

Board of Governors
Regular and Supplemental Special Meeting Minutes #306
April 7, 2022

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



L.A. Care
 HEALTH PLAN

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
WELCOME	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 2:05 p.m. the regular and special meetings of L.A. Care Health Plan Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The three meetings were held simultaneously.</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> <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</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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 the 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. All are welcome to provide input. Public comments are read 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.</p>	
APPROVAL OF MEETING AGENDA	<p>The agendas were approved as submitted.</p>	<p>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal, Shapiro and Vaccaro)</p>
APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT	<p><u>PUBLIC COMMENT</u></p> <p>Received via email April 7, 2:03 pm, from <i>Carrie Broadus, Resident/Virtual Advocate Division of Neighborhood Research, Los Angeles Metropolitan Churches</i></p> <ol style="list-style-type: none"> 1. <i>I encourage the L.A. Care Board of Governors, approve BOG Motion 100.0422 to continue virtual meetings consistent with the Ralph M. Brown Act.</i> 2. <i>This motion recognizes that continuing virtual meetings is consistent with the Ralph M. Brown Act ensures that L.A. Care members, their families, the communities they live in, direct-service providers, advocates, and policy makers voices matter.</i> 3. <i>Lastly, the vast land size of Los Angeles County, and the cost of fuel and transportation continues to sky rocket. In fact, the greater Los Angeles Area could hold the combined areas of St. Louis, Cleveland, Minneapolis, Milwaukee, Boston, Pittsburg, Manhattan, and San Francisco. Utilizing 21st Century Technology to engage L.A. Care members advances their ability to actively participate in the body that governs their health and wellbeing is much more cost effective than overall transportation cost.</i> 4. <i>Lastly, it is the right thing to do.</i> 	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ball</p>

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	<p><u>Motion BOG 100.0422</u></p> <ol style="list-style-type: none"> 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act; 2. Adopt findings as set forth in this Motion Summary and, 3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act. 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal and Vaccaro) Board Member Shapiro experienced technical difficulties and was not able to vote.</p>
<p>PUBLIC COMMENTS</p>	<p>Received via text Mar 22, 1:03 pm, sender not self-identified <i>Since your massive \$55 million find you have even more fines under your BS Local Initiative pg, I don't see them listed at the LA "care" pg at the DMHC Ca enforcements database!</i></p> <p>Received via text Mar 23 6:37 pm, sender not self-identified <i>^add to last public comment , this photo says it all, how you liars would not help my daughter and Keck had to step in!</i></p>  <p><i>I know you <expletive> don't give a damn, you just want to fool people into enrolling so you can kill them! The \$55 million fine validates everything I've said about you phonies!</i></p> <p>Received via text March 24, 2:18 pm, sender not self-identified <i>Add to public comment CMS fined LA Care too for non compliance! But it's listed under LA cares fake name they use to confuse consumers!</i> https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/LocalInitiativeCMP02272019.pdf</p> <p>Received via text March 30, 8:18 am, sender not self-identified <i>^add prior comment, most of LA Cares enforcements are listed under LA Cares fake "local innitiative" name, saw 106 at DMHC site and 2 listed for LA Care!</i></p>	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,</p>

Received via text March 30, 3:30 pm, sender not self-identified
LA Care fake name pg list 106 enforcements, regular pg list four, confusing to consumers!

Search Results

There are **2** enforcement documents that meet your search criteria.

Page **1**

L.A. Care Health Plan Joint Powers Authority

Organization Type
Health Plan

Document(s)	Action Date	Penal
Accusation	03/04/2022	\$0.00

Violation #

There are **106** enforcement documents that meet your search criteria.

Page **1** 2 3 4 5 6 7
8 9 10 11

Local Initiative Health Authority for Los Angeles County d.b.a. L.A. Care Health Plan, L.A. Care Plan de Salud

Organization Type
Health Plan

Document(s)	Action Date	Penal
Letter of Agreement	03/15/2022	\$3,000

^add last general comment 4-7-2022 meeting

Received via text April 3, 1:33 am, sender not self-identified
General comment 4-7-2022, I've been following the articles about LA Care's MUCH DESERVED \$55 million fine and not once have I seen or heard any concern on LA Care's part regarding the enrollees who were harmed or are dead because of their conduct, all I see is defensiveness!

<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/LocalInitiativeCMP02272019.pdf>

Received via text April 7, 12:52 pm, sender not self-identified
General comment 4-7-2022 this massive \$55 million fine against LA Care biggest fine in history affirms the state is sick and tired of your dog and pony show <expletive>!

Received via email, April 7, 2022 at 9:49 am, **from** Cindy Goldman
I am an L.A. Care member. Your grievance and advocacy procedures are simply window dressing.
I already paid cash for a hip replacement because I could not walk. I know your response will be that I wasn't patient enough with your system. Well, I like walking. I think being able to walk is helpful for activities of daily living and health maintenance. Clearly, you people do not believe that timely care is important. You would have to be greedy and malicious to think not walking is a small issue. It is more likely that you are incompetent. Thankfully, by forcing me to pay cash for good care, you saved me from an incorrect procedure. The stage four arthritis in my knee that you failed to treat turned out not to be the real reason I couldn't walk - it was my

