

**Board of Governors**  
**Regular Meeting Minutes #305**  
**March 3, 2022**

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



**Members**

Hector De La Torre, <i>Chairperson</i>	George W. Greene, Esq.*
Alvaro Ballesteros, MBA, <i>Vice Chairperson</i>	Antonia Jimenez
Ilan Shapiro, MD, <i>Treasurer*</i>	Honorable Holly J. Mitchell
Stephanie Booth, MD, <i>Secretary</i>	Hilda Perez
Christina R. Ghaly, MD	G. Michael Roybal, MD, MPH
Layla Gonzalez	Nina Vaccaro, MPH

**Management**

John Baackes, *Chief Executive Officer*  
Terry Brown, *Chief of Human Resources*  
Augustavia Haydel, *General Counsel*  
James Kyle, MD, *Chief of Equity & Quality Medical Director*  
Tom MacDougall, *Chief Technology & Information Officer*  
Thomas Mapp, *Chief Compliance Officer*  
Marie Montgomery, *Chief Financial Officer*  
Noah Paley, *Chief of Staff*  
Acacia Reed, *Chief Operating Officer*  
Richard Seidman, MD, MPH, *Chief Medical Officer*

*All via teleconference*

*\*Absent*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 2:05 p.m. the regular meetings of L.A. Care Health Plan Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously. He welcomed incoming Board member John G. Raffoul, <i>DPA, FACHE</i>, to the meeting.</p> <p>He announced that, for those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meeting, the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Members have received in writing the voice messages and written comments that were sent before the meeting. All comments sent before and during the meeting will be read for up to three minutes. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Submission of public comment must be sent before public comment period for an item.</p> <p>Chairperson De La Torre noted that public comments should be related to the meeting topic on the Agenda. Public comment is not a dialog with the Board; public comment is input to the Board. All are welcome to provide input. It should not be expected that Board members will respond to the comment. That is not the function of public comment under the Brown Act. Public comments are heard before the topic is discussed so that the Board can hear what the submitter has to say, and can take that input into consideration as it takes action. He thanked participants for their public comment. He hopes that the meetings will be in person soon.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The agenda was approved as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Perez, Raffoul, Roybal and Vaccaro)</p>
<b>APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT</b>	<p><b><u>Motion BOG 100.0322</u></b></p> <ol style="list-style-type: none"> <li>1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;</li> <li>2. Adopt findings as set forth in this Motion Summary and,</li> <li>3. For all L.A. Care meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committee to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.</li> </ol>	<p>Unanimously approved by roll call. 10 AYES</p>
<b>PUBLIC COMMENTS</b>	<p>Submitted via email March 3 at 2:09pm, from Andria McFerson  <i>Hello chair De La Torre  This is Andria McFerson and I have a public comment dealing with certain staff at LA Care is like dealing with bad Healthcare. I feel that there is no equity in the Colored Community which has the highest mortality rate especially the Black community. With the systematic Injustice that I receive on a regular basis from your staff Idelia De la Torre it makes me feel not only threatened but it's endows me with</i></p>	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ball</p>

