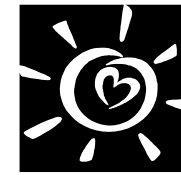


Board of Governors

Regular Meeting Minutes #337

May 1, 2025

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



L.A. Care
HEALTH PLAN

Members

Ilan Shapiro, MD, *Chairperson*
John G. Raffoul, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
Nina Vaccaro, MPH, *Secretary*
Alvaro Ballesteros, MBA
Jackie Contreras, PhD*

Christina R. Ghaly, MD
Layla Gonzalez
George W. Greene, Esq.
Supervisor Hilda Solis
G. Michael Roybal, MD, MPH
Fatima Vazquez*

Management

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

*Absent

** Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Chairperson Ilan Shapiro, MD, called the meetings to order at 1:02 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously.</p> <p>Chairperson Shapiro welcomed all to the meeting.</p> <p>Chairperson Shapiro outlined the information for public comment included on the meeting Agenda.</p>	
APPROVAL OF MEETING AGENDA	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper welcomed the Chairperson of the Board of Governors and thanked the former Chairperson. As a member of L.A. Care for several years, she objected to the information given because some people do not speak as long. She has an issue that she would like to address, she would like the Governance Committee to be more effective because some issues that the consumers have, they can bring it before the Governance Committee, and sometimes you wouldn't have to put it on your table. But the Governance Committee is not active, and she brought up, she has a lot of issues she would bring to the attention of the Chair, as the Chair knows that she brought up. She is concerned about the voice of developmentally disabled consumers, because many issues come up. She knows she has had one now from her son, who's developmentally disabled. It cries out for some concern from the Board since he is a member of L.A. Care. Sometimes when one brings issues up, who do you get to listen to. One thing she has is a developmentally disabled</i></p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>son. Other members are on more than one committee, she has been denied and that affects the disabled. Her son who is developmentally disabled, she has several issues in how they how medicals deal with the developmentally disabled. And parents have been very challenged - our network. She would like the Board to know, she calls her legislators. They call her political, no, on civic matters. She calls her state legislators. She calls her County Supervisor, she calls her City Councilmember and her congressional delegation representative, because we the people. And she fights for all the people, not just for her son. She's got letters from former Board Members who connect to her, former L.A. Care members, and from legislators. But when it comes to her son, she is having a challenging time. She asked to be on the consumer advisory committee for the disabled, but was told no. If one is an L.A. Care member, one can be on several committees. She has been denied as a long-time member. She has supported L.A. Care, and she gets out there and calls her legislators to support L.A. Care, especially when these crises are on now about the cuts and due process of the Constitution for members. But she calls. When she calls, she asks for L.A. Care. But when she asks questions for her son, who is developmentally disabled, she feels that that issue is not addressed. So, who fights for him? His mom only.</i></p> <p>Chairperson Shapiro thanked Ms. Cooper for her comments. He asked staff to follow up with Ms. Cooper.</p> <p>The meeting Agenda was approved.</p>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Ghaly, Raffoul, Roybal, Shapiro, Solis and Vaccaro)</p>
<p>PUBLIC COMMENTS</p>	<p><i>Elizabeth Cooper appreciates the courtesy that is extended to her, but she would like the Board to please take notice of her previous public comment. It cries out for the Board's participation. The Board represents the members, we the people, and the members of the RCACs, it cries out for some response from the Board, the oversight of that. She appreciates the chair.</i></p> <p>Chairperson Shapiro asked staff to follow up with her.</p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p>PUBLIC COMMENT</p> <p><i>April Stom congratulated LA doesn't Care health. For a second time in two different decades, it has impeded on her receiving proper and timely health care. It started with Synermed in 2018 and continues into 2025. Back then L.A. Care blamed Synermed, but L.A. Care was fined, not Synermed. That is two decades ago, and that is two decades that it has impeded on her healthcare intentionally, and that is long enough, don't you think? Hasn't it killed enough people in the first and second cases that it was charged for? "Enough dead bodies on the pile, you guys? Have you had enough yet or do you need more? You're so <expletive> greedy." In the past 30 days, L.A. Care has been successful in raising her stress levels, anxiety, rage, ability to focus, raised her heart rate, lack of</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>sleep, lack of appetite lack of sexual desire, increased muscular and bone pain, increased nerve miscommunications.</i></p> <p>Chairperson Shapiro introduced himself and noted that one of the most important things here is respect. L.A. Care will make sure that she has extra time. He asked that she please be respectful, it is important. The Board will hear her comments, but to understand one another, he asked her to use respectful language.</p> <p><i>Ms. Stom is hearing somebody's earpiece constantly talking at the table right now. She continued, greed greed greed. So greedy you are. In the past 30 days L.A. Care was successful in raising her stress levels, anxiety, rage, ability to focus, raised heart rate, lack of sleep, lack of appetite, lack of sexual desire, increased muscular and bone pain, increased nerve miscommunications. The stress level has given her a frozen shoulder. L.A. Care is interfering in her relationships, her ability to smile and laugh or find anything funny at all. This is no longer acceptable. She will no longer allow this behavior. She has been filing every complaint against L.A. Care, seven to be exact, with the state as of last night. She is also actively searching for an attorney who has the balls to sue its evil <expletive> in court. And she will find one. L.A. Care does not get to do this to people who are ill and need help. It has already been fined twice precisely for this. What the hell is wrong with the establishment? 100 % evil. She cannot believe the people take paychecks from evil. Six months, six months she's been playing every game in the books to impede this referral. All she needs is a decent neurologist, but L.A. Care does not have one and it plays every game in the book acting like it doesn't know that the neurologists in L.A. Care's system aren't even neurologists. Just more and more delays while you try to make another doctor that is a neurol vascular doctor ...</i></p> <p>Augustavia Haydel, <i>General Counsel</i>, noted that L.A. Care extended the time provided for Ms. Stom and the time has expired. She added that staff will be coming to speak to Ms. Stom. Ms. Haydel is sorry for her experience. She thanked Ms. Stom for her comments.</p> <p><i>Ms. Stom commented that they should be ashamed of themselves, and they take paychecks from these crackpots.</i></p> <p><i>Elizabeth Cooper thanked the Chairperson and members of the Board. She's saying some of the same things, she would probably hold her comment only it's the Regional Community Advisory Committee. Some of the comments she made previous statements today, her aforementioned statements, the Chairperson already shared with her that she will be able to speak to someone, and she hopes for a resolution, and please have the CEO take notice of her comments.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • April 3, 2025 Board of Governors Meeting Minutes • Revised 2025 Board and Committee Meeting Schedule <u>Motion BOG 100.0525*</u> Approve changes to 2025 Board and Committee meeting schedules: <ul style="list-style-type: none"> ○ Technical Advisory Committee April 10, 2025 meeting rescheduled to May 20, 2025 at 10:30 AM. ○ Finance & Budget Committee meetings day/times change to 4th Fridays of the month, 12:30 PM to 1:30 PM ○ Executive Committee meetings day/times change to 4th Fridays of the month, 1:30 PM to 3:30 PM ○ Provider Relations Advisory Committee meeting rescheduled from May 21 to May 20, 2025, at 1:00 PM to 3:00 PM • Charitable Organization to receive donated Board Member Stipends <u>Motion BOG 101.0525*</u> To designate Inner City Law Center and Homeboy Industries as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025. • Authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy. (FIN 100) <u>Motion FIN 100.0525*</u> To authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy. • Regional Advisory Community Committees (RCACs) membership <u>Motion ECA 100.0525*</u> To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Executive Community Advisory Committee (ECAC) at their April 9, 2025, meeting: <ul style="list-style-type: none"> ○ Arcelia Gonzalez, RCAC 2, Consumer ○ MBI Health Services, Inc., RCAC 4, Community Partner ○ United Parents and Students (UPAS), RCAC 4, Community Partner ○ LA Metropolitan Churches, RCAC 6, Community Partner 	<p>The Consent Agenda was unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Ghaly, Raffoul, Roybal, Shapiro, Solis and Vaccaro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Rising Communities, RCAC 6, Community Partner ● Ratify elected Executive Community Advisory Committee At-Large Members: Deaka McClain and Brynette Cruz (ECA 101) <u>Motion ECA 101.0525*</u> To ratify the election of Deaka McClain and Brynette Cruz as At-Large members of the Executive Community Advisory Committee (ECAC) to serve a two-year term starting May 2025. 	
CHAIRPERSON'S REPORT	<p>PUBLIC COMMENT <i>Elizabeth Cooper commented that she is trusting the Chairperson with the previous comments she made, under his leadership and all the members of the Board. Also please direct the CEO to take notice of her comments today.</i></p> <p>Chairperson reported that across the nation there are important conversations about Medicaid and the potential impact of reduced funding. An ad hoc Committee will be created to review strategies for L.A. Care on this important topic. L.A. Care will continue to be a steady leader. The Board is here to serve. He appreciates the respect among Board members and L.A. Care members. He recently had a conversation with Ms. Cooper about the growing pains needed to develop and serve in the best ways we can, and we are not afraid of tough conversations. It is growing pains, and we will continue to work together to resolve concerns and provide important services that the members need.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>PUBLIC COMMENT <i>Elizabeth Cooper commented that she did not get a copy of the board book and the Board agenda earlier. Chief Executive Officer, she would like to see Chairperson and Members of the Board become more active for the RCAC members to be more active in giving their input in how these programs will be impacted. She is already done what she could in communicating with her representatives. Let them know that it takes the village, takes the members too, takes a village to do this. Let them know that they have a part too, to help save these programs. It would not be just for one, it is for all of us. She hopes that the Board considers the RCAC members to also get involved. Non-political, but life is not political, it is civic minded, rather than use political, be civic minded in communicating with their representatives and their friends about the pending cuts, because they will impact each one of us who are members of L.A. Care and Medi-Cal and Medicare.