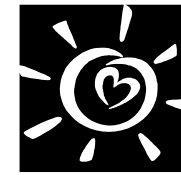


# Board of Governors

## Regular Meeting Minutes #335

### March 6, 2025

L.A. Care Health Plan, 1055 W. 7<sup>th</sup> 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
<b>WELCOME</b>	<p>Board Vice Chairperson Ilan Shapiro, MD, 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>Board Chairperson Ballesteros requested approval to participate virtually due to medical circumstances, and he stated there was no one with him over the age of 18 years.</p> <p>Vice Chairperson Shapiro welcomed all to the meeting and he outlined the information for public comment included on the meeting Agenda.</p>	<p><b>Unanimously approved by roll call.</b>  <b>9 AYES (Ballesteros, Booth, Contreras, Gonzalez, Raffoul, Roybal, Shapiro, Vaccaro, and Vazquez)</b></p>
<b>APPROVAL OF MEETING AGENDA</b>	<p><b>PUBLIC COMMENT</b>  <i>Andria McFerson, RCAC 5, does not agree with item number two on today's agenda because she had asked that the Board address many important items that are not being addressed, like questionable actions by staff. She continues to state within any RCAC stakeholder bylaws and any initiative measures are to be submitted by the voters. However, even though during the RCAC stakeholder meetings, they thrive on public communication and L.A. Care members speaking out. The L.A. Care staff liaisons are unethically allowed to impede on that process, at least at her RCAC. There is no formal discussion on the agenda on whether those actions will be investigated today. Why is the staff allowed to speak publicly and team up against important decisions that they all try to lobby for, which could mentally, physically, and financially affect them all. She does not know why that is happening, but they need to discuss that on the agenda. It takes away</i></p>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>their purpose. They distract the members from speaking throughout the meetings and take away their priorities. She thinks it is important to discuss that today and our L.A. Care unlawfully makes decisions towards the development of the team bylaws, filibustering the agenda, and unlawfully taking away their rights, their Robert's Rules of Order and Brown Act, which limits their nonprofit stakeholder partnership with L.A. Care. And that is wrong. Please address these unethical practices. This is because Chair Ballesteros, you and the other Board of Governors hold right to major decision processes. That is why she is asking that they place that on the agenda. We could help all people, including the homeless, we can even go to churches, letting them know about benefits and how they may change now since the Trump administration. We can work toward working with organizations, schools, and just all kinds of other things addressing issues that they are all facing right now, but yet they are not given that opportunity. She wants to make sure that the Board knows she is only here for a purpose and she shows love to every single person. No matter what race you are, anything having to do with the legally blind, people who may not be able to hear, like her Granny. And she wants to make sure that seniors and the disabled are represented properly, and they need to be able to have that dialogue during the meetings, but they have not been able to do so. And the chairs speak during the meetings and public comment is allowed only at the end. We cannot let the public comment on every agenda item anymore, and that is per staff.</i></p> <p><i>(Board Member Ghaly joined the meeting.)</i></p> <p>Martha Santana-Chin, <i>Chief Executive Officer</i>, thanked Ms. McFerson for her comments. Ms. Santana-Chin observed in her short time with L.A. Care that she hears a sense of frustration that comments indicate people are not being heard. Sameer Amin, MD, <i>Chief Medical Officer</i>, Noah Paley, <i>Chief of Staff</i>, and she, and the rest L.A. Care's senior leadership team, have committed to attending consumer advisory meetings to listen, observe, and figure out how to better support the needs of the members. They were very pleased to see the motion from members at the last meeting, and today there will be other motions directly from the Regional Community Advisory Committees (RCACs). That is the way it should work. The Board should hear directly from L.A. Care members. Everyone's intention is to make the plan better, to better serve and support communities, and they are 100% committed to that. Today in the CEO report, you'll hear a brief section that touches on this, specifically speaking to action as a result of the motion presented last month. The goal is to make sure that not only are leaders actively listening, but they are empowering L.A. Care's RCAC members to support the whole program. The Medi-Cal program is under threat, and that should be a collective number one priority. There are real threats around the Medi-Cal program and the Affordable Care Act, and all voices are needed to understand and help others understand the impact of potential cuts. There will be more information provided on that front but know that you are being heard.</p>	

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	<p>Vice Chairperson Shapiro thanked Ms. McFerson for being here and voicing concerns and putting light on things that L.A. Care needs to do.</p> <p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper commented to the acting chair, to the chair and to the members of the Board of Governors. She welcomed the new CEO. Her name is Elizabeth Cooper. She is a long-time member. She brought a copy of the Constitution of California and the Constitution of the United States. She recommends everybody get it. She reads the Constitution of California and the Constitution of the United States. She would like to thank the CEO for her comments. She asks for reasonable accommodation because she hates to admit it, but she is a senior. She would like the Board to please consider her concern. She is deeply concerned about the pending cuts, and she is glad that it was mentioned. As a RCAC member, she has been in touch with her legislators. She has encouraged them to have public comments. She has called, and spoken with different organizations. She will write to the California Attorney General, Rob Bonta. She thanked him for the work he's doing to protect California. Rob Bonta, the Attorney General of the great State of California. She has been in touch with her legislators. The part now is not that they have to worry about what is going on. You are the Board members, but they are the members of the committee, and they have a role to play. She thinks each of us, this is non-partisan, when it is going to impact her son, who is an L.A. Care member or disabled. She has been in touch with her legislators. She is not going to sit around and wait to happen. At least she is going to say she is doing something and with the Board's help. She would like to thank the Department of Social Services. They encourage them to get involved. They encourage them to vote, register to vote, even her son. She thanked the DPSS for doing that because they are encouraging them to participate in democracy. And that is what it is about, because trust her ladies and gentlemen, and trust her members, this is a threat to their democracy if these benefits are cut. She's never been in a demonstration before, but she thought about getting out there and just watching with those person who might be a threat now, not worried about where they would live or whether someone could knock on their door and those who are losing their jobs, government workers. So she is involved and that's why she reads of we the people of the United States and the California Constitution.</i></p> <p>Vice Chairperson Shapiro thanked her, noting it is always a pleasure to have her here. He noted that the order of agenda items can change.</p> <p><b>The meeting Agenda was approved.</b></p>	<p>Unanimously approved by roll call.  <b>10 AYES</b> (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Vaccaro and Vazquez)</p>
<p><b>PUBLIC COMMENTS</b></p>	<p><i>Andria McFerson feels that RCAC members and L.A. Care member stakeholders are not represented properly. And as she had said before and said many times, because the former chair sat right there and said that their budget would roll over for three years during</i></p>	

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	<p><i>the fiscal year while they were on a hiatus during COVID-19. He said that it would roll over, so that added up to \$150,000. And they were not allowed to even meet as RCACs like how they were supposed to every other month, which meant that they were not able to vote on getting out to the public and doing events, doing some sort of outreach towards different organizations that may adhere to the members necessities health-wise during COVID-19. They were not even allowed to have telephone meetings, which meant that all that money went where? They have absolutely no idea. She has been asking for a budget now for a long time and she's never received it. But now they are having meetings with the staff basically writing proposals and presenting to them and telling them that they cannot have something on the agenda that they requested. She requested for a motion to have more funding, and that would be so that they can either help Pacific Palisades or help the homeless or help major things that are happening in L.A. Care health-wise. They do have the experience. They have a non-profit organization that's been together more than 20 years. They have been doing this for a long time, but all of a sudden it got taken away and they do not have the democratic process in order to make sure that they make those decisions for themselves and the people that they represent. She wants to make sure that the Board knows the last meeting that they had, the staff just basically stated that they have to give their money to another organization. The \$5,000 that they are funded. She does not know if it is Department of Health Care Services, but they have to give that money to another organization, and they do not have an equal quorum at their meetings. They do not have the legally disabled, blind, a whole lot of seniors. They do not have Middle East. They lack Asian representation and just all kinds of different things, even Caucasian. So they want to make sure that they have the right process in order to do all work that needs to be done in Los Angeles County and it needs to start here.</i></p> <p><i>Nelson Hermosillo is here on behalf of his mother who is an L.A. Care member. She is a disabled American and she is confined to a wheelchair. She would have loved to be here today but given the weather outside it is in her best interest to remain home. He would like to begin by praising the staff, Ginger and Jazmine of the environmental adaptations program, they have been phenomenal. Recently they made the decision to move his mom into his residence due to her age and her residence deteriorating. So they decided to move her in. He was getting bids to construct a ramp at his residence for her to be able to come in and out, and he realized that it is a lot more than he can afford. So he started looking into loans. Some of the community members informed him of the adaptation program, which he applied for. There were numerous phone calls to the hotline, some back and forth. They referred them to Medicare, then they came back, they referred us to the doctor to write a prescription, which they did, and there was all these documents on file and they kept coming back to him saying that they were not on file, and he kept offering to email them. So once he got to the right program, they were phenomenal. They took care of everything. They reached out to the contractor with L.A. Care to come out and do an assessment and initially they were on top of it. They came</i></p>	

