CRCs between June 2022 and May 2023; field specialists also distribute the provider flyers at provider offices, CBOs and CRCs. There was a a series of fax and email blast communication for the flyers and resources to providers, PPGs, and direct network providers in summer 2024. There was an increase in traffic on the websites in response to distribution of the provider memo and other outreach efforts. Ms. Kwan reported that the common search categories are housing, food and financial resources. She thanked the Board for the opportunity to provide information about one of L.A. Care’s strategies to address social determinants of health and assist L.A. Care members.</p>	
<p>PERFORMANCE MONITORING – JANUARY 2025</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson, RCAC 5, wanted to address the Chair because she was not quite sure on the topic at hand, performance monitoring. Does this portion speak about the staff performance or healthcare providers, she does not know.</i></p> <p>Dr. Amin responded that it speaks to the performance of internal teams on utilization management, bed days, provider network, claims staff. It is a whole performance assessment of L.A. Care.</p> <p><i>Ms. McFerson continued, overall performance assessments. She thinks it is important because when they try to outreach at the RCAC meetings and just different things like that, there is an overall general consensus that they are being presented this information and they are not allowed to vote on things. Now, what was given to them was an overall bylaw that they had to adhere to, they had to go by in order to have their RCAC meeting. The overall presentation that staff did took away a lot of time during the meetings, to talk about different health woes that they are going through. So, she is going to use 30 seconds to go over hers so the Board can hear it, because that is how it is supposed to be presented to the Board. She was in an emergency room and was thrown to the ground and got a bus card and said she had to leave the emergency room right away. There is nothing wrong with her. But then when they did the blood work and things like that, her electrolytes were so low, that is why she was seizing on the ground while he was telling her that. And so when that happens, members need to be able to tell their stories at the RCACs, but they are not getting that reaction from the staff. So a performance monitoring could be great if they evaluate the staff with Outreach and Engagement first and foremost before anything else, so that they can have a voice again and let the Board know what they are going through.</i></p> <p>Dr. Amin noted that the Provider Relations Advisory Committee (PRAC) will meet on February 19 and the information will be reviewed in more detail.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • One highlight is the continued high performance by utilization management, meeting all compliance metrics. The information is about timeliness in processing prior authorizations, and one can see that it continues to be 99.9% to 100%. • There is information about hospital admissions, which L.A. Care monitors closely. L.A. Care strives to have members served through high quality value-based care, outside of the hospital. There is a very small increase in bed days that seems to be a relatively random variation. L.A. Care will be discussing avoidable admissions with the provider network. <p>Board Member Booth asked about more recent data, Dr. Amin responded this is the most recent data. There is a delay as data is reconciled with claims data before publication.</p> <ul style="list-style-type: none"> • Dr. Amin noted that L.A. Care closely monitors any statistically significant difference in provider compared to the median. Staff will meet with any providers that have outlying data. He commented that some delegated providers perform substantially better than the median and some perform worse. L.A. Care seeks input from high performing delegated provider groups and will use that information to help low performing practices improve. • Dr. Amin reported there is a substantial increase in the enhanced care management (ECM) enrollment. Major changes in ECM include new leadership, combining ECM in a continuum with complex care management, urgent care management, and working with the provider network on members who need ECM. The improvement is the result of those actions. There are incentives for new enrollment, and L.A. Care has professionalized the service with provider audits and substantial provider engagement. The population has grown from 15,000 to 19,000 in 2024, there are 84 contracted providers and a substantial increase in enrollment. He noted that DHCS is very proud of this success. <p>Mr. Paley noted that the report on member transportation includes information through November 2024. The daily report of information through January 2025 was reviewed this morning by the senior leadership team. The report shows improvement in performance in all areas, including hospital transfers and discharges. The performance is at 99% against performance metrics. As previously reported to the Board, a supplemental non-emergency medical transportation (NEMT) vendor has been engaged and fully vetted through the contracting process. The supplemental services provided by that vendor will focus on improving and sustaining compliance with metrics for hospital discharges and transfers and will be coordinated with Call the Car, which will act as the call center, the ride generator and broker. When that contract arrangement is in place, performance and utilization will be evaluated on an ongoing basis. L.A. Care will monitor transportation with an understanding of the importance of ensuring that each member that needs a ride has access to the ride to facilitate member access to care.</p>	