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	<p><i>right hip. Of course, I would have to give a compelling and dramatic reason for a doctor to request authorization for an additional xray and then wait for approval anyways. All I can say is, thank goodness I went out of your socalled network.</i></p> <p><i>NOW, my current issue: I was told in December of 2021 that I have abnormal test results requiring a biopsy. It is April, and the biopsy has not been done. I have been given curiously untrue reasons for not scheduling it (waiting for authorization - not true, Covid issues - not true). Now that I have decided to pay cash outside of network there will be additional delays, but I will be assured that I am receiving the proper standard of care.</i></p> <p><i>It is noteworthy that a large portion of board meetings are spent on pending lawsuits. I wonder why.</i> <i>Cindy Goldman</i></p> <p><i>If you choose to contact me, can I require you to fill out a form letter first and have an anonymous representative respond? I didn't think so.</i></p> <p>Received via email April 7, 12:10 pm, from Elizabeth Cooper <i>Good afternoon Chair Person Mr. De la Torre, members of the board of governors, Mr. John C. Baackes Chief Executive officer and members of the public. I am very excited today, I just cannot hold my joy as an Afro-American and concern person, the joy of confirmation of judge Ketanji Brown Jackson to be appointed to U.S. supreme court the highest court of the land. I am so thankful for our California senate delegation, U.S. senator Diane Feinstein and U.S. senator Alex Padilla for their support. Please let them know your feelings and your appreciation if you so desired. Our health care rights, immigrants' rights, civil rights voters rights etc. are important when the courts of the land make decisions. Their decisions will affect all of our lives. Those nine justices are an important part of the constitution of the united states. Also it is so important and I am proud and hope see diversity across all organizations, boards, staffing etc. I do hope chairperson, members of the board of Governors, Mr. Baackes etc. will continue that policy as it impacts L.A. Care. I also want to give a special thanks to my RCAC 2 field specialist Martin Vicente for listening to my comments and for me to be able to give my comments today. I hope that when all courts are making decision will make fair and just decision, that is my prayer.</i></p> <p><i>Once again members of the board I want to thank you today for listening to my comments on behalf of Elizabeth Cooper and my son Jonathan Cooper.</i> <i>Thank you once again, my comment is a bit long but this is a very exciting day.</i></p>	

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	<p><i>Thank you for listening and God bless the State of California, God Bless the Supreme Court, and God Bless America.</i></p> <p>Received via chat message, April 7, 2:14 pm, Carrie Broadus <i>What is the status of staffing the compliance section? How is L.A. Care addressing the backlog of grievances, etc?</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, commented regarding how regulatory agencies list enforcement actions on the websites. To clarify for anyone listening, the Department of Managed Health Care (DMHC) issued the original Knox-Keene Act license under the name <i>Local Initiative Health Authority for Los Angeles County</i>, a local public agency operating as L.A. Care Health Plan. The DMHC also issued a Knox Keene License for the <i>L.A. Care Health Plan Joint Powers Authority</i>. These are legal names attached to licenses. The name “L.A. Care” is trademarked, and that is the name used for marketing purposes for 25 years. We wish that the website included “L.A. Care” so it wouldn’t be confusing for people. L.A. Care and the Local Initiative Health Authority for Los Angeles County are the same organization. L.A. Care does not control those websites or the content listed at those websites. Mr. Baackes noted that he will comment about the enforcement action at the CEO Report later in this meeting. L.A. Care’s statement in response to the enforcement action announcement included an apology for any harm or inconvenience our actions have caused for the members.</p> <p>Board Member Mitchell commented that her District Office also received several calls from her constituents who were struggling with transportation through L.A. Care’s vendor, Call the Car. She thanked L.A. Care staff for being immediately responsive on the same day, and for helping her staff facilitate support to her constituents. She doesn’t usually talk about it in Board Meetings but her office often receives calls asking for support. L.A. Care staff works closely with her staff to quickly resolve those issues. This is but one example and she wanted to acknowledge that as part of public comment, as the issues often come up during public comment. Mr. Baackes thanked Board Member Mitchell and noted that other Supervisors’ offices and state legislators’ offices receive calls from members and L.A. Care’s customer services staff works to quickly resolve those. L.A. Care works to quickly resolve member issues from other sources, as well. Chairperson De La Torre acknowledged that he also has conversations with Board Member Mitchell outside of Board Meetings about these concerns, so this isn’t something that just comes up in Board Meetings. Member issues are important and are addressed throughout the month.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> • March 3, 2022 Meeting Minutes • Revised 2022 Board and Committee Meeting Schedule <u>Motion BOG 101.0422</u> To approve the revised 2022 Board of Governors and Committees meeting schedule as submitted. • TransUnion Contract for encounter collection and processing services <u>Motion FIN 100.0422</u> To authorize staff to execute a contract in the amount of \$3,900,000 with TransUnion to provide encounter processing services for the period of June 1, 2022 to May 31, 2025. • Change Health Resources Contract Amendment <u>Motion FIN 101.0422</u> To authorize staff to amend a contract authorizing the expenditure of an additional \$1,000,000 (bringing the total of this statement of work no. 4 to \$5,100,000) with Change Healthcare Resources, LLC to provide staff augmentation and consulting services to support to the Compliance Department. • Invent Health Contract Amendment <u>Motion FIN 102.0422</u> To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed \$3,814,850 in order to continue providing risk adjustment analytic services over the next three years for both the Cal MediConnect/DSNP and L.A. Care Covered lines of business. • Interpreting Services International, LLC Contract (ISI) (FIN 103) <u>Motion FIN 103.0422</u> To approve a three-year contract with Interpreting Services International (ISI) for rapid translation services in the total amount of \$2.6 million. 	<p>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal, Shapiro and Vaccaro)</p>
<p>CHAIRPERSON'S REPORT</p>	<p><u>PUBLIC COMMENTS</u> Received via text March 11, 11:28 am, sender not self-identified <i>Public comment 4-7-2022 chairperson report Are enrollees being formally notified that LA Care was fined by Calif health officials \$55 million for delay and denial of care and due process, enrollees have the right to be informed of this!?</i></p>	

Received via text Mar 11, 9:04 pm, sender not self-identified

^add prior comment, other victims and I notice the uptick in homelessness seems to align with LA "cares" growth that can't keep up with necessary care for enrollees.

Received via fax March 13, 12:31 pm, from sender not self-identified

Add^ prior comment you're a public agency withholding Synermed and you yourselves have botched vetting contractors and now you're once again not notifying enrollees!

Received via text March 20, 8:28 am, sender not self-identified

^add, you people are involved in your contractors not doing their jobs and covering it up, not only do you deserve the \$55 million fine, you deserve to be fined to the curb and shut down, criminally investigated for enrollees deaths!