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	<p><i>out, they measured they pretty much took care of everything and that is when they went silent. He did not hear back from them. Ginger was calling them, he was calling them, the phone was ringing and ringing. The person that came out, which he believes was a subcontractor, gave him their phone number. He talked to the owner of that contractor company, Forever Active, and he essentially told him we will get to it when we can, we are backlogged. So he called Ginger again and she informed me that there is only one contractor that does adaptations for L.A. Care. And for 2.3 million members he does not think that is just. He is sure he is doing phenomenal work, but if he is overwhelmed, L.A. Care should definitely have alternate contractors to serve the community.</i></p> <p>Ms. Santana-Chin thanked Mr. Hermosillo for his comment and for raising this to the board's attention. The Community Supports environmental adaptations program is a relatively new program offered by health plans. Health plans are not required to offer the program and it is not a benefit per se, it is a service that L.A. Care chose to offer because there are individuals like his mother that need assistance. It is a relatively new experience for the providers that L.A. Care contracts with, working with managed care health plans. L.A. Care chose to contract with only one at this point because the volume of participants is very low. In a 12-month period L.A. Care has had 62 cases that needed support and fortunately, most of those cases were completed within the regulatory required time frame. The State requires that the assessment is done in 60 days and 120 days for completion of the work. This particular vendor has been able to complete the work within a month or two. So far, it is working as intended. L.A. Care will continue to monitor results. Mr. Hermosillo is asking for something reasonable, for an alternative option. The challenge when you contract for services like this is that those providers want volume to be able to give good pricing. L.A. Care hears his suggestion and will definitely take it into consideration.</p> <p><i>Elizabeth Cooper would like the Chair and the Board members to please take notice, they have a lot of issues going on. First, and she forgot to mention this, she would like to thank the Board of Governors, as she was not here last month due to circumstances, for Black History Month, an important role that the Afro-American community played in the building of this country and also with the Constitution of the United States, the 14th Amendment and the Constitution. They have played a role. But she would like the Board members to please take notice, and the CEO, they are in a crisis now. The funds that they are asking for, she thinks the role needs to be played on now, how are they going to save Medicare. Medi-Cal is the most important thing now. They have issues here at the Board with the RCACs, she does too. She has a son who is going to be impacted, who is an L.A. Care member. But she just thinks we need to focus on involving the consumers and the members now, and the staff. She would like to thank staff for participating in the Martin Luther King Birthday celebration. She would like to thank their staff. It seemed to have a joyous time. She and her son were not able to attend, but they looked like they were very</i></p>	

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	<p><i>happy, so she would like to thank the L.A. Care staff who participated in the Martin Luther King Birthday last month. She gave kudos to members of the staff. Members of the Board and the staff, they need to start focusing on the cuts because all of these services we are talking about, if they do not save Medi-Cal, it does not matter what you say and what we do here. So they need to start mobilizing the consumers to be more concerned, be active in a non-partisan way. That is what her focus is. She has a lot of issues, she is concerned about the pending cut. But they need to focus, and she would like the CEO to speak about that. What can the RCACs do? Because they are the ones who will be impacted. Chairperson, she would like the Board to please take notice of her comment. She is concerned about the other issues, but what about Medi-Cal? It is about ready to be cut, Medi-Cal, and it is going to impact every member who is an L.A. Care member. What are we doing? What can we do? Without being political, she is just being honest with you. Please take notice. She might be political, but she might have a participant view, but that is not relevant now. What are you going to do to save Medi-Cal? And so, the members who are concerned about these cuts, what is happening within the services, what are you doing to save Medicare? How can they help? That is what her concern is.</i></p> <p><i>Sylvia Socio, RCAC 6 wants to refer a general comment. On February 27 around 10:15 A.M. she called to Call the Car and she wanted to cancel a ride. The system recognized her and immediately activated it, not giving her time to cancel. She tried everything until she found the driver in her doorway. She said, sorry sir, you have to go back, she did not have time to cancel. She thinks that this has to be modified and give the caller the opportunity to start or cancel the ride, so they have to have the options. The truth of the matter is that when they used to activate the ride before, because it seems they can change the recording, they were given time to use different options and that is what they need. Besides that, they do not need any information at that moment because one might be in the middle of the street struggling to accomplish one's ride. At that point they do not need any reference to having flu shots, not even to the sad situation with wildfires and resources. The only comment is if there is an emergency, be calm, hang up and call 911. But for that they have to be able to manage the situation very simply and in a very straightforward manner. Besides that, she is sorry that whenever she makes a comment, they make it into a complaint. She does not feel she is complaining, she is just giving an idea. She thinks there might be also focus groups, she would volunteer if necessary, and talk to the members, make groups, and talk to the members, to see what they might improve without making a complaint. Because every time she receives the paperwork for a complaint, she feels a witch, she feels that the bad witch of the tale. And they have also complained that she has not followed the right protocol to please to submit this complaint. Apparently, they have to call member services. And again, in member services, they have a wait time of 30-40 min. Lately, she has gotten used to calling member services between 8 and 10:00 p.m. Isn't that ridiculous?</i></p>	

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	<p><i>Dorothy Lowry noted Ms. Cooper's comments, she really wanted her to hear this because she looks at the news in different stations every night and a lot of the people are being frightened. But if you are a legal citizen, they are not going to take nothing from you. It is the illegal people they are working towards and it is making people stress out. If you are legal, you do not have nothing to worry about. Especially in her condition, they are not taking nothing from them. She wishes people would look at more stations, look at the fox station to get both sides. But if you focus on the Democrats, they are just about fear. Fear. You have to research when someone tells you, search another station so you can get the full understanding. But fear makes people sick.</i></p>	
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson from RCAC 5 commented that staff presented ECAC and the Board a bound agreement to change their bylaws and if L.A. Care and the Board was completely abreast of and knew how it would affect them, she believes the Board would not have allowed things to change. The Board would have voted towards a proper electoral process. No stakeholder chair would have met their tenure term limit and still would have been able to run again. It used to be the chairs only met their tenure and then they could not run anymore. But now it is starting all over again so basically you can run four times now instead of two. That is like, you know, the staff telling them to do something that they did not vote on. So that is like the White House staff telling President Trump he can run four times instead of two. Yeah, she just wanted to compare that so the Board can understand what she is talking about. But staff conveniently changed it. So now they can run four times almost, not giving them their rights. So during their last RCAC meeting staff changed it that day and told them they can only speak for 60 seconds and campaign for a position as a chair. And they ran against people that have been there for a long time and so a lot of them just got their position right back. And it is going to happen again. And if the Board does not change things, then they would not have that proper Robert's Rules of Order, Brown Act and democratic process that they all need in order to represent their community properly. And that is just based on ethics, that is not her personal vendetta against anyone. She loves everyone, and it does not matter to her who you are, where you are from or who you work for. She is just going to do the right thing. That is how she was raised. So that is the only comment she wanted to make and that was towards rectifying elected chairs because they have been elected due to that process that she is explaining to you right now.</i></p> <p>Vice Chairperson Shapiro read aloud the Consent Agenda items.</p> <ul style="list-style-type: none"> <li>February 6, 2025 Board of Governors Meeting Minutes</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>Quarterly Investment Report <b><u>Motion FIN 100.0325</u></b> To accept the Quarterly Investment Report for the quarter ending December 31, 2024, as submitted.</li> <li>Tangram, Inc. Contract Amendment to authorize increase funding to purchase new standard office furniture, equipment and installation labor <b><u>Motion FIN 101.0325</u></b> To delegate authority to the Chief Executive Officer to amend the Master Purchase Agreement with commercial furniture vendor New Tangram, LLC. and to authorize increasing funding in an amount not to exceed \$5,070,418 to purchase new standard office furniture, equipment and installation labor.</li> <li>Infocrossing, LLC Contract Amendment to continue providing third-party support for enrollment and disenrollment transactions and eligibility inquiries related to existing Duals Special Needs Plan (D-SNP) and upcoming Medicare Advantage Prescription Drug (MAPD) members <b><u>Motion FIN 102.0325</u></b> To authorize the staff to enter into Amendment #6 with Infocrossing, LLC, increasing the overall contract amount from \$4,700,000 to \$5,469,466, (an incremental increase of \$769,466), and increasing the contract terms from June 21, 2017 – December 31, 2025, to June 21, 2017 – December 31, 2026, (an incremental term of 1 year). This amendment will allow Infocrossing to continue to support L.A. Care with third-party support for enrollment and disenrollment transactions and eligibility inquiries related to Duals Special Needs Plan (D-SNP) and upcoming Medicare Advantage Prescription Drug (MAPD) members through December 31, 2026.</li> <li>Approve Regional Advisory Community Committees membership <b><u>Motion TTECA 100.0325</u></b> 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 February 12, 2025 meeting: Jose Lopez, RCAC 3, Consumer</li> <li>Ratify elected Chairs and Vice Chairs of the Regional Advisory Community Committees <b><u>Motion TTECA 101.0325</u></b> To ratify the election of the following candidates for RCAC Chair and Vice Chair of their assigned Region for a two-year term that will start March 2025.</li> </ul>	<p>Unanimously approved by roll call. 10 AYES</p>



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	<ul style="list-style-type: none"> <li>• Maria Mayoral, RCAC 1, Chair</li> <li>• Alicia Flores, RCAC 1, Vice Chair</li> <li>• Ana Rodriguez, RCAC 2, Chair</li> <li>• Diane Chavez, RCAC 2, Chair</li> <li>• Gladis Alvarez, RCAC 3, Chair</li> <li>• Elmano Osorio, RCAC 3, Vice-Chair</li> <li>• Estela Lara, RCAC 4, Chair</li> <li>• Silvia Poz, RCAC 4, Vice-Chair</li> <li>• Marco Galindo, RCAC 5, Chair</li> <li>• Carmen Delgado, RCAC 5, Vice-Chair</li> <li>• Hilda Perez, RCAC 6, Chair</li> <li>• Joyce Sales, RCAC 6, Vice-Chair</li> <li>• Maritza Lebron, RCAC 7, Chair</li> <li>• Aida Aguilar, RCAC 7, Vice-Chair</li> <li>• Tonya Byrd, RCAC 8, Chair</li> <li>• Maria Alvarez, RCAC 8, Vice-Chair</li> </ul>	
<b>CHAIRPERSON'S REPORT</b>	<p>Vice Chairperson Shapiro has been in Washington, DC three times recently, and many of the conversations regarding Medicaid are about funding cuts. The system is not perfect, but the miracles that we do here, especially with Medicaid patients, are amazing. He remembers the patients who did not have stable Medicaid, came from other states, and were on intubations for asthma, it was reality on daily basis. He remembers patients that have type one diabetes, little kids that need insulin and ended up with complications in their eyes when they were 12 or 13 years old because they could not afford the insulin. As a pediatrician, as a member of the community, he sees the difference with stable Medicaid and a way to talk to a doctor. This expands to the grandparents that he sees, and the family members. It is interesting that 80 million people around the country have this coverage. It needs to be top of mind. It has changed lives and has been very effective, with the opportunity to do even better. He highlighted information that we have: Legislators need to figure out how to move \$880 billion, and it will be very hard not to include healthcare in the cuts. He does not want patients to go back to the emergency rooms or wait for complications. Prevention is worth it right now.</p> <p>Vice Chairperson Shapiro reported the appointment of the ad hoc nominating committee: Dr. Ghaly, Dr. Booth and Mr. Ballesteros.</p>	