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	<p>Ms. Reed reported that claims data in December 2024 show auto adjudication for 1.5 million claims volume received. There is information for those claims by service type. For payments processed in December, there is a seasonal uptick, which is not uncommon, there is typically an uptick in December in the in the number of claims submitted. She highlighted the reduction in interest paid that means claims are paid timely and accurately the first time. Timeliness is 99% at 30 calendar days, compared to the standard of 95%. At 45 business days the service level is 99%, and L.A. Care continues to exceed the standard. With regard to the average calendar days to process, there is a seven day hold due to system and process limitations, the 7.5 day hold is the lowest it can be until the technical issues that would allow us to pay faster are remediated. Ms. Reed highlighted one area for claims denials and adjustments that the denial rates still hover under 20%, and is holding steady since enhancements were made in the process to deny coordination of benefit claims. Duplicate claims payments or duplicate claims received affect that process. She highlighted items related to provider dispute resolution (PDR) performance. September performance resulted in a slight performance decline due to a technology issue and late disputes received from a vendor. Working with the SIU team, staff rearranged that process and resolved the timing issue. Improvement can be seen in October. In November there was a spike in volume of almost 14,000 COVID related claims that came in late and diminished performance by almost .9%. There is good progress in December and January.</p> <p>Board Member Raffoul had heard that at some point in December, L.A. Care discontinued the electronic submission of claims and was using paper claims submissions. He asked if it was specific to L.A. Care or widespread. Ms. Reed responded that the last time there were issues with electronic claims was due to the Change Healthcare cyber-attack earlier in 2024. Electronic claims resumed as quickly as possible. She referenced the data and a graph with the electronic claim submission volume. She offered to review the submission by a specific facility.</p> <p>Suma Simcoe, <i>Deputy Chief Operating Officer</i>, noted that the issue could have been during the Change Healthcare issue, when health plans were not able to get electronic claims from Change Healthcare, and even after recovering from the cyber-attack, Change Healthcare was not able to accept attachments to claims and claims were submitted on paper. Medicare records and additional documentation, invoices and so forth, had to be submitted on paper.</p> <p>Board Member Booth asked why the double billing is still an issue. Ms. Simcoe responded that when L.A. Care started receiving the secondary payment file from CMS, providers were submitting the same thing to health plans. The volume has gone down significantly. At the beginning of 2024, claims inventory was 225,000 claims in the back log and it has come down to 35-40,000.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Contreras commented she was happy to see the growth in ECM. She asked Dr. Amin how the conversations are going with Los Angeles County Department of Children and Family Services (DCFS) as a potential population for L.A. Care to serve. That population would have high needs relative to ECM. Dr. Amin responded that there is a constant back and forth with DCFS around a couple of issues, but certainly there are needs for specific populations for which more providers are needed to do specialty types of care. He had no report right now. He will check with the team to get more detail on that and will follow up with her. Board Member Contreras is happy to support that connection, there was one meeting last year and she would be happy to support continued conversations.</p>	
ADVISORY COMMITTEE REPORT		
<p>Transitional Temporary Executive Community Advisory Committee</p>	<p>PUBLIC COMMENT</p> <p><i>Dr. Chavez thanked everyone at L.A. Care. She stated that you saved my life. This Board, this medical team. She was with another health care and they did not approve their iron transfusions. And as a biological woman unlike men, you would not experience what we go through, but the medical team, the biological men and women did a wonderful job. And if it was not also for the L.A. Care staff who advocated for transportation when it was kind of challenging for them as a member or hearing some of their complaints to go back for treatments, they might not have been here today. She would have been like really fatigued and at home and not as coherent as she is today. So she just wanted to thank everyone cause it does take a village to run what they do in public service. Managing funds and trying to relay it back all the way down to members, to federal funds, state funds, governors, and without getting a lawsuit. So she just wanted to thank the team because if it was not for the lovely lady right here, when she was accepted through nomination, through applying she would not have been here because it was a resource fair through Miss Tyona. Tyona, my apologies, She's really an **** about pronunciation and saying things correctly especially people's names when they get a paycheck. So she thanked the L.A. Care paid staff because they do help balance out what they see at the RCAC meetings. If it was not for their thorough jobs, teamwork, brainstorming coming back to RCAC meetings. She does not know if she would have stayed long enough in the state of mind when she was pretty fatigued because she needed medication. So she just wanted to thank everyone here for all the hard work you've done. She welcomed the new CEO. She did meet Mr. Baackes, he did a wonderful job. He was so helpful and he also changed lives for people that they worked with and volunteer worked with who were in wheelchairs as adults and who could no longer move. She is not able anymore. So they are miracle workers. Thank you very much to the paid staff, for everybody else that volunteers their time such as herself and she hopes to stay on this volunteer team as much as possible before she has to spread her wings somewhere else. So thank you LA Care team and you did a wonderful job too.</i></p>	