Received via text March 20, 11:41 am, sender not self-identified

Add^LA Care retaliates when enrollees report bad doctors, some of these doctors have killed patients

Chairperson De La Torre stated that he will take responsibility for many things at L.A. Care, but it is unclear what the connection may be between L.A. Care and the increase in homelessness in Los Angeles County, in California and in the United States. Mr. Baackes will likely speak on the other topics. Chairperson De La Torre stated that for himself, the fine came as a shock because L.A. Care self-reported two out of those four items and was working to resolve the issues internally. L.A. Care was in active discussions with the regulatory agencies about solutions to the problems. Unfortunately, L.A. Care was given only six weeks' notice of the announcement of the enforcement action. Chairperson De La Torre sits on another state regulatory board, and the average time for enforcement actions is two years. L.A. Care will formally respond to the enforcement actions. L.A. Care is very sorry about any delays in service and patient impacts as a result of the issues last spring and since then as reflected in those enforcement actions. That is L.A. Care's top priority and L.A. Care will continue to resolve the problems.

Board Member Booth thanked Chairperson De La Torre for his interview with the California Health Report discussing the Medi-Cal prescription drug program changes and how difficult it is for Medi-Cal patients, and that the health care could even get worse with this kind of situation. Board Member Booth stated that the article was very well written. She thanked him.

Chairperson De La Torre stated it is a topic he is passionate about, going back to his time in the state legislature. He thinks it is bad policy. Unfortunately, the state is going ahead with it. There was an article today in the Los Angeles Times by Amanda Young about the same policy, which lays out many of the same concerns he wrote about in his op-ed, concerning the privatization of the pharmacy benefit for Medi-Cal.

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<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p><u>PUBLIC COMMENT</u> Received via text April 7 2:22pm, sender not self-identified <i>CEO report comment 4-7-2022, mr Baackes why are all of your DMHC enforcements listed under the local Innitiative page, your only saying you care about members because you've been called out on not acknowledging members harmed, what would you say "whoops sorry, we KILLED your family member ?!" You <expletive>!</i></p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • The day after the last Board Meeting L.A. Care received a press release about the enforcement action and proposed fine. Mr. Baackes summarized the status of the enforcement actions: • Two of the issues were self-reported in 2021: the delay in authorizations for services by the Utilization Management (UM) department and a backlog of open appeals and grievances in the Appeals & Grievance department. • The UM delays in authorizations began in 2021 when a new computer platform was installed to make authorizations faster and more efficient. L.A. Care staff noticed that there were delays in the authorizations and reported the problem to the California Department of Health Care Services (DHCS) and DMHC. By the end of August, 2021, L.A. Care's authorization process was in compliance, with 95-97% of authorizations completed, the same rate as prior to implementation of the new software, which did not cause enforcement action by the DHCS or DMHC. L.A. Care would like to have authorizations at 100%, but quite often the requests require research and additional documentation, which takes time. • The Appeals & Grievances issue was caused by a problem in the system currently in use. Plans are in place to move to a new system. There was a management failure in the need to report the delays and take action. When a new Director began overseeing the department a group of about 32,000 grievances (about 19% of the total appeals and grievances received over a four-year period) which were not properly closed was discovered within the first week. As of March 31, 2022, all 32,000 were remediated. L.A. Care worked with providers in this effort, and Mr. Baackes expressed appreciation for their assistance. L.A. Care is current in processing in-house appeals and grievances. L.A. Care receives over 40,000 in a year. The current system was patched during the remediation. • Two other items added to the enforcement action included a fairly old issue about L.A. Care's oversight of the Los Angeles County Department of Health Services, one of the largest safety net providers, and timeliness of referrals for specialty care. That had been a subject of a separate audit by the DMHC in January 2021, there were no significant findings 	

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	<p>from that audit. L.A. Care has submitted a Corrective Action Plan in cooperation with the DMHC to address the concerns. The final issue involved payment of interest in disputed claims from providers. When the dispute is resolved outside the payment timeframe, interest must be added. L.A. Care continually follows up with interest payment when it was not automatically included in the resolution payment.</p> <ul style="list-style-type: none"> • L.A. Care has not disputed the findings, and is in negotiations of the fine and the language connected with the fine. <p>Mr. Baackes reported on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) on January 1, 2022:</p> <ul style="list-style-type: none"> • The program has many additional benefits that begin to address the social barriers that members encounter in receiving the right care, in the right place, at the right time. It was built off two demonstration programs, Health Homes and Whole Person Care, both of which L.A. Care was involved with, particularly with the Los Angeles County in Whole Person Care. • A very important new benefit is called Enhanced Care Management (ECM). As of last week L.A. Care has 18,673 members enrolled in ECM, which means they are getting additional services to coordinate the social service benefits for which they are eligible, in order to mitigate some of the barriers which might impede access to health care in the right place and at the right time. • Encompassed in ECM is the ability of health plans to use Medi-Cal funds for items that previously could not be paid for through Medi-Cal. Those services are known as Community Supports. • Of the total enrollment in ECM, 8,052 members are receiving homeless and housing support services. These are critical services because many of the ECM program enrollees are homeless. • There are 33 patients in recuperative care and 20 members enrolled in the medically tailored meal program within ECM. These programs are expected to grow substantially. L.A. Care has a network of 59 community based entities to serve these members. This program was intended by regulators to serve 3-5% of health plan members, but L.A. Care staff reviewing eligibility believe that a much larger proportion of members may be eligible. • Funding was made available for implementation of ECM, and L.A. Care was notified recently that it will receive \$54 million, to be used to pay ECM providers, to reimburse for infrastructure developments in order to be ready to implement CalAIM and provide services for the health plan members. There is additional funding available through an incentive program, which will be paid next year, according to L.A. Care's achievements in 	