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	<p>He reminded Board members about officer elections. The Executive Committee will review nominations at the March meeting and elections will be held at the April Board meeting. Board services will request nominations tomorrow, March 7.</p>	
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented, first of all, as she said, she would like to welcome the CEO and she is sure she will do the best she can for L.A. Care and for the members. But she would like to see, working together with the staff, and now she might have disagreements with the staff, but she feels they play a vital role in making sure that L.A. Care's RCACs operate and members can do their duty. She would like to see the CEO coming to the RCACs and see what they are doing and how some of the roles that the RCACs have played in many initiatives that the Board has approved. As a long time member of the RCACs and one who served at one time as the vice chair before it became L.A. Care. And her signature was required for the Knox Keene license that L.A. Care has today. That is why she has such a passionate interest in that. She looks forward to the CEO and staff there and they might not do all those sophisticated words, but she looks forward to hoping that the CEO can have a successful career and also listen to the voices of the members, because they are the ones who keep the engines going. And that is what one former board member stated, he was the executive director, he said members are the ones who keep the engine going. Oh, and you might start the engine, but the RCAC members are the ones who are very important.</i></p> <p><i>Andria McFerson, RCAC 5, commented regarding item number six and the monthly grants. Formerly she had requested on the agenda to have a motion to request more money for sponsorship for the RCACs, and all accordingly, you can say, just so that like before, they can have basically events like they used to, and that is to reach out to people who need direct communication and just different things like that having to do with their rights as L.A. Care members. They do have an ability event and excuse her verbiage she is not quite sure the whole name, but that is tomorrow, Saturday and Sunday. It is for all people and primarily the disabled and people in wheelchairs and people who have limitations generally. It gives a lot of different options for people of Los Angeles County, of the community and just to have medical equipment and the training to know how to use certain things that they already have or certain things that are available to them. And there are fun games and just building incentive for people with disabilities just making it so that they are inclusive. And she thinks that is important. So, that is a lot of different things that they can be a part of. And she thinks L.A. Care needs to be able to communicate to members and let them know about different opportunities like that and give more sponsorship to the RCACs so that they can go out and talk about different things like that and communicate using peer on peer, eye to eye type of communication.</i></p> <p><i>(Board Member Greene joined meeting.)</i></p>	

