

**Board of Governors**  
**Regular & Supplemental Special Meeting Minutes #308**  
**June 2, 2022**

L.A. Care Health Plan, 1055 W. 7<sup>th</sup> 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>	Honorable Holly J. Mitchell *
Ilan Shapiro, MD, <i>Treasurer</i> *	Hilda Perez
Stephanie Booth, MD, <i>Secretary</i>	John G. Raffoul
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*  
 Linda Greenfeld, *Chief Product Officer*  
 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 1:04 p.m. the regular and supplemental special meetings of L.A. Care Health Plan Board of Governors and regular meeting of 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>	

**APPROVED**

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	<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 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>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The agendas were approved as submitted.</p>	<p><b>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</b></p>
<b>APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT</b>	<p><b>Public Comment</b>  Received via email on 6/2/22 at 12:32pm, Andria McFerson  <i>Greetings to you Chairperson Del La Torre and the Board members, I agree and honor all decisions to approve item 2 the Ralph M. Brown Act. but out of respect to the board I will say this, now the Ralph M. Brown Act (BOG 100) needs to be completely carried out during all meetings including our RCAC, ECAC and the meeting we have before us today the BOG. There are plenty of people I spoke to that feel they are being spoken at and not spoken to so with that being said I asked that LA Care's meetings are more accessible to the public perhaps in a setting to where we would be able to communicate better person to person or as I've said before with robo-calls to alert members about each meeting's time and the contact information especially to those public members who are assigned to participate and to those who may have physical limitations who just want to respond agenda items or make important comments.</i>  <i>I assume that LA Care may have had electronic phone calls for many other things so a simple call giving better instructions to people who want to speak publicly yet finds it inaccessible should have better options. That is, with all respect to seniors, the unhoused, disabled people, those with chronic and mental illnesses and many more</i></p>	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ball</p>

**APPROVED**

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	<p><i>who want to express their own health care disparities but don't know how to communicate thoroughly with the virtual and audio communication that you have already. That is unless there is a simple robo-call walk through giving proper access this important meeting. So please give empathy and respect to people with memory problems, ADHD and many other mental health conditions who needs assistance that may feel they would have more of if they were better assisted. This is the portion of the Brown Act law I was referring to</i></p> <p><i>Due to time limits, My time may be up but here is the portion of the law I was referring to;</i></p> <p><i>"The Act has been interpreted to apply to email communication as well....."</i></p> <p><i>now referring to the board;</i></p> <p><i>"It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly. The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created. The Sacramento Bee said of the act: (three minutes expired for this public comment)</i></p> <p>Chairperson De La Torre expressed appreciation for the comments. Every indication is that public participation has increased with virtual meetings, not decreased. People can sit in their own home and participate in meetings. He has found this to be true on the other public boards on which he serves; during this time, he has seen significant increases in participation. In terms of accessibility and notification, he noted that the board meetings at the same time and on the same day every month. The calendar for meetings is made public a year ahead of time, so that there are no surprises. He noted that if the meeting day and time were different each month, it would be valid to question the accessibility. Certainly, having the meetings on the same day and time every month lets everyone know that the meeting will take place. The comments are well-received, but these are the processes used to implement the Brown Act for the Board meetings and L.A. Care will continue to use this process.</p> <p>Chairperson De La Torre stated that the Governor's emergency declaration about the pandemic is still in place, although recent changes have been made to the public health guidelines. Approval of the motion shows the Board's recognition that the virtual meeting structure is critical to protect everyone's health and safety, and a virtual meeting does not show preference for members of the public who might be able to attend a meeting in person over those members of the public who cannot travel to or attend the meeting in person. L.A. Care will</p>	

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	<p>continue to follow those public health recommendations, and it affirms that this process complies with the Brown Act for this virtual meeting.</p> <p><b><u>Motion BOG 100.0622</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 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.</li> </ol>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</p>
<p><b>PUBLIC COMMENTS</b></p>	<p>Received via text May 13 10:57am, sender not self-identified  <i>General comment 6-2-2022 please describe article about your \$55 million fine in Spanish so your compliants you pay to attend meetings will know what article actually says.</i>  <a href="https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal">https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal</a>  <i>^ add LA Care deserves this fine and all they do is act defensive</i></p> <p>Received via text May 15 at 8:59am, sender not self-identified  <i>LA Care is not immune to having their license pulled!</i></p> <p>Received via email on 6/2/2022 1:03 PM, Andria McFerson  <i>Honor to Chairperson Del La Torre and all board members  My Name is Andria McFerson and I want to speak to you today during public comment about a lot of topics relative to I myself and the overall community effected by today's trying times. We need to let the public know that the primary election is coming up on June 7, 2022 which is this Tues so please let everyone know to register before the 7th and get out and vote! Different rights like gun laws, abortions, health care and many other topics will be in question according to the people we vote in to represent us. So what can our RCAC MEMBERS DO TO FIGHT.  How can we fight for safer gun laws and better access to public places like the grocery store, safer schools for our children and mental stability in knowing we will be safe leaving our front door going to the doctor's offices and hospitals, I believe the representatives that we vote for on June 7, would help fight for safer mental and physical stability throughout each City, County, State, Country and etc.  I believe there should be more thorough gun law limitations and the democratic party will be more capable of coming up with better answers because I think right</i></p>	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,</p>

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	<p><i>now is it's a life or death situation out here in California and many other places around the United States.</i></p> <p><i>Also our communities need to address National abortion rights as it relates to many things like having better access to a woman's right to choose also addressing the right to choose for people who have mental/physical disabilities and people with mental illness who are on certain medications and many other circumstances like domestic violence victims and rape victims maybe underage children and many other issues that women have that are major and may need to have an the right to choose. But yet the time frame that this new law is stating is it not enough time to even find out let alone get the money or see if her body could even physically carry her own baby. They have already taken the decision away in other states and now they are trying to spread that law across the United States!</i></p> <p><i>So like I said before what is happening and what can we do to fight against it? Please let everyone know to PLEASE GET OUT AND GO VOTE!</i></p> <p><i>Btw if I don't have a chance to speak again before and during these holidays Happy Tres de Julio, Juneteenth and LGBTQ month.</i></p> <p><i>Andria McFerson, LA Care Member.</i></p> <p><i>(Fyi because even with my major illness epilepsy some people have Grand mal seizures that are not safe for the baby or the mom and so why can't people with major illnesses have that choice.)</i></p>	
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<ul style="list-style-type: none"> <li>• May 5, 2022 Board of Governors Meeting Minutes</li> <li>• Revised 2022 Board of Governors &amp; Committee Meeting Schedule <b><u>Motion EXE 100.0622</u></b> To approve the revised 2022 Board of Governors and Committees to reflect new start time of Board of Governors meetings to 1 pm, effective June 2, 2022.</li> <li>• Imagenet, LLC Contract Amendment <b><u>Motion FIN 100.0622</u></b> To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$650,000 (total contract amount not to exceed \$3,250,000), through June 30, 2023, for scanning solution services.</li> </ul>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</p>
<p><b>CHAIRPERSON'S REPORT</b></p>	<p>There was no report from the Chairperson.</p>	