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	<p><i>Sylvia Pos, RCAC 4 chair, is so happy to hear about Call the Car that is at 99%. But her question is, in that 99% of the patients who come out and need transportation and they do not know how to engage or who to call or where to go. Do you on this 99%, are those patients also taken care of.</i></p> <p>Mr. Paley offered to provide her with information about accessing rides from facilities. L.A. Care makes the information available and ensures that the discharge staff and that members who need to use the rides are aware of the protocols. He will follow up with Ms. Pos after the meeting.</p> <p><i>Demetria Saffore is a member of RCAC 4. She wanted to let the Board know the issue that they are having with this motion. She feels like it needs to be resolved quickly because she came here 20 years ago to volunteer on the RCACs and they had this problem when she got here and they still have the same problem and she wants to know why are not they taking action? Cause she thinks if there's no action involved then why are they talking about it?</i></p> <p><i>Andria McFerson commented that the public advisory committee, she went to mostly all the RCACs and they had an election, but they were not able to use that proper Brown Act that stakeholders are supposed to have, the Roberts rule of order, the candidates were only given a minute or 2 minutes to comment on how they could possibly positively affect the community. And so with that, there was no questions asked from the public or from any of the committee members who would be most affected by their representative, and that is not ok. You know, that is not what they are supposed to have as a committee, as a stakeholder committee. So with that, she asks that they have an election that is better and legally, it's held properly. But then also they do need to have more community involvement and she will say that every single comment. They talked about how they can have the surveys and how they can actually eye to eye peer on peer give the surveys so that they can know that they are relevant and people just like them ask for important information to make better decisions and to have better service providers. Those better service providers can actually statistically if they have better intercommunication with L.A. Care, better follow ups, better surveys with their patients, they can also be on the website. And you could actually post their names on the website, the top ten for this month. That would be great. Also, more suggestions by the RCACs would be better if they had that on the agenda to where they could have more time to talk to each other and talk to L.A. Care.</i></p> <p><i>Russel Mahler would like to call a state hearing on certain matters if they could have a state hearing. One of them is the fact that what his wife has gone through coming up on 90 days without CPAP supplies. He wants to know what will be done about this because</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>this is ridiculous. She has brought this to your attention before and nothing has been done about it. And he wants a state hearing about all this.</i></p> <p>Board Member Gonzalez reported that TTECAC met on December 11, 2024. She thanked the members that attended the TTECAC in person and to those present today.</p> <ul style="list-style-type: none"> • Dr. Amin provided an update on a potential initiative to expand services at community resource centers to improve healthcare access for members. • A motion to approve new members of the regional community advisory committees, otherwise known as RCACs, was approved earlier today on the consent agenda. • She welcomed the newest members of the RCACs. • Vivian Tang gave an overview of L.A. Care's population health management program (PHM) to address rising healthcare costs and the need for efficient resource allocation. Health disparities in underserved communities require targeted support; and the shift from a reactive to a proactive healthcare model. <p>Board Member Fatima Vazquez reported:</p> <ul style="list-style-type: none"> • Catherine Nguyen and Ingrid Castelo gave a presentation on the authorization process to obtain Durable Medical Equipment and Wheelchairs. • Ana Rodriguez TTECAC Chair is here to present a motion approved by TTECAC. 	
<ul style="list-style-type: none"> • The Temporary Transitional Executive Community Advisory Committee (TTECAC) request and recommends L.A. Care to conduct a comprehensive review of business process which impacts member experience. 	<p>Anna Rodriguez, TTECAC Chairperson, noted that TTECAC members express significant concerns about the referral process for specialty care, durable medical equipment (DME) approvals, and accessing prescribed medications. Challenges include long appointment wait times, poor communication between primary care providers (PCPs) and specialists, difficulties securing the DME and prescription for medications outside of the approval formulary. These issues are consistent across all eight regions, reflecting the widespread nature of the problem. The goal is to improve care delivery and eliminate delays through clear guidelines and directives from L.A. Care. The committee requests and recommends that L.A. Care conduct a comprehensive review of the following business processes which impact members experience:</p> <ol style="list-style-type: none"> 1. review the referrals, approvals, and prescription process -descriptions are in the meeting materials, 2. provide a report with solutions and submit the report to ECAC and the RCACs by May 2025, 3. set goals and track progress. TTECAC recommends L.A. Care establish measurable goals and timelines for improvement, provide consistent updates to ECAC and RCACs on progress and effectiveness, 	