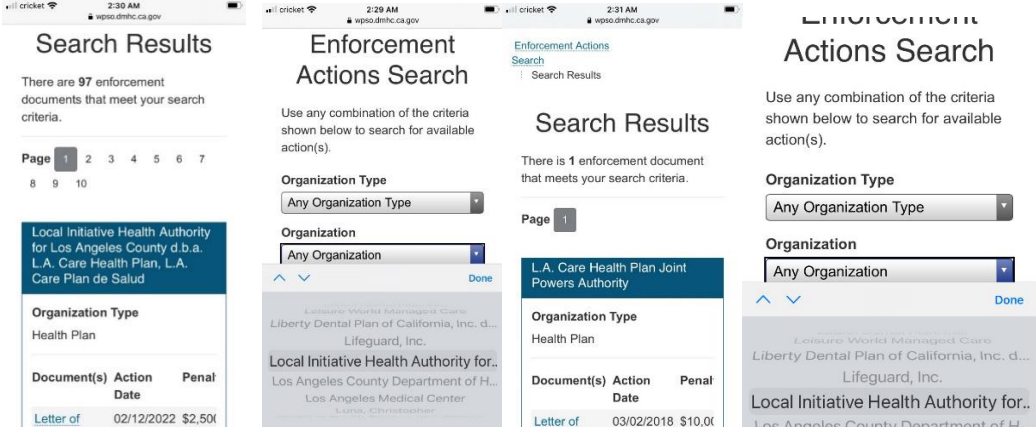
**APPROVED**

The Consent Agenda

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	<p><i>stress. My physical health is very important to me but I will continue to fight for proper Healthcare equity and many resources to obtain proper Health Care for the community. I fought for the Equity task force but somehow I was not invited to participate, also the resource guide and it was carried out but however it doesn't leave options for the blind and seniors who don't use the web. Robot surveys for not only patients but for LA Care to have proper data in order to adhere to the necessities of people's health. Mental Health Services, homeless services I can go on and on but it seems like when I use the word "I" it's like pulling out a sword and becoming a villain because I'm going to continue to speak up and speak out and make sure that there is awareness for prejudicial behavior against the Asian community the undocumented and all other communities in LA county that need assistance including my own the Black community and as a Healthcare Advocate no matter whether I get chosen to participate in the things I suggest I will keep going and I won't give up! No matter what!</i></p> <p><i>Thank you, Andria McFerson</i></p>	
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<ul style="list-style-type: none"> <li>• February 3, 2022 Meeting Minutes</li> <li>• Contract Amendment with Infosys, Cognizant, HCL, and Solugenix for Information Technology Staff Augmentation <b><u>Motion FIN 100.0322</u></b> To authorize staff to amend contracts with Cognizant, HCL, Infosys Limited, and Solugenix for an additional amount of \$8,700,000 (total not to exceed amount of \$19,954,348) for IT staff augmentation services through September 30, 2022.</li> </ul>	<p><b>Unanimously approved by roll call. 10 AYES</b></p>
<p><b>CHAIRPERSON'S REPORT</b></p>	<p><b><u>PUBLIC COMMENT</u></b> Submitted by Elizabeth Cooper, RCAC 2 Member, on March 2, 2022 at 4:05pm via phone call: <i>Chairperson Mr. De La Torre, members of the board of governors, Mr. John C Baackes CEO, and members of the public. As a concerned person regarding the current conflict in Ukraine and the rest of the world. I would like to offer my prayers and concerns for the safety of the people of Ukraine and my prayers for members of the military and their families. Who are facing these challenges. My sincere concerns to our president and our leaders. Also as a members of the public Mr. chairperson, I would like to share some concerns that I have had the past few months regarding participation and member's participation and input to L.A. Care regarding issues. I am deeply saddened as a longtime member of the RCACs. It has been so challenging for me, I guess I'm saddened as someone who has played a role in the RCACs, I feel deep disappointed in some of the issues that U have</i></p>	<p>The Consent Agenda and Recommend(Ballesteros, Booth,</p>

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	<p><i>addressed and some of the concerns I address, ask of consideration and concern from those who I have addressed it to. In addressing issues that affect me as public person. As a RCAC member I am limited to a few minutes of communication, properly 3 minutes to address issues that we normally would address at RCAC meetings. This is my recommendation, I feel and do hope that the board of governors will put emphasis on those who are developmentally challenged, their concerns should be addressed, whether family or public. It has been challenging to participate in different committees that exist since I have been challenging to be invited to participate, some of the committees that I have tried to advocate and speak about since I have been a member of the RCACs.</i></p> <p><i>I deeply hope that L.A. Care will look into the policy of how each member is treated. Also would like to see when the Board election comes soon for the two board seats, just like the board had a very successful election for the board members. Please continue the election for the two board seats that will be open. My hope is that it will be a very diverse board, culturally, gender, linguistic and regardless of disability. Personally would like to see if the board will consider a special seat for disability representative. Advisory to the board for those that developmentally disabled, so their concerns can be addressed. I appreciate the role of L.A. Care and respect; I think some of the concerns I have addressed cries out for the board's attention. I do hope the board continues funding the RCACs and allows them to meet the same as prior to COVID-19 pandemic. This is my concern, I thank you for the public comment giving me the opportunity to speak, I do every board members takes notice of my concerns that I have addressed.</i></p> <p>Chairperson De La Torre again welcomed Board Member Raffoul to his first Board of Governors meeting and noted that his resume is included in the meeting materials. As his first committee assignment he has decided to join the Compliance &amp; Quality committee. Board Member Raffoul is a representative of the Disproportionate Share Hospitals. In 1984 he was an accountant at White Memorial Hospital, and in the early 90s he served as the Chief Financial Officer and Chief Operating Officer. He then became the President of the Adventist Health Western System and is now the Chief Executive Officer of White Memorial Hospital. He brings expertise and experience in the safety net. Board Member Raffoul stated that he is grateful for opportunity to serve on the Board of Governors. He has been working Los Angeles County for over 38 years and he looks forward to serving the residents of Los Angeles. He noted that L.A. Care has a big impact in the community here in Los Angeles County.</p>	