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<b>CHIEF EXECUTIVE OFFICER REPORT</b>	John Baackes, <i>Chief Executive Officer</i> , began his report with a presentation of a Resolution Supporting Gun Safety Legislation which includes advocacy for mental health services.	
<ul style="list-style-type: none"> <li>Resolution Supporting Gun Safety Legislation</li> </ul>	<p>Mr. Baackes stated that all have been moved by the unprecedented number of people who have been killed by gun violence in Buffalo, NY, Uvalde, TX, Orange County, CA, and yesterday in Tulsa, OK. He and Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, have both been advocates for gun violence to be treated as a public health issue. As the largest Medi-Cal health plan in California, he thinks it is incumbent on L.A. Care's Board of Governors to take a leading role in addressing this public health crisis. He read the Resolution:</p> <p style="text-align: center;"><b>Resolution Calling for Gun Safety Legislation</b></p> <p>Whereas, L.A. Care Health Plan, the nation's largest publicly operated health plan, is committed to advancing health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible;</p> <p>Whereas, gun violence is a major public health crisis throughout the U.S. and must be addressed through a comprehensive public health approach;</p> <p style="padding-left: 40px;">Whereas, gun violence is the leading cause of premature death in the U.S.;</p> <p style="padding-left: 40px;">Whereas, this year, as of May 27, 2022, there have been 233 mass shootings in the U.S.;</p> <p>Whereas, L.A. Care is horrified at the wanton loss of life in Buffalo, NY, Laguna Woods, CA, Uvalde, TX, Tulsa, OK, and so many other cities;</p> <p>Whereas, L.A. Care recognizes a comprehensive public health approach to gun violence must include gun safety legislation and access to mental health services;</p> <p style="padding-left: 40px;">Whereas, L.A. Care is committed to promoting mental health as a critical part of overall wellness, and recognizes more equitable resources are needed;</p> <p>Whereas, L.A. Care supports the recruitment of new psychiatrists into the Los Angeles County safety net through its Elevating the Safety Net initiative;</p> <p>Be it Resolved, that L.A. Care will strongly advocate for more effective state and federal gun safety legislation, to protect the lives of Californians and all Americans by:</p> <ol style="list-style-type: none"> <li>1. Supporting a ban on the sale of military-style assault weapons and high capacity magazines;</li> <li>2. Supporting background checks on all gun buyers; and,</li> <li>3. Supporting additional funding and efforts to address mental health.</li> </ol> <p style="text-align: center;">We do hereby rededicate our efforts to create a more just and healthy America.</p> <p>Mr. Baackes noted that approving a resolution is relatively easy, but doing something about the issue is much harder. In the time elapsed since the Uvalde shooting, when the resolution was drafted, and today, Mr. Baackes met with James Kyle, MD, <i>Chief of Equity &amp; Quality Medical</i></p>	<p style="text-align: center;"><b>Approved by consensus with no objection.</b></p>

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	<p><i>Director</i>, and he invited Dr. Kyle to describe some initial thoughts about how we begin to put this resolution into action.</p> <p>Dr. Kyle stated that initial thoughts will revolve around collaboration, convening, advocacy, talking with friends in law enforcement and political office, with a statewide strategy that we will try to lead others into, to move legislation at least in this state, that will ban assault weapons in the hands of people who don't need them and who aren't mentally stable enough to even have any kind of weapon. It has to be a comprehensive approach that is both media-based and convening-based, with advocacy in Sacramento and locally. The strategy will be put together in the next few weeks; we believe that L.A. Care can move this needle and can lead in California. As the largest public health plan in the state and in the country, it is L.A. Care's obligation to do so. Dr. Kyle noted that Kaiser Permanente has already established a center for gun violence research and education. He thinks L.A. Care will find willing collaborators to help move this agenda forward. Mr. Baackes noted that this will be reviewed with the public advisory committee members to get their input, and will review the strategy with the Board at future meetings.</p> <p>Board Member Ghaly thanked Mr. Baackes for bringing this forward, and stated she is glad to see L.A. Care lead on this issue. She doesn't remember the exact language from the resolution, but she wondered if there is more that L.A. Care could do or advocate to be done within the specialty mental health system. Whether it is partnerships with mild to moderate and the crossover to serious mental illness in the specialty mental health system, or whether it is advocating for changes. First and foremost, in her view is the guns themselves, she doesn't want to pretend that the mental health services are the primary thing that should be tackled. She fully supports the initiative but feels that more mental health services are needed, and more could be done in this area. Mr. Baackes responded that her comments were heard, and he noted that L.A. Care has worked with Jonathan E. Sherin, M.D., Ph.D., Director, Los Angeles County Department of Mental Health, to come up with a more comprehensive approach.</p> <p>Board Member Gonzalez commented that it is critical to approach this with young kids, especially adolescents, when mental health is usually more apparent. First signs are shown in adolescence and it would be easier to be able to view it if there's some way that physicians can do some kind of assessment when patients come in for a well check at the time of adolescence and a referral could be made. An assessment could catch it in the early stages as opposed to waiting until it manifests into something as deadly as gun violence. She proposed that L.A. Care should be able to take that initiative and start this trend, maybe the rest of California will follow. Most people in California support the ban of guns, and of course, semi-automatic weapons. If L.A. Care can take the lead and be able to show that with youngsters, that would be most beneficial.</p>	