</i></p> <p>Martha Santana-Chin, <i>Chief Executive Officer</i>, acknowledged Ms. Cooper for sharing her sentiments, it gives her great pleasure to hear them. She thanked RCAC members who participated in recording video testimonials to share with elected officials. They have been very valuable. In a discussion with Congresswoman</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Barragan this morning, she expressed a deep level of gratitude because that is the exact kind of information that she needs in her own quest to advocate for the Medi-Cal program. There is much more activity on that front that is detailed in the written CEO report in the meeting materials. L.A. Care is producing videos to educate RCAC members on how the Medicaid program works, how it is funded, what is at stake and potential impacts of the cuts, to make sure that there is broad awareness. The report includes a brief update on the negotiations for the state budget and on the cuts under consideration at the federal level. Ms. Santana-Chin had the pleasure of participating in very informative RCAC meetings. She also met with provider organizations, associations, and a variety of other stakeholders. Some of her key learnings and observations in her first 90 days are detailed in the written report. She thanked everybody who participated in that process because it has been very informative. The L.A. Care senior leadership team is engaged in a review of those insights to inform the work that we are doing, including support of the RCAC meetings and its leadership.</p> <p>At the April Board Meeting she shared that L.A. Care was notified that the Los Angeles County Civil Grand Jury (CGJ) had opened an investigation. CGJ has no authority to bring enforcement action against parties involved with an investigation. It is a tool to monitor government programs and provide oversight for County government. The CGJ empanels normal, everyday people for a year to serve on CGJ. The members are selected through a combination of interviews and a lottery process. The CGJ focused on issues that were reported about Los Angeles General Hospital. L.A. Care staff, Dr. Brodsky and Noah Ing, met virtually with jurors and answered questions about CalAIM. A report was published on April 24, titled, <i>LA General is Poised to Energize CalAIM and Create a Healthy Los Angeles (and while we're at it, let's eradicate homelessness)</i>. The report was based on LA General's concerns about an inability to effectively refer people from the emergency department into CalAIM programs. The report asks Los Angeles County to double down on CalAIM, offer the important underutilized services that may be available for LA General patients. The report highlights the programs that are helpful in addressing the homelessness issues. It is important to note is that the CGJ released its report ahead of schedule to share it with the public and have leaders review it coincidentally with the County's efforts to explore how homeless services are being provided. It is important for L.A. Care to understand the report. L.A. Care has an obligation to respond by July 23. She emphasized that there was no direct criticism or adverse findings for L.A. Care in providing CalAIM services. Instead, the report encourages continued expansion of CalAIM services. L.A. Care was included as a partner to provide support for 5 of the 13 recommendations in the report. The report is publicly available. Ms. Santana-Chin invited Dr. Amin to share his observations.</p> <p>Dr. Amin commented that the CGJ viewed the programs in CalAIM as beneficial to the County, reducing total cost of care for L.A. Care members while providing them with better</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>care. Programs mentioned were the Enhanced Care Management (ECM) program which provides care management for L.A. Care members, and the Community Supports programs, which is targeted towards services for the unhoused. The three core services include housing navigation, which navigates people to a home if they are unhoused, housing deposits for permanent stable housing, and housing sustaining services. The CGJ report suggests that the state was right in starting these programs, and the more these services can be utilized, the better for the people they serve. A productive conversation was held with the CGJ, LA General and Los Angeles County Department of Health Services (DHS) about how to better utilize these programs. Some things to come out of it are that LA General could potentially have a better pipeline to refer people to these programs. The report suggested that it would be helpful for LA General hospital to have its own ECM program. L.A. Care's main role in this as a health plan will be how to best facilitate providers and facilities to enroll more beneficiaries in the programs that are working. L.A. Care is analyzing these programs to make sure they are as efficient as possible, deliver the care that members need and finding areas that can be improved. There is work to be done in collaboration. He will provide more information at future meetings.</p> <p>Ms. Santana-Chin reported on a development with a provider organization that formerly contracted with L.A. Care, Axminster Medical Group. Axminster Medical Group serves the San Fernando Valley, San Gabriel Valley, Torrance/Bay Area and parts of the Westside, providing primary care services as well as other services. Axminster Medical Group issued a contract termination effective April 30. As of May 1, L.A. Care has moved about 13,225 members to other providers, all providers accepted the members transferred. As part of the termination process, L.A. Care must submit a plan to the Department of Managed Healthcare (DMHC) prior to transitioning members to other providers. The DMHC conducts a very thorough review process, and the health plan must provide evidence of the capacity to support members in a new medical home. DMHC has approved L.A. Care's plan to transition members. Members have been notified of the transfer and their right to choose a new physician other than the one assigned. L.A. Care's call center is ready to support members in that process and has been made aware of the transition. L.A. Care is working with individual members and providers to ensure continuity of care and support a seamless transition. L.A. Care unfortunately has parted ways with Axminster Medical Group. L.A. Care is very grateful for the provider organizations that chose to step up and serve the transferred members.</p> <p>Board Member Booth asked about L.A. Care's relationship with USC and LA General. Ms. Santana-Chin reported that LA General Hospital is a contracted provider for L.A. Care members. Board Member Ghaly added that DHS contracts as a whole for ECM services with L.A. Care and LA General is a provider under that contract.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Supervisor Solis thanked Ms. Santana-Chin for the update, and for the report on L.A. Care members helping with personal experiences and information to Congressional leaders. That is very important, and she congratulated Ms. Santana-Chin. On the CGJ report, she noted that CalAIM, in her opinion, is a short-term program that will end in about two years. There is still discussion about how the implementation is going with CalAIM. From her perspective it is been equally hard even for the County to navigate some of the nuances that remain unclear, as Dr. Ghaly knows through the Los Angeles County Department of Mental Health (DMH). On the LA General Hospital campus there are restorative care beds for recuperative and sub-acute care. These were noted in the CGJ report. When people come out of hospital they are referred to those services. One of the providers for several years through his organization helping serve that population is Board Member Alvaro Ballesteros. Sometimes we do not toot our horn, so to speak, but we can always do a better job of explaining what is available on the LA General Hospital campus. It has been a great experience for her to represent that hospital, the faculty, and particularly the staff that work there. There is always room for improvement, and she looks forward to continuing to do more work with L.A. Care. With some of the CalAIM funding from L.A. Care, there are County projects on Skid Row and McArthur Park. She thanked Ms. Santana-Chin, Dr. Amin, and everybody that have been involved thus far.</p> <p>Ms. Santana-Chin appreciates her comments and noted there is a lot of innovation in Los Angeles County. CalAIM is a pilot, a five year waiver, to test concepts for addressing social drivers of health to determine the impact on health care services, total cost of care and outcomes for the people that L.A. Care serves. At the end of the waiver period, with new rules by the federal government, the state will decide how to continue to evolve the Medi-Cal program.</p> <p>There is innovation at the LA General campus and throughout Los Angeles County. The safety net, the clinics, L.A. Care and many others in LA County have stepped up in ways that would not have imagined ten years ago.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director Government Affairs</i>, reported:</p> <p><u>California State Budget Update</u></p> <p>The Governor's May Budget Revise updates the Governor's January Budget proposal. It is statutorily required to be released by May 14 each year. It is likely to be released on May 8 or 9, 2025. It provides information that was not available in January such as tax revenue. Budget projections for 2025-26 will include some significant uncertainties, such as federal policy changes that are likely to severely impact California, and economic uncertainties.</p> <p>For 2026 through 2029, a \$20 to \$30 billion overall budget deficit is anticipated but the amount is not yet known. It is attributed to pharmacy costs, the economy and underestimated costs for expansion populations. The tax revenue receipts are ahead of projections, there will</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>be more tax receipts by October 15, because people impacted by the wildfires received an extension to file. This budget year there is a \$6.2 billion deficit in the Medi-Cal budget. It was covered by California's rainy day fund and through general fund loans, which will last through June 30, 2025.</p> <p>Federal policy is anticipated to impact programs such as food assistance. There will also likely be fiscal impacts to County administrations. The potential loss of federal funding will directly impact California assistance programs. A range of Medicaid proposals are under review by the House of Representatives. The timing will impact California's state budget. A federal budget markup is expected from the US House Energy and Commerce Committee by May 9. It will be just a markup in language. That markup goes to the Congressional Budget Office for scoring, through other committees and eventually a Bill will be created for consideration. A full committee vote in the House probably by spring, maybe before that, maybe a little bit later. There is uncertainty in what the Senate will do. The Senate can take up the House budget document legislation or it could do its own. Congress set a deadline of August 1 to fully pass a budget bill, because that is the deadline for funding the federal debt ceiling. If it appears that the budget reconciliation bill which includes provisions for the debt ceiling will not pass Congress, those provisions will be pulled out. It is probable that there would not be a federal budget reconciliation bill until the beginning of August. It could even go later.</p> <p>June 15 is the California Constitutional deadline to pass a balanced state budget that goes into effect July 1. The California Legislature always meets the state constitutional deadline, and there will be budget trailer bills. It will be a long summer. In October, the Legislature will know what the tax revenue will be.</p> <p>Ms. Compartore will update the Board at future meetings. A budget matrix will be included in the June Board meeting packet.</p> <p>Ms. Santana-Chin commented that L.A. Care is engaged in educating policy makers on consequences of funding cuts at both the state and federal levels. As the state and federal budget processes proceed, there will be better understanding in how to strategically oppose funding cuts. L.A. Care continues to work with coalitions and will keep the Board Members informed.</p> <p>Board Member Ballesteros is on the Board of California Primary Care Association (CPCA), and he participates in activities around potential Medicaid cuts. There is a Medicaid day of action planned for May14, with rallies across the county, state and even across the country to call attention to the potential harm that any cuts could cause. He wonders what L.A. Care could do to support those activities.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Santana-Chin responded that the video that she mentioned earlier will be released to all the RCACs has basic information about Medicaid, how it is funded, what is at stake, and what the impacts could be. Some information has been presented directly to RCACs, and L.A. Care will be doing more directly with RCACs and through social media. L.A. Care is exploring what it can do as a public entity, and members are interested and willing to participate. L.A. Care has not fully organized around the May 14 effort but will partner with other organizations to make sure that voices are being heard through local, state and national partnerships and coalitions. The Board will be informed about how L.A. Care might be able to appropriately participate.</p> <p>Ms. Compartore added that discussions are underway with CPCA. L.A. Care's videos have been shared with CPCA and CPCA pointed us to videos that they have, so we are trying to see what opportunities and avenues we have to raise awareness on the national level.</p>	