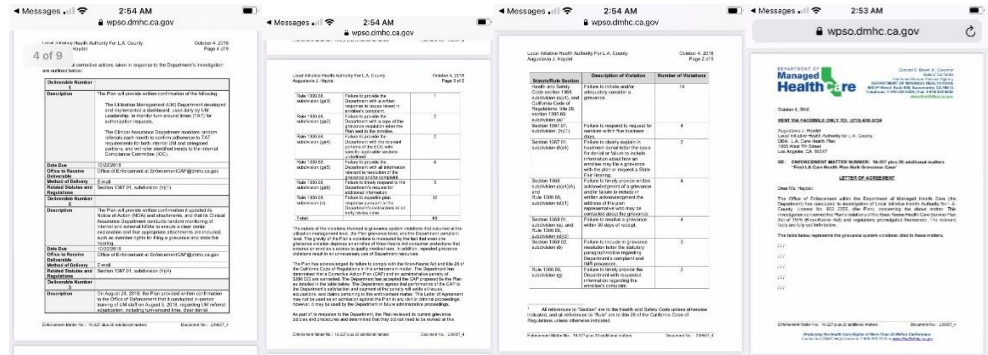
**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><b><u>PUBLIC COMMENT</u></b></p> <p>Received via text, Feb 28, 2022, 10:43 pm  <i>Board meeting March 3, 2022 chief executive officer report: Carolyn Rogers Navarro, it's very difficult to navigate the Dept of Managed Care pg, it has two listings for LA Care which is fraudulent. Reading it without a calculator I see about \$200,000 to 300,000 in fines in the past year against Local Initiative Authority, 97 fines over the yrs, 1 fine listed for LA Care! Each one of these fines attest that LA Care is not taking care of existing members but continues soliciting new ones, members are not safe, the fines are for failure to implement independent medical review mandates, ignoring grievances. Then in 2018 LA Care got fined \$280,000 for ignoring grievances but LA Care expects people not to ask how they or their special needs family members were affected by LA Care inefficiency, lack of oversight over contractors who LA Care allows to abuse enrollees!</i></p> <p>Received via text Mar 1, 2:15 am, sender not self-identified  <i>LA Care has learned nothing! Danger to public!</i>  <a href="https://www.dmbc.ca.gov/AbouttheDMHC/Newsroom/November6,2018.aspx">https://www.dmbc.ca.gov/AbouttheDMHC/Newsroom/November6,2018.aspx</a></p> <p>Received via text Mar 1, 2:27 am, sender not self-identified  <i>^add, why is LA Care listed twice at DMHC site with the "LA Care " pg where most people would look showing one violation if a member of public views enforcements?!</i></p> <p>Received via text, Mar 1, 2:34 am, sender not self-identified  <i>Why one violation listed at LA Care pg , 97 at Local Initiative pg , see photos!  ^confusing to consumers , probably illegal !</i></p> 	

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Received via text Mar 1, 2:40 am, sender not self-identified  
*Years after a doctor on your board publically claimed you helped my child Vanessa without my being told of this public discussion and I'm still finding crap about you people, what crap haven't I found?! You liars! Today I'm being interviewed, yesterday I was interviewed by another agent because the crap is still going on and LA Care thinks it won't catch up to them!*

Received via text Mar 1, 2:57 am, sender not self-identified  
*This conduct on LA Cares part caused danger to enrollees, LA care is not to be trusted!  
 Add "hiding and ignoring grievances"!*



Received via text Mar 1, 2:57 am, sender not self-identified  
*This conduct on LA Cares part caused danger to enrollees, LA care is not to be trusted!  
 Add "hiding and ignoring grievances"!*

Received via Chat March 3 at 2:24 PM from Carrie Bee Broadus  
*Chief Executive Officer Report Grants & Sponsorships Report- how does the sponsorship provide linkage and coordination for a more informed activated member? Is there a focus on "community mobilize community resorces"?*

Received via Chat March 3 at 2:25 PM from Carrie Bee Broadus  
*Encourage members to participate in effective community health programs.*