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	<p>Dr. Seidman thanked Board Member Gonzalez for her comments. As L.A. Care moves forward with this effort, those comments will be under consideration. Obviously there is not enough being done nationally. The presence of widely-available guns, of types that are unimaginable to him that individuals need to have access to. There is quite a bit of screening that is done with children of all ages including adolescents, identifying whether there are guns in the home, and if so, advocating for gun safety. Routine screenings are also done for behavioral health conditions including depression, anxiety and more serious behavioral health conditions. The screening may well not be enough, and so it will be on the list of things to look at as well. The point that the resolution makes, reiterated by Mr. Baackes and Board Member Ghaly, is that it is not one or the other issue, as some on both sides of the debate would like us to believe, but it is both a gun safety and mental health issue. People should not have to live with this reality.</p> <p>Board Member Roybal supports Board Member Gonzalez’ comments and he noted that once an issue is identified for children and teens, it is difficult to find the appropriate venue for treatment. There is a dramatic shortage of care of this type in California. He asked that emphasis be given to broadening the resources for kids to receive care in order to deal with the issues and stressors and be able to access appropriate care. Dr. Seidman agreed that there certainly is not adequate access to behavioral health services for all ages, and particularly for Medicaid beneficiaries and the uninsured. There is a real opportunity with the new California Behavioral Health Incentive Plan, including the School Behavioral Health Incentive Program, which has funding to implement it. Specifically, to broaden behavioral health access to care in schools, and to broaden the types of individuals that can help support our youth. It is a tremendous opportunity and the time is now to leverage that new program as much as possible.</p> <p>Board Member Perez stated that the events of the past week have made such an impact on her that she cannot recover yet. She believes that besides the laws against weapons and allowing teenagers to access the weapons, it is also a way to visit the role of parents and the way we communicate with children and teenagers. It is so devastating. This is more impactful because the victims were innocent children in a school, which is supposed to be a safe place you can leave your kids. She applauds all the efforts to by L.A. Care. She believes that L.A. Care is doing far and beyond what a health plan does, in so many different aspects. She is so very proud to be part of this Board.</p> <p><b>With no objections, the Resolution was unanimously approved.</b></p>	
CHIEF EXECUTIVE OFFICER REPORT <i>(continued)</i>	<p>Mr. Baackes reported <i>(the written report can be obtained by contacting Board Services)</i>:</p> <ul style="list-style-type: none"> <li>• L.A. Care is taking another leadership role in Los Angeles County. As a public health plan, L.A. Care was founded to support the safety net of health care providers in Los Angeles</li> </ul>	



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	<p>County, those who provide care for Medi-Cal beneficiaries and vulnerable populations. L.A. Care has become increasingly concerned that a series of events and decisions being made in Sacramento are putting added pressure on the amount of resources available to safety net providers. This needs a response. L.A. Care has taken the lead in organizing the Los Angeles Safety Net Coalition and has scheduled an initial meeting. This includes hospitals, Private Essential Access Community Hospitals, Community Clinic Association of Los Angeles County (CCALAC), Health Care LA, IPA, and the Los Angeles County Medical Association. Once it is established, others will be included. The idea is for a group including a health plan and providers, hospitals, clinics and doctors, advocating for Medi-Cal reimbursement reform. California is ranked 47<sup>th</sup> in the nation, meaning that 46 other states pay more to Medicaid providers. In California, the way that providers are distributed, the reimbursement has become an equity issue in many parts of the County, where there is not enough access to medical resources. This has created health disparities. The coalition would benefit its members as all can speak with one voice to identify the decisions that are being made which impact the future of Medi-Cal reimbursement and resources available, and to advance parity with Medicare in the reimbursement of Medi-Cal providers. Mr. Baackes will report further at future meetings. This is an important initiative to look far ahead and develop a strategic response to the decisions that appear not to bode well for the future of Medi-Cal provider reimbursement.</p> <p><i>(Board Member Raffoul joined the meeting.)</i></p>	
<ul style="list-style-type: none"> <li>Member Transportation</li> </ul>	<p>Mr. Baackes noted that last month he started a program to share information about L.A. Care’s programs with the Board. Dr. Susan Stone provided an informative presentation about palliative care programs. Four years ago, L.A. Care changed the vendor providing transportation services for members. He introduced AJ Lopez, <i>Director, Provider Contracts and Relationship Management</i>, Victoria Truong, <i>Provider Network Account Manager III</i>, and Karla Lee Romero, <i>Senior Manager, Provider Contracts and Relationship Management, Provider Network Management (a copy of the presentation can be obtained by contacting Board Services)</i>.</p> <p>Mr. Lopez summarized the transportation benefits available to L.A. Care members.</p> <ul style="list-style-type: none"> <li>• <u>Non-Medical Transportation (NMT)</u> is covered when services are for routine medical or other eligible non-medical appointments.</li> <li>• There are two types of NMT levels of service: <ul style="list-style-type: none"> <li>• Ambulatory Curb-to-Curb: Member can walk and does not need assistance.</li> <li>• Ambulatory Door-Through-Door: Member can walk with use of a walker, cane, or crutches, and does require assistance.</li> </ul> </li> <li>• Transportation Types: Taxi, Rideshare, Sedan, Ambulatory Curb to Curb, Ambulatory Door to Door</li> </ul>	

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	<ul style="list-style-type: none"> <li>• <u>Non-Emergency Medical Transportation (NEMT)</u> is covered when a member requires medically necessary Medicare and/or Medi-Cal services, life sustaining treatment, and when the member’s medical/physical condition does not allow travel by public or private conveyance.</li> <li>• Transportation Types: Wheelchair van, gurney van, Basic Life Support (BLS), Advanced Life Support (ALS), Specialty Care Transport (SCT), Air Ambulance</li> </ul> <p>Mr. Lopez reviewed progress made for member transportation:</p> <ul style="list-style-type: none"> <li>• In 2017, the State made transportation services a requirement for all Managed Care Plans.</li> <li>• L.A. Care was already ahead of the curve since we had already been providing members with transportation services since 2014. <ul style="list-style-type: none"> <li>○ Logisticare Solutions, LLC was contracted from March 1, 2014-March 2019.</li> </ul> </li> <li>• Contracting and Relationship Management (CRM)-Vendor Management, along with additional L.A. Care stakeholders, conducted a thorough request for proposal (RFP) in 2018.</li> <li>• 40 vendors responded to the RFP. There was a selection process that included site visits, reference checks for all finalists, evaluations of safety protocols and field demonstrations.</li> <li>• Call the Car (CTC) was selected.</li> <li>• CRM-Vendor Management managed a seamless transition to optimize the member and provider experience. Additionally, we worked closely with the Finance Department to develop a multi-level invoice review to reduce any potential fraud, waste, and abuse.</li> </ul> <p>Ms. Romero continued the review of how far L.A. Care has come in providing these services:</p> <ul style="list-style-type: none"> <li>• CTC offers advanced technology, 121 subcontractors, and thousands of vehicles to transport members to and from appointments or picking up prescriptions.</li> <li>• As part of CRM-Vendor Management’s oversight and monitoring policy and procedure, we receive daily reporting from CTC, conduct weekly and monthly joint operations meetings, and work closely with the Customer Solutions Center, Appeals &amp; Grievances, and other stakeholders to resolve transportation issues and explore opportunities for improvement.</li> <li>• CTC’s Transportation Experience Manager, Abraham Rivera, acts as a liaison between L.A. Care and CTC to address issues, identify solutions, and assist in the management of day to day transportation operations for an overall improved member experience.</li> <li>• The CTC Experience Manager has hybrid reporting to both L.A. Care and CTC.</li> <li>• This position was negotiated at no additional cost to L.A. Care as CTC pays for this position.</li> </ul> <p>Ms. Romero also described negotiated improvements in the Service Level Agreements (SLAs).</p>	