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	<p>Ms. Santana-Chin reported that there's a lot of information circulating about Medi-Cal, and it is easy to not fully understand the depth of what is being discussed. Vice Chairperson Shapiro mentioned that the members of the U.S. House of Representatives have passed a budget resolution that includes an \$880 billion cut. \$880 billion is what that specific group has been given as a target, that they have got to find money to support programs, and though that funding is going to support tax cuts and the immigration agenda and many other priorities for the federal administration. That is a very big number. One of the biggest expenditure line items in the federal budget is Medicaid. You may have heard very explicitly that there are many other programs that the federal government intends not to touch, but Medicaid is absolutely one of the programs that is under threat. There are very specific items or ideas that are being bounced around. Some of these things can get complicated, and she will try to simplify as best as she can.</p> <p>The Medicaid program is funded by the federal government, the state government and by local government. It takes money from all those sources to fund Medicaid.</p> <ul style="list-style-type: none"> <li>• One proposal is that the federal government would like to reduce the federal government contribution to states for Medicaid programs.</li> <li>• Another proposal is to reduce how much the federal government allows states to use for adults between the ages of 18 to 65. That is another proposal to cut funding specifically targeting that population.</li> <li>• Another proposal is to enforce what they are calling work requirements. In the Medicaid program, most people who can work, actually work. These requirements would essentially create a process and implement paperwork and bureaucracy that we believe will end up disqualifying a lot of people that currently qualify for Medi-Cal because members would have to provide a lot of information that they may not be used to providing.</li> <li>• The other thing being talked about is characterized as fraud waste and abuse with something called provider taxes. The provider taxes are essentially the mechanism that the state and the local governments use to put up their share of funding for the Medicaid program. These taxes have been in place since the mid-1980s. Every time these taxes are implemented, the state finds a way to fund the program, the local counties find a way to fund the program, a proposal is submitted to the Centers for Medicare and Medicaid Services, the federal government approves the tax, it gets implemented, and that is how states fund the Medicaid system. If any of those things are impacted, the state governments will have to figure out if the state has the resources to support more money coming out of the state pocket to support the program. The state of California unfortunately is not in a very good fiscal situation, so it is not likely that California would be able to fully support the program.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>These proposals have a very real danger of cutting coverage, cutting benefits, cutting services, and unfortunately taking us back decades as Vice Chairperson Shapiro rightfully called out. One thing that she really appreciates about the public comment today is that L.A. Care is collecting member stories. These member stories are a critical part of informing legislators about the devastating impacts that cuts to the program can have. She invited anyone interested in participating and contributing to the member stories to contact Mr. Paley. His team is collecting member stories. A very simple video will be recorded. L.A. Care has had a number of individuals willing to stand up and to support L.A. Care's programs, and she is thankful for that. This situation needs to make sure a lot of education gets out to raise awareness about how this will ultimately impact the people that L.A. Care serve. L.A. Care is doing its part to work directly and through coalitions at state and federal levels to educate legislators that will be making the decisions around the budget. Medi-Cal provides funds for the physicians, hospitals, nursing facilities L.A. Care members use. Cuts will also impact employment in that sector, which means the jobs are also at risk for friends, family and loved ones. There is a lot at stake with the cuts that are being proposed. L.A. Care is making this a high priority to make sure it is doing its part to educate, to get the facts out and partner with others to do the same. For any members looking to activate, please feel free to connect with Mr. Paley and the team will be happy to film a video about you.</p> <p>Another issue raised during the public comment today and at the last board meeting is the issue of making sure that L.A. Care is doing a better job of representing member perspectives and how L.A. Care run the program and respond. The senior leadership team has put a lot of work into this since early this year, and years of work prior to that. Public comments are very important and the advice that members give L.A. Care is very much appreciated. There are a few things that L.A. Care is doing to make sure that it is being responsive.</p> <ul style="list-style-type: none"> <li>• Dr. Amin has made it a priority to actively seek input from a broad range of representative members from various communities that L.A. Care serves. Seniors and people with disabilities, chronic conditions, families, children that are being supported by a children's hospital or other organizations that have special support for special needs members of the working class, whoever it is, whatever the needs are. The idea is to get information and insights directly from the people that L.A. Care serves to understand what L.A. Care can do better to serve the needs of each of those populations.</li> <li>• L.A. Care appreciates the motion last month, it was well organized and very specific. Members told us it is durable medical equipment (DME), it is transportation, it is communication between physician and providers that is very helpful. L.A. Care pulled together a strike team, a very dedicated group of individuals to address these issues. They have identified a few things that L.A. Care can do to support the process and do a better job. And they are hard at work pulling together an action plan to bring back to the Board</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>in May so members could see what creative solutions will address the access issues identified.</p> <ul style="list-style-type: none"> <li>• Another thing will be to go back to the RCACs and work with the RCACs. She will personally attend meetings in March and April, as well as other members of the senior leadership team. L.A. Care wants to observe to learn and see how to better support the team members in unleashing the power of the RCACs. L.A. Care wants to make sure that the RCAC members feel that they are making an impact, they are heard, and that L.A. Care is helping them be as effective as possible, to harness the power of the people making the time to participate.</li> <li>• Ms. Santana-Chin announced that members of L.A. Care’s advocacy team are available at this meeting today and at future meetings to assist L.A. Care members. Any member that feels a need to provide public comment is welcome to do that. Public comment helps make L.A. Care better. The advocacy team will support individual member needs. There will be an office across that is private, so if any members who come to the board meeting and are sharing a specific need that they are struggling with. The team will have access to the systems, they will work the issues until they are resolved and are 100% committed to doing that. These are a few of the changes introduced this year to strengthen L.A. Care’s support for members.</li> <li>• As an update on the wildfire recovery efforts, at the last board meeting, the board graciously approved a \$10 million investment for long-term recovery after the wildfires. And the L.A. Care team's commitment was to be thoughtful about how those resources are allocated to address gaps that exist after the wildfire. More details will be released soon. What L.A. Care is centering on is making sure to direct money to restore and enhance access to care in the communities that were impacted and the surrounding areas, as many people ended up going to other neighborhoods. L.A. Care want to make sure that funds are used creatively. Even before the fires, some of these areas were struggling with nursing facility access, post-acute care support, telehealth, mobile health, creative ways of getting care into the communities. L.A. Care is trying to center investments helping the communities come back to life and get back on their feet. Whether it is a provider office with a significant number of employees impacted or the providers themselves, L.A. Care wants to be able to provide support. There are a lot of work going on. Ms. Santana-Chin thanked the leadership team and the team here today because they have been working hard to make sure that L.A. Care is as responsive as possible, based on the feedback received.</li> </ul> <p>Board Member Roybal understands that in the budget resolution that was passed, Congress has charged the House Committee on Energy and Commerce to find \$880 billion in cuts. His understanding is also that there are only about three things that that committee covers or is responsible for, Medicaid, which in California is called Medi-Cal, Medicare, and a mixture of</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>health and non-health things. The non-health things represent only about \$500 or \$600 billion in funding. The other two pieces are Medicaid and Medicare. That committee is basically going to have to pick out of those three pots to cut \$880 billion. Cuts will come from Medicare, Medicaid or the smaller pot that includes some health things and some other things. It would be hard not to cut either Medicare or Medicaid even if the other was zeroed out to make those cuts. Ms. Santana-Chin confirmed his statements.</p>	
<ul style="list-style-type: none"> <li>Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Ms. Santana-Chin referred to the written report included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> <li>Approval of 2025 State and Federal Policy Priorities <b>(BOG 100)</b></li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, noted the revised motion for the state and federal legislative priorities. She noted that positions are stated in the affirmative, following Los Angeles County's model. There are more significant threats this year, with the new federal administration. This policy agenda is longer than was presented in prior years. By design these principles are intended to be high level and not prescriptive. If and when the Board approves the priorities, L.A. Care's leadership and government affairs teams will have an ability to quickly engage with regulatory agencies, elected officials, and other organizations on areas that impact L.A. Care. The priorities are specifically designed within L.A. Care's mission. Significant issues or priorities that are not on this list and come up later will be brought back to the board for review and approval to move forward with the position.</p> <p>There is an ad hoc committee and a process in place for urgent items that arise between Board meetings. For the most part, specific populations are not identified, by design all L.A. Care members in all product lines are included in the policy platform. Medicare is specifically mentioned because of the Star ratings, and Covered California because of the premium subsidies. Medi-Cal members are not differentiated by population or age as all Medi-Cal members are included in the policy platform. A redlined version of the motion was presented based on late suggestions and edits. The principles are numbered and placed in categories.</p> <p>Board Member Vaccaro asked why, in the redlined version under access to care item 23, nurse practitioners were eliminated in terms of supporting residency positions for them.</p> <p>Board Member Booth opined that at this point she does not think it is in L.A. Care's best interest to say nurse practitioners are the same or not the same as doctors. She suggested not defining that issue because there is evidence that, even though they are a lot nicer and patients tend to like them a lot more, nurse practitioners without any supervision can be more expensive because they order a lot more tests. She suggested to support improvements in education and training for all of the medical practitioners.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Vaccaro disagreed and noted that health centers and federally qualified health centers (FQHCs) depend greatly on nurse practitioners, and when they come out of programs without having the residency program, there are challenges. The residency programs that are available to nurse practitioners are incredibly valuable, and there are not enough of them. She encouraged the Board to consider inclusion of nurse practitioners as a priority for residency programs. Board Member Booth suggested putting it in a separate sentence.</p> <p>Board Member Roybal concurred that residency programs for nurse practitioners will help to improve their ability to care for patients. When coming straight out of school, they are challenged, but he thinks that one thing not being done to prepare the workforce is residency programs for nurse practitioners. He thinks it is not done appropriately nor done enough, and he would go as so far as to make a motion to amend the motion to include them in that statement. Nurse practitioners provide a significant amount of care, especially for many primary provider groups (PPGs) and provider groups, as well as FQHCs. The more training provided for them, as is done for any others, whether a physician or practitioner assistant (PA), a registered nurse (RN), a community health worker, he thinks it only helps improve the care for L.A. Care members and improves access for L.A. Care patients. There is a limited number of training slots for physicians, but L.A. Care can help improve access by augmenting the training for other allied health professionals.</p> <p>Board Member Booth stated what was said makes sense, she would prefer to leave the nurse practitioners on a separate line. She does not think there should be a statement one way or the other, because if L.A. Care advocates strongly that they are the same, the optics are such that there are two levels of care.</p> <p>Board Member Roybal does not think the motion presents them as equal to physicians, it supports additional training.</p> <p>Vice Chairperson Shapiro suggested rephrasing to “support initiatives to increase residency positions for healthcare providers”, as it will provide leverage for workforce development in the future depending on what is needed.</p> <p>Board Member Booth suggested removing “physicians”. She appreciates the information as she has been away from working with nurse practitioners for a while. Ms. Compartore clarified that the words “for physicians” will be removed and replaced with “health care providers”. Board Member Booth suggested “support initiatives to increase residency positions with a focus on training health care providers to serve vulnerable and underserved populations, particularly in primary care.”</p> <p>Board Member Greene commented that the document is titled, state and federal policy priorities, and he immediately thinks of decisions being made in Sacramento and Washington</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>DC. He suggested including positions at the local level, to engage with the city and county. He suggested a revision to include federal, state and local policy priorities, to clearly indicate advocacy on behalf of L.A. Care beneficiaries at the local level all the way up to Washington DC.</p> <p>Ms. Compartore endorsed his suggestion. There was no objection and Vice Chairperson Shapiro requested that be added to the motion.</p> <p>Board Member Contreras commented that one other threat to Medicaid is for states that provide a parallel service for the undocumented. In Los Angeles County there are over 650,000 individuals receiving that service. She also noticed a phrase, “reducing racial disparities” was deleted. She asked about L.A. Care’s policy positions for these areas.</p> <p>Ms. Compartore noted that statements about support for comprehensive coverage and access to care for the entire Medi-Cal member population include the undocumented. Board Member Booth asked Board Member Contreras about a reason to keep the phrase, “reducing racial disparities”, if L.A. Care is “working to improve equity”, would that not include reducing racial disparity? Board Member Contreras suggested that it is important to L.A. Care to advocate for equitable access and equitable outcomes. Board Member Contreras feels that reducing racial disparities refers to slightly different aspects. L.A. Care may not be able to achieve the desire impact if racial disparities are not tracked. It was agreed that the phrase, “reducing racial disparity” would remain in the motion.</p> <p>Board Member Booth noted that item 30 currently reads, “support proposals to prevent or mitigate medical debt and its negative impacts.” She suggested adding the following: “focus on individuals who are actively paying off their medical debt especially if the debt accrues interest.”</p> <p>Vice Chairperson Shapiro suggested on item 19, it could read, “with system modernization reducing disparities.” Board Members had no objection.</p> <p>With regard to medical debt, Board Member Raffoul asked about those who may be unable to pay their debt. Board Member Booth commented that the policy could list every circumstance, she feels it would mean the most to those who wanted to pay off the debt. Board Member Raffoul commented that if it is defined as only people who are actively paying, it may disadvantage all the people that may not have the means to pay. He suggested that if the statement is not revised as she suggested, the policy would be more flexible.</p> <p>Board Member Roybal suggested leaving it more open ended to give the organization more flexibility in making sure that it can address issues. In general, L.A. Care wants to help folks with medical debt, whether that is to prevent them from having medical debt or help with the medical debt they already have. Board Member Booth asked if it is possible to keep it open</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>ended but set a priority for these people who are actually trying really hard to pay down their debt. Board Member Roybal stated that he thinks that is more of a process issue and what L.A. Care advocates is for the Board to decide. It is easier to meet multiple different needs if the wording remains as it is. If it gets too specific, it may become restrictive. Board Member Booth commented that if legislation is proposed that prioritizes people who are trying to pay off their medical debt, that would be more important to support than just to pay off medical debt. She does not like the idea of paying the debt for people who really do not care. Board Member Roybal noted that he thinks everybody cares who has medical debt, whether they are able to act on it or not depends on the individual situation. He feels in terms of legislation and policy, the focus is making sure that medical debt is addressed, and when proposals come up, L.A. Care will evaluate, determine if it is worthwhile for support. If the statement is too focused, it could limit advocacy for other things that may be useful, but outside the policy statement. Board Member Greene agreed with Board Member Roybal on this issue. The Hospital Association has been engaged on the issue of medical debt for years and there are a host of different medical debt programs, with no clear indication of what works and what does not work. Board Member Greene feels a broader policy that allows flexibility is the better position. Board Member Booth agreed to leave out the suggested amendment. Vice Chairperson Shapiro suggested language that reflects the fluidity of debt, recognizing the variation of effects on individuals and on different providers.</p> <p><b><u>Motion BOG 100.0325</u></b>  <b>To approve L.A. Care’s 2025 State and Federal Policy Agenda, as amended.</b></p> <p>Vice Chairperson Shapiro announced that due to potential updates between Board Meetings, an ad hoc committee will be formed to respond to public program funding and other changes. That ad hoc committee will report to the Board on its activities.</p>	<p><b>Unanimously approved by roll call.  11 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Vaccaro, and Vazquez)</b></p>
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p><i>(Supervisor and Board Member Hilda Solis joined the meeting.)</i></p> <p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper has a disabled son and sometimes one doctor might prescribe a medicine and another might prescribe one. How do you intervene? Because his health is at risk without making the doctor upset. She needs some help on the issue. That is why she was asking that question. She would like to ask Dr. Amin, is would he speak about the measles epidemic, and whether one should or should not get the vaccine. Because she is hearing so much and so many some states have had deaths and now there are children who have been impacted and she thinks about the measles epidemic. How does he feel about that and what does he recommend for those who have not been vaccinated? But two questions she would greatly appreciate it. She needs some answers to both. And</i></p>	

*they are very important because many people will know how to communicate best with their doctor when they have two opposing opinions and she needs some help on those.*

Dr. Amin responded that when you are in a doctor's office just like you do here, you should advocate for yourself. Make sure that you have a full understanding of what is being prescribed and what is being recommended for you. You are a main party of that conversation. And if you are not fully understanding your doctor's instructions, you need to make sure that you do before you leave the office. You should never be worried about your doctor's feelings, you should be more concerned about advancing your healthcare, and at the end of the day he believes that is what your doctor wants as well. First and foremost, worry less about their feelings, worry more about your healthcare. In response to the question about measles, Dr. Amin encouraged vaccination for everybody who's due for a vaccine.

Dr. Amin reported regarding Information Technology (IT) in health services, L.A. Care is about to launch a major changeover in one IT platform. He wants to make sure that the Board and the public are aware of that. L.A. Care has a new utilization management system that will launch over the weekend and will be fully onboard by Monday. The new platform will allow for significant innovation for the health plan, including:

- Better communication between the system that L.A. Care uses for authorizing medical care that will allow the health plan to seamlessly pay the bills from providers.
- More automation and less manual work.
- Deployment of the provider portal, which was demonstrated at the recent Provider Relations Advisory Committee (PRAC) meeting. It will be a significant advancement for the health plan, moving the authorization portal platform to widely deploy that system. The provider portal will allow electronic authorizations and self-help. Providers will be able to see where a claim and an authorization is in queue.