Received via Chat March 3 at 2:28 PM from Carrie Bee Broadus

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	<p><i>Form partnerships with community organizations to support and develop interventions that fill gaps in needed services. Advocate for policies to improve patient care, i.e., access to specialty care.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, responded that the Community Health Investment Fund has shifted over the years. Last year 73% of grants went to supporting social services that L.A. Care members benefit from. Anyone can request information regarding L.A. Care’s grant activities and who the recipients were over the years. He acknowledged that Monday is the end of Black History month. He noted many members and staff have family members that have suffered throughout the pandemic, his heart goes out to them.</p> <p>Mr. Baackes, reported:</p> <ul style="list-style-type: none"> <li>• L.A. Care has been participating in Covered California for seven years and the results are in from open enrollment ending on January 31. About 95% of members from last year retained their membership, this is the highest retention that L.A. Care has ever had. L.A. Care added 25,000 new enrollees, total enrollment stands at 121,000 members. He is amazed that under the American rescue plan, 42% of the people that joined through Covered California do not pay any premium for health coverage and are fully subsidized. That means that many have incomes below the federal poverty line. But that benefit only lasts through 2023. Congress will need to extend the benefit and a bill being considered in the U.S. Congress will cover it. It is a great benefit for L.A. Care’s members.</li> <li>• Every year L.A. Care is required to send out a benefit summary to every household that is enrolled in L.A. Care through Medi-Cal. He complimented the team that updated the mailing with fewer pages and within the requirements laid out by regulators. L.A. Care now distributes a 20-page booklet with all the necessary information in different languages. He hopes it makes it easier for members.</li> <li>• He noted that the Cal MediConnect program will end this year. As mentioned before, L.A. Care will offer a program for dually-eligible members. L.A. Care will apply to CMS to be designated a Dual Special Needs plan. He complimented the product team that assembled all required documentation. The application was submitted at the beginning of February, and L.A. Care should be notified by June whether it is approved.</li> <li>• California Advancing and Innovating Medi-Cal (Cal AIM) launched on January 1. Part of the program was the prescription drug carve out, which has caused issues for Medi-Cal beneficiaries. Members used to call L.A. Care and now they must contact the state vendor. There has been news in the media about long wait times for members that are trying to get their prescription drugs authorized. He complimented L.A. Care’s Pharmacy Department for their work in helping members. L.A. Care still has a Pharmacy Department to serve</li> </ul>	

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	<p>L.A. Care’s other lines of business. L.A. Care continues to stay on top of member issues with their pharmacy services. Cal AIM introduced Enhanced Care Management (ECM) and Community Supports (CS). ECM replaced the former Health Homes program and Whole Person Care demonstration program. It’s the first time CS can use Medi-Cal funding for social services. It started with 16,000 people that are now in ECM, and that number will grow every month. L.A. Care is providing 74,000 people with housing navigation and tenancy support services, 326 people are receiving recuperative care services and a small number of members are receiving medically-tailored meals. L.A. Care is working closely with plan partners, Los Angeles County Department of Health Services, and the provider network to provide medically tailored meals to members.</p> <ul style="list-style-type: none"> <li>• As of January 1, L.A. Care became responsible for paying for major organ transplants and will be introducing new mental health services in schools in collaboration with the Department of Mental Health. Services will begin next year, and we are involved in a significant planning effort.</li> <li>• Catalina Island is now in the area of coverage of L.A. Care.</li> <li>• Kaiser Permanente will have a direct contract for Medi-Cal in Los Angeles County beginning on January 1, 2024, if approved by the state. Kaiser currently serves Medi-Cal beneficiaries in 17 other counties. The impact is that the 244,000 Kaiser members will no longer be enrolled in of L.A. Care. This is about 10% of our enrollment. In terms of funding it will be neutral for L.A. Care because the amount that we withhold to oversee the contract is only 2%. Kaiser quality scores will no longer be incorporated into L.A. Care’s. L.A. Care, as a member Local Health Plans of California, and is taking a position of opposition. The California Legislature must approve the changes in state law necessary for the direct contract with Kaiser. The objection is based on the fact that negotiation for Kaiser’s proposed contract was held outside of the bidding process that all commercial plans had to go through. The other objection is that Kaiser will be allowed to limit their Medi-Cal enrollment. Kaiser currently enrolls members through a subcontract with L.A. Care. The limitation will be that members can only join Kaiser if there was a prior relationship with Kaiser. Kaiser will be getting a very special deal that was not available to any other commercial plan.</li> <li>• For the past four years L.A. Care has been recognizing providers that perform well in the Value Incentive Program for Independent Physician Association. Those that improve quality scores or are in an outstanding position, will be recognized by L.A. Care starting next week. There will be billboards recognizing the outstanding providers with their quality scores.</li> </ul> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p>	