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	<p>implementing ECM. L.A. Care is well-positioned to get the funding next year because of its past experience in implementing Health Homes and Whole Person Care.</p> <p>Mr. Baackes then reported on the federal public health emergency declaration currently set to end on April 15. The emergency declaration suspended a number of federal rules and regulations, including the process for redetermination of eligibility for federal programs, such as Medi-Cal:</p> <ul style="list-style-type: none"> • The required 60-day notice to resume redetermination of eligibility for government programs has not been issued to local public services entities, so it is expected that the federal government will extend the public health emergency through July 15. • The redetermination process is expected to be reflected in lower enrollment in Medi-Cal by next year. L.A. Care’s financial forecast includes a 5% reduction in enrollment in Medi-Cal because of the redetermination process. • Under the public health emergency declaration, no Medi-Cal members have been removed from the roll because they did not qualify for benefits. It is expected that the number of disenrollment will be higher than usual due to income or location when the redetermination is done. The disenrollment has been estimated to be as high as 20%. Redetermination of eligibility is expected to take over a year. • Those who become ineligible for Medi-Cal due to a higher income level will be able to enroll in health care benefits through Covered California. L.A. Care’s Covered California program is an attractive alternative because of the American Rescue Plan, which provides enhanced premium subsidies for people qualified up to 180% of the federal poverty level. Right now, 42% of L.A. Care Covered members pay no monthly premium. The additional funding will be provided through the end of 2022, and it is hoped that federal legislation will be introduced to make the funding permanent. This would provide health care benefits for many Medi-Cal beneficiaries who will become ineligible for Medi-Cal when the redetermination process resumes. • California’s administration appears to be determined to keep as many eligible people as possible enrolled in Medi-Cal and other health coverage programs. L.A. Care is working with state administrators on an Ambassador program and will communicate with the Regional Community Advisory Committees to reach out with information about the redetermination of eligibility program once it starts. L.A. Care will also provide help at the Community Resource Centers to assist enrollees in completing the application in a timely manner. <p><i>Mr. Baackes referred Board Members to the documents attached to his CEO report in the meeting materials.</i></p>	

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	<p>Board Member Booth thanked Mr. Baackes for his op-ed, because it also demonstrates an issue that people need to be aware of in terms of the justice in making health care coverage available for L.A. Care’s members.</p> <p>Mr. Baackes noted that L.A. Care’s concern (about the direct Medi-Cal contract with Kaiser) is not about Kaiser, which has been a wonderful plan partner for 25 years. The concern is with the lack of transparency in the negotiation of a no-bid contract behind closed doors which does not help improve many of the safety net providers in Los Angeles County. California is 47th in the amount of Medicaid reimbursement, and this deal does nothing to help the providers as they try to meet the needs of Medi-Cal beneficiaries with pretty thin resources.</p>	
<ul style="list-style-type: none"> Grants and Sponsorship Report 	<p><i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i></p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <ul style="list-style-type: none"> There is good news in the ongoing declining rate of COVID-19 infections, hospitalizations and deaths. The sub variant BA-2 is beginning to account for an increasing proportion of total cases across the world, in the United States and here in Los Angeles County. Of the samples that are forwarded for further testing, just a few weeks ago, the BA-2 accounted for 10% of total cases and that proportion is now more than 30% of total cases. Overall, the rate of COVID-19 cases remains relatively stable. The Centers for Disease Control (CDC) has a new framework to rate the overall impact of COVID-19. Los Angeles County is considered to be in the low community level, based on the case rates per 100,000, and the percent of new admissions in hospitals, and staffed beds for COVID-19 in hospitals. Los Angeles County has announced that on April 17 it will relax the outdoor mega event mandates. Masks will be strongly recommended but not required to attend. Proof of vaccination or testing will also not be required. Another positive step is the new COVID-19 <i>test to treat</i> program. This program leverages the amazing availability of the highly effective oral medications for mild to moderate COVID-19 infections for people who are considered at high risk for developing severe disease; those with high-risk conditions such as diabetes, heart or lung disease. People who are tested and can access the medication within five days of the onset of symptoms may have a significant reduction in risk of hospitalization and death. Los Angeles County is confident in the supply of this medication and has published information about the many different locations in Los Angeles County where people can access testing and if positive, get the medication. The location of these sites are on the Los Angeles County website and on L.A. Care’s website. L.A. Care is also distributing the information to members and providers. The sites include many of the CVS minute clinics and Walgreen’s Pharmacies. 	