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	<b>SLAs</b>	<b>Improvements Made To Contractual SLAs</b>	
	<b>On Time Pick-Up and Drop-Off of Routine/Scheduled Trips</b>	<b>Improved on-time performance by an additional % point or roughly 1,500 rides/month</b>	
	<b>Will Call/Unscheduled</b>	<b>Improved on-time performance by an additional % point and shaved 30 min off the member wait time</b>	
	<b>Discharges/Transfers</b>	<b>Shaved one hour off of the member wait time</b>	
	<b>Member Complaints &amp; Grievances</b>	<b>Changed benchmark to be met monthly vs. quarterly</b>	
	<b>Average Speed to Answer on Incoming Calls</b>	<b>Shaved member wait time by 15 secs and brought SLA into alignment with regulatory requirements</b>	
	<p>Ms. Romero provided data on utilization. Utilization has increased from 119,000 trips and 12,000 unique utilizers per month in 2018, to 124,000 trips and 15,300 unique utilizers per month in 2021. This is an increase of 4% or 5,000 more trips per month compared to Logisticare. Logisticare averaged around the high 60s or low 70s percentile for on-time performance in 2018. CTC is running an A grade program where performance is in the mid-90<sup>th</sup> percentile month over month, which is a ~25% improvement compared to the former vendor, Logisticare, and despite the difficulties of the ongoing public emergency due to the pandemic. Ms. Truong presented information about those challenges and the solutions offered by L.A. Care's team.</p> <p><i>(Member Greene joined the meeting.)</i></p>		
	<b>CTC Transportation Challenges</b>	<b>Solutions Provided by L.A. Care</b>	
	1. Staffing Shortages	1. L.A. Care posted CTC's Driver Job postings at the Community Resource Centers to help with recruitment.	

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	2. Inability to add new drivers	2. To expedite LA Dept of Transportation’s review, Vendor Management presented the issue at the Board of Transportation Commissioners Meeting in September 2021. As a result, the Board expedited the review and was able to process the backlog.	
	3. Meeting COVID requirements for PPE and vehicles	3. To help with supply, L.A. Care worked with the Ancillary Network to obtain gloves and masks to support CTC with reducing the spread of COVID-19.	
	4. Skyrocketing gas prices	4. To help maintain network capacity, L.A. Care negotiated a feasible accommodation of a 4% rate increase effective 04/01/22.	
	<p>CTC operates 100 L.A. Care branded vehicles at no additional cost to L.A. Care. There are cameras inside the CTC branded vehicles with facial recognition. It will alert dispatch if the driver is distracted (i.e. viewing their phone) or sleepy. Cameras are intended to hold drivers accountable for the safety of the Members being driven.</p> <p>CTC has a mobile application for iOS and Android used by approximately 5,000 members. The mobile app provides Members with the ability to:</p> <ul style="list-style-type: none"> <li>• Track your ride (new feature!)</li> <li>• Schedule a ride</li> <li>• View trip history</li> <li>• View the name of their transportation vendor</li> <li>• Make a cancellation</li> <li>• Rate their ride</li> </ul> <p>Members can receive push notifications on the day before “Upcoming Trip” reminder and on the day after as a reminder to “Rate your Ride”.</p> <p>Mr. Lopez described future plans:</p> <ul style="list-style-type: none"> <li>• CTC’s initial four-year term is coming up in December 2022, and CRM-Vendor Management is working closely with stakeholders to evaluate options for 2023.</li> <li>• In the next month or so, a request for information (RFI) will be released, to better understand evolutions in the transportation market and any best industry practices to continue to improve transportation operations.</li> </ul>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• It is important for L.A. Care continue to improve the program with the new and latest innovations and technology.</li> <li>• CTC and other prospective transportation providers will be invited to participate in the RFI.</li> </ul> <p>Mr. Baackes added that CTC is headquartered in Los Angeles and Logisticare is headquartered in Atlanta, GA.</p> <p>Board Member Perez thanked the presenters for the information. She asked about utilization statistics. She also complimented the team on the mobile app, and asked how long it has been available, how people learn about the app’s availability, and what percentage of members use the app.</p> <p>Mr. Lopez responded that the utilization data is provided daily and includes the number of trips, vehicles, and calls answered. The mobile application is great technology developed by CTC. Approximately 5,000 members have downloaded and use the app daily to schedule trips. Staff has in the past and is currently available to speak at RCAC and ECAC meetings. He noted that it is important the Board has confidence that the team is doing its best to manage the transportation program. Members are invited to tell L.A. Care about their experience in using CTC. Board Member Perez suggested that a presentation be made to the ECAC meeting to provide information and to gather member feedback.</p> <p>Board Member Gonzalez noted a concern expressed by members who have a disability, and asked staff to address that particular concern at the ECAC meeting. She asked if the app has a space for people with disabilities to provide input on how they would like to be assisted to make their experience more comfortable. Mr. Lopez responded that upon intake with a new customer all the information is gathered to meet the needs of the member. If those needs change, further accommodation can be arranged.</p> <p>Board Member Booth asked about the number of rides provided in the branded vehicles. Mr. Lopez noted that he doesn’t have the exact number; the branded vehicles are used every day. He will respond with that information. Board Member Booth asked about grievances. Mr. Lopez indicated that there are grievances associated with the transportation program. Those grievances are taken very seriously and addressed with CTC. Currently there is less than 1% grievances. Board Member Booth asked if there were any new or different types of grievances with CTC. Mr. Lopez responded that there are not any new types of grievances.</p> <p>Board Member Perez asked about the members that have not yet downloaded the app. Mr. Lopez described marketing campaigns that were conducted to encourage use of the app. Word of mouth seems to be the best way to reach potential users, and he suggested working with Health Promoters to help spread the word.</p>	