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	<p>4. educate members on the process TTECAC advises to develop consumer friendly step by step guides to help members navigate the referrals and DME approvals, prescription medication access, expected timelines for approvals and appointments.</p> <p>TTECAC Chairperson Rodriguez welcomed Ms. Santana-Chin and noted that she has 2.7 million members in her hands.</p> <p>Ms. Santana Chin thanked the Members of the Committee for the work done to gather this information, it was not an easy process to hear what everybody had to say about the opportunities to improve and synthesize it in a way where we could do something about it. She appreciates the genuine interest on the part of every single member on those committees to think about where L.A. Care needs to focus, because the focus is going to be really important. She is grateful that members are trying to make L.A. Care better. She also thanked TTECAC for organizing the issues into themes. The specific themes and the areas that members want L.A. Care to focus on helps make sure that attention is paid to the things that matter most to members.</p> <p>Every issue raised is critical. Access to specialists, especially when a child or a loved one has a significant need, or when you have a significant need, when access to the health care system is needed, it's not necessarily a fun time in one's own personal life, and it is critically important for the sake of one's health, well being and one's mental health. Every one of the issues that were raised are issues that we take to heart and in earnest L.A. Care will work on making things better.</p> <p>When she started in Medi-Cal 30 years ago, doctors did not want to accept Medi-Cal. One reason the Medi-Cal program ended up becoming what it is today is because the idea was that organizations might be able to get more physicians willing to accept Medi-Cal members. For those that have been around that long, remember the days where there were little cards with stickers on them. You would peel off the sticker, go to the doctor's office, and hope that they would take you. And when you ran out of stickers you were out of luck. While we have come a long way from those days, when transportation was not covered, there is still a lot of work to do. Right before the pandemic, L.A. Care did a phenomenal job of establishing telehealth services so that people could at least be able to connect with a physician virtually, and that's something to be proud of. That is new a new access point that was never had before.</p> <p>The issues raised today will be addressed, and some will take time to fix. We are in a county and a state where there are not enough physicians to take care of the people that live here. There are estimates that by 2030 California will be short 8,800 primary care physicians. These issues are not easy to solve, and it takes a lot of organizations, it takes the UC system, other academic institutions, residency programs. People have been dedicating their life to address this, and it will take time. L.A. Care will take all the issues and in earnest think about how each</p>	

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	<p>one can be creatively addressed, recognizing that some things will take time. Ms. Santana-Chin could not be more grateful for organizing member thoughts, collecting all the information and giving L.A. Care something substantive to work with. She invited Dr. Amin to add his comments.</p> <p>Dr. Amin is overjoyed to have this board motion presented, mostly because it shows the process is working. L.A. Care has often expressed the desire for member feedback from the RCACs to the ECAC to be brought to the Board. This is exactly how this should work and he is excited to be hearing from members. He has already spoken with the health services team and they are excited to get to work.</p> <p>He read through the motion in detail. He gathers that the main issues are with access to primary and specialty care, with references to wait times, communication between providers, and specialists who are contracted but not willing to see our Medi Cal members. He heard that there is concern about the ease of obtaining durable medical equipment, and with providers being unaware of Medi-Cal prescription formularies. There are several complicating factors that members may not want to hear about. He could go into detail with nuance about delegation and flow of referrals and prescription benefits being carved out to Medi-Cal RX. L.A. Care, as a health plan, is responsible for making this a better experience for members. The nuance is less important than the fact that there's always something that can be done to better coordinate care for members. With that in mind, L.A. Care is taking very seriously its responsibility for creating a better healthcare system. A focus will be on the elements that can be improved, as opposed to the elements that are out of L.A. Care's control. L.A. Care will attempt to improve the flow in the system. Some of that work is being done now, increased coordination among delegates, providing alternatives when there are provider access issues, through telehealth services and direct network specialists, allowing better access to information by rolling out our new provider and member portals and increasing training for providers on how to get things done in the Medi-Cal system, whether that's navigating the network work better, where to send a referral, how to place a referral properly so that it ends up with a provider who can actually fulfill the request. All that said, work will begin on the issues in the Motion, and a report will be presented to the ECAC and RCACs by May 2025 or sooner. Medical directors will participate in member meetings regularly to solicit more member feedback. He promised to provide a substantive report, that will outline ways to improve the experience for members. Staff is happy to work on this and will report back with the Board Chair approval.</p> <p>Board Member Booth offered an amendment to the Motion by adding language at item 1. Board Member Booth read her suggested amendment. Ms. Rodriguez accepted the amendment on behalf of TTECAC.</p>	