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	<p>L.A. Care continues its efforts to increase the COVID-19 vaccination rate among enrollees. Two weeks ago L.A. Care distributed a press release on its Vaccinate + Educate program. It builds upon efforts to support Los Angeles County community clinics and work with pharmacies in our network to get the word to people who have not been vaccinated, and encourage them to get vaccinated. This new program partners with high volume participating primary care providers and offers small financial incentives for every member that gets vaccinated starting on February 14. Members can get vaccinated at their doctor's office or at any of the sites throughout the county, including pharmacies. Over 250 L.A. Care members have been hospitalized in the past week due to COVID, along with 50 reported deaths. L.A. Care takes this very seriously, due to the consequences of not getting vaccinated.</p> <p>In response to Ms. Cooper's comment, Mr. Baackes stated that the RCACs may go back to face to face meetings sooner than originally expected. L.A. Care had been planning quarterly meetings and will be scheduling a virtual format this month. L.A. Care will be letting RCAC members know when a decision is made. For now, the RCACs will meet quarterly and virtually. The lift on county restrictions may allow the RCAC members to return to in person meetings sooner.</p> <p>Mr. Baackes noted that there are attachments at the end of his report, including comments and a letter in support of In-Home Support Services (IHSS) training that mimics L.A. Care's IHSS training. There is also a letter of support for \$100 million in support of health information exchanges, a report on the Cal MediConnect Enrollee Advisory Committee, and a list of grants and sponsorships from the last month.</p> <p>Board Member Antonia Jimenez noted that the Department of Social Services (DPSS) reached 4 million beneficiaries, largely due to Medi-Cal enrollment. She asked Mr. Baackes if it is possible to collaborate to ensure that IHSS providers are getting properly trained and figure out a way to leverage the good work that L.A. Care has done. Mr. Baackes responded that he will connect with her outside of the meeting. He noted that there is an IHSS career pathways program that the California Department of Social Services has started, and L.A. Care wrote a letter in support. L.A. Care has had an arrangement with the SEIU Center for Career Advancement. Through a 10-week program, 4,400 IHSS workers that serve L.A. Care members were trained. He is convinced that the program saved lives during the pandemic. It allowed family members of people receiving these services to remain in their homes.</p> <p>Board Member Roybal, asked Dr. Seidman if L.A. Care is informing prescribers about the two new anti-viral medications. Dr. Seidman responded that the intention is to rollout a program where people can go to a pharmacy, and as the availability becomes more significant, expand access. There is a relatively small number of supplies compared to the number of people in Los</p>	

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	<p>Angeles Country. As L.A. Care gets information from the Los Angeles County Department of Public Health, it is posted on provider resource pages.</p> <p>Board Member Ghaly, thanked Dr. Seidman for his update. She asked what L.A. Care is doing to directly provide testing to members. There is not enough access to get timely testing for communities in Los Angeles County. She asked what can be done to shift the responsibility for testing onto the health care system where it will need to be. Dr. Seidman thanked Board Member Ghaly for her question. The question is whether or not the supply is sufficient to meet the needs of testing. There have been times where there has been adequate supply and other times there haven't been. Commercial labs have done what they can to increase testing supplies to provide better turnaround times. As a plan, L.A. Care already pays for testing. A requirement for plans to provide up to eight at home tests for members was expanded to Medi-Cal plans. L.A. Care members are able to walk into any pharmacy that participates in the Medi-Cal program and get those tests.</p> <p>Board Member Hilda Perez invited all members listening in to the meeting to visit L.A. Care social media sites, where members can find information regarding the vaccination incentive program and the provider vaccination program. She noted that information is also shared in Spanish.</p>	
<ul style="list-style-type: none"> <li>Grants and Sponsorship Report</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i></p>	
<b>ADVISORY COMMITTEE REPORTS</b>		
<p><b>Executive Community Advisory Committee (ECAC)</b></p>	<p><b><u>PUBLIC COMMENT</u></b></p> <p>Submitted via email March 3 at 3:02pm by Andria McFerson</p> <p><i>Chair De La Torre, Our advisory Committees help LA Care successfully grow into the corporation it is now please allow us to get back together 6 times a year and be apart of the incentive program. People respond better looking at people just like them and the RCAC's will help this program grow just like we helped LA Care grow as well. We will get many more people vaccinated to fight against the covid 19 pandemic. We can also help providers as well as long as we are vaccinated and stay masked. This opportunity will consist of members who are able to participate even if we have to sign a waiver but, it will help the volunteers who have given back up to 20 yrs of their lives feed their families with food cards and raffle incentives as well. This will also get much more people tested and vaccinated in are communities. Please bring the RCAC'S back to the community and medical facilities for patient interaction to have better access by providing person to person info it will make</i></p>	