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	Mr. Baackes thanked them for the presentation.	
CHIEF EXECUTIVE OFFICER REPORT <i>(continued)</i>	<p>Mr. Baackes continued his report:</p> <ul style="list-style-type: none"> <li>• About 800 new Medi-Cal members aged 50 and above enrolled in May. It is estimated that close to 30,000 will enroll in June.</li> <li>• Medi-Cal eligibility redeterminations have been suspended since the public health emergency started. The emergency declaration was extended to July 15. Since CMS has not given the required 60-day notice that the redeterminations will restart, it is expected it will be extended again to October 15.</li> <li>• L.A. Care will observe Juneteenth for the first time as an official holiday on June 20.</li> </ul> <p>Board Member Roybal asked what L.A. Care is doing to encourage continuity of care for newly eligible Medi-Cal enrollees who may be currently in the care of a primary care physician (PCP). Mr. Baackes responded that L.A. Care is working closely with Los Angeles County Department of Health Services (DHS) to make sure that those who have a PCP can continue with that provider. The assignment will be done manually according to a list of 23,000 patients and PCPs provided to L.A. Care under a new agreement with DHS. Hopefully, because of the efforts made by DHS to provide notice to these patients, during enrollment the patient will select their current PCP on the application. Historically, about 40% of enrollees do not put the PCP on the application, and the default algorithm assigns them. That default algorithm will be suspended during this enrollment period so the assignment can be entered manually for the patients.</p> <p>Board Member Ghaly commented that the spirit is across-the-board regardless of provider, not just DHS. Many providers are seeking the continuity of care from the PCP. The process will also respect the patient's ability to choose a different provider, if that is what the patient wishes. Mr. Baackes also noted that once enrolled, the member can change the PCP by calling L.A. Care.</p> <p>Board Member Gonzalez asked about the shortage of nurses at L.A. Care which Mr. Baackes reported at the last meeting. Mr. Baackes was pleased to report that 90 applications were received and the interview process is underway. At least 20 have been hired recently. A job fair was held recently with 134 people participating. Acacia Reed, <i>Chief Operating Officer</i>, will provide the number of recently-hired nurses. L.A. Care has had a fair number of hires in the past few weeks and it was really great to see the turnout of prospective applicants at the hiring event that Mr. Baackes mentioned, and Human Resources department staff is planning another one later this summer. Ms. Reed will provide more information to Board Member Gonzalez.</p>	
<ul style="list-style-type: none"> <li>• LA Chamber sponsorship</li> </ul>	As part of the L.A. Care Diversity, Equity and Inclusion program, a focus has been on vendors. One issue is concern that small vendors in the county could participate, so procurement	

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supporting small business training	processes are being streamlined. A \$25,000 grant went to the Los Angeles Chamber of Commerce to support the OneLA Inclusive Procurement program, which was launched in 2019 to provide easier contract opportunities for local small and diverse businesses.	
<ul style="list-style-type: none"> <li>Grants and Sponsorship Report</li> </ul>	<i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i>	
<ul style="list-style-type: none"> <li>Community Health Investment Fund (CHIF) Annual Report</li> </ul>	<i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Dr. Seidman reported (<i>the written report can be obtained by contacting Board Services</i>):</p> <ul style="list-style-type: none"> <li>Cases of COVID 19 are increasing in Los Angeles County, with a steady increase in hospitalizations, which had been around 200 per day and are now over 500 per day. He reminded everyone that as much as the community wants to act as if the pandemic is in the past, it clearly is not. Community transmission levels for COVID 19 remain high, and recently moved up from the low to the medium community level, which measures the community transmission rate, which is now over 200 cases per 100,000 residents. Good news is that we remain below 10% of all hospital admissions and 10% of staffed beds.</li> <li>Both Pfizer and Moderna have submitted emergency use authorization requests for COVID 19 vaccinations for children under 5 years of age. Depending on the manufacturer, these are two or three shot series. There were many fewer children than adults that were tested in the earlier clinical trials, but the outcomes look promising. The U.S. Food and Drug Administration (FDA) will discuss the applications on June 15, and upon FDA approval it would be referred to the Centers for Disease Control and Prevention (CDC). The CDC Advisory Committee on Immunization Practice will review it and forward a recommendation to the CDC Director. All of this may happen as soon as early July.</li> <li>L.A. Care is collaborating with Los Angeles County Department of Public Health and other community partners to continue emphasizing the importance of immunization and boosters as soon as eligible. Wearing masks is strongly recommended in indoor public places, though not mandated, recognizing the high level of community transmission.</li> <li>L.A. Care is also promoting awareness of the COVID 19 outpatient therapeutic medications. Just as the development of the COVID 19 vaccine was done in record time, the relatively new availability of these outpatient therapeutics is truly a remarkable accomplishment. Pfizer's PAXLOVID™ is recommended for people at high risk of serious illness due to COVID 19, and has been shown in clinical trials to reduce the risk of hospitalization by 93%. Fewer than 500 of L.A. Care members have benefited from these outpatient therapeutics, which is a low participation rate that L.A. Care continues to address</li> </ul>	

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	<p>with a marketing campaign to educate providers and members about these medications and how to access them. The Los Angeles County Department of Public Health website and L.A. Care’s website have information to help the community access the medication. L.A. Care will assist members with access to the medication, which is available in the community at places like CVS, Walgreens, Los Angeles County facilities and many community clinics.</p> <ul style="list-style-type: none"> <li>• Despite the many challenges during the last year for the clinical quality measurement, L.A. Care’s results for the 2021 measurement year are trending higher than the prior year. Notably, L.A. Care is accountable to report and meet the minimum performance level on fifteen measures in the California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS). L.A. Care is at risk of having to develop and manage corrective action plans and/or financial sanctions if it doesn’t achieve the minimum performance levels, which are set at the 50<sup>th</sup> percentile of the Medicaid average nationally. California pays the third lowest Medicaid rates to its providers, in comparison to other states. L.A. Care has met the minimum for all but two of the fifteen measures. The measures include the childhood immunization status and well-child visits in the first 30 months of life. These two measures are very difficult to meet because they are time dependent, and if just one the scheduled requirements is not met, the goals of the measurement cannot ever be met.</li> <li>• At the upcoming Compliance &amp; Quality Committee meeting, the Quality Improvement staff will be reporting on the back to care campaign that aligns with the ongoing efforts to encourage people to come back to see the doctor and get preventive care.</li> <li>• Tomorrow Dr. Seidman will attend graduation ceremonies at UCLA for the first group of L.A. Care Scholars. He thanked the Board for supporting this component of the Elevating the Safety Net Initiative, which provided full tuition scholarships for eight medical school students each year for the last four years. Mr. Baackes will join Dr. Seidman on Monday June 6 at Drew University for graduation ceremonies of L.A. Care Scholars from that program. The program has made a huge difference in the lives of these medical school students.</li> </ul> <p>Board Member Gonzalez related an issue for a member who sought an appointment, and it seemed that the person scheduling the appointment thought the member was going to pay cash. When it was disclosed the member was a Medi-Cal enrollee, the demeanor changed and the member was not served in the same manner. Board Member Gonzalez asked if there could be a way to improve the member experience so members don’t feel discriminated against. Dr. Seidman expressed his disappointment to hear this experience and noted it is not the first time he has heard this. Others may have heard about similar experiences in the past. Member experience is measured annually, and L.A. Care includes a larger sample in the surveys that it</p>	