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	<p>(Amendment to motion suggested by Board Member Booth is indicated in yellow highlight below.)</p> <p><u>Motion TTECA 101.0225:</u> The Temporary Transitional Executive Community Advisory Committee (TTECAC) committee request and recommends L.A. Care to conduct a comprehensive review of the following business process which impacts member experience.</p> <ol style="list-style-type: none"> 1. Review the Referral, Approval, and Prescription Processes TTECAC is asking L.A. Care to conduct a comprehensive review of: <ul style="list-style-type: none"> • Timelines for referrals, DME approvals, and prescription processes. • Points of delay and communication gaps between primary care providers (PCPs), specialists, and pharmacists. • The investigation will include identifying ways that L.A. Care could facilitate the ability of members to advocate for themselves. L.A. Care could recommend to members, actions they could take that would lead to one or more of the following: <ol style="list-style-type: none"> 1) Improve the timeliness of processes related to obtaining necessary health care; 2) Improve member experience; and 3) Help L.A. Care in holding down the administrative costs of care. 2. Provide a Report with Solutions TTECAC requests L.A. Care to submit a report to TTECAC and Regional Community Advisory Committees (RCACs) by May 2025 that includes: <ul style="list-style-type: none"> • Findings from the review. • Recommendations to expedite processes, ensuring: <ul style="list-style-type: none"> ○ PCP appointments within 10 business days. ○ Referral processing within 10 business days. ○ Specialist appointments within 15 business days of referral. ○ Durable medical equipment (DME) approvals within 14 business days. ○ Prescription medications align with approved formularies to prevent treatment delays. • Clear steps to improve coordination between PCPs, specialists, and pharmacists. 3. Set Goals and Track Progress TTECAC requests L.A. Care: <ul style="list-style-type: none"> • Establish measurable goals and timelines for improvements. • Provide consistent updates to ECAC and RCACs on progress and effectiveness. 	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Greene, Roybal, Raffoul, Vaccaro and Vazquez) <i>(Board Member Contreras was not able to vote due to technical issues.)</i></p>

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	<p>4. Educate Members on the Process TTECAC requests L.A. Care to develop <u>consumer-friendly</u> step-by-step guides to help members navigate:</p> <ul style="list-style-type: none"> • Referrals and DME approvals. • Prescription medication access. • Expected timelines for approvals and appointments. <p>Board Chairperson Ballesteros suggested that the Compliance & Quality Committee will review the process with staff and report to the Board at a future meeting.</p> <p>TTECAC Chairperson Ana Rodriguez thanked Board Members for approving the motion. She informed Board Members that the next TCAC meeting will be held on February 12. Four RCACs will meet in February. She invited Board Members to attend those meetings.</p>	
<p>Children’s Health Consultant Advisory Committee</p>	<p>Dr. Li reported that the Children’s Health Consultant Advisory Committee met on January 20. Dr. Li presented, along with Mona Patel, MD from Children’s Hospital Los Angeles on children’s health disparities. One topic was improving mental health services in a school setting.</p> <p>Smita Malhotra, MD, Chief Medical Director, Los Angeles Unified School District, reported on the impact of fires on Los Angeles Unified schools, students, faculty and caregivers. She emphasized that schools were a good place for support. Schools had updated HVAC systems which allowed students to shelter safely. She is appreciative and asked that L.A. Care to continue support for behavioral health programs especially telehealth under Dr. Amin and Michael Brodsky, MD, <i>Senior Medical Director, Community Health</i>, using Hazel Health as an example of an effective service newly offered in the school setting. She wants to encourage L.A. Care to continue to emphasize the availability of mental health services for L.A. Care members, and that family members can get mental health services.</p>	
<p>Technical Advisory Committee</p>	<p>PUBLIC COMMENT <i>Andria McFerson, RCAC 5, the technical advisory committee. She is not quite sure whether this is relevant to the topic at hand, but she did speak about during our last Board meeting to push a button. Now that push a button, they had went over that earlier today and how someone if they called L.A. Care, they can press a button and get more information about the resources that they have available during the fires and different things like that. She thanked them for listening, of course that button could also consist of exactly what was just talked about how there was an amendment to the motion basically stating that it is approved improvement in the time process of services and also better techniques in order to do so, to know exactly what you need to ask for and different things like that. So as far as the L.A. Care phone number, the customer service phone number, they can have options on people who need more information about what is covered</i></p>	