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	<p><i>things much easier and solve a lot of issues and answer a lot of questions for those who are reluctant to get vaccinated.</i>  <i>Andria McFerson</i>  <i>RCAC6/ECAC Chair</i></p> <p>Board Member Gonzalez thanked all the members that are listening to the Board meeting today and those who participated in previous meetings. She noted that participation is appreciated, comments, suggestions and questions are welcomed. She urged everyone to continue to use masks, get vaccinated, and get a booster shot if eligible. She expressed condolences for those affected by the pandemic or who have friends or family affected by the pandemic.</p> <p>Board Member Gonzalez reported that ECAC met on February 9:</p> <ul style="list-style-type: none"> <li>• Dr. Seidman gave a COVID-19 update.</li> <li>• Mr. Baackes gave a CEO update. He spoke about the prescription drug carve out and about the proposal for Kaiser Permanente to be directly contracted with the state for Medi-Cal.</li> <li>• Prity Thanki, <i>Local Government Advisor</i>, gave a Government Affairs update. Ms. Compartore will be giving an update later in today’s meeting.</li> <li>• Dr. Auleria Eakins, <i>Manager, CO&amp;E</i>, provided the following information: <ul style="list-style-type: none"> <li>- The 2022 Care Harbor clinic has been rescheduled to March 4-6 at the Reef, located at 1933 South Broadway in Downtown L.A.</li> <li>- A Black History Month education event took place last Thursday on the topic of revolutionizing access to care. It was filled with lots of information, and ideas on how RCAC members can advocate for increased access and collaboration efforts. There were 79 English participants, 29 Spanish participants and eight Khmer participants. Three other sessions were previously held where members and staff discussed Housing and Homelessness and its impact on the Black community, and Black Health &amp; Mental Health services.</li> <li>- L.A. Care’s Community Outreach and Engagement department is working toward the reconvening of Regional Community Advisory Committee (RCAC) meetings. Community Outreach and engagement will host “RCAC Connect” meetings in March and April.</li> <li>- RCAC Members will receive brief updates on how the RCAC meetings will reconvene, review L.A. Care’s Standards of Behavior and Code of Conduct, and begin dialogue on how to best restore advisory meetings to pre-pandemic operations</li> </ul> </li> <li>• ECAC members approved the following motions: <ul style="list-style-type: none"> <li>- To create an ad-hoc committee of no more than five ECAC members to review and revise the ECAC meeting participation guidelines as needed to support virtual meetings.</li> </ul> </li> </ul>	