He reported on care collaboratives results. Skid Row Care Collaborative investment agreements are executed, and initial funding has been released. There was about \$10 million total committed, and initial payments in process this week total about \$3.5 million. There is a commitment for JWCH and LA Christian of \$20 million. As of right now, \$4.67 million has been dispersed. There is a field medicine component that has capacity building grants for more field medicine teams to see patients on the street. Those have total funding of about \$1.995 million dispersed across five executed contracts. JWCH and LA Christian in the Skid Row Care Collaborative have observation beds and specialist services online. JWCH has contracted medical observation beds and hired a cardiologist, radiologists, psychiatrist, podiatrist, and dermatologist. LA Christian brought on an orthopedist and a physical therapist. These specialists will be dedicated to the Skid Row community.

In the limited time since the project started, services have been rendered on site at the new facilities: 312 podiatry visits, 1,293 psychiatric visits, 58 dermatology visits, 82 cardiology visits,

	<p>and 3 people are in observation beds. A transit shuttle is moving people in Skid Row from site to site to get the care that they need. The DHS Crocker Street facility is scheduled to open its doors to the public in April.</p> <p>Vice Chairperson Shapiro noted that with all the planning and providing services, what could happen if Medicaid funding is pulled. Dr. Amin responded that if the Medicaid funding was not available, the outpatient care could not be provided at the non-emergent site, and they would end up at a hospital, at an urgent care and ultimately they would receive treatment at a later stage of the illness, when it costs much more to treat. Cutting Medicaid funding does not eliminate cost, it balloons the cost as time goes on, and leads to intervention at a later stage in a more acute setting when members are sicker. Nobody wants to be in a hospital, nobody wants to have a leg amputated rather than take insulin. Without Medicaid funding, L.A. Care would not be able to support early intervention. It is critical to guard against that.</p> <p>For the McArthur Park Care Collaborative, two major aspects are beginning: one is the dedicated field medicine team. A request for applications for that dedicated team was released last month. There will be a dedicated team that will begin operating in the summer months. The other aspect is the harm reduction health hub, a final budget and statement of work for the harm reduction health hub is under review. There will be harm reduction coordination and onsite clinical services delivered there. Those services are being finalized; and partners are searching for the right space to lease. The contracting process will begin later this year.</p> <p>Dr. Amin reported he was in Sacramento yesterday speaking with the clinical leadership of Covered California. There were three topics for consideration:</p> <ul style="list-style-type: none"> <li>• Interesting analysis on the cost of care was presented, comparing care by the same provider as opposed to fragmented care from multiple providers. Fragmented care creates a lot of duplication and a lack of accountability. Covered California is exploring incentivizing coordinated care and penalizing health plans for not having a coordinated single point of contact at the primary care level.</li> <li>• Addressing vaccine hesitancy. Covered California has access to data throughout California. They observe that vaccine hesitancy has ballooned. There was discussion about what health plans can do to combat vaccine hesitancy, not only through large media campaigns but also individually in doctor's offices. L.A. Care will work to improve vaccination rates with its provider base and PPGs.</li> <li>• Pharmaceuticals. There was discussion about the increasing cost of medical care, driven by new pharmaceuticals, specifically, GLP-1 weight loss drugs. They help patients lose weight and improve their cardiovascular condition, ultimately reducing cost of care over time. That said the medications are costly in the short term, despite being valuable to the system overall. It is important not to deprioritize extremely important medical care because of cost. We should be pairing GLP-1s with a larger care management strategy for weight loss.</li> </ul>	
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care will be accountable for all three of these things that are a concern of Covered California.	
<b>CHIEF FINANCIAL OFFICER</b> <ul style="list-style-type: none"> <li>Financial Performance Report</li> <li>3+9 Forecast Update</li> </ul>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper asked that the Board direct some money for the members of the RCACs with the support of the two board members who represent the RCACs, please take notice. She would like that designated with L.A. Care approval and the Chief Executive Officer approval, money so the RCACs can have more involvement in civic engagement, how to be more civic engaged. Because right now they are in a crisis. She understands there are a lot of issues, but if there could be some money designated so the community outreach can help with more civic engagement. That is not a political issue, the County does it, she always has to refer to the County, Los Angeles County does it. If they can have money to have someone say, how do you register. Because it all depends upon what they say to these elected officials. L.A. Care does have lobbyists to represent it in Washington, in Sacramento, but the people are the greatest lobbyists, she thinks the voters are the greatest lobbyists.</i></p> <p>Afzal Shah, <i>Chief Financial Officer</i>, emphasized the severe threats to Medicaid funding at the federal level that can significantly impact the California Medi-Cal program and L.A. Care, including the members and providers. L.A. Care is closely monitoring activity at the federal level, from an advocacy perspective as well as a scenario planning perspective. This includes potential funding cuts to Medicaid and the impact for California, what California may or may not do, and how that would impact L.A. Care, members, and the provider communities.</p> <p><u>December 2024 YTD Financial Results</u></p> <p>The financial reports cover the three months ended December 2024. December 2024 membership is 2.63 million members, about 114,000 favorable to the budget.</p> <p>The overall financial statement for three months ended December 2024 shows a \$6.6 million net deficit, \$54 million unfavorable to the budget. Without \$32 million in investment income, the variance is \$39 million year to date (YTD).</p> <p>Operating margin by segment shows Medi-Cal unfavorable by 1.1 % over the original budget. Results are also slightly behind budget for the Duals Special Needs Plan (DSNP). Variances have been primarily driven by the shared risk accrual estimates as well as costs for Skilled Nursing Facilities (SNF). L.A. Care Covered (LACC) is unfavorable to the budget due to deductibles met at the end of the calendar year. There are key opportunities for improvement in Covered California with inpatient costs and pharmacy cost increases. If those cost trends continue it will be reviewed at a later date. Results for PASC are unfavorable to the budget due to retroactive adjustments to capitation and higher outpatient claims.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The combined medical care ratio (MCR) was almost two points higher than budgeted. This will level out over the remaining nine months of the fiscal year. All other financial ratios look healthy.</p> <p>Tangible Net Equity (TNE) is healthy at 856% this month, with days of cash on hand at 79. That includes pass-through funds, Without those the days of cash at hand would be 63 days, which is in line with past results.</p> <p><u>3+9 Forecast Update</u></p> <p>The annual budget is developed with very little insight at that time on the level of revenue. With uncertainty in revenue, there is uncertainty in costs, especially costs linked directly to percentage of premium contracts.</p> <p>Starting with overall membership, a 1.6 % increase in Medi-Cal membership is assumed for the remainder of the fiscal year. The forecast does not assume any changes due to potential effects of federal or state policy. There will be new forecasts after six and nine months.</p> <p>Ms. Santana-Chin noted that L.A. Care is actively engaged in strategic planning which includes potential effects of likely federal actions. Leadership plans to come back to the Board mid-2025 with a revised strategic plan.</p> <p>Mr. Shah reviewed the original budget created in August 2024 compared with a 3+9 budget forecast. He noted an increase in member months from 29.9 million to 31.8 million, and an increase in total revenue from \$10.7 billion in the original budget to \$12 billion in the 3+9 budget forecast, with about half of the \$1.3 billion favorability driven by membership change, and the remainder in the final 2025 rates. The final 2025 rates were higher than the draft 2025 rates.</p> <p>The MCR, a ratio of the healthcare cost to the total revenue, will be much the same as in the 2025 budget. L.A. Care has seen increases in our incurred claims, and increases in capitation are expected due to the increase in revenue.</p> <p>Overall operating expenses are projected to increase \$6 million higher than originally projected. It is a big improvement over one year ago.</p> <p>The overall surplus is expected to be better than the budget, \$216 million net surplus versus \$161 million, or a margin of 1.8 % of revenue. The MCR is forecast at 93.2%, with less than 1% improvement in Medi-Cal. MCR's for DSNP, LACC and PASC are projected to be higher than originally budgeted. There are efforts underway to get a rate increase for PASC, a line of business that has not had a rate increase in many years.</p> <p><b><u>Motion FIN 103.0325</u></b></p> <p><b>To accept the Financial Reports as of December 2024, as submitted.</b></p>	<p><b>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro, and Vazquez)</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>Monthly Investment Transactions Reports <i>(Informational Only)</i></li> </ul>	<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 December 31, 2024, was \$3.2 billion.</p> <ul style="list-style-type: none"> <li>\$3.1 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$125 million in BlackRock Liquidity T-Fund</li> <li>\$11 million in Los Angeles County Pooled Investment Fund</li> <li>\$6 million in Local Agency Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>Quarterly Reports Required by Internal Policies <i>(Informational Only)</i></li> </ul>	<p>Quarterly reports on travel and other business related expenses, executed vendor contracts and sole source purchases over \$250,000 are informational items only.</p>	
<p><b>PERFORMANCE MONITORING – FEBRUARY 2025</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper would like to see the Board take more attention to comments and incorporate them sometime in a motion of concern, because sometimes they speak and a lot of these issues are relevant to what has happened, but she sure would like the Board to take a little bit more attention to the public comments regarding some of these issues.</i></p> <p>Dr. Amin informed that the full report is included in the meeting materials so Board members can review it in detail. The MCLA authorization processing timelines remain very timely at close to a 100% for all categories. The MCLA inpatient and hospital per thousand member per month are tracking within range of last year. There is active work to reduce these numbers. As explained previously, the blue dots represent delegated provider groups that are outside the norm. Some are better than the norm, some worse. L.A. Care is taking important feedback from the ones that are doing better and speaking to those who are not doing as well. Medical management joint operations meetings are held with the delegated provider groups to discuss best practices and to try to get their care statistics within range.</p> <p>30-day readmission rates are tracking generally to last year, between 18 to 19%, which are reasonable rates for MCLA. Emergency department (ER) visits per thousand members per month is within range of last year. ER outpatient visits per thousand members per month, these are the avoidable emergency department visits, are tracking close to last year. More work needs to be done in terms of analytics and visiting delegated provider groups to engage them on reducing these numbers.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CalAIM Community Supportive Services includes housing navigation and tenancy support services. The Enhanced Care Management (ECM) volume is growing impressively and are now 20,400. These numbers are driving the ECM program for the entire state because L.A. Care has a majority ECM membership.</p> <p>Mr. Paley reported on transportation performance through December. L.A. Care continues to closely monitor Call the Car's (CTCs) performance daily, weekly, and monthly, reviewing daily logs for answering member calls, providing on time pickups, and addressing member concerns and grievances. Through February 2025, CTC performance is complying with all service levels in all categories except for a small percentage of rides needed for hospital discharges and transfers. In those two categories, CTC's performance through February is between 97 and 99%, but that is not good enough because every ride matters. To increase and sustain performance at a 100%, the L.A. Care transportation team continues to work diligently with CTC to address operational issues and to finalize contracting and credentialing of a fleet of additional drivers with a supplemental vendor for full activation by May 1. Last month, CTC and L.A. Care transportation team began participating in RCAC meetings to explain the transportation benefits available, how members access those benefits, and how to express concerns with transportation services received. In response to a member comment earlier today, the agenda for future transportation presentations at RCAC meetings has been expanded to include opportunities for members to provide ideas about how the transportation service could be improved. CTC and L.A. Care teams will also explain the case monitoring program, which exists to accommodate members with extra needs and special requests.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, noted that the volume of claims received has returned to normal levels, at 1.6 to 1.7 range. The volume submitted electronically has also rebounded after last month. L.A. Care total claims payments reduced in January as did the volume of claims auto adjudicated. The total interest paid on the first pass claims continues to decline, which means L.A. Care is paying accurately timely. L.A. Care continues to be timely on the 30- and 90- calendar day metric. The 45-business day timeliness is included to show when interest starts to accrue. The average calendar date to process also remains low and aligns closely with L.A. Care's payment floor of seven days. Nothing of note for adjustments and denials. The first pass claim denial rate remains consistent to prior months at under 20%, which was the commitment last year. Total claims processed compared to last year shows there was slippage in the provider dispute resolution (PDR) performance in January. There is a 45-business day window for provider disputes. The volume and performance results reflect the volume received in November 2024. November volume was high in comparison to prior months and shows poor performance in January 2025. Staff is working to bring that number back in line, but likely that performance below the KPI will continue into February, with a rebound expected in March. Provider cases, the average business days to process, tie in with</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	the volume for the closure month, which is January. The way to look at this is to track forward two months on the first graph to see the performance for the month that you are in.	