<ul style="list-style-type: none"> Strategic Vision Report FY 2024/25 – 2026/27 	<p>Ms. Santana-Chin reported that L.A. Care is working on an update for the strategic plan because of the Medicaid impacts discussed earlier.</p> <p>Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, referred to the report in the meeting materials on progress on the existing strategic plan covers the period of January through March 2025. As Ms. Santana-Chin said, staff is working on a new strategic plan.</p>	
<ul style="list-style-type: none"> Monthly Grants and Sponsorships Reports 	<p>Ms. Santana-Chin referred to the written report included in the meeting materials.</p>	
<ul style="list-style-type: none"> L.A. Care Network Community Relief Fund Update 	<p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, reported that planning is underway for the \$10 million that the Board approved on February 6 for wildfire response, essentially providing supplemental assistance through multiple funding rounds to organizations throughout the affected areas in Pasadena, Altadena, and the Palisades. L.A. Care is engaging reputable institutions, trusted partners, and L.A. Care providers, and there will be an equitable long term recovery process for those impacted, to the extent possible. The network and community relief plan has evolved from several sources of data and with best practices. The plan is built on the national disaster recovery framework. Philanthropy California has a disaster response overview, and there were many other disaster relief and wildfire responders from prior events that contributed to the planning process, including California Community Foundation, the California Office of Emergency Services, Community Clinic Association of Los Angeles County, and the United Way. L.A. Care has also connected with several other organizations such as public legal services and Annenberg Foundation, who helped with the fire aid and distributed funds into the community for wildfire relief. The focus is making sure that low income individuals are being adequately served through the fund.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Its core purposes are to advance the recovery and rebuilding of communities impacted by the wildfires and to reinforce social and health care systems that prioritize the needs of marginalized community members. The fund will strategically support innovative solutions and to fill those gaps, reduce the barriers and restore and improve healthcare and social service delivery systems. A focus on impacted racial, ethnically and marginalized communities, seniors, children and youth, also individuals with acute health care risk. Those with special healthcare needs as well as low wage workers, uninsured and under insured homeowners, renters and newly displaced people, who are experiencing homelessness, and emergency relief and response workers. L.A. Care will hit a broad swath of impacted community members. Priorities of this fund are to address known gaps in care, behavioral health and post-acute care, and to make available alternative access points to receiving the care and the social services that are needed. As a large health plan and with CalAIM at the forefront, L.A. Care addresses medical and social needs. Connecting the components together will be critical so it catches critical opportunities to direct people back into the system for medical care, primary care, food, housing and other social issues. Collaborating across cross sectors has been extremely valuable and will be important to move forward with implementing relief strategies. This is a long list, but the good and the important thing to recognize is that L.A. Care is not doing it alone. LA Care funds contribute to millions of dollars that have been released with more to come. L.A. Care wants to be strategic in funding. The funds will go toward rebuilding, closing gaps, enhancing healthcare and social service delivery issues that have persisted for a long time. The fund will maximize a long term plan, meeting urgent community needs and supporting the agencies to restore their essential community infrastructure. The County and other stakeholders have said how important the infrastructure is right now before starting to rebuild. People need to go back to homes, educational spaces, civic culture, health care providers, and other essential services.</p> <p>L.A. Care will be working to mitigate emergency and safety needs of community members that lack resources, food, housing and other essentials, and optimize the opportunity for sustained, expanded and coordinated health care and social services. The fund will leverage strategic opportunities to rebuild this economy, with long term development and land preservation. It will include leveraging legislative and policy interventions to secure individuals, their families and the community.</p> <p>The grant making process includes identifying entities across the enterprise at L.A. Care to support, in the community, county and municipal agencies, wildfire relief fund partners such as CCF, United Way, and others mentioned earlier, L.A. Care network providers and community based nonprofit organizations. There is a comprehensive vetting process to select aligned effective agencies and to confirm the services and activities to be implemented in the community and the populations reached and expected outcomes.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The distribution process is moving forward to execute grant agreements quickly with the organizations and entities so they can get out to the community and provide those services. Monitoring and impact measuring is a core value of L.A. Care's grant funding. This helps make sure that it is understood where funds are going, how services are reaching communities and the impacts. L.A. Care collects quantitative and qualitative data around services, restoration or enhancement, transformation, the number and profile of individuals served, as well as the impact on health systems, social service systems, and continued and emerging community needs. It is valuable to know what else is needed for the next phase, as this will likely be a long-term program, maybe ten years or more, to rebuild the community.</p> <p>Board Member Vaccaro already expressed gratitude earlier to Ms. Weber Christmas about this work. It is important and she appreciates it. With some of the monitoring and impact work, one thing she has been challenged in understanding was the impact to the Community Health Center patients specifically. She asked if there will be an ability to look at the impact to L.A. Care members in terms of who has been impacted by either of the fires through that work or is the idea to get resources out to anyone who could benefit. Ms. Webber Christmas responded that they would strive to get demographic information about the individuals served. In the situations where urgent services are provided an immediate response is needed. If there is an opportunity, they will ask partners to collect data for L.A. Care or Medi-Cal members, and it will be part of the reporting process.</p> <p>Ms. Santana-Chin added that organizations will be invited to apply, and this program will select projects and efforts that will make the most impact. It could end up being a handful of very impactful projects. The goal is to be strategic with the investments and address the four areas in the most optimal way possible based on the work that is going on and ideally targeting L.A. Care members as best as possible.</p> <p>Board Member and Supervisor Solis enjoyed the presentation and noted how important it is to support those that became unhoused because of the disaster. There are individuals that have become unhoused, especially in the Pasadena and Eaton Canyon areas. Some of those individuals probably qualify for services such as Medicare or Medicaid and are now on the street or living in their cars. Some are having problems getting any kind of assistance from FEMA, even to acquire a motel or hotel voucher. Focusing on that issue is important because many of these individuals are parents and have children.</p> <p>Chairperson Shapiro commented that sadly, he does not think that will be the last fire that we fight. This exercise could be applied to any natural disaster, it is an amazing learning opportunity to create outside of a clinical setting, to change the way the community is being served.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF MEDICAL OFFICER</p> <ul style="list-style-type: none"> L.A. Care Access, Service & System Optimization (LASSO) Initiative Update 	<p>PUBLIC COMMENT</p> <p><i>Dorothy Lowry thanked Call the Car. After her complaints, they are treating her like a queen. And they're really doing well. But her main concern is she has disabilities, but she wants to understand and learn to get help with her medical issues. And the Board needs to be on this side. When you have slight dementia and other mental things, one does not understand how confused they are on this side. Because the Board goes through six and if the Board could just spend a little time and say, we are on number six, Chief Executive Officer report, we are on Government Affairs, because it seems like the meeting is jumping all around and people are not going to put up, the Board loses people because it is confusing and they do not know what the Board is talking about. At least give them a head start, just like the young lady that just left, she has been the clearest one, but, no real disrespect, she jumped from monthly grants to relief fund and it is confusing. If the Board could just understand, give them a little more time so they can keep up and understand. She hopes they understand what she's saying. Because she really wants to learn.</i></p> <p>Chairperson Shapiro responded that he would make sure to clarify each item being discussed.</p> <p><i>Demetria Saforre wants to find out more about this program that the Board is talking about implementing to improve the services of doctors and stuff like that. How long is it going to take to implement that?</i></p> <p>Chairperson Shapiro responded that can be covered next in the Chief Medical Officer report.</p> <p><i>Ms. Saforre responded, that's fine.</i></p> <p><i>Elizabeth Cooper would like to bring to the attention, as a citizen, as a person who's concerned about that, she supports the AMA, the doctors, because, "do no harm." But she would like to bring to the attention a matter for Medi-Cal. It is not a complaint. She would like to hear about empathy. Like she says, she has a developmentally disabled son, who's an L.A. Care member. He cannot articulate for himself, but she has a close family, but she's had so many beautiful people speak up for him. But she is concerned as a L.A. Care member. Sometimes if one does not know the medical terms, but there needs to be some kind of process or some kind of committee set up, how are the developmentally disabled treated when they go to the doctor. Do they give them the same respect, and do they sometimes ignore the concerns of those who have to represent them? Her son cannot speak up for himself. And when she hears him coughing every night, she wonders what is wrong. One goes to the doctors and sometimes one does not understand because of that. And she represents him, but he is her son, and she needs the committee sometime to be set up just to talk about the developmentally disabled community. Some doctors, when one goes to them, and she loves the doctors, she supports the doctors. But feels she has to speak up for him. He does not have anybody to speak up for him and</i></p>	