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	<p>- To create an ad-hoc committee for all available ECAC members to discuss and develop educational programs, events, etc., that focus on mental health to inform and show support to the community during Mental Health awareness month in May 2022.</p> <p>Board Member Gonzalez thanked CO&amp;E staff for reaching out to discuss her participation at RCAC meetings and for sharing information in regards to events being held at Community Resource Centers. Members can access this information by contacting CO&amp;E or visiting the L.A. Care website.</p> <p>Board Member Perez invited all Board Members to attend any of the events being held at Community Resource Centers. She was listening to Board Member Ghaly's suggestions of working together with the Health Plan. Many people attend vaccination clinic and food pantry events and they do ask for testing. She noted that the vaccination clinics are a success, because members do not have to make an appointment. She welcomed Board Member Raffoul on behalf of L.A. Care Members.</p> <p>Board Member Gonzalez noted that it is Women's Month, Women's Mental Health Month, Cervical Cancer Awareness, and Breast Cancer Awareness month. She encouraged all women to get screened for Breast Cancer and Cervical Cancer.</p> <p>Chairperson De La Torre noted that women usually make all the health care decisions in the household. It is very important to direct much of the communication to women in the household and to think about them and their needs. He said it is important to focus on women when it comes to messaging. In his time in the State Legislature many legislators didn't understand health care, because it was the women in the household who usually made all those decisions.</p>	
<b>Technical Advisory Committee</b>	<p>Dr. Seidman reported that the Technical Advisory Committee (TAC) met on February 16.</p> <ul style="list-style-type: none"> <li>• Mr. Baackes gave a Chief Executive Officer update, and Dr. Seidman gave an update on the Chief Medical Officer report.</li> <li>• Dr. Michael Brodsky presented information about the Student Behavioral Health Incentive Program. The program is one of the state's incentive programs with a timeline, metrics, and funding available to pass through the plans to entities in the community to improve Behavioral Health service delivery and improve overall mental health for students in Los Angeles County.</li> </ul>	
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	<p>Attended RCAC 8, recognize the staff supporting the Chairperson De La Torre, <i>Board Chairperson</i>, reported:</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Executive Committee met on February 22. A copy of approved meeting minutes can be obtained by contacting Board Services and will be available on the website.	
<ul style="list-style-type: none"> <li>• <b>Government Affairs Update</b></li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> <li>• The legislature bill introduction deadline was February 18. Many bills were repeat bills from last year that didn't pass or were held. There are some themes coming out for 2022 bills that are focused on health access, affordability, reproductive health, behavioral health, autism, prescription drugs, and a number of mandate bills. L.A. Care is still looking through the bills to determine the impact on health issues. She referred Board Members to the legislative matrix included in the meeting materials. L.A. Care will keep the monthly matrix and will be reporting on one or two bills that L.A. Care is heavily involved in. Budget Subcommittee hearings have started and will continue for the next couple of weeks and will taper off until the Governor releases his May Budget Revise. L.A. Care has taken a position on some of the State Budget proposals</li> <li>• DHCS has announced that they are going to delay until January 1, 2023 the implementation of the doula benefits which was originally set to be implemented on January 1, 2022. The L.A. Care Medi-Cal product Chief continues to meet with the County representatives to discuss specific issues on the implementation of the new Doula benefit.</li> <li>• At the federal level, a rule has been proposed to restore the public charge guideline that was previously in effect, and L.A. Care will weigh in support for this rule.</li> </ul> <p>Member Booth asked if the date set for two-year bills is changed. Ms. Compartore responded that it is not. The bills can still be effective on January 1, 2022, or the language contained in the bill specific to January 1, 2023. The bill may only be retroactive if the bill language contains such language and the Legislature agrees when it is passing the bill.</p> <p>Chairperson De La Torre stated that is very unusual for the bill to be retroactive, and that would be caught in a committee hearing and the date would be amended. It would be an obvious thing to fix on a two-year bill. The retroactive setting has to be very much on purpose.</p>	
<b>Finance &amp; Budget Committee</b>	<p>Chairperson De La Torre, <i>Board Chairperson</i>, reported that the Finance &amp; Budget Committee met on February 22 (<i>a copy of approved meeting minutes can be obtained by contacting Board Services.</i>)</p> <p>The Committee reviewed and approved the motions approved earlier today on the Consent Agenda. The Committee also reviewed and approved the contract amendment with Accenture which does not require full Board approval.</p>	
<b>Chief Financial Officer Report</b>	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported on financial results for January 2022.</p> <p><u>Membership</u></p>	

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	<p>The January 2022 membership is 2,536,352; 9,000 members favorable to the 3+9 forecast, which is the same YTD versus the forecast, being driven by Plan Partners due to the increased enrollment for the CalAIM mandatory managed care population. The forecast did not include those additional members for Plan Partners. Membership for L.A. Care Covered (LACC) was over 111,000 members, an improvement of 10,000 from December 2021. The Open enrollment period is not being extended at it was in prior years.</p> <p>Board Member Booth asked if L.A. Care knows what market share L.A. Care has of Covered California. Ms. Montgomery stated that she does not know what percentage belongs to L.A. Care. She can follow up on this question.</p> <p><u>Consolidated Financial Performance</u></p> <p>The net surplus for January 2022 is \$35 million; \$44 million favorable to the 3+9 forecast. The favorability is driven by operating margin favorability of \$13.6 million versus the forecast, as well as administrative expense favorability of \$28 million. On fee for service claims there are offsets, unfavorable on capitation expense, but overall is favorable. Incurred claims were favorable to the forecast by \$20.7 million. There are a lot of new CalAIM programs in January including new mandatory members, the Health Homes program is winding down, Enhanced Care Management and Major Organ Transplant are ramping up. Community Supports include the transition of the Whole Person Care members. L.A. Care is still working through aligning the forecast and the actual reporting for these items. Some of the favorable incurred claims are due to misalignment with capitation expense.</p> <p>The large variances to the revenue and healthcare costs for the month are due to adjustments relating to the California Department of Health Care Services (DHCS) initiating the risk corridor reconciliation for Proposition 56 for State Fiscal Year (SFY) 2018-19 and the 18-month Bridge Period. The risk corridor's minimum expenditure percentage methodology is set at 95%. Based on the reconciliation, payable balances held as due to providers are now payable to the DHCS. A payable to providers impacts health care expenses while a payable to the DHCS impacts L.A. Care's revenue. This resulted in a \$280 million decrease in revenue and a \$264 million decrease in health care expenses which lowers operating margin by \$15.5 million. The CY2021 reconciliation will be updated once there is more run out and additional information becomes available.</p> <p>Administrative expense is favorable by \$28.4 million primarily due to an adjustment of \$22 million for Patient-Centered Outcomes Research Institute (PCORI) fees. Staff recognized a \$22 million expense last fiscal year for this fee which was first effective in 2010. After further review, this fee is on a per member per year not per member per month. As a result,</p>	