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	<p><i>specifically with their necessity that they have and then also how to do so in order to get that coverage. Now she went to a dentist and this is a personal story. Her dentist did not know that she was covered for certain things like deep cleanings and crowns and just different things like that because, it is not normally covered. But due to her chronic illness and the fact that she has seizures and hit her face and broke her teeth. And how that affects her overall health, the pain, and all kinds of other things that it affects, that is due to a chronic illness. So it is covered and her neurologist let them know that. So with that, if L.A. Care had that number and that option for people that would be great.</i></p> <p>Dr. Li reported that the Technical Advisory Committee meeting was held on January 30. Ms. Compartore reported on the current political landscape as she reported in this meeting earlier today. From the discussion, it was noted that L.A. Care should seek opportunities for building local coalitions.</p> <p>A discussion was led by Tom Schwaninger, <i>Senior Executive Advisor Digital</i>, about the health information exchange, with an overview of the data exchange framework and some of the interoperability. A focus was on the implementation and provider adoption of HIE, and concern was expressed that adoption would be poor because of the issues around electronic health records and system integration.</p>	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>Chairperson Ballesteros reported that the Executive Committee met on January 22 (<i>approved minutes can be obtained by contacting board services and will be available on the L.A. Care website</i>). The Committee reviewed and approved motions that the Board approved earlier on the consent agenda. The Committee reviewed and approved human resource policy HR 214, the employee conduct and discipline which does not require full board approval.</p>	
Finance & Budget Committee	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson, RCAC 5, finance. She did talk about that basically on how they can have a budget and have more funding for the RCACs. And she talked about that before and they have \$28 million to give away to organizations and different things like that, but they helped found L.A. Care. They helped it grow into the largest public insurance company in the nation. They have been here for 20 years. So when other organizations are flourishing and giving back to the community and they have a few chairs here that have organizations that are thriving and that make positive contributions to the community. They also need that opportunity as well because they're totally willing to give back, and so as far as the finances the budget committee can, the Board actually come up with a motion basically stating that the RCACs, one of the oldest organizations in the County, can have more than \$5000 each RCAC so that they can give back, and that's all she's asking.</i></p>	

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	<p>Board Treasurer Booth reported that the Committee met on January 22 (<i>contact board services if to obtain a copy of the approved meeting minutes</i>). The Committee reviewed and approved a contract with Complete Cleaning Services to provide janitorial services for L.A. Care Community Resource Centers, that did not require full Board approval. The Committee reviewed and approved motions that were approved earlier in this meeting. The October and November Financial report was approved earlier in this meeting.</p>	
<p>Compliance & Quality Committee</p>	<p>Committee Chair Booth reported that the Compliance and Quality Committee met on January 16. (<i>Approved minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • Ms. Santana-Chin provided a CEO report, mostly about the fire, and she provided an update today. • Mr. Gower presented a report that outlined L.A. Care’s 2025 compliance strategy, emphasizing risk management, regulatory adaptation and technological integration. Key priorities include improving compliance reporting, strengthening delegation oversight and fostering a culture of compliance. L.A. Care staff is trained about compliance, knows what to do if they see something they think is non-compliant. Enterprise risk assessment identified 11 top risks aligning risk management with strategic decision making, which was best described by Dr. Amin earlier today. This is a very important process. L.A. Care continues to enhance regulatory adherence, cybersecurity measures and oversight to ensure operational integrity. The Committee approved the 2025 compliance work plan and the 2025 compliance program plan. Those were approved earlier today. • Dr. Amin presented the CMO report, and he provided an update to the board earlier today. • Dr. Li provided a health equity report. • Edward Sheen, MD, <i>Chief Quality and Population Health Executive</i>, provided a quality oversight report which emphasized the importance of improving member experience, which accounts for 40% of L.A. Care DSNP star rating. He established a cross functional leadership team to drive improvements. The Committee reviewed and approved quality improvement policies and procedures ensuring compliance with regulatory standards. Key 2024 achievements include improved cancer screening, increased immunization rates, and a 75% reduction in managed care accountability set sanctions. Despite the exit of Kaiser as a plan partner L.A. Care’s quality scores continue to improve. She congratulated staff for that. • In 2025 L.A. Care will focus on provider engagement, member outreach, increasing care access, refining incentives, improving data management and strengthening partnerships. Regular updates and strategic meetings with plan partners Blue Shield Promise and Anthem will continue to drive improvements in quality care and regulatory compliance. 	