when she takes him to the doctor, she wants them to understand he is a human being, just like we are all God's children. But sometimes when she hears him coughing every night, she wonders whether that's the last cough he's going to have. But you want doctors to pay attention to him just like you would all the members. That is what she is saying. She is sorry about tears coming out of her eyes. But she wishes Dr. Amin, if you would set up a committee to address how the doctors and staff interact with the developmentally disabled patients. Because they are all God's children regardless of what kind of disability they have. There's a lot of good doctors and nurses.

Chairperson Shapiro responded that Alex Li, MD, *Chief Health Equity Officer*, will be talking after Sameer Amin, MD, *Chief Medical Officer*, about the work that L.A. Care is doing with disabilities and connecting the message. It is extremely important what she is saying of raising up the voice of her son and representing him. He thanked her for sharing that.

Dr. Amin commented that he will try to be very clear and very organized in his report, so the members understand. He reported that he will spend a majority of time today during his report to review the response to the Board motions. There were motions from the RCACs and ECAC about how L.A. Care members get care and get high quality care. This report is part of a formal response. He will deliver a written summary of the response to the ECAC on May 14, and he will give a full report to the Executive Committee on May 28 and to the Board on June 5.

The response is part of a large organization-wide program called L.A. Care Access Service and System Optimization (LASSO). LASSO is intended to make the system better, make it easier for L.A. Care members to get care, improve how services are working together to get members the care, and create a better member experience overall. It is based on feedback from members through the RCACs and the ECAC, who shared concerns about finding providers, long wait times, confusion about the referrals, and delays in service like getting medical equipment, prescriptions, and transportation. A charter helps explain what LASSO is about, what we are going and not going to do with it, and how we are going to help. It organizes things into some quick fixes that could be done right now that have already been in flight over the last few months. Hopefully members will see short term improvements that will happen over the next few months and then some longer term changes in the health plan over the course of the year. All of these will be moving together at the same time.

Core objectives for the health plan include engaging with members, help members better understand the benefits, how to choose doctors, get referrals and use the services that they deserve from Medi Cal, Medicare and from L.A. Care Covered. Other objectives are making it easier to find information and get care through clear education, easy to use tools, and helpful outreach.

A second area to address is network alignment, essentially making sure that providers, facilities and hospitals are aligned to member needs. Making sure there are enough doctors and

	<p>providers to meet member needs, improve how members get referrals and get their services, so care is easier, faster, and more connected.</p> <p>The last area is health plan operations. This includes making the interactions between members and providers simpler and faster. Self-service options will be improved to speed up the support members are getting and try to help members coordinate better with your doctor and with transportation.</p> <p>The immediate actions began in March and April. A root cause analysis will be conducted throughout May, June and into July, to find the deeply rooted problems in our plan and in the healthcare ecosystem that are causing those issues for members. The solutions will be addressed across every division at L.A. Care with short term actions over the next three or four months and with long term actions ending in March 2026.</p> <p>Member journey mapping is an endeavor to review all the touch points for members with the health plan, to find places for improvement. Every touchpoint has been mapped out organization wide. Yesterday staff across the health plan met to hear about those pain points and how to best improve them. A plan is being developed to improve each touch point. Action items include listening at our member RCAC meetings, with a set period during the RCAC meeting to hear from members about what is going on and where members see a problem. Those will begin rolling out in May and staff will be there for listening sessions through June. A next step is member education, empowerment and support, to improve how members get information and use the benefits. New resources will be available such as welcome materials, orientations, a new member portal, a new member newsletter. Website updates have rolled out very recently to help members better understand how to get care. New guides and new preparation materials are being developed to help members advocate for themselves at a provider visit. Those materials will help members understand referrals and how to speak with a specialist about the referral. There will be provider education for formulary alignment.</p> <p>Since Medi-Cal pharmacy benefits are now managed by DHCS and not by the health plans, L.A. Care has noticed knowledge gaps for members and providers. Providers need to understand the new rules for prescriptions that are being managed by DHCS. Providers will also get support in prescribing the right medications, with tip sheets, online tools and alerts. In addition, resources like refill guides and welcome postcards will be provided to help members get their medication more easily and on time.</p> <p>Members have been heard loud and clear that a better job needs to be done for member experience with the customer solutions center so that members receive better support. The member experience transformation will be part of the solution. There will be a super representative to handle issues and reach out to members about common concerns. When a member is calling in constantly about the same thing, and there is a common issue, the super representatives will be able to reach out to members and take care of it.</p>	
--	--	--

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care customer service representatives have new tools and streamline steps to make it easier to find member information and solve problems quickly and take care of any problem the first time a member calls.</p> <p>Members have broadcast loud and clear about issues with accessing durable medical equipment (DME), such as wheelchairs and canes. L.A. Care will make it faster and easier to get equipment and supplies, by training the providers and with new online tools. Often, L.A. Care found that delays in getting a wheelchair are commonly caused by an incomplete request for the DME.</p> <p>Dr. Amin is so happy to hear that transportation has improved for members. L.A. Care is working on the scheduling of member rides to medical appointments, with new leadership, better feedback tools, and a backup provider. L.A. Care is working more closely with all providers with new forums about referrals, access and quality of care, to provide members with smoother and more coordinated experience.</p> <p>Dr. Amin summarized his report that L.A. Care is working on an organization-wide initiative to improve member experience, with short and longer term actions. As time goes on, members will be hearing more about it. By the end of May, a full report will outline everything, and it will be translated into multiple languages and made available.</p> <p>Board Member Booth thanked Dr. Amin and everyone who worked hard to make this happen. Board Member Ghaly thanked Dr. Amin for his summary, and she looks forward to hearing subsequent reports, with all collectively thinking about improving services for members, improving the system for L.A. Care, and supporting delegated providers and provider networks who serve the members.</p> <p>Ms. Santana-Chin commended Dr. Amin, Noah Paley, <i>Chief of Staff</i>, and Acacia Reed, <i>Chief Operating Officer</i>, and their teams for their work. She recognized the team beneath these leaders for supporting this work. Each of the leaders have attended RCAC committee meetings to listen to members. She thanked the ECAC and RCAC members because the submission was powerful in focusing these efforts. The staff is working on this effort during other activities, such as the threats to programs by the federal government. She assured the Board that staff is dedicated to these achievements.</p>	
CHIEF HEALTH EQUITY OFFICER <ul style="list-style-type: none"> Health Disparities Work 	PUBLIC COMMENT <i>Andria McFerson commented it is hard to understand sometimes the item that they are referring to when they make the comment due to the fact that previously the item was explained first before they actually told the Board what is relative to their particular</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>situation or the people that they know, having to do with that particular topic at hand. Chair, you stated that we're on item eight instead of seven.</i></p> <p>Chairperson Shapiro responded the comment should be for item eight.</p> <p><i>Ms. McFerson asked if that was the presentation that they just had.</i></p> <p>Chairperson Shapiro responded that item seven is finished. He explained that public comment informs the Board prior to the Board's consideration of an item on the agenda. Information is provided in writing in different ways to be reviewed by everyone. The Board wants public comment on the written information to hear what the members need. The Board will then have a conversation and, after that if the Board needs to take an action, the public comment is already considered. Sometimes we feel that we want to respond to the report, but it is the other way around, as the written report is provided. The Board wants to hear public comment on the written report, then have a conversation.</p> <p><i>Ms. McFerson commented that it is good that she understands proper protocol. Now eight, it says chief equity officer report, health disparities, how they work. He spoke about something as far as LHASA goes, and she thinks that falls into that category too. She had said this a while ago and she continues to say this, and she speaks about how they need preventative care. And preventative care could be a part of that program as well. That could be an initial evaluation of each person, a member, whatever the case may be, and steering them in the right direction, just so that they can know specifically who they need to speak to for their condition not to worsen. And that could be from a medical professional, that can be with L.A. Care, or that could be with someone like a service provider in any sense. And with that being said, if they do have that program and if they do want to know about health disparities, they would like to have a preventative type of resource as well, because a lot of people do not like to be sick, and they want to start at the very beginning and sometimes PCPs don't pre-evaluate a person to prevent that.</i></p> <p><i>Elizabeth Cooper thanked Dr. Amin. She is very impressed with some of the things that he was discussing, the new things. She was not aware of that until she came to the Board of Governors meeting. She appreciates that and equity. Her concern is when she has a little tear, sometimes you get emotional. Because she feels listening to the Board and listening to some of the ideas when he expressed about wheelchairs and all these other issues, it will affect the disabled. And she would like to thank him for some of the new opportunities that he's bringing before them. As members they are sometimes not aware, but you are the Board members, and she appreciates the support. On the equity issue, she thinks all members should be educated, and one day she thinks, if she is no longer here, she always feels that her son will have a Board no matter what plan or not, Medi-Cal, Medicare, etc.</i></p>	

She thinks that is always having someone there to come. So, Board Chair and members of the Board of Governors, she would like to thank each of you for the input she's listening to today. She is an emotional person. That is why the tears come sometimes, she is an emotional person. She would like to thank the Board. She would like to quickly say thanks to Call the Car. They have been very wonderful and gave her an education about the city of LA, so she learned about the city. She knows that was brought out of context, but she thanks you and she listens whether she agrees or disagrees.