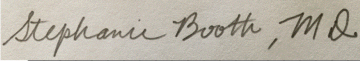
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>administrative expenses was reduced by \$22 million. Purchased Services is favorable due to timing of expenditures.</p> <p>Non-operating is \$1.7 million favorable due to lower Community Resource Centers spending but partially offset by unrealized loss.</p> <p>Overall Medical Cost Ratio is at 92.7% versus 93.7% forecast. It was driven by favorable overall claims that impacted operating margin. Year-end position is still favorable. Good stability for paid claims in recent time periods. Not too significant, but still positive. Assumed higher fee for service claims in January related to the Omicron surge and built that into February's forecast.</p> <p>Administrative ratio is favorable compared to the prior period. Working capital is also favorable. Still waiting on cash to claims, trying to reconcile old balances with the state.</p> <p>Tangible Net Equity is at 550% of level required by regulators. Days cash on hand is at 48 days due to adjustment under Proposition 56, which artificially lowers health care expenses.</p> <p><b><u>Motion FIN 101.0322</u></b>  <b>To accept the Financial Reports for January 2022 as submitted.</b></p>	<p><b>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal and Vaccaro)</b></p>
<ul style="list-style-type: none"> <li>Monthly Investments Transactions Report</li> </ul>	<p>Ms. Montgomery referred to the investment transactions report included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services)</i>. L.A. Care's total investment market value as of January 31, 2022 was \$2.2 billion.</p> <ul style="list-style-type: none"> <li>\$1.9 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$73 million in Local Agency Investment Fund</li> <li>\$253 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<p><b>PUBLIC COMMENT on Closed Session Items</b></p>	<p>Received via email March 3, 2022, 3:37 PM</p> <p><i>Chair De LA Torre, Can you and the Board please consider talking to me about my comments and the new ideas I have to help our county get back on our feet from this pandemic. I guarantee that I only plan to help the community and if you allow me to I will continue to do just that even if I receive backlash as you can see all of my motions, request and overall ideas has been very beneficial so I am not being eccentric, please call me and I will be have more inclusive compliances to adhere to the necessities of people just like me. I see that you carried out my request to work with CBO's to bring resources to the community and many other previous requests as Chair of RCAC 6 I have many more suggestions including beneficial incentives.</i></p> <p><i>Andria McFerson</i></p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 3:38 pm.</p>	

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	<p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:39 pm. <i>Chairperson De La Torre rejoined the meeting.</i></p> <p><b>CONTRACT RATES</b> Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> <li>• Plan Partner Services Agreement</li> </ul> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>March 2024</i></p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care v. Purdue Pharma L.P. et al.; Case No: 1:19-op-45212-DAP (N.D. Ohio)</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act Name of case: AHCS – Mental Health and Wellness Inc., v. L.A. Care Case No. 22-55075</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION</b> Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p><b>PUBLIC EMPLOYEE PERFORMANCE EVALUATION</b> Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p><b>CONFERENCE WITH LABOR NEGOTIATOR</b> Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Board reconvened in open session at 5:45 p.m.</p> <p>There was no report from closed session.</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 5:46 p.m.	

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

APPROVED BY:  
DocuSigned by:  
  
EB5CD19208044C4  
Stephanie Booth, MD, *Board Secretary*  
Date Signed 4/21/2022 | 8:16 AM PDT

**APPROVED**