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	<ul style="list-style-type: none"> Linda Carberry, <i>Manager, Quality Performance Management</i>, presented the 2024 member experience survey results, which showed improvements in key areas across multiple surveys with higher scores on health plan and customer service ratings. There are opportunities for further improvement in specialist care, coordination and customer service wait times. Next steps include enhancing provider education on rated measures, increasing outreach and focusing on improving member experiences in specific areas like doctor communication and getting care quickly. 	
Audit Committee	<p>Committee Member Layla Gonzalez reported that the Audit Committee met with Deloitte representatives on December 16 to review the draft audited financial statement for fiscal year 2023-2024 (<i>to obtain a copy contact board services</i>). Mr. Shah summarized the combined financial statements for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority for the year ending September 30, 2024.</p> <p>Rosie Procopio, <i>Audit and Assurance Managing Director for Deloitte</i>, summarized the audit findings. She found that Deloitte received full cooperation from management and staff and had unrestricted access to senior management in performing the audits. There were no material weaknesses or deficiencies found in L.A. Care’s financial operations or internal controls. There were no significant changes in accounting estimates or in management judgments relating to reserves for incurred but not reported claims otherwise known as IBNR estimate, and retroactive revenue adjustments. Throughout the year routine discussions were held with management regarding the application of accounting principles or auditing standards which did not involve significant findings or issues requiring communication to the audit committee. There were no material adjustments to the financial statements under the authority delegated to the Audit Committee by this Board.</p> <p>The Audit Committee approved a motion to accept the audit findings. The Board is not required to approve this motion.</p>	
PUBLIC COMMENT on Closed Session items	<p><i>Reginald Fagen wanted to comment in closing, he thinks he hears the word publicly ran organization, that is what L.A. Care is, the largest publicly ran. This is the public. So that means that at some point they run this. So he wanted to talk in terms of how do they establish mentorship? They need to try to get more people working. He knows the first objective is to get people towards wellness, but how do they move because there are people in the membership that have talents and skills. And how do they engage in this organization so they can actually be part of running this organization. They have to work on that. Society has got to a point where there are haves and have nots. There are elites and then people at the bottom. And so he challenges, he just wants to suggest to all of you folks they don't want people stuck in homelessness for all their lives. They want to get people back on their feet. And so he just says to all you leaders, take the time look at mentorship. How can you reach out to someone, go out to the community centers. Find</i></p>	

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	<p><i>folks that might be possible candidates to move up in this organization because it is publicly ran. Let's don't just be set on just business as usual. It just bothers him that in society now it is just becoming quite obvious that the elites want to just dominate the people at the bottom, so he just says to L.A. Care, let us make this a publicly ran organization.</i></p> <p><i>Fresia Paz, from RCAC 7 was affected by the Eaton and Altamed fires. Her clinic, the Altamed clinic burned down on the first day, which was Tuesday in the evening. Her primary care barely made it out cause he was working late. She found this out later. She had to go through back channels to find out if he was ok, if anybody was injured. The clinic Altamed, and the corporation was in chaos. L.A. Care was in chaos. She could not get any information from anybody. It affected their medications because the pharmacy tried to get prescriptions and could not do it. She had to call them. She had to do all the calls. She found, she thinks it was Channel 11 that was there. Channel 7 replied that they actually filmed the clinic burning down. She got an ECM worker which is out in the community and CalAIM is at the County. The worker is calling Ms. Paz that she is depressed. She was not working there. She just goes around and helps clients. How is she supposed to help her if Ms. Paz was her client? The worker became Ms. Paz' client. And every time when the worker talked to Ms. Paz she was sad, she was crying, she was this and Ms. Paz was like, you know, she's not a professional therapist, but she can help you. But now there's stages of grief. She's in denial, Oh, I never said that to you. Oh, I did not do this - because she is trying to save her job. And in Ms. Paz' portal, which she can log into, Altamed, she's exploiting Ms. Paz. So whatever private conversation they were supposed to have had, she is using whatever Ms. Paz said to save her job and that is wrong. If the worker has a problem, she needs to come forward and say so. So Ms. Paz didn't see any help from anybody. She is heard days later, oh, you should have gone here or you should have gone over there, but not at the moment. And everybody should have prepared, hey, call us back later, we will get you some information. No, everybody did not know nothing. And luckily Ms. Paz had some emergency medication at home because she always tries to prepare.</i></p> <p><i>Russel Mahler wants to say he's grateful for the Board Members here. They are doing your job but look at if this was your loved one or a family member that was on CPAP and you are going through what his wife was going through, how would you feel.</i></p> <p><i>Andria McFerson, RCAC 5, commented on the potential on the whole new tech world and wanted the Board to address that because a lot of seniors, a lot of disabled people, people who may be developmentally delayed are not quite sure how to use the computer and just all kinds of different things on a regular basis. That is just like telling her grandmother to go to her email address and see when her next appointment is and things like that. So they need to address that. It would be great if they had some sort of outreach giving</i></p>	