Dr. Li on behalf of the staff, extends that he appreciates that members of the public and the Board are supportive of the effort to address health equity and health disparities. He thanked Ms. Cooper for sharing her experience. As a primary care provider, he is also a caregiver for his brother with developmental disabilities. He appreciates her comments.

He noted this is a regular update to the Board on L.A. Care's efforts and approaches to address health equity and disparities. L.A. Care uses its health equity plan and zones to frame how it addresses health disparities, for example, around issues of economic disparities where there is instability, L.A. Care is addressing and tackling medical debt. The last report focused on the assessment and screening of social services and social drivers to support health.

Joanne Gonzalez, *Health Equity Project Manager*, and Deaka McClain, *ECAC Vice Chair and Member at Large*, and an L.A. Care health plan member will share the efforts of L.A. Care's next step, one of the many steps that it is taking. L.A. Care has a process in place to identify members with moderate and severe disabilities and are typically homebound. It is designed to support members during natural disasters, blackouts, and more recently was used during the wildfires. Originally it was planned to leverage this information in using the required health equity training to address concerns raised at a previous Board meeting regarding access issues or provider challenges with listening to members. In listening to members at the Board meeting that the overview of health equity training is probably not enough information. L.A. Care will present the next steps to deepen engagement with providers to address some of the competency and provide practical actionable steps that providers can take to improve interaction with members with disabilities and better support them.

Ms. Gonzalez introduced Ms. McClain and noted that the Health Equity training is rooted in member feedback and member advocacy. Ms. McClain thanked the Board for the opportunity. She is the ECAC Member at Large for Seniors and People with Disabilities, and Vice Chair of the ECAC. She's very proud to say that. Ms. McClain is an advocate for people with disabilities within the community. Recently she voiced her feedback to the L.A. Care Quality Improvement and Health Equity Committee, letting them know the need for provider sensitivity training. This was based on members going to ECAC meetings. This is important because she believes providers should have training to recognize the importance of creating an accessible and inclusive environment when they deliver care. She was asked to connect L.A. Care with another organization that advocates for people with disabilities, Disability Rights of