<b>ADVISORY COMMITTEE REPORT</b>		
<b>PROVIDER RELATIONS ADVISORY COMMITTEE</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Ms. Cooper does not get a chance to see too much of this or come too much to meetings anymore, but she wants to say regarding providers, many years ago, the former chair of the Board of Governors, who was from the Hospital Association, came before the RCACs. He asked for their support when the hospitals were facing a crisis. They were able, at their RCAC to give him an audience, where they met at the hospital and she thinks they supported it. But she thinks the providers need to come to the RCAC sometime. She knows they are doing a good job, but they need to come to the RCACs and see what they are doing because they are all in this together. She would like to see sometimes the providers just drop in and see what the RCACs are doing, how they are effectively helping the providers. Because without the members there would be no providers, and without the providers, members would be at risk. She would like sometimes providers don't look at them just as members, but come there and sometime drop by and say hello or just see what the RCACs are doing.</i></p> <p>Vice Chairperson Shapiro thanked her and he will try very hard to attend RCAC meetings.</p> <p>Board Member Greene echoed his comments and he appreciates the feedback. He will share the invitation at the next provider relations committee meeting. He thinks it is a good idea that providers attend the RCAC meetings to see the work that they do and share the experience.</p> <p>The Provider Relations Advisory Committee (PRAC) met on February 19, please contact board services to obtain a copy of approved meeting minutes. The committee received a report on participating physician group scorecards and internal performance metrics. The committee also received presentations about access and referrals, consumer assessment of the healthcare providers and systems, and transitions of care Star metrics. Copies of the presentations may be obtained by contacting board services.</p> <p>He noted that the members of the PRAC continue to be appreciative of the opportunity to come together in that forum, to identify not just challenges that the providers are facing with regard to providing care to beneficiaries of L.A. Care, but also to identify opportunities for collaboration with L.A. Care to improve the patient experience.</p>	
<b>Transitional Temporary Executive</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper would like to thank Layla Gonzalez and their representative in their quiet manner, maybe they do discuss matters. She would like to thank the two members of the</i></p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Community Advisory Committee	<p><i>Board of Governors. Ahe hopes that they will continue to do a job of representing all the members. Have to be nice to their two board members. She thanked them both for their representation and she hopes with this crisis that they are facing, that they try to represent the members there to the Board.</i></p> <p><i>Hilda Perez welcomed the CEO. She is a health promoter, volunteer, the newly elected RCAC 6 Chair, her community work does not stop. It is something that she does because she is passionate about giving everybody the same opportunities. She is really glad that they are presenting these motions because the RCACs did not meet during the pandemic. And once they met, they started already making guacamole. She is talking about the fact that members have brought issues like the fact that if they are referred to get a specialist, they are defaulted to long distance locations, and also the fact that this is an ongoing issue regarding the urgent care facilities available for members. They are trying to avoid Members from going to the ER with non-threatening situations, but they are not able yet to offer them enough information to where to go that Medi-Cal is accepted and L.A. Care is accepted. The other issue that she is addressing is the fact that she is an L.A. Care member and when she calls member solutions, L.A. Care has beautiful people working there, but she does not really get enough help. She has the opportunity to attend the wonderful Community Resource Centers and at the Centers they do have navigators that are experts. They do help you more because maybe their expertise is wider. She was wondering if this type of training can be up front once they call the member services, because not everyone is familiar with the CRCs, they are working on that, but once she calls, they want all the members to get enough information so they can make wise decisions.</i></p> <p>Board Member Fatima Vazquez reported that TTECAC met on February 12, 2025 and thanked all the members that attended the TTECAC in person and to those present today. At this meeting we have:</p> <ul style="list-style-type: none"> <li>○ RCAC 1 Laura Gonzalez</li> <li>○ RCAC 2 Elizabeth Cooper</li> <li>○ RCAC 2 Myrra Bolla</li> <li>○ RCAC 2 Ana Rodriguez</li> <li>○ RCAC 3 Reyna Hernandez</li> <li>○ RCAC 3 Lluvia Salazar</li> <li>○ RCAC 3 Gladis Alvarez</li> <li>○ RCAC 4 Russell Mahler</li> <li>○ RCAC 4 Estela Lara</li> <li>○ RCAC 5 Robert G. Harvey-Dixon</li> <li>○ RCAC 5 Marco Galindo</li> <li>○ RCAC 6 Lottie Cleveland</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ RCAC 6 Hilda Perez</li> <li>○ RCAC 7 Martha Pedroza</li> <li>○ RCAC 7 Maritza Lebron</li> <li>○ RCAC 8 Deaka McClain</li> <li>○ RCAC 8 Sambour Lay</li> <li>○ Reginald Fagan</li> </ul> <ul style="list-style-type: none"> <li>● The Committee reviewed and approved the motions for new RCAC Candidate and ratified the newly elected RCAC Chairs and RCAC Vice Chairs.</li> <li>● Dr. Auleria Eakins gave a Communications and Community Relations update. She noted the importance of staying grounded and supporting one another during challenging times, particularly regarding access to care and community well-being. She discussed L.A. Care's response to recent wildfires, including allowing out-of-network services, early prescription refills, and relocating affected members without prior authorization. Community support efforts included distributing essential supplies to over 3,000 families, opening resource centers with extended hours, and providing N95 masks for air quality concerns.</li> </ul> <p>Board Member Layla Gonzalez continued the report:</p> <ul style="list-style-type: none"> <li>● Dr. Eakins provided an update on the ongoing restructure process and encouraged patience and engagement as it evolves, with a commitment to addressing concerns and incorporating member feedback. In recognition of volunteer efforts, L.A. Care will celebrate TTECAC members in April for their contributions throughout the pandemic. She highlighted Black History Month initiatives, including a fireside chat on Black health equity and a screening of "No Address," followed by discussions on housing as a social determinant of health.</li> <li>● Victor Rodriguez presented a Motion ECA C.0225, approval of the Board Seat election timeline, application, and rules.</li> </ul> <p>Board Member Gonzalez expressed that in the RCAC meetings she attends a lot of fear is expressed, not just from people that are undocumented but also people that are citizens. They are afraid of what the new president is going to do. They keep hearing about cuts here and there and they are hearing about ICE raids. People are just afraid and the fear is growing in all different regions that she has gone to. People just do not know what to expect and they are looking to L.A. Care to see what we are going to do to mitigate the different changes. She wanted to let Board Members know that members want to see Board Members and the CEO at the RCAC meetings.</p>	
<ul style="list-style-type: none"> <li>● The Temporary Transitional</li> </ul>	<p>Board Member Gonzalez introduced Anna Rodriguez, Chair of TTECAC, who will present two motions which clearly show the disapproval of how things are going.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Executive Community Advisory Committee (TTECAC) request and recommends L.A. Care to conduct a comprehensive review of business process which impacts member experience.</p>	<p>TTECAC Chair Rodriguez thanked the Board, the CEO, and the members in RCACs 5 and 6 for helping bring these important issues to the Board. She described difficulty members experience with access to primary care providers, PCP specialists and urgent care services, with members having to travel long distances. Concerns were initially raised during the RCAC meetings and were escalated to the February 12, 2025 TTECAC meeting. Members from all eight regions affirm experiencing the same challenges, emphasizing the need for comprehensive long term and sustained solutions. Ms. Rodriguez noted the issues are detailed in the motion, with impacts to member experience. She noted the motions request that L.A. Care provide a written report with solutions by May 2025, create health access education materials and provide additional training for member services representatives. She noted that in 2018 Health Promoters provided workshops, one was Medi-Cal 101, which taught the community about urgent care and emergency room care, and the higher cost for emergency room care for the same services received at an urgent care site. Members are concerned about changes that could be implemented by the new federal administration and it would be beneficial to members to have this information distributed to members so they can help save money.</p> <p>Ms. Santana-Chin thanked her for bringing member concerns to the Board, members are being heard. This is a priority, and a dedicated team at L.A. Care is working on the issues, and L.A. Care has identified processes that can be improved. There are other items identified for improvement in partnership with providers. She appreciates the request to work with members to distribute information that they need to understand how to use the system and provide tools needed for visits to primary care providers, making sure that the primary care provider gives members the information to effectively seek care with specialists or others, because sometimes that is where details are lost. Those are some things that staff are thinking about. She wants to inform members about plans for a report in May. L.A. Care sees opportunities and looks forward to hearing directly from members. She invited Dr. Amin to say a few words.</p> <p>Dr. Amin thanked the members and pointed out that this motion that is brought forward is how the RCACs are supposed to work, and exactly what L.A. Care needs. Information from the members through the ECAC and to L.A. Care in a Board motion is wonderful. L.A. Care is hearing and taking action on the concerns that are specifically laid out and will track them to a root cause. Once the larger root cause are identified, they will be collected into themes. There will be two parallel tracks. One will be large structural cross-divisional changes that need to occur in the health plan to improve services for members. The other will be short-term fixes to address the low-hanging fruit that was distinctly identified by the motions. These are things like improving provider training and engagement with vendors. The provider portal will be helpful. L.A. Care is hoping to get those done quickly, and that information will be</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>provided by May. Some of the larger structural cross-divisional changes will be reported over the next year. He hopes that it would not be casually checking off a list of requests, but that members will feel meaningful change. A sign of success will be that members feel that things are better. L.A. Care will continue to work tirelessly until members are satisfied. He looks forward to providing more information by May.</p> <p>Board Member Booth congratulated members on the motion and the motion at the last meeting. She noted the excellent results from Call the Car, yet members seem to have problems, so additional analysis is needed.</p> <p>Board Member Solis appreciates the presentation from Board Members Vazquez and Gonzalez, she asked about hesitancy in seeking services because of immigration issues. She asked how L.A. Care can address that, what are some remedies that it could be using. This is a very timely issue that affects people throughout Los Angeles County.</p> <p>Ms. Santana-Chin referred to Call the Car and asked Mr. Paley to update the Board on the processes. On the issue of fear in the community, L.A. Care has taken action in partnership with other organizations with expertise in immigration and is leveraging the community resource centers. The first is that L.A. Care made sure to understand what it is able to do as a health plan to facilitate access to care. There are restrictions in how information is shared, and L.A. Care will make sure to respect and be mindful in protecting member information within the bounds of law. L.A. Care has educated staff on how to engage if immigration officials come into our community resource centers, on the appropriate process to follow that is respectful of the law and protects the rights of members; and protects the health information as required. A lot of work has been done with community resource centers (CRCs), training internal staff on what is allowed and not allowed. L.A. Care has hosted a series of Know Your Rights sessions at the CRCs, including sharing the red cards that many partners are distributing, so that individuals understand how to engage and understand their rights. L.A. Care is making sure that members get the care they need and deserve. L.A. Care is making sure that people are informed about their rights and the rules for accessing healthcare. Equally important is the work done with associations to make sure that clinics, physician offices, hospitals, and other providers, are aware of how to engage with immigration officials and how to protect members and information, according to the law. Unfortunately, we are living in very uncertain times and some of these threats are very scary, they are very real. L.A. Care's contractual obligations that have not changed. There are a lot of news about executive orders, about changes coming our way. L.A. Care delivers healthcare services according to the contractual benefits and services the health plan is required to deliver. L.A. Care continues to offer benefits and services to all covered members and will continue to do that unless and until the requirements change contractually. She wishes there was more certainty about the future</p>	