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	<p>Los Angeles County is sponsoring a number of locations. For people who do not access testing or medication at these sites, there is a phone number that will be staffed by clinicians who will interview callers, determine eligibility and order the medication for the caller.</p> <ul style="list-style-type: none"> • L.A. Care offers incentives to members and providers to encourage vaccination. Over 200,000 members were vaccinated after November 1 and have received a \$50 gift card. Adding to the provider incentives for vaccination among community clinics and pharmacies in the provider network, L.A. Care recently arranged with the Los Angeles County Department of Public Health. L.A. Care's <i>Educate and Vaccinate</i> program offered financial incentives to high-volume primary care doctors in the L.A. Care network. • L.A. Care's contracts with Centers for Medicare and Medicaid Services (CMS) and others are increasingly holding health plans responsible for performance in the STAR rating system. There are significant financial and member assignment consequences. L.A. Care is increasing a focus on performing at the highest possible level. An internal STAR steering committee has been formed and staff is being hired throughout L.A. Care to enable this focus on the STAR measures and improve the health plan performance. Measures include categories such as member experience, clinical quality metric performance, Health Effectiveness Data Information Set (HEDIS), and pharmacy adherence. • L.A. Care continues to expand work to improve pharmacy services. L.A. Care participates in a program called, <i>California Right Meds Collaborative</i>, with the School of Pharmacy at USC, and working with L.A. Care's network pharmacies to focus on chronic disease conditions such as diabetes. L.A. Care is expanding the clinical focus of the programs to include behavioral health and cardio-vascular disease measures, and more pharmacies have been added to the program. Expanding the number of pharmacies and new disease states will further the impact of those programs. 	
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	<p>Received via email April 7 at 2:23 pm from Ismael Maldonado rcac 2 member, <i>The ada subtitle 3 section b training for la care health plan need to be training for no more use of Uber thank you isMael Maldonado raca,2 equity council member I would like a special shout out to cindy pozo</i></p> <p>Received via email April 7 at 2:27 pm from Ismael Maldonado rcac 2 member, <i>Call the care get rid of Uber due to Uber is not accessible to ride person with disabilities I don't think la care know the Ada,like I do I am a disability right advocate How about valuation of the brown act</i> <i>Is Los Angeles County part of the laterman. Pertes act mr. Bacchus</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Received via email April 7 at 2:27 pm from Ismael Maldonado rcac 2 member, <i>Whole person was impatient by former director whole person care didn't work in the community for mental health the main event for mental health clients</i></p> <p>Received via email, April 7, 2:43 PM, from Andria McFerson <i>My name is Andria McFerson chair of RCAC 6. I want to say congratulations to Ketanji Brown Jackson She Will be the first Black Woman on Supreme Court. But, while being nominated by the president of the United States of America she still has had a hard time getting a seat on the high court bench. Her character has been questioned by calling her a Nazi defender, a criminal representative in a harsh way as if she wasn't a public defender and it was apart of her job to defend all people. Unfortunately I completely understand what she's going through because I have been trying to gain some form of respect every since I was given the right to represent my region since my committee RCAC 6 voted me in. Even though all my efforts are only to positively impact every single one of our communities. I feel that unless I have a degree or a PHD and I completely stay quiet that unfortunately I won't have an equal opportunity to speak, file motions, submit substantial complaints or unfortunately get any response from the people whose mission within LA Care is equality. It will be so much MORE beneficial, (I say MORE because my fight for better access to proper healthcare has been helpful to many alright), but I want to make sure that the position I held was worth it. I want to make sure that my Executive Chair seat was worthwhile, long after I leave. With that being said I filed a motion just to try to make sure each one of our committee's met at least 6 times a year just so that we could help the board with making major life saving decisions by giving them an opportunity to listen before and after the major decisions are made. Yet unfortunately, during my last motion to due so only 10 chairs were able to vote with: 6 yay's only 2 nay's and 2 abstentions. After that official act it was scary because staff member Ms. Del La Torre then stated that the ECAC committee officially voted Nay because there was not enough yay's. She went on by saying there has to be at least 7 yay's, which is important I agree, but 7 votes out of 13 or 12 not 10. There are normally 13 seats present at are meeting but there were only 10 present. So if the necessary vote amount doesn't depreciate according to available seats then we should have never been able to carry out the vote or the motion. I should not have even been told to carry out this valid motion which was just to solidify our plans to keep the same number of opportunities to speak for our families, (three minutes expired for this submitter, the remainder of her remarks are printed at the end of the Minutes.)</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson De La Torre asked Augustavia Haydel to look into the issue.</p> <p>Board Member Gonzalez thanked all the members that are listening to the Board meeting today and those who participated in previous meetings. The Board appreciates your attendance and welcomes your comments, suggestions and questions. She urged everyone to continue to use their masks, get vaccinated, and get the booster shot when eligible. She sends thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic.</p> <p>Board Member Gonzalez reported that ECAC met on March 9.</p> <ul style="list-style-type: none"> • Dr. Seidman gave a COVID-19 update and Mr. Baackes gave a CEO update on the status of L.A. Care. • Dr. Auleria Eakins, <i>Manager, CO&E</i>, provided the following information: <ul style="list-style-type: none"> - She gave an update on DHCS survey participation and is working toward getting 100% response – all members are encouraged to complete the survey which will help in understanding Medi-Cal members’ communication preference. - She reviewed the reopening of Community Resource Centers and the scheduled Grand Openings for Community Resource Centers. - Dr. Eakins also shared information on the fourth Annual Provider Recognition Awards. She shared that for the first time a Provider Equity Award would be awarded. L.A. Care is grateful for the commitment these providers have shown in serving members who live in some of the most vulnerable communities in L.A. County – communities that are also hit hardest by COVID-19. - She provided an update on RCAC Spring reconvening in March and April. <p>Board Member Gonzalez met with RCAC 11 in Pomona and it was nice to see and hear everyone. She encouraged everyone to participate as much as possible. Members can contact CO& E staff if there are connectivity problems. It is hoped that in-person meetings can reconvene again soon.</p> <p>Board Member Perez commented that the CO&E Department sent an invitation for COVID-19 updates from Dr. Seidman. This is important for the members as Dr. Seidman is viewed as a reliable source of information. She thanked him for providing the information.</p> <p>She invited everyone to check out L.A. Care’s social media pages and website (www.lacare.org) to get information about re-openings and events at L.A. Care’s Family Resource Centers and Community Resource Centers (CRC) . She offered congratulations on the opening of the Inglewood CRC in Crenshaw Imperial Plaza. She noted that L.A. Care empowers the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>community and keeps the City of Champions healthy. She encouraged everyone to look for the schedule of classes offered at the CRCs.</p> <p>Board Member Perez congratulated L.A. Care’s work on equity and noted that James Kyle, MD, <i>Chief of Equity and Quality</i>, participated in a Facebook Live event about COVID-19 in the Black community. This is important for people to interact in real time with a professional.</p> <p>March was colorectal cancer awareness month. She encouraged everyone to schedule an appointment to talk to their doctor about colorectal health. Health Promoters proudly partners with Venice Family Clinic to provide an online class about colorectal health, colorectal cancer prevention, awareness and screening. She noted that those who are 45-50 years old should talk to their doctor about this. It can save your life, the lives of those who love you and the ones who you love.</p>	
Children’s Health Consultant Advisory Committee	<p>Dr. Seidman reported that the members of the Children’s Health Consultant Advisory Committee met on March 15 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • He was not able to attend that meeting, and he thanked Dr. Miller-Parrish for presenting the March 2022 Chief Medical Officer report to CHCAC members. • Dr. Michael Brodsky gave a presentation about the Student Behavioral Health Incentive Program. Some targeted interventions include Behavioral Health Wellness Programs, Screening, and suicide prevention strategies, among others. 	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>Attended RCAC.8, recognize the staff supporting the Chairperson De La Torre, <i>Board Chairperson</i>, reported the Executive Committee met on March 22. A copy of approved meeting minutes can be obtained by contacting Board Services and will be available on the website. The Committee received an update on Elevating the Safety Net Initiatives, which will be presented at the May Board meeting.</p>	
<ul style="list-style-type: none"> • Government Affairs Update 	<p>(<i>Member Shapiro left the meeting.</i>)</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> • Earlier today, the US Senate approved the nomination of Ketanji Brown Jackson to the United States Supreme Court. The vote count was 53 to 47. She had the support of three Republicans, Susan Collins, Lisa Murkowski and Mitt Romney. She will replace Justice Steven Breyer, who is retiring later this year. Her confirmation is the first for Democrats in 12 years. It is extremely interesting that she is the only sitting Justice with experience as a public defender. • It was anticipated that federal legislation for an additional \$10 billion in COVID 19 Relief Funding for states would be voted on this week, but multiple Senators have gone on record 	