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>California (DRC). DRC has gladly agreed to present a training session in September and has been asked to be a part of a panel in October. This is just the beginning of provider training. There will be more to come next year. She hopes by being a part of this panel, where she will share with the other people about living with disabilities, will bring more provider awareness, understanding, and inclusiveness.</p> <p>A few minutes ago, her colleague, Ms. Cooper, shared her story. Ms. McClain hopes that her story helps everyone understand the serious need for this training. She brought up to the Quality Improvement Committee she is on with Board Member Fatima Vazquez, and she will continue to bring it. She feels that, about access to care, when members only get 15 minutes with the doctor, is not good enough, not long enough. She understands doctors have a lot of patients to see and do not have a lot of time. She asked L.A. Care to talk to the providers. She does not know if they need to go to the state level, but maybe incorporate a member advocate to be in the room with a doctor, so when the doctor takes notes and must go to another person, that member advocate can stay in the room and answer questions or explain anything else that the person with a disability or a senior may need. This is essential. She ended with this quote, “Inclusiveness is not a luxury. Inclusiveness is a necessity.”</p> <p>Ms. Gonzalez feels that hearing the member voice, taking actionable steps, and leveraging the member perspective provides a framework for provider training. Because no one knows community better than community members themselves. L.A. Care looks forward to partnering with DRC.</p> <p>Through diversity equity, and inclusion training in the webinar series, L.A. Care is rolling out information to providers so providers can be confident in their ability to provide equitable care for people with disabilities. L.A. Care is very excited to host the training next year, and the Board will continue to receive regular updates.</p>	
PERFORMANCE MONITORING – March 2025	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper commented that she will speak very briefly. She is listening to the meeting today. It has been very educational and particularly as she said once again, Dr. Amin, there are so many things he is doing and maybe she can access them. As she said, she has a little emotion when it comes to her son. She respects all the members of L.A. Care. She would not hold this microphone on this issue, but she is thankful for the Board that's listening and empowering this staff and the ones in the equity. She thanked Dr. Amin.</i></p> <p><i>Andria McFerson commented on item number nine Performance Monitoring. She thinks that she believes L.A. Care stakeholder organization was founded to serve a purpose with the community and also performance monitoring. Advocating for better health care services by listening to the public, of course, and recognizing one's own disparities as well</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>by speaking up and speaking out, services for the lives of the members, that that's where they are all here. But they need better relative circumstances also. The inconsistencies and failure to carry out proper unbiased health care procedures, they need to have that. Whether it be, like she said, surveys or whatever the case may be with the LASSO. With that being said, they need preventative care, they need current diagnosis, care and post care as well. But for the most part, they need that information from the RCACs. So, with that, this topic needs to be presented at the RCACs and talked about, absolutely.</i></p> <p>Dr. Amin introduced performance monitoring for April 2025. For future versions, there will be an executive summary for each of the sections. This is a lot of data for the Board and for members, there will be a couple sentences summarizing each section. Dr. Amin will review the medical management data and Ms. Reed will review the claims operations. As a reminder, the data is for February 2025.</p> <p>He reported that utilization management timeliness is within compliance, above 95 for all categories, and close to about a 100% for many. In response to a recent request, all lines of business will be shown in future reports. Results for inpatient hospital admissions are consistent with prior periods. L.A. Care staff is meeting with provider groups about performance, and a report will be brought to the Board of Governors at a future meeting. He reviewed performance metrics for CalAIM programs. He appreciated comments from Supervisor Solis about L.A. Care services under CalAIM. There are 15,451 members served through housing navigation and tenancy support services, housing deposits were provided to 230 members. Enhanced Care Management (ECM) shows a significant increase in enrollment, about a 35% increase through the fourth quarter of 2024. There were 28,000 unique members reached through ECM, which is a good result for these high-risk members, and L.A. Care is the leader among health plans in California.</p> <p>Ms. Reed reviewed claims and noted the slight increase in claims volume in comparison to prior months. That is attributed to the claims rejected prior to making it into the system. L.A. Care was able to capture those toward the end of February and the beginning of March, and receipts are trending much higher than in prior months. There was a slight uptick in the interest paid, with the number of claims received and claims that were rejected, interest is slightly higher than was paid in prior months. There is a slight dip below the 90 calendar day threshold, attributed to the increase in volume. The standard is 99%, in March it was 98.1% and it will recover in the following months.</p> <p>Denial volume is holding steady at around 15%. There was an increase in denial volume related to duplicate claims, that is also attributed to claims received and processed by the time a bulk of claims were received in March.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>For MCLA denial volume by reason, in prior months Ms. Reed reported a dip in timeliness performance for Provider Dispute Resolution (PDR) and she advised that the metric recovered in March. Staff will continue to monitor that metric.</p> <p>Noah Paley, <i>Chief of Staff</i>, welcomed Michelle Tyson, MD, Founder and CEO of Call the Car (CTC). He reported that under Dr. Tyson's leadership, CTC is working diligently to comply with all service level requirements for its call center and transportation services, and most importantly, to improve customer service for L.A. Care members, as evidenced by the very kind and thoughtful member comments earlier, which are greatly appreciated. On April 9, Dr. Tyson and Michael Fell, CTC's Chief Operating Officer, attended the Executive Community Advisory Committee (ECAC) meeting to share CTC's approach and commitment to optimizing customer service. They addressed L.A. Care member issues with service and concerns about timeliness, and they provided clarity in their discussion with members. Dr. Tyson and Mr. Fell highlighted a variety of member service enhancements that are being implemented by CTC, including:</p> <ul style="list-style-type: none"> • A dedicated phone line for L.A. care members to use for transportation to RCAC, ECAC and Board meetings. • Updates to the CTC go mobile application for members to request and track rides like Lift and Uber mobile applications, • An automated virtual assistant for members making ride reservations by phone, • Assignment of a new transportation experience manager to coordinate timely resolution of service issues and member concerns, • Additional training for CTC staff that promotes a member-focused approach to customer service. <p>Mr. Paley summarized CTC's performance, based on daily logs reviewed by L.A. Care's transportation team through April. CTC is maintaining compliance with service level requirements in all categories except hospital discharges and transfers, where compliance threshold is a hundred percent. For hospital discharges in April, CTC on-time performance percentage was 99%. There were 2,911 total hospital discharge trips in April, of those, 2,892 were performed on time. For hospital transfers in April, CTC on-time performance increased over the prior month to 98%. More specifically, out of 1,054 total hospital transfer trips in April, 1,032 were performed on time. As he has said before, that is not good enough. To achieve and sustain one hundred percent performance on time hospital transfer and discharge trips. Effective today CTC is coordinating the dispatch of drivers from an alternate vendor, All Town Transportation. As previously reported, L.A. Care's Transportation team, has worked for several months to activate All Town as a transportation vendor. Mr. Paley invited Dr. Tyson to address the Board.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Tyson thanked the Board of Governors, it is her pleasure not only her mission, to work with L.A. Care members. They are who she grew up with and took care of in providing transportation. Making certain that they get to where they need to go is one of her missions, and her entire family's missions. At the last ECAC and RCAC meetings and in today's meeting she saw Dr. Amin bringing a way to make certain that CTC delivers a very personalized experience. Members attending RCAC and ECAC meetings can tell CTC what they need. CTC is dedicated to changing the member experience by helping members understand how to best use the CTC app. CTC thought it was providing technology to make the experience better, but after meeting with members at RCAC and ECAC, CTC understands that it needs to provide education in how to use the app, so it makes sense to each member. CTC will take this a little bit further, by inviting members to come to CTC offices so that each RCAC and ECAC member understands how the delivery of transportation happens, how to interface with transportation and CTC will gather feedback about what it can do better. She thanked everyone and she is honored to serve all of them.</p> <p>Board Member Gonzalez thanked Mr. Paley, Dr. Armin and Dr. Tyson for their efforts. She noticed CTC representatives at the RCAC meetings to listen to members. She appreciates all the help. It has been a long drive, a long haul, and we have seen improvement. She thanked Mr. Paley for attending the recent graduation ceremony for home health care workers.</p> <p>Chairperson Shapiro noted this is an example of a problem that was resolved with member voices and other connections to make sure that the community was taken care of. L.A. Care is not perfect, but we want to be <i>perfectible</i>. He thanked everyone for their efforts.</p>	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson does not mind being first. For item number ten, Executive Community Advisory Committee and the Regional Community Advisory Committee, they need to better their outreach. They need to incorporate performance monitoring, health disparities information and LASSO within the RCAC meetings, they need to hit the streets as well. But they need to have more events and the only people that can make that decision is the Board. No one else. Staff cannot make it, the RCACs can try, they can talk about it, but the Board must actually carry it out. So, with that being said, they could have a better compliance threshold of information from members, stakeholders, and this would be eye to eye peer on peer communication from seniors, from the disabled and from other members as well, because they like to express themselves for people who have been there just like them. It would get a better response.</i></p> <p><i>Elizabeth Cooper commented that the role of the Executive Community Advisory Committee is to advise the Board of Governors, only an advisory capacity according to it.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>But she would like to see the Executive Community Advisory Committee take notice of some of the members of the public comment and go back to their individual RCACs and see whether it is a small input or not. We need to see the Executive Community Advisory Committee come up with more motions before the Board so the Board can know how the public feels. They advise the RCAC, they are the representatives to come before the Board as RCAC members. There are many concerns that have come before the Executive Community Advisory Committee that should come before the Board as motions. That is the way they hear the public. She watched the Board of Governors, how they respond. That is a very important Committee, and she thinks each member who is a part of that, who represents the RCACs should take notice and listen to the members, and in layman's language. Sometimes we speak in language and acronyms but speak to the members you represent. She would like to see the Executive Community Advisory Committee speak to the members, and also bring motions before the Board and maybe there will be less public comments on concerns.</i></p> <p>Chairperson Shapiro thanked Ms. Cooper. He agrees with her completely. One of the agenda items is ECA 102, a motion from RCAC 3. The Board will continue to have those conversations.</p> <p><i>Dorothy Lowry needs help with this answer. What do you do once you have been approved for Optum to go to a specialist and your primary care doctor. Well, there are two parts. Let her back up. She has diabetes, blood pressure, all that stuff. Her doctor refused to give her a prescription for metformin, which she has been taking since 2020. He refuses, what is she supposed to do? They are doing this because they want her to change doctors. But she is not the problem. He wants her to change doctors, she guesses because she is making him work too hard. They have to fill forms out and they do not like to refer you. They like to give you their medicine so you could stay there and stay sick and die slowly. But when they refuse, and she it's a 6.4, she thinks just 6.4, and the scale from the results say she is diabetic. What does she do? He is refusing to convey her medication. And they do this on purpose, so she can switch, and she is not switching no more. Where does she get help? And then she was approved to go to Cedars Sinai because the network doctors will not test her and diagnose her when the specialists say she has certain viruses that are from childhood, they won't treat her. UCLA said she has Candida Africana. She has all these records and then they tell her that does not mean she has these things. That is the report of the lab saying she has been in the environment. She has all kinds of allergy specialists say she has this problem, and no one will help her. What does she do? And then people say do not go to the government. Do not go to the news reporters. She is slowly dying and only reason she is not dead is because God said it is not time, fight for her health. She is sick and she has proof, and they have got the medicine, they have her lab results. What does she do? What would you do if it was your</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>child or yourself and you have the answers to your tests and what you need, and you are refused. What does she do? Please tell me what would your next step be?</i></p> <p><i>Ms. Lowry commented that he is the best thing, but he is already noted that he is limited too. He has been helping. Like I said, God sent him, and she got some things done when he's on the phone with her.</i></p> <p>Chairperson Shapiro thanked her for voicing her concerns. Navigating a health care can be frustrating especially with the diagnosis that you shared. He asked member services team to talk to her to resolve her concerns, sometimes it takes a little bit longer. Today member services staff is in contact directly with the CMO and so if there's anything that we can troubleshoot, help is here for you right now.</p> <p>Board Member Gonzalez noted that Board Member Fatima Vazquez was not able to attend today due to another commitment. ECAC met on April 9, 2025. She thanked the members that attended the ECAC in person and those present today. Dr. Amin gave his CMO update at the ECAC meeting. He gave a report earlier in this meeting. The Committee reviewed and approved the motions for new RCAC members approved earlier on the consent agenda. Representatives from Call the Car reported on healthcare transportation services, emphasizing their commitment to provide compassionate and reliable member experiences with transportation. They spoke about a focus on innovation and operational efficiency to better support L.A. Care members in accessing needed care. The presentation showcased key services features such as real time ride-tracking, member centered support and a robust quality assurance program. Call the Car also noted their efforts to reduce no-show rates and improve on time performance, which Mr. Paley demonstrated in the statistics that he shared today. Deaka McClain and Bernette Cruz were elected as the at large members of the ECAC, to serve a two-year term starting May 2025. A ratification of the election was approved earlier on the consent agenda.</p> <p>The Committee approved a RCAC 3 motion requesting the Board of Governors direct L.A. Care to conduct a formal investigation into access and service issues at East Valley clinical sites in Pomona, Covina, West Covina and La Puente.</p>	
<ul style="list-style-type: none"> Regional Community Advisory Committees Region 3 Member Issue provided by East Valley Clinics located in Pomona, Covina, 	<p>Board Member Gonzalez read aloud motion ECA 102.</p> <p>Chairperson Shapiro asked Dr. Amin to consider adding the concerns in the motion to the LASSO initiative. Dr. Amin noted that staff attended the meeting where the motion was presented, and L.A. Care has already begun a review of the issues.</p> <p>Mr. Paley noted that L.A. Care will visit East Valley on Friday with a team to evaluate the issues and develop a remediation plan. L.A. Care will do the same with any of the concerns that are raised at the RCACs, to include in the initiative and to develop immediate resolutions.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