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	<p><i>people information about this new technical world. And she believes they have something like that at the community resource centers and things like that, but they need to be able to not leave everyone out when it comes to that. Also during the RCAC meetings they need to have an equal quorum of people and they need to be able to let those people communicate at the RCAC members, that are seniors, that are moms, that is all race equally. That way at least they would be able to hear from one person during the RCACs about what disparities people go through with their representation of course. People with chronic illnesses, people with chronic mental illnesses, and just all kinds of things like that they need to be able to hear from the horse's mouth. So with that, can they please give them an opportunity, if the Board can make that decision to allow a specific campaign to have more RCAC members of all diversities.</i></p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:38 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:39 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>February 2027</i></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>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Acacia Reed, <i>Chief Operating Officer</i>; Noah Paley, <i>Chief of Staff</i>; Terry Brown, <i>Chief Human Resources Officer</i></p>	

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	<p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Acacia Reed, <i>Chief Operating Officer</i>, Noah Paley, <i>Chief of Staff</i>, Terry Brown, <i>Chief Human Resources Officer</i>, Augustavia Haydel, <i>General Counsel</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Prospect Medical Holdings, Inc., et al Case No: 25-80002-SGJ-11 United States Bankruptcy Court for the Northern District of Texas</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act Dr. Lincoln Luk, Jr. M.D. and Cal. Soc. of Pathologists v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 23STCV21211</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: Martha Santana-Chin</p>	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors reconvened in open session at 5:29 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:29 pm.	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Specialist III*
Victor Rodriguez, *Board Specialist II*

APPROVED BY:
DocuSigned by:
John Raffoul
DDF074515A9349A
John G. Raffoul, *Board Secretary*
Date Signed 3/7/2025 | 3:15 PM PST

*Remaining portion of public comment from page 7:
... or a total of \$1.7 million over the three years since the policy was adopted.
As a pathology practice group leader recently wrote to me, "If PCCP is not paid, pathology groups will not survive and California will lose pathologists fleeing to other states where they can make a living. It's as simple as that. This would lead to a severe shortage of qualified pathologists and patients would lack access to quality laboratory testing.*

We respectfully request that the Board of Directors review this matter and reverse LA Care's policy denying -26 claims for clinical pathology services. Aligning LA Care's reimbursement policies with Medi-Cal's established fee-for-service framework ensures fair compensation for pathologists and protects the integrity of patient care by maintaining rigorous laboratory oversight. I would welcome the opportunity to meet with a relevant staff member and at least one member of the Board of Governor's to share our concerns directly.

Thank you for your attention to this urgent matter. California pathologists look forward to your response and stand ready to collaborate to find a solution that upholds the highest standards of care for Medi-Cal beneficiaries.

Sincerely,

Emily A. Green, MD

President

California Society of Pathologists

Attachment to the above written public comment:

State Of California - Health and Welfare Agency

Pete Wilson, Governor

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, California 94234-7320
(916) 657-1460

July 9, 1998



Thank you for your letter dated April 8, 1998, and your FAXes of June 4 and 18, 1998, requesting Medi-Cal policy on Laboratory/Pathology reimbursement.

Your first question was: "Must Medi-Cal pay its Medicaid claims the same as Medicare claims?" I interpret this to mean "must Medi-Cal pay its Medicaid claims the same way Medicare pays its Medicare claims?"

The answer is "no." Medicare and Medi-Cal are completely different programs with completely different rules and regulations. The federal Health Care Financing Administration mandates that Medi-Cal reimburse no more than the Medicare National Fee Schedule Amount for laboratory tests (in California, that means the average paid by Transamerica in Southern California and National Heritage in Northern California). The California Code of Regulations (CCR), mandates that Medi-Cal reimbursement for laboratory tests shall be the least of the billed amount, the charge to the general public, Medicare's maximum allowance, or the maximum allowance allowed by section 51529(b) or (c). Therefore, Medi-Cal's payment for a given laboratory test would be the same as Medicare's only if Medicare's maximum allowance were the least of the four amounts, taking into account the difference between the two programs in amounts allowed for the venipuncture (\$3.00 for Medicare, \$3.60 for Medi-Cal). Further, there is no mandate for Medi-Cal to handle split billing for laboratory codes in exactly the same manner as Medicare.

Your second question was: "Is it currently the State's practice to reimburse pathologists for an interpretation of automated tests where a physician neither reads, interprets nor provides a pathology report (e.g. CBC, automated chemistry panel)?"

The answer is "no." Title 22, CCR, Section 51470(a) states: "A provider shall not bill or submit a claim to the Department or a fiscal intermediary for Medi-Cal benefits not provided to a Medi-Cal beneficiary." Therefore, if the Department knew that a provider was billing for an interpretation when no interpretation was provided, the Department would not reimburse for a service that it knows was not provided. However, having said that, let me point out that we do not equate "interpretation" with "professional component." It is currently the State's practice to reimburse providers for the professional component of automated tests even though a physician may not have read, nor interpreted, nor provided a pathology report.