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	<p>and how to respond. L.A. Care will follow the contracts, and make sure people get the care that they deserve.</p> <p>Ms. Santana-Chin spoke earlier about L.A. Care’s advocacy, informing legislators about the devastating impacts that the potential cuts can have in the community. She invited members to contact L.A. Care with their compelling stories highlighting the personal impact of the programs. There is nothing better than having real people share their stories and the direct impacts on them.</p> <p>Supervisor Solis asked Ms. Santana-Chin to consider recording a video for social media and the CRCs, with information about the actions L.A. Care is taking.</p> <p>Mr. Paley responded to Board Member Booth's question, reiterating what Ms. Santana-Chin said earlier about the strike team that has been created to orient members and assist them in understanding the delivery system components and capabilities so that they can be more sophisticated consumers, in addition to what Dr. Amin mentioned about the teams looking at root causes and addressing operational issues that impact and cause the access issues experienced by members. L.A. Care is reviewing service volumes and going beyond to give members an opportunity to express issues they are having with transportation services. That is precisely why listening sessions are held at the RCACs to understand the concerns, because there may be members that are not submitting formal grievances and have concerns about the level of service they're receiving.</p> <p><b><u>Motion TTECA 102.0325</u></b>  <b>The Temporary Transitional Executive Community Advisory Committee (TTECAC), on behalf of Regional Community Advisory Committee (RCAC) Region 5, request the Board of Governors to act on the following items which impacts member experience.</b></p> <ol style="list-style-type: none"> <li><b>1. Provide a Report with solutions by May 2025</b>  <b>Conduct a review of contracted PCPs, specialist, and urgent care facilities, along with a baseline analysis of L.A. Care’s travel time and distance based on care standards and member zip codes.</b></li> <li><b>2. Create Solutions to Address Long Wait Times with Member Services:</b>  <b>Provide solutions to reduce wait times for members seeking assistance with PCP and specialist changes.</b></li> <li><b>3. Develop a Resource Guide of Urgent Care Facilities:</b> <b>Compile a list of urgent care facilities that currently accept L.A. Care and create a resource guide to be distributed to members, providers, web and clinics. Require all IPAs to provide their urgent care affiliation or contract with urgent care to ensure access and impact on overall cost of consumers.</b></li> </ol>	<p>Both motions were unanimously approved by roll call. 12 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>4. Call the Care Medical Transportation Services: Review current grievances related to poor customer service and late arrivals to medical appointments experienced by members using Call the Car. Increase vendor accountability and implement necessary improvements to enhance the member experience and decrease late arrival to medical appointments.</p> <p><u>Motion TTECA 103.0325</u></p> <p>The Temporary Transitional Executive Community Advisory Committee (TTECAC), on behalf of Regional Community Advisory Committee (RCAC) Region 6, request the Board of Governors to act on the following items which impacts member experience.</p> <ol style="list-style-type: none"> <li>1. Provide a written report with solutions by May 2025 Conduct a review of contracted PCPs, specialist, and urgent care facilities, along with an analysis of L.A. Care's travel time and distance to care standards based on member zip codes.</li> <li>2. Create Health Access Education Materials: Develop materials explaining the difference between urgent care and emergency care, compile a list of urgent care facilities that currently accept L.A. Care and create a resource guide to be distributed to members, providers, and clinics. Require all IPAs to provide their urgent care affiliation or contract with urgent care to ensure access and impact on overall cost for consumers.</li> <li>3. Provide Additional Training for Member Services Representatives: Offer enhanced training to support members who request assistance with provider changes or locating covered urgent care facilities.</li> </ol>	
<b>BOARD COMMITTEE REPORTS</b>		
Executive Committee	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper thanked the Board for the opportunity to speak today. She is concerned about Afro Americans and other workers who are going to be laid off and that takes health care coverage away. Please do not forget the total picture for workers who will be serving the consumers like health care workforce for the Department of Healthcare Services. In order not to just protect the consumer, but to protect the consumers, we have to have a total approach. There are going to be many and many have been laid off in health care and it will impact the consumers receiving the services. She hopes that they watch the total is because so many who have been serving the community and serving the consumers getting the services and making it easy, but do not forget the services and do not forget those who are being laid off now of different cultures. She thinks that is very important, not just for them, she doesn't believe even just for her. Because if you are just for me, it is not helpful. But for we the people, that is what she believes in.</i></p>	