West Covina and La Puente (ECA 102)	<p>Ms. Santana-Chin added that L.A. Care is doing everything possible to make sure staff is trained to effectively address in real time issues that come up at the RCACs. A resolution can sometimes be simpler and faster working directly with the provider. In addition to staff attending RCAC meetings, L.A. Care is working on ways to provide feedback, so members do not feel like every concern has to be brought to the Board. L.A. Care wants to fix it quickly. The Community Clinic Association of Los Angeles County (CCALAC) has offered support for this effort. There is a host of organizations that are very responsive. At one of the RCAC meetings, concerns about another clinic were raised, and that clinic immediately reached out to L.A. Care to offer support in fixing the issue. The complaints at the RCACs, the experiences of the RCAC members are taken very seriously. Staff will do everything that can possibly be done to quickly address member concerns.</p> <p>Board Member Gonzalez requested an update for the next RCAC 3 meeting. Mr. Paley assured her he would provide her with an update.</p> <p>Board Member Vaccaro thanked the members of RCAC 3 for elevating this issue, she takes their concerns very seriously. Her organization represents the Community Health Centers and FQHCs, and she will make herself available to RCAC members if similar issues come up in the future. She reached out to the clinic about the motion to make sure they were aware, and to encourage a fast response to address the problems. She would appreciate conversations in the future if she can support efforts to help educate and bring light to some of the challenges experienced by L.A. Care members.</p> <p>Board Member Gonzalez commented that the members at RCAC 3 would appreciate it if Member Vaccaro wanted to visit the meeting to explain the efforts underway. She invited Member Vaccaro to attend the RCAC 3 meeting, and she invited Chairperson Shapiro to attend the next RCAC 1 meeting.</p> <p>Board Member Gonzalez noted the next ECAC meeting is scheduled on May 14, and all Board Members are invited. One can attend virtually or in person.</p> <p>Board Member Roybal asked about the L.A. Care process for addressing issues that rise to a grievance about a provider site. He would like to make sure that providers are given a chance to respond before the issue is brought to the Board. Otherwise, it is not fair to the provider. He understands that people are very frustrated by their experience. Dr. Amin was talking earlier about helping people understand what resources are available when they believe they are not getting the appropriate services. He noted that educating RCAC members about the process and what we can do when there are issues. He appreciates the proactive motion from the RCAC members in bringing this motion to the Board. He also understands that there is a process for the Board to follow.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Santana-Chin commented that L.A. Care is working with members, first in listening, observing and understanding events at RCAC and ECAC meetings. She is addressing ways to better support staff at the Community Resource Centers (CRCs) and in facilitating the RCAC meetings, so staff is better equipped to facilitate and solve problems on the spot. The second thing is to make sure that the RCAC and ECAC leadership has the tools they need to manage and navigate and make sure they are responsive to the issues raised by members. In visiting those groups, she noted that people are working through very specific examples of frustrating real issues. There is an effort to work with the RCACs and staff to provide resources and have the right processes in place. The shortest distance between two points is a straight line. In this case the CEO of the health center learned about the issue and wanted to fix it and to hear about the issue firsthand. Sometimes you do not have to go through a lot of extensive processes, but simply call the right people to figure it out. She acknowledged and agreed with the need to educate and make sure processes are followed, giving people an opportunity to address problems. She invited Mr. Paley to comment.</p> <p>Mr. Paley noted that L.A. Care is optimizing data sets that are provided to participating provider groups and clinics. With the assistance of Dr. Amin's Quality team and Ms. Reed's Advanced Analytics team, those data sets are coordinated to include not just quality measures but also member experience measures, such as grievances, inability to get an appointment or inability to get an appointment timely. Those will be shared with participating provider groups and clinics in the joint operating meetings to provide advance notice of the issues. The goal is that when a member raises an issue, it is pursued as quickly as possible. He understands the point about following the process. L.A. Care is trying to get information in the provider's hands so they're aware of the concerns at an initial proactive level.</p> <p>Board Member Ballesteros commented that in general, all providers, but he speaks specifically for the federally qualified health centers, would want to know this information as soon as possible. Maybe L.A. Care can break down barriers that prevent communication from happening and create a pathway for immediate access and quick responses when needed.</p> <p>Mr. Paley thinks that is a really good idea and he encouraged Dr. Amin and his colleagues on the LASSO initiative to incorporate a concept of a more streamlined pathway to getting providers information and feedback from members.</p> <p>Board Member Roybal made a motion to table ECA 100 while it is determined if the issue is to be integrated in the LASSO initiative. It was seconded by Board Member Vaccaro.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, advised that the Board could table the motion to the next meeting. The LASSO project is L.A. Care's response to the motions and so the LASSO project will respond to all of the motions consolidated together.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Amin commented that ECA 102 is about issues at East Valley and at a few locations and requested L.A. Care investigate. At a prior meeting, he had explained that individual issues at clinics or individual member problems should be immediately addressed, as Ms. Santana-Chin has indicated. A meeting is scheduled on Friday to address the member concerns. If there are access issues, those will be immediately addressed. The lessons learned will feed into the larger initiative around access as part of the LASSO initiative, and a long-term plan for improving access will be informed by the discussion. The Board could move the motion forward as L.A. Care gathers information.</p> <p>Member Gonzalez commented that if it's alright with the Board, can we just go ahead with a motion and vote on it.</p> <p>Chairperson Shapiro stated there is a motion to table ECA102. Ms. Haydel advised that the motion to table should be addressed. The Board could vote, or the Board Member could withdraw that motion to table ECA102.</p> <p><i>Board Member Roybal, with no objection from Board Members, withdrew his motion to table.</i></p> <p>Board Member Booth suggested adding that it was recognized in the discussion by the Board Members that the issues in the motion could be best addressed through the work of the LASSO initiative.</p> <p><i>Motion ECA 102 was approved by roll call vote, although it was incorrectly announced at the meeting that Motion ECA 102 was not approved.</i></p> <p><u>Motion ECA 102.0525</u> The ECAC committee request the Board of Governors to investigate and take immediate action to address the following which impacts the member experience and quality of care.</p> <ul style="list-style-type: none"> • L.A. Care Health Plan conduct a formal investigation into access and services issues at East Valley Clinic sites in Pomona, Covina, West Covina and La Puente, with specific attention to appointment scheduling, phone responsiveness, pharmacy delays, process of referrals to specialist, and negative customer service experience. • L.A. Care Health Plan, work with its internal departments – such as Contracting, Provider Network Operations, and Facility Site Review (FSR) – to address the issues identified and to provide follow-up and potential corrective actions at the East Valley Clinic. 	<p>Motion ECA 102 was approved by roll call. 4 AYES (Booth, Ghaly, Gonzalez and Raffoul), 1 NAY (Roybal), 4 Abstentions (Ballesteros, Solis, Vaccaro and Shapiro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
BOARD COMMITTEE REPORTS		
Executive Committee	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper commented that she wants to address before the Board and because there is no Governance committee to the best of her knowledge or recollection. She would like investigation and inquiry why she, Elizabeth Cooper, who is a member for a number of years and one who was instrumental in some of the disability issues. She asked when the committee was formed after CCI was no longer in effect, she asked to be on the committee. It is not under the Brown Act but is publicly funded. She wants an inquiry and an investigation, and she wants to be a part of that for the time she has now, why she cannot be on the committee. All kinds of excuses were made when she asked why she was not a member of the committee. She has a disabled child, and they have a committee that does not answer to any of the members. She never hears a report for seniors and persons with disability. She asked one senior staff member; you have been on the committee. She is only on one committee, and she is asking the Board to look into that and respond to her why she could not be on that committee, and some of the issues that she has discussed regarding the disabled could have been addressed there. Why is there an exclusive committee where only certain people can be on one committee, but there are other members on several committees as part of L.A. Care. She does not have to name it, but she felt that was unfairness toward her as a long-time member and supportive of rights. She is asking each Member of the Board of Governors. She thinks she has been a good steward for L.A. Care, and she has tried to comply with the rules. She is asking the board, this is a serious matter with her, and she is asking the Board of Governors, and the Executive Committee of the Board of Governors to inquire why was she not selected to be on that committee, and she was told by a staff member, oh, you have been on several committees, and she's only been invited to be.</i></p> <p>Chairperson Shapiro asked that staff assist Ms. Cooper.</p> <p><i>Andria McFerson understands that speakers get a minute to speak. She commented that they need help. They need numbers. They need a written statement about rights to better health care, once going to the PCP and to going to customer care, and to the BOG, and the ECAC, then after that, what is next? They need to know; do they go to the Department of Healthcare Services? Do they go to the state, and who is accountable, who can give accountability to those public care providers, the PCPs and all those types of people, who do they report to, ok? She wanted to know some sort of process that they must go through. So, if it could be written out and given to the RCACs, then that is great. Also, she believes that we need to have an equal quorum in the seats so that they can do the democratic process, of course, but then with those with the high mortality rates, those with high chronic illness, mental illness rates and things like that right now, they don't have that in the RCACs. She gave it to the CEO. The CEO Martha Santana-Chin, she was wonderful, she came to the RCACs. And she has those numbers in front of her of how</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>many participants the RCAC members according to race. We need to discuss that and address it, please.</i></p> <p>Chairperson Shapiro reported that the Executive Committee met on April 23 (<i>a copy of approved minutes can be obtained by the contacting Board Services available in the L.A. Care website</i>). The Committee received a report of the annual disclosure of broker fees as required by AB 2589.</p>	
Finance & Budget Committee	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper thanked the Members of the Board of Governors for listening to her comments, but her comments are for many who have not spoken up who might not speak up. She thanked them, and she would like funds to be set up so some of the budget of L.A. Care to be put more, well to be in different departments equity to department, to listen to members, listen to the public here. She hopes that the Finance Committee gives more money to be advocates toward the RCACs, because they're the community people. It is her hope and her prayer as a community person that you would find more, because of the new initiatives that are coming up, put money to be given to help save Medicare and Medicare.</i></p> <p><i>Andria McFerson thanked all the Board Members for their efforts in the community. There are a lot of Board Members that may have nonprofit organizations, and those nonprofit organizations address a lot of issues having to do with the residents of LA County. They also have a nonprofit organization here, and they need to know how to receive some sort of sponsorship from L.A. Care budget, maybe that \$28 million or whatever amount of money that they must give to organizations and things like that. Maybe they can receive some of that. They have been here for a long time and are so willing to do the right thing, but then also they are low income as well. So if they go out there and do something that is very beneficial towards people just like them, and they know how to do it. But then also, if they are low income, some of the people ran out of food for this month that are RCAC members. With that you can address a nonprofit organization the right way as well. They need assistance right now.</i></p> <p><i>Diane Chavez asked the Board Members to think about a way of providing a resource for members when people want to give feedback, that they can professionally make a good decision and how they communicate, whether they call their personal cellphone outside of the meetings or if there is an email address that they can email. So if somebody does come up to them and they are not sure if they are approaching us as a constituent of L.A. Care or a member of L.A. Care or if they're coming up to them randomly asking for help and wanting to share their feedback or a concern they have. That is her challenge as a RCAC member, is that when people come up to me and approach asking for help, she can't really decipher immediately if they're an L.A. Care member and they want feedback</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>to bring back to the meetings to them bring back to ECAC. So, if there is some kind of system that they can make sure they hear what members want to relay back.</i></p> <p>Committee Chairperson Booth reported that the Board will review the second quarter financial performance report at the next meeting. The financial reports will be reviewed quarterly by the Board of Governors, as required. The written financial performance reports and the monthly investment transaction reports are included in the meeting packet for your information. The committee also reviewed and approved authorization for L.A. Care management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB) 54 and to delegate authority to the CFO to assign reserves and amounts in accordance with the approved policy. The Finance & Budget Committee changed the meeting schedule and will now meet on the fourth Friday of the month.</p>	
<ul style="list-style-type: none"> Financial Performance February 2025 (Informational Only) 	<p>Chairperson Booth referred to the February 2025 Financial Performance Report included in the meeting materials.</p>	
<ul style="list-style-type: none"> Monthly Investment Transactions Reports (Informational Only) 	<p>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 as of L.A. Care's total investment market value as of February 28, 2025, was \$3.3 billion.</p> <ul style="list-style-type: none"> \$3.2 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$89 million in BlackRock Liquidity T-Fund \$11 million in Los Angeles County Pooled Investment Fund \$6 million in Local Agency Investment Fund 	
<p>Compliance & Quality Committee</p>	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper thanked the Board Members for listening to her and that is why she addressed all the committees. She would like to inquire when you say in Compliance, how does compliance impact the members. She would like to know whether they are in compliance with laws that impact the disabled or Americans for Disability Act. She would like to know how the State of California can. She does not know whether her legislator passed where they had one committee where they can do away with it without public comment. There was no, to the best of her knowledge, public comment. And as one who reads the California Constitution and the US Constitution, they did not get due process to hear about a certain committee. So, this committee does operate under the California law and the US Constitution. She thanked the Board Members for listening to her and the courtesy they extended her today to be a part of the public comment.</i></p>	