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	<p>in saying that the vote will be delayed until after the legislators return from spring break. The Democrats and the Administration are not happy about this, as delays in funding will not help states prepare for potential surges or new variants, and the \$10 billion is likely not to go far and funding may be exhausted in two months. There was objection to the original bill from Republicans that there was initially too much money, and it was reduced to \$10 billion. Republicans also did not want potential global relief funding included in the legislation, and those provisions were also removed. The Democrat caucus members who are up for election this year have joined Republicans in demanding that the legislation include policy that would deal with an expected surge of migrants at the border, and to repel those migrants. This is being tied in to the talks on the COVID relief bill. We will have to wait two to three weeks to hear if legislation for COVID relief funding will be voted on.</p> <ul style="list-style-type: none"> • President Biden and Former President Obama met recently to unveil a measure that will fix an element in the Affordable Care Act known as the “family glitch”. This was a problem that made some family members with employer-based insurance ineligible for premium subsidies, and if the employer-based coverage had a premium that was more expensive, those family members could not access the premium subsidies to assist with the cost of coverage. An Executive Order was signed to fix that, as well as to expand overall health coverage. • There are federal subsidies that are due to expire at the end of 2022. L.A. Care has begun to reach out to national trade associations and the Los Angeles congressional delegation to encourage them to not let these subsidies expire. • In the packet there is a lengthy legislative matrix of current bills under consideration in California’s state legislature. There are hearings going on now to meet an April 29 deadline to get the policy bills out. Hearings will continue through the summer. The initial hearings give us the opportunity to get a sense of amendments and an ability to understand the impact of proposed legislation. <p>Chairperson De La Torre asked Ms. Compartore to provide an update on the Governor’s proposed contract with Kaiser for Medi-Cal enrollment. Ms. Compartore reported that a deal appears to have been made between Kaiser and Governor Newsom’s Administration that would allow Kaiser to contract directly with the state to enroll Medi-Cal members in many of California’s counties, including Los Angeles County. L.A. Care values its 25-year relationship with Kaiser and has no significant issue at all with Kaiser as a health plan. L.A. Care does take issue with the manner in which this arrangement was conducted, in private and outside of the rules that other plans have to follow in order to have a contract for serving Medi-Cal members. There was a fight to take this out of the state budget process and make it a policy bill so it could get more public comment. L.A. Care is working to get some guardrails in place that creates an</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>even playing field for Kaiser and other health plans. In the current arrangement, Kaiser would bypass the pre-procurement process with which all other commercial health plans have to comply. L.A. Care would like to see a process in place that treats Kaiser the same way.</p> <p>There is a bill, AB2724, introduced by Assembly Member Arambula, and L.A. Care has worked with its trade association, Local Health Plans of California (LHPC), on the legislation. There is a legislative hearing on April 19. L.A. Care, in conjunction with Local Health Plans of California, has submitted amendments and met with California legislators about this legislation. It is likely the provisions will be placed back into the Budget, after the public hearing.</p> <p>Mr. Baackes was part of a delegation with LHPC that met with legislative staff representatives this morning to review provisions of the legislation. The proposed amendments do not prohibit the transaction with Kaiser, but impose measures that would reveal the key provisions of the proposed agreement, which has never been publicly released. He anticipates many more such meetings prior to the April 19 hearing.</p>	
Finance & Budget Committee	<p>Chairperson De La Torre reported that the Committee met on March 22 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> • The Committee reviewed and approved the motions that were approved earlier today on the Consent Agenda. • The Committee reviewed and approved a contract amendment with California Coverage and Health Initiatives which does not require full Board approval. 	
Chief Financial Officer Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported the financial results for February 2022.</p> <p><u>Membership</u> February 2022 membership is 2,550,267; 13,610 members favorable to the 3+9 forecast; 22,332 member months favorable to year-to-date (YTD) forecast. Earlier today Mr. Baackes informed the Board about the impact of Medi-Cal eligibility redeterminations. The original assumptions in the Budget have been revised in the 3+9 forecast and are tracking favorably to that. There is favorability in Medi-Cal segments of the membership, reflecting the additional mandatory managed care enrolled population. The forecast did not include those additional members for Plan Partners. L.A. Care has 115,000 in the L.A. Care Covered population.</p> <p><u>Consolidated Financial Performance</u> There is a \$49 million net deficit for February 2022 and \$48 million unfavorable to the 3+9 forecast. The main driver is higher administrative expenses due to regulatory fines totaling \$55 million. The operating margin is \$6.4 million favorable to the forecast due to pharmacy and timing in provider incentives. Non-operating expense has a small variance due to lower</p>	