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	<p>conducts. The higher survey participant count enables L.A. Care to gather results from individual physician practices, rather than just at the health plan or physician group levels. The information enables L.A. Care to help physicians who may not be performing as well as their peers, by offering customer experience training. L.A. Care encourages individual members to call and describe any negative experience, and the negative experience becomes a grievance. L.A. Care tracks the grievances provided by members, and it helps identify providers which could benefit from additional training or support to help improve their member services at the physician's office. Dr. Seidman also noted that the experience Member Gonzalez shared aligns with results from L.A. Care's recent focus group interviews, which L.A. Care conducted at the request of the DHCS. Members participating in those focus groups shared that they do experience discrimination simply for carrying a Medi-Cal card. This is taken very seriously by L.A. Care and is being addressed also by L.A. Care's Equity Council. These concerns are very important, and L.A. Care is addressing them on multiple fronts to identify patterns and follow up with providers.</p> <p>Board Member Raffoul commented that vaccinating children under 5 years of age will be a very heavy lift because the general public perception is that this age group was not prioritized because of the strong immune system, and it will take a lot of education to encourage parents to vaccinate those children. He hopes there are plans for a major education and information plan backed by strong data and statistics to convince parents. Dr. Seidman noted that this is also the case in the 5-11 year olds, where the response to vaccine eligibility was not robust, and he agreed this will be a challenge. Some people take the availability of vaccines for granted. Dr. Seidman stated that the simple truth is that vaccines save lives. Some people will regrettably pass on the opportunity for lifesaving tools such as immunizations, unless there is a mandate in place. L.A. Care will work very hard to partner with public health and others, including the provider network, to get as many pediatricians offering the vaccines in their offices for convenience.</p> <p>Board Member Vaccaro referenced a sentence in the CalAIM section of Dr. Seidman's CMO report, "L.A. Care staff are collaborating to add 35 new Clinics to those already using Health Information Exchange (HIE) data to increase the availability of clinical information at the point of care." She asked if these providers are small practice or less traditional providers that participate in the Community Supports System, and if this HIE is part of LANES. He offered to provide more detailed information to her after the meeting.</p> <p>Board Member Ballesteros asked, for members who feel discriminated against because they are enrolled in Medi-Cal, is L.A. Care collecting data about the type of entity where this experience occurred. Ms. Reed responded that the assigned care provider is known to L.A. Care, although it may not be known which specific physician was involved if it is a group of physicians at a</p>	

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	<p>clinic and L.A. Care may need more information from the member. Dr. Seidman noted that sometimes the experience involves office staff, and not a physician. Board Member Ballesteros noted that it would be very beneficial to reach out to leadership at the health centers to discuss the member experience so the health center can address the issues.</p> <p>Board Member Perez noted that besides having a poster with the member rights and responsibilities at the location, what can L.A. Care do to encourage members to report and document the experience. Most of the time, there's no report, so nothing can be done. Dr. Seidman responded that L.A. Care will work with various teams internally to develop additional communication to promote awareness of member rights and the grievance process.</p>	
<b>ADVISORY COMMITTEE REPORTS</b>		
<p><b>Executive Community Advisory Committee (ECAC)</b></p>	<p><b><u>Public comment</u></b>  Received via email on 6/2/2022 2:27 PM, Andria McFerson  <i>Honor to Chair Del La Torre and all Board seats,  I want to thank LA Care for giving back to so many people who are hungry and need food I want to thank John Baackus and Dr. Seidman for working with so many orgs. in order to do so. I've seen so many people who are starving and barley able to walk, seniors, the disabled and just everyday people who loss their jobs who didn't know how they were going to eat the next day. I was able to communicate with them and hand them food as a health promoter just this week and I appreciate this opportunity to volunteer and give back. Some people even cried that's why it moved me so much this time because I've been doing this for a long time but, right now times are definitely worsening! So these positive decisions made to work with more orgs. giving food back to the community has been beneficial even more now than it was before.  Also I hope we have more opportunities to also give health care information to the community as well simultaneously, during food events like the one at UCLA yesterday because the EBT office was there and they even told me they received support from LA Care to be there that day. Wow!!! We are really adhering to the necessities of those in need!  In addition to that I think that the seniors who are able to receive healthcare coverage now, who are undocumented and even people who have Social Security that need medical subsidies should be able to have resources right there as well. They actually helped people to get signed up for EBT right there at that site so I think that it would be very helpful to try to bring the other side of the LA County Department of Public and Social Services which is Medi-cal office out there to the UCLA food events simultaneously and to other site and many other locations that we work with because it would be great to try to give more people opportunities to get more low-income health care coverage.  I may sound very concerned with my comments representing many different people but, it's because I've been there and yes I do appreciate LA Care's help considering, those who do benefit public access to free food and all other opportunities mentioned above.</i></p>	