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	Vice Chairperson Shapiro reported that the Executive Committee did not meet in February 2025.	
<b>Finance &amp; Budget Committee</b> <ul style="list-style-type: none"> <li>Revisions to the Finance &amp; Budget Committee Charter</li> </ul>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper appreciates them hearing her voice today. She is hoping that they give some money, if you believe in supporting these issues or opposing some of the issues. She knows the Board has to watch it and that is where Ms. Haydel steps in, letting them know whether they are in compliance, but what about community forums. It is not because a lot of them do not want to be on camera, but they might have community forums, letting the committee know and put out a little budget for those kinds of things. And she appreciates, see all of them do not know how to speak those words that some use, they articulate very well, but let us put it in layman's terms so that having community forums and having the Board members and the staff and the CEO come out and express it to them and let them know so they can communicate with the people who will make the decisions. Because as she was saying, we the people will make the decisions, and that means her and so many others, so they would not be so afraid if they stand up for their rights in the Constitution, they would not be afraid. And she really appreciates all the Board members, their courtesy that they extended to her and heard her voice.</i></p> <p>Board Treasurer Booth reported that the Finance and Budget 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 today and the 2024 financial report That was also approved earlier today.</p> <p>She referred to a motion for an amendment to the Finance and Budget Committee Charter. The staff works hard to streamline the information flow to the Board and the Committees, so meetings are efficient. The Finance and Legal staff determined that the financial updates must be reported monthly to the Board of Governors. The Board created the Finance and Budget committee to take on that detailed work of fiduciary oversight that ensures the financial reports are properly reviewed and vetted. I n months that there is not a Finance and Budget Committee meeting, a designated committee member, the Treasurer, will review the report on behalf of the Committee. So that delegation of tasks ensures that there is continuous oversight and it will be efficient. The CFO has a limited time reserved for review of the financial reports at the Board of Governor meetings. Finance and Budget Committee reviews the reports for a longer period of time and hear more detail. The Board will be informed about L.A. Care's financial status quarterly. In addition, if something comes up at the Finance and Budget Committee meeting it will be reported to the Board. Rather than having frequent monthly briefings to the Board, a more comprehensive update will be provided four times a year. The Board is ultimately responsible for the financial accountability of the organization. Moving to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>quarterly financial reports to the Board, the monthly report to Finance and Budget Committee will also be in Board meeting packets for Board review. Board members can ask questions and focus on broad financial trends or concerns. The Finance and Budget Committee will have an in-depth review.</p> <p>Board Treasurer Booth recommends approval to add language to the Finance and Budget Committee Charter: <i>The committee shall review the current final financial reports at scheduled monthly meetings and the Board Treasurer shall review the current financial reports in months that a committee meeting is not scheduled.</i> She noted that additional updates to the Finance and Budget Committee Charter may be brought to a future meeting.</p> <p><b><u>Motion BOG 101.0325</u></b>  <b>To approve the Finance &amp; Budget Committee Charter revised to include a provision for the financial report to be reviewed monthly, and by the Board Treasurer in months the Finance Committee does not meet.</b></p>	<p>Unanimously approved by roll call. 12 AYES</p>
Compliance & Quality Committee	<p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper appreciates the Board. Board Members are wonderful because of how courteous they are and sensitive to them as a committee. She can say Board members are all beautiful. That is all she can say today. She might not say it tomorrow, but she said it today.</i></p> <p>Committee Chairperson Both reported that the Compliance &amp; Quality Committee met on February 20 (<i>approved meeting minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Todd Gower presented the Chief Compliance Officer report. He reported that February Internal Compliance Committee (ICC) meeting covered key compliance topics, including risk management, appeals and grievances, and internal audits. A summary of the ICC report was sent to Board Services. Compliance is working with a third party to support the review of a remediation workplan and associated validation activities. The work commenced on February 20, 2025, with a focus on grievances, claims, and prescription drug coverage. During the ICC report, the Appeals and grievances data from 2024 showed that Pharmacy Prior Authorizations were the top reason for appeals (34%), while Billing and Financial Issues led grievances (33%). The annual risk assessment identified key risks, assigned accountable parties, and carried over some of the 2024 Management Action Plans (MAPs) into 2025. Compliance training achieved 99% completion, with the Board at 100%. The 2025 Internal Audit Plan prioritizes enforcement matters, claims processing, and provider payments. Audits are the follow up after a compliance issue has been resolved. The Compliance department communicated they are working on a new process for submitting reports to C&amp;Q that will include a summary report on all submissions to C&amp;Q. The Compliance department will do this first at the March C&amp;Q meeting.</li> </ul>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Dr. Amin presented a Chief Medical Officer report (he reported to the Board earlier today).</li> <li>• Elaine Sadocchi-Smith presented information about Population Health Management (PHM). The report covered PHM goals, performance, and updates. L.A. Care met 88.9% of its PHM goals for 2023-24 and 66.7% so far for 2024-25. The presentation highlighted alignment with PHM program goals and ongoing efforts to improve health outcomes. Updates on CalAIM initiatives were provided, including participation in revising Key Performance Indicators (KPIs) with California Department of Health Care Services (DHCS). Next steps focus on refining PHM interventions and continuing collaboration for improved performance.</li> <li>• Brigitte Bailey gave a presentation on L.A. Care's Member Experience survey results. The presentation highlighted efforts to improve patient satisfaction through training, partnerships, and engagement initiatives. L.A. Care's Consumer Assessment of Healthcare Providers and Systems (CAHPS) Leadership Team established in 2023, brings together various departments to find ways to enhance the member experience through initiatives like member journey mapping and satisfaction surveys. Since 2019, SullivanLuallin Group has provided patient experience training, with sessions tailored for providers, office staff, and care teams. The contract is extended through 2025. In 2024, there were 13 training sessions completed for eight clinics and IPAs, with positive impacts on Clinicians and Groups (CG)-CAHPS survey scores in 10 of 14 clinics. Monthly Joint Operations Meetings (JOMs) were launched in 2024 with 10 large provider groups covering 70% of the network, to address quality improvement, data processes, and member experience solutions. Future efforts will focus on refining training programs, strengthening partnerships, and enhancing service excellence to improve member satisfaction.</li> </ul>	
PUBLIC COMMENT on Closed Session items	<p><i>Dorothy Lowry is still a little confused about Medi-Cal, Medicaid, and Medicare. Before Obama became President, she was Medi-Medi. And then she had to join a group, so she chose L.A. Care. She thinks L.A. Cal is through the state, and L.A. Care is federal, and then what she thinks she understood is Medicaid is the state and the federal, and there was a third thing that covers and the thing that people are being concerned about and worried is that there might not be the proper amount of money to cover the amount of people you have. So, from what she has been watching it is not supposed to hurt if one is legal and in the system, legal. What she has been watching, they have people getting social security checks, and they have taken \$200 from her and would not give it back, and the judge told them, but they are treating her as a citizen bad. But it is more to it. That is why she is saying if one can express it because a lot of people that do not need to worry, are worrying.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Santana-Chin thanked her for the comment. The healthcare system in the United States is very complicated. There is a lot of education to do, and the Medi-Cal 101 training was mentioned earlier, which was a really good suggestion. L.A. Care works with the federal government to provide Medicare services. If you have Medicare and signed up for L.A. Care, L.A. Care is administering your Medicare benefits. Some people also have Medi-Cal, and some people only have Medi-Cal. If one has both Medicare and Medi-Cal, L.A. Care manages both Medicare and Medi-Cal benefits. The Medicare part pays for certain benefits and other benefits are paid for by Medi-Cal. The Medi-Cal program is funded by the state and the federal government. The federal government proposal is basically threatening to cut funding that the federal government provides to cover the Medicare part of your benefits. It has nothing to do with immigration status. There are funding cuts proposed in the funding that goes to states in order to support other priorities for the federal government. Across the country, Medicaid is the program that basically serves low-income people. California got really fancy and called it Medi-Cal. Medicaid and Medi-Cal are two names for the same thing.</p> <p><i>Ms. Lowry asked if President Obama added Medicaid.</i></p> <p>Ms. Santana-Chin responded no, he did not, and suggested it would be helpful if an L.A. Care staff members could walk her through an explanation of the government sponsored health coverage programs to make it easy for her. Ms. Santana-Chin thanked her for asking the question because many other people may have the same questions.</p> <p>Vice Chairperson Shapiro noted the questions that need to be asked to clarify what is happening. That way everybody will have a voice. There will be people that may say something different, but it is important to ask questions. She is asking the correct questions.</p> <p><i>Russel Mahler asked Ms. Santana-Chin if the RCACs will be involved with the community again, because they were doing that in the past. The RCACs would reach out to the community to let them know about L.A. Care, they haven't done that in a while. They need to get back to the community.</i></p> <p>Ms. Santana-Chin thanked him and noted that somebody mentioned that earlier. She is still learning and in her field trips she will learn a lot more about this. One thing that they have said is they probably could do a better job empowering RCAC members to make an impact in the community and support some of the work that L.A. Care is doing. Her guess is yes, but there's still learning to do. She will commit to suggest improvements and changes at a future Board meeting after the listening sessions with the RCACs.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Hilda Perez and Ana Rodriguez are proud to be volunteer health promoters with L.A. Care. Ms. Perez is really glad that Miss Dorothy brought this topic to today's meeting, as well as Ms. Rodriguez in regards to Medi-Cal 101. In the past it was called Access to Care, when the health promoters presented information to different groups about how to navigate the healthcare system. She is an immigrant from Mexico. When she came to this country, she realized and was surprised that even people born and raised in the United States did not know how to navigate the system. Her daughter got sick and she took her to the doctor and that was an ordeal. They did not know what to do. So that is the reason why she became a health promoter. She brings Ms. Rodriguez to make this comment with her because the health promoters are a program that was established thanks to Board Member Maria Guerrero. She brought it into consideration. Ms. Perez reminded Board members that the health promoters are valuable community members trained in education on health issues and identify with the community because they are part of the community. People see the health promoters as someone that they trust and full of resources. She does not know if Francisco Oaxaca is still connected to the program, but it is understaffed. They have only two wonderful staff members that are their director and coordinator to help facilitate all of this, but if they have more projects to accept or to get into, they do not have the bandwidth to do it. And another thing she wanted to say that there are members of the RCACs and members at large that have made a comment about the health promoters program, and she just wanted to express this today.</i></p> <p><i>Deaka McClain commented once again for the new CEO, she will say it again, she said it last month, she looks forward to having a one on one with her about seniors and disability concerns. She looks forward to that conversation. She wants to comment about something that Dr. Amin said earlier because they are lacking in that area. When it comes to going to the doctor, as Dr. Amin said, make sure before leaving the doctor that they understand what the needs are, and the concerns are. She brought this up at the QI meeting that she is part of with Fatima Vazquez. We need to do something about that because doctors give you 15 minutes, probably even less than that, and then tell people to talk about one or two things and then the patient does not get appointment again for another three months. She knows it is about dollars and cents, but if L.A. Care can help advocate to get more time with the doctors, because some people, especially those with disabilities, have cognitive issues. They have to use ACC machines and it takes time and they want to feel that they are being heard and not rushed out of the room. She also suggested having a member advocate in the room with the doctor so when they have to leave, the member advocate can continue to talk to the doctor, just like what Dorothy was saying. She just wanted to bring that up. She supports the health promoters. Please find a way to add more staff to that program and incorporate them educating doctors and providers in the community more about disabilities, what the different ones are, how it affects the person with disability, culturally, interculturality. All those things play a part in learning about how to access care for people with disabilities.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>ADJOURN TO CLOSED SESSION</b>	<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>March 2027</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <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> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>California Medical Association vs. Watanabe, California Department of Managed Health Care</i> S.F.S.C. Case No.CPF-24-518478</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County</i> L.A.S.C. Case No. 21STCV47250</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Terry Brown, <i>Chief Human Resources Officer</i>, Augustavia Haydel, <i>General Counsel</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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	
<b>RECONVENE IN OPEN SESSION</b>	The L.A. Care Board of Governors reconvened in open session at 5:29 pm. There was no report from closed session.	
<b>ADJOURNMENT</b>	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*

John G. Raffoul, *Board Secretary*

Date Signed 4/7/2025 | 9:30 AM PDT

**APPROVED**