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	<p>spending Community Resource Centers spending and timing in grant spending, offset by an unrealized loss of \$3 million.</p> <p>YTD there was a \$20 million net surplus; which is \$4.8 million unfavorable to the forecast. The large variances in revenues and healthcare expenses are due to the Proposition 56 reconciliation which resulted in large decreases to revenue and in health care expenses. That impacts unfavorably on operating margin by about \$15.5 million in January and YTD. The YTD incurred claims are favorable as higher expected health care expenses were included in the forecast for January and February due to the surge in Omicron cases. Provider incentives is also favorable due to timing.</p> <p>Administrative expenses are \$26.5 million unfavorable YTD due to the \$55 million regulatory fines which are offset by the adjustment made last month for the \$22 million Patient-Centered Research Institute (PCORI) fees. Non-operating is \$1.8 million favorable due to lower than anticipated CRC spending and timing in grant spending, but are partially offset by an unrealized loss. The unrealized loss was a result of the market conditions, not the quality of our investment portfolio.</p> <p><u>Operating Margin by Segment</u> The Overall Medical Care Ratio (MCR) is 92.8% versus forecast of 93.8% due to the favorability in operating margin discussed earlier.</p> <p><u>Reported vs Paid Claims Trend</u> Paid claims were higher in January and February, reflecting higher than expected expenses due to the Omicron surge. Staff continues to monitor the development of the paid claims. The reported claims are consistent with recent periods and the overall estimates are holding up well.</p> <p><u>Key Financial Ratios</u> The administrative ratio was 6.2%, higher than the forecast of 5.1% due to the regulatory fines mentioned earlier. Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims ratio is below the benchmark. As previously reported, the cash to claims ratio will not fully recover until the settlement of the In-Home Support Services (IHSS) balances with the Department of Healthcare Services.</p> <p><u>Tangible Net Equity and Days of Cash on Hand</u> The February 2022 Fund Balance was \$1.1 billion which represents 522% of Tangible Net Equity, and is equal to 37 days' cash on hand. This was influenced by higher administrative expenses due to the regulatory fines.</p>	

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	<p>Chairperson De La Torre noted that L.A. Care is a public non-profit health plan with a cash reserve. He asked Ms. Montgomery to describe the differences between public and commercial health plans and the reserve requirement.</p> <p>Ms. Montgomery noted that, L.A. Care’s Tangible Net Equity is near the mid-point when compared to similar health plans in California. The reserve funds the community health investment initiative programs, such as the Elevating the Safety Net program. This is a significant commitment of funding for the local communities. There are new contract provisions for health plans which require that part of the profitability is invested into the types of community-benefit programs that L.A. Care has historically supported. Another reason for the reserve is to have access to funds in rare periods when it is needed. L.A. Care has built a reasonable reserve to weather those storms such as when Medi-Cal rates were cut during the pandemic. Commercial health plans turn over their profitability to the corporate parent entity, and sometimes receives funding back during the tough times. L.A. Care does not have a corporate parent and must be sure the reserves are sufficient.</p> <p>Chairperson De La Torre noted that L.A. Care has just 37 days’ cash on hand, and its medical care ratio is around 94-95% for the various programs. This means L.A. Care is spending 94-95 cents of every dollar on medical care for members.</p> <p>Board Member Mitchell noted that in non-profit finance, a cash reserve is often misunderstood by the public. Having run a large non-profit, Board Member Mitchell had responsibility for providing direct services along with a responsibility for the overall financial health of the organization. She understands the importance of the reserve for L.A. Care. When she was elected state legislator during the prior administration when a reserve account was set up, people thought the funds in the reserve should be used for direct services, until the situation changed and the state had to tap into the reserve funds. She was relieved that the reserve funds were there. She thanked L.A. Care for its support of the County’s Care Harbor event, she asked if there was a place in the financial documents where people can see the kinds of support that the reserve is used for?</p> <p>Ms. Montgomery offered to bring more transparency to that in future reports.</p> <p>Mr. Baackes noted that those activities are highlighted in the Annual Report. He thanked her for the question and thinks it’s a great idea to help people understand how the funds are used.</p> <p>Board Member Raffoul noted that 37 days’ cash on hand is really a minimum of what is required. Banks can recall the debt of companies that have less than 30 days’ cash on hand. He asked if there was a set goal for this metric to help people understand it.</p>	

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	<p>Ms. Montgomery noted that there is no specific target. The cash to claims ratio has a required benchmark.</p> <p><u>Motion FIN 104.0422</u> To accept the Financial Reports for February 2022 as submitted.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal and Vaccaro)</p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of February 28, 2022 was \$1.8 billion.</p> <ul style="list-style-type: none"> \$1.5 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$73 million in Local Agency Investment Fund \$253 million in Los Angeles County Pooled Investment Fund 	
<ul style="list-style-type: none"> Compliance & Quality Committee 	<p><u>PUBLIC COMMENT</u></p> <p>Received via chat on April 7, 2:44 PM, from Cindy Goldman <i>Who looks at provider quality of care? Are providers over burdened because most doctors will not participate in this program?</i></p> <p>Received via chat on April 7, 2:46 PM from Cindy Goldman <i>It is just a general comment based on the Quality part of the committee's name. This is my first meeting so I am not very aware, I don't expect an answer but just throwing it out there.</i></p> <p>Received via chat on April 7, 2:50 PM from Cindy Goldman <i>Thank you!</i></p> <p>Committee Chairperson Booth reported that the Committee met on March 17.</p> <ul style="list-style-type: none"> Dr. Seidman gave his March 2022 Chief Medical Officer report, and provided an update to us earlier today. Betsy Santana, <i>Manager, Quality Improvement Initiatives, Quality Improvement</i>, presented the 2022 Quality Improvement Description & Work Plan and the 2021 Quality Improvement Program Annual Report and Evaluation. Henock Solomon, <i>Senior Manager, Incentives, Population Health Management</i>, gave an update on L.A. Care's Provider Incentive Program. Incentives serve as a motivator and amplifier for Quality Improvement interventions. About 1,000 physicians and clinics participated in the 	