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	<p><i>Thanks, Andria McFerson, LA Care RCAC 6 Member, Health Promoter Volunteer</i></p> <p>Board Member Perez thanked Ms. McFerson for speaking about community events at the Community Resource Centers (CRC). The health promoters are invited to participate as volunteers and assist the CRC staff with these events. More and more people are coming to the events, the food distribution is over earlier each time. At the Metro CRC, we were not prepared for the number of people who showed up. In addition to food, diapers, detergent and dish soap were distributed. Many moms came to get these items. There is a lot of need. Member Perez invited all Board Members to participate in just one of these events, to understand why she thanks L.A. Care after these events. The community benefits from these events. This is why this report begins with warm thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic. The community is struggling now in many different ways, and one of those is financial. L.A. Care collaborates with community organizations. L.A. Care funds a lot of these events, and pays for the food that is handed out. She asked if the Communications Department can collaborate with Regional Coordinators. As a Health Promoter, she has the pleasure and honor of registering people at the events. Registration is done on paper, and it delays the process. The lines are long, and with summer coming it will be hot and difficult for people to wait. She asked if there is some way of doing this electronically to speed up the registration. It could also help in collecting data.</p> <p>Board Member Perez also asked if there could be a way for RCAC members to participate. RCAC members have not been meeting in person. There have been check-in meetings for RCAC members. They also need a way to connect with the community and help as a bridge to connect the CRCs with members who may not be aware the CRCs are there.</p> <p>She thanked the members that are listening to the Board meeting today. She thanked Ms. McFerson for her suggestions earlier today about letting members know about these meetings. The Community Outreach &amp; Engagement staff does send messages and call members about the meetings. Member attendance is appreciated and comments, suggestions and questions are welcome. She urged everyone to continue to use their masks, get vaccinated, and get their booster shot if eligible.</p> <p>ECAC met on May 11.</p> <ul style="list-style-type: none"> <li>• Dr. Seidman gave a COVID-19 update and Mr. Baackes gave a CEO update. They both gave those reports earlier today.</li> <li>• Dr. Auleria Eakins, <i>Manager, CO&amp;E</i>, gave an update on the schedule of events at L.A. Care Community Resource Centers that are now open, and the status of the centers that are</li> </ul>	

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	<p>currently under construction. Staff conducted RCAC member check-ins during the months of March and April.</p> <ul style="list-style-type: none"> <li>- Mental Health Awareness Day event is on May 19, 2022 via Zoom from 10:00am - 12:00pm. Michael Brodsky, MD, L.A. Care <i>Senior Medical Director</i>, was the moderator for a panel discussion on mental health issues:</li> <li>- Elizabeth Cope, LCSW, Los Angeles County Department of Mental Health, spoke on mental health and homelessness.</li> <li>- Fritzi Horstman, Compassion Prison Project, spoke about Adverse Childhood Experiences and made a great impact on those participating.</li> <li>- Briana Mezuk, MD, National Institutes of Health, spoke on the subject of mental health stigmas.</li> <li>- Marisa Lebron spoke about her work as a community advocate with National Alliance on Mental Illness and the importance of peer support and mental health advocacy.</li> </ul> <ul style="list-style-type: none"> <li>• ECAC approved a motion to create an ad-hoc committee to make recommendations to ECAC on events or education program that focus on suicide prevention for the community on World Suicide Prevention Day, September 10, 2022.</li> <li>• The committee also approved a motion to create an ad-hoc committee to make recommendations to ECAC on events or education programs for Latino Heritage Month which will occur September 15, 2022 to October 15, 2022.</li> </ul> <p>Board Member Perez commented that L.A. Care’s social media platforms play a huge role in the communities and member participation in these events at the CRCs. When members are asked how they learned about the event, Facebook or Instagram are mentioned.</p> <p>Board Member Gonzalez noted that seniors have been isolated during the pandemic. Studies show that isolation can lead to an increase in cognitive impairment. She asked if L.A. Care is taking an initiative to encourage seniors to go out more to protect their mental health.</p> <p>Board Member Perez noted that at a past ECAC meeting she mentioned to Mr. Baackes that the ECAC agenda is crowded and ECAC has requested many ad hoc committees be formed to address important issues. This takes a lot of staff time, and she is aware that COE is short-staffed. She asked how the Board can help.</p>	
<p><b>Children’s Health Consultant Advisory Committee (CHCAC)</b></p>	<p>Dr. Seidman reported The members of the Children’s Health Consultant Advisory Committee met on May 17 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Dr. Seidman presented the May 2022 Chief Medical Officer report.</li> <li>• Dorothy Seleski, <i>Vice President, Health Net</i>, presented information about Hazel Health, a School-based Telehealth Solution. Hazel works with school districts to give families and</li> </ul>	

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	<p>staff access to telehealth services, including behavioral health services, and is the only telehealth service designed specifically for children and schools. L.A. Care is looking at a contract with Hazel Health to make this platform available to members at community schools, which have been identified by the Los Angeles County Office of Education as having increased risk for morbidity and mortality, including behavioral health.</p> <ul style="list-style-type: none"> <li>Cherie Compartore, <i>Senior Director, Government Affairs</i>, updated committee members on the California State Budget, and her report to the Board will be later in today's meeting.</li> </ul> <p>The next meeting is scheduled for August 16.</p> <p>Board Member Perez suggested that Tara Ficek, Chairperson of CHCAC be invited to present a report to the Board of Governors at a future meeting.</p>	
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	<p>Chairperson De La Torre reported that the Executive Committee met on May 24. The approved meeting minutes can be obtained by contacting Board Services and will be available on the website. The Committee reviewed and approved a motion that was approved earlier today on the Consent Agenda. The Committee reviewed and approved Human Resources Policy HR-706, Introductory Orientation and Mandatory Training, which does not require full Board approval.</p>	
<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>AB 2724 is legislation that would allow Kaiser Permanente to have a direct contract for Medi-Cal managed care throughout California. There was a lack of transparency in the negotiation of this policy. Last Friday there was a chaotic floor vote, and the bill passed in the California Assembly by one vote. It will now be considered by the Senate, and it is hoped that amendments can be approved that will protect Medi-Cal enrollees and safety net providers.</li> <li>Yesterday, the legislature released its budget proposal, and there was no language for this Kaiser contract. The budget will be negotiated with the Governor.</li> <li>If the Kaiser direct contract is not included in the budget, AB 2724 will remain with the legislature as a policy bill, and will be considered by the Senate. Also, the budget trailer bills that will be released in the summer months also could contain the Kaiser proposal. It is simply unknown at this time.</li> <li>L.A. Care is continuing to work with legislative representatives on the amendments.</li> <li>The Legislative Budget Proposal and the Governor's May Revise: <ul style="list-style-type: none"> <li>Coverage for undocumented ages 26-49 years, aligns with Governors' start date of January 1, 2024</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Governor’s proposal ending the Children’s Health Disability Program was rejected by the legislature</li> <li>○ The Governor proposal for a new program to provide incentive payments on equity and practice transformation programs was rejected by the legislature</li> <li>○ The legislature and the Governor agree on providing some funding for California Covered premium subsidies if federal funding is not made available – however, it is unlikely that the state would be able to fully fund the federal government’s full share they previously provided.</li> </ul> <p>Board Member Booth asked what can be done to object to AB 2724. Ms. Compartore noted that L.A. Care continues to object to the process used for AB 2724. Chairperson De La Torre advised that individuals can call the state Senators to tell them their concerns.</p>	
<b>Finance &amp; Budget Committee</b>	<p>Chairperson De La Torre reported that the Committee met on May 24 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>). The Committee reviewed and approved a motion that was approved earlier today on the Consent Agenda. The Committee also reviewed and approved a contract amendment with O’Neill Digital Solutions which does not require full Board approval.</p>	
Chief Financial Officer Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, introduced Afzal Shah, <i>Deputy Chief Financial Officer</i>. Mr. Shah has extensive health care experience in Medicaid and Medicare, with expertise in the complexities of Medi-Cal rate setting, contracting strategies and health care analytics. Mr. Shah appreciates the opportunity and is excited to work with a mission-based entity like L.A. Care.</p> <p>Ms. Montgomery reported on highlights of the financial results for April 2022:</p> <p><u>Membership</u>  April 2022 membership was 2,572,794, 36,947 members favorable to the 3+9 forecast, and 74,541 favorable year-to-date (YTD). In addition to the increased enrollment for the California Advancing and Innovating Medi-Cal (CalAIM) mandatory managed care population, the forecast assumed that the public health emergency would end in March, leading to the resumption of the redetermination process. It was assumed the membership would begin to decrease for MCLA and Plan Partners, which is why there are higher variances in those segments. Beginning next month, the forecast assumes additional membership due to the expansion of coverage for undocumented adults over 50.</p> <p><u>Consolidated Financial Performance</u>  There was a \$13 million net deficit for April 2022, \$26 million unfavorable to the 3+9 forecast. Operating margin was unfavorable to the forecast by \$30 million, driven primarily by incurred claims, which were \$45 million unfavorable to the forecast. The higher skilled nursing facility,</p>	