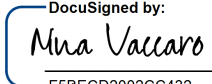
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Shapiro thanked her for her comments.</p> <p><i>Andria McFerson, RCAC 5, hates to say this, but she will address the elephant in the room. There are stories of malicious actions from the PCPs and different healthcare services, and they need to address that. The people who do not care about establishing proper protocol, they do not care about whether its proper communication established during a lot of different instances where one goes to see their medical professional. And so with that being said, they need to have some sort of system. They had that presented on an actual website. So, with that, members can go to that website and do some sort of survey. And then with that, the PCPs that win the highest survey, they can be right there on that screen, giving them props for all of the different things that they do, and then the people who do not, they need to be in some sort of department having to do with L.A. Care to work directly with them to better their services.</i></p> <p>Chairperson Shapiro thanked her for her comments.</p> <p>Committee Chairperson Booth quickly answered the question on the definition of compliance. It's making sure that L.A. Care is following laws and regulations, trying to meet standards in the community, and follow all the things its promising in the contracts. For the quality piece, L.A. Care tries to find doctors that positively affect member experiences and improve healthcare outcomes.</p> <p>She reported that Compliance & Quality Committee met on April 17 (<i>meeting minutes are available by contacting Board Services</i>). Todd Gower, <i>Chief Compliance Officer</i>, reported on Internal Compliance and the Internal Compliance committee (ICC) meeting held on April 9, focused on key compliance and operational updates across L.A. Care. The Committee discussed the 2026 Medicare annual implementation cycle, performance and system changes to utilization management and the call center. L A Care utilization management exceeded compliance goals during recent system transitions and the call center met federal Centers for Medicare and Medicaid Services (CMS) standards but fell short on certain California Department of Health Care Services (DHCS) metrics. The Committee discussed the successful completion of phase one of the monitoring work and an update on phase two efforts. Additional updates are included in internal audit plans for 2025, with performance results from 2024 audits and deployment of the new vendor risk management tool called Prevalent. Compliance monitoring scores across multiple key performance indicators were reviewed and new leadership appointments within compliance were announced. The next ICC meeting will be on May 14. Dr. Amin gave a CMO report. Rhonda Reyes, <i>Manager, Quality Improvement Data Management</i>, reported that the Quality Improvement Provider Quality Review team continues oversight of potential quality of care issues. This process is essential for identifying and</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>addressing clinical care concerns. In the 2023-24 fiscal year, the team closed over 8200 potential quality concerns, with more than 37% leading to clinical or service related findings. In response to that, 603 actions were taken, with the average time to initiate the actions improved from nearly five days to just over three days. The team achieved a 99% timely closure rate and significantly reduced open aging cases from over 3500 to under 800 cases, reflecting operational improvements. Ms. Reyes highlighted new efforts such as the corrective action plan validation process and increased engagement with provider performance groups to ensure accountability and strengthen provider collaboration moving forward. Tara Nelson, BSN RN, <i>Senior Director, Utilization Management</i>, presented the 2025 utilization management program description and the 2023-24 Program Evaluation, and reviewed activities planned for 2025. The Program Description reflects updates to departmental roles and acknowledges the integration of health equity experts, aligning with regulatory and structural changes. The Evaluation emphasizes compliance with case turnaround times, improvements to dashboards and efforts to simplify utilization requirements. Ms. Nelson reported that cross-team collaboration is essential to reduce hospital reemissions and support members after a hospital discharge. The report focused on enhancing integration between utilization management and quality functions, leveraging data-driven strategies and maintaining a compliant, high performing utilization management program.</p>	
<p>PUBLIC COMMENT on Closed Session items</p>	<p><i>Brynette Cruz commented she is still pretty new to this, so she just wanted to say that the idea that Dr. Amin suggested, as far as leaving a little bit of a description for each item is really good idea for people with disabilities like myself. That would be greatly appreciated because she did not get the information that this is referring to on each item. She would like to have some comments, but she did not know what the meetings were about. She is just being honest. And then she does like the whole LASSO update. It is really refreshing to hear that something is being done with the motions from the RCACs, and she did want to comment to Ms. Deaka, as far as her speech, but she just left, so she really appreciated her speech a lot. She thanked the Board members for everything they're doing.</i></p> <p>Chairperson Shapiro thanked her for coming to the meeting and for her comments.</p> <p><i>Elizabeth Cooper thanked the Members of the Board of Governors. She understands their deep responsibility on the issue, but her thing is from the closed session items, as a member, there is no closed session item on Elizabeth Cooper. Nothing about litigation. It is about cooperation and concern. All the items in closed sessions she knows is against L.A. Care. But when she comes as a member, she comes with a humble heart and as one who's concerned about the stability of L.A. Care, which she has done since she has been a member. She hopes that her item, about which she spoke that is not in closed session, she hopes that every Board Member remembers some of the things they speak from. They speak from the heart, not from a litigant part, but as one who is concerned about it</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>and she look at the litigant part, that is not her role to come as a litigant. She comes as a compassionate and is concerned about L.A. Care and the service that her son receives. She thanked each the Board Members and staff who assisted her today.</i></p> <p><i>Andrea McFerson, RCAC 5, wanted to comment on item number 21, public employee performance evaluation. They need to better employ Performance, and she is hoping the new CEO would be a part of that. She has made several complaints about staff members, of course, there was one staff member that placed their hands on her and she did not even get an apology yet. That is not ok. She needs some sort of feedback from L.A. Care on what happens next. Also, when they have RCAC meetings, if there is no more Brown Act or Robert's Rules of Order. The actual staff tells the Chair how to run the meeting off record. So, if it is recorded, they kind of need every single comment to be placed there. That way there is no coercion, just making sure that the staff does everything according to everyone's necessity and needs and that would be great to discuss that as well.</i></p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:02 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 4:02 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>May 2027</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none">• Plan Partner Rates• Provider Rates• DHCS Rates <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</p> <p>Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION</p> <p>Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act</p> <p>One Potential Case</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR</p> <p>Sections 54957 and 54957.6 of the Ralph M. Brown Act</p> <p>Title: CEO</p> <p>Agency Designated Representative: Ilan Shapiro, MD</p> <p>Unrepresented Employee: Martha Santana-Chin</p>	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors reconvened in open session at 4:45 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 4:45 pm.	

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

APPROVED BY:
DocuSigned by:

Nina Vaccaro, *Board Secretary*
Date Signed 6/13/2025 | 10:00 AM PDT