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	<p>program, and L.A. Care provided \$20.6 million in incentive payments. For the 50 IPAs that participated, \$14.7 million in incentives were provided.</p> <ul style="list-style-type: none"> • Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented information from the March 2022 Chief Compliance Officer report. Mr. Mapp and representatives of the Compliance Department, Special Investigations Unit and Enterprise Performance Optimization provided an overview of the responsibilities and functions of the Compliance Program, focused on prevention, detection and correction of compliance issues. • Elysse Tarabola, <i>Senior Director, Regulatory Compliance</i>, presented the findings and observations from the annual compliance program effectiveness audit. The findings concerned untimely completion of required training by one Board Member in the sample reviewed, and showed that we need to develop a more comprehensive delegation oversight program and we have had inconsistent management for corrective actions. • The Committee reviewed and approved the Compliance Program document, with a provision that the Compliance & Quality Committee will review the updated description of the Compliance Department will develop a more detailed description of the Compliance & Quality Committee's duties for inclusion in the Compliance Program document. • The Committee will review the updated description of its roles and responsibilities at a future meeting. • Earlier today the Board approved a revised schedule of meetings, increasing the frequency of Compliance & Quality Committee meetings in 2022. 	
<p>PUBLIC COMMENT on Closed Session Items</p>	<p>Received via text April 7, 2:35 pm, sender not self-identified (<i>this text was received after the public comment period had ended for the CEO Report, and so it was read at this item on the Agenda</i>) <i>CEO report comment you did the same crap to my child years ago</i></p> <p>Received via Chat April 7, 2:37 PM from Carrie Broadus <i>Did your discovery determine any corrective action, including monetary to providers non-compliance?</i></p> <p>Received via text April 7, 2:46 pm, sender not self-identified <i>General comment, I don't appreciate being hung up on and unable to hear part of the meeting, who did it? I'm making a brown act complaint! Weirdos! Who hung up on me?</i></p> <p>Received via email April 7 at 3:01pm from Andria McFerson <i>Chair Del La Torre, This is Andria McFerson Chair of RCAC 6. Happy World Health Day World Health Day is an opportunity to focus on the importance of global health around the world. But let us address the elephant in the room today is also..... I want to again say congratulations to Ketanji Brown Jackson She Will be the first Black Woman</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>on Supreme Court. Does anyone want to acknowledge the fact that we are growing more as a family in the US with equity towards man ACCORDING TO RACE AND GENDER! TODAY IS A WONDERFUL DAY AND I HOPE EACH ONE OF YOU ENJOY AND STAY SAFE. Kindest Regards, Andria McFerson RCAC 6</i></p> <p>Received via chat April 7 at 3:15 PM from Cindy Goldman <i>Is this a partisan group?????</i></p> <p>Received via chat April 7 at 3:16 PM from Cindy Goldman <i>I don't care about your political analysis. You are unqualified and inappropriate.</i></p> <p>Received via chat April 7 at 3:16 PM from Cindy Goldman <i>This is very unsettling.</i></p> <p>Received via chat April 7 at 3:18 PM from Cindy Goldman <i>Do not assume my affiliation. You are not even intelligent enough to hold your own.</i></p> <p>Received April 7 at 2:27 pm from Ismael Maldonado rcac 2 member, via email <i>I can't believe Mrs. Elizabeth Cooper community Was inord remember board evey one just feel equity treatment</i></p> <p>Chairperson De La Torre noted that the Government Affairs report is provided monthly to the Board. It is part of the Board's responsibility to be informed about health care legislation and health care actions that could impact L.A. Care. It is not general political conversation, but is tied to legislation in Washington DC and Sacramento that could impact health care or L.A. Care members. This report is important to L.A. Care because Medi-Cal is a government program, and government impacts what happens at L.A. Care.</p> <p>Mr. Baackes commented that discovery did result in corrective actions for some of L.A. Care's providers. There is a process to sanction delegated providers who do not meet their contractual commitments. These are usually not financial penalties unless L.A. Care sees there is no real intent on their part to follow through on the corrective action. L.A. Care tries hard to work with delegated entities to point out deficiencies so they can work to improve on those for the benefit of L.A. Care's members. In this particular one there were some corrective actions which were included in L.A. Care's filing.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 4:03 pm.</p> <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 4:04 pm.</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 	

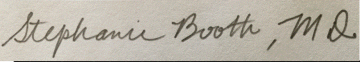
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>April 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION 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>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Butler v. L.A. Care, Case No. 18STCV08155</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p><i>From the Supplemental Special Meeting Agenda</i> THREAT TO PUBLIC SERVICES OR FACILITIES Consultation with Tom MacDougall, <i>Chief Information & Technology Officer</i></p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p> <p><i>(Member Jimenez left the meeting.)</i></p>	
RECONVENE IN OPEN SESSION	<p>The Board reconvened in open session at 5:57 p.m.</p> <p>There was no report from closed session.</p>	
Option to Extend the Department of Health Care Services Medi- Cal Contract (04- 36069) and Hyde	<p><u>Motion BOG 102.0422</u> To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to accept the Option to Extend the Medi-Cal Contract (04-36069) and Hyde Agreement Contract (03- 75799).</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez,</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Agreement Contract (03-75799) (BOG 102)		Mitchell, Perez, Raffoul, Roybal and Vaccaro)
ADJOURNMENT	The meeting was adjourned at 5:59 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 5/6/2022 | 8:30 AM PDT

Below are comments that were not read during the meeting due to expiration of time, or that the comment was received after public comment had been closed for that item.

Received via email, April 7, 2:43 PM, from Andria McFerson

(continued from Executive Community Advisory Committee report above)

... our friends & our community like we have already done for so many years. So if our voting opportunities change we should be given that information beforehand. Can the board please give me a call or can you please ask the relevant staff member to call me and explain to me what proper protocol is as it relates to the voting process this will then give me some validation to the reason our community members brought us here.

APPROVED