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	<p>inpatient and outpatient costs are mitigated somewhat by favorable revenue due to retroactive rate re-estimation and risk corridor revenue. CBAS costs are also unfavorable to the forecast as it assumes lower utilization when services to be transitioned back to CBAS centers which did not occur. Staff is reviewing those higher costs to determine the impact in the future.</p> <p>Administrative expense was \$3.7 million favorable to the forecast due to lower spending in salaries &amp; benefits and supplies and others. Non-operating expense is almost flat this month vs the forecast. An unrealized loss of \$4.9 million was reported this month due to an increase in interest rates, not a deterioration in the quality of L.A. Care’s portfolio. Lower spending in Community Resource Centers (CRCs) and timing in grant spending offset the unrealized loss.</p> <p>YTD there is a \$23 million net surplus, \$33 million unfavorable to the forecast. The large variances in revenue and healthcare costs are due to the Proposition 56 reconciliation for SFY 2018-19 and the 18-month Bridge Period discussed in January 2022, which reduced revenue by \$280 million and decreased expenses by \$264 million for an overall unfavorable impact of \$16 million. The operating margin is unfavorable by \$9 million to the forecast, mainly driven by \$35 million in incurred claims and \$22.8 million in Community Based Adult Services. The unfavorability in YTD fee for service claims is driven by Skilled Nursing Facility costs, which also has favorable revenue impacts that mitigate that variance.</p> <p>Administrative expense is unfavorable \$22.1 million YTD due to the regulatory fines of \$55 million in February 2022 which offset by the \$22 million PCORI fees adjustment discussed in January 2022. Non-operating expense is \$1.9 million unfavorable YTD due to unrealized loss variance of \$21.6 million but offset by lower CRC spending and timing in grant spending. The unrealized loss is \$27 million for the fiscal YTD.</p> <p>Board Member Raffoul asked about the \$27 million in unrealized losses. Ms. Montgomery explained that the portfolio is mostly bonds with maturity of less than five years. When interest rates go up, the value of the portfolio decreases. This is an unrealized loss of \$27 million on total portfolio balance of \$1.7 billion. The portfolio is of high quality (no lower than A-) and the short term is somewhat insulating against loss.</p> <p><u>Operating Margin</u> The overall Medical Care Ratio (MCR) is 93.2% versus forecast of 93.3%. MCR’s at the segment level are primarily due to Fee for Service (FFS) claims and other items.</p> <p><u>Reported vs. Paid Claims Trend</u> In the previous fiscal year, the monthly claims payments stabilized which influenced the level of reserves. The paid claims have increased in the past several months. Staff assumed higher forecasted fee for service claims related to the Omicron surge in January and February, however</p>	

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	<p>claims are emerging higher than expected hence the unfavorable reserve development. Staff will be focusing attention on the recent trends. The membership continues to grow so the absolute dollars should increase.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> <li>• The administrative ratio was 5.8%, higher than the forecast of 5.2% due to the regulatory fines of \$55 million.</li> <li>• Working Capital and Tangible Net Equity are ahead of benchmarks.</li> <li>• Cash to claims is below the benchmark. As previously reported, the cash to claims ratio will not fully recover until the In Home Support Services (IHSS) balances with the Department of Health Care Services is settled.</li> </ul> <p><u>Tangible Net Equity and Days of Cash on Hand</u></p> <p>The April 2022 Fund Balance was \$1.1 billion which represents 521% of Tangible Net Equity. The target of 600% was based on the average of these 8 other Local Initiatives and County Organized Health Systems. For April 2022, there is enough cash to cover operating expenses for the next 40 days.</p> <p>Board Member Raffoul asked if there are plans to increase the cash on hand. Ms. Montgomery noted that the timing of payments affects the cash on hand. Health plans are paid in the middle of the month for the month of service. Chairperson De La Torre noted that he has highlighted this because there are critics who claim that health plans have a budget surplus, without understanding the scale of L.A. Care’s budget and the importance of its role in supporting the safety net. Ms. Montgomery noted that L.A. Care maintains a reserve that is several times larger than the Tangible Net Equity requirement.</p> <p><u>Motion FIN 104.0622</u>  <b>To accept the Financial Reports for April 2022 as submitted.</b></p>	<p><b>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Greene, Gonzalez, 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 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 April 30, 2022 was \$1.7 billion.</p> <ul style="list-style-type: none"> <li>• \$1.4 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>	
<ul style="list-style-type: none"> <li>• Board Designated Funds</li> </ul>	<p>Ms. Montgomery reported on the Board Designated Funds. This report was suggested by Supervisor Mitchell at a prior meeting, and highlights the good work that L.A. Care has done</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>over time. This is responsive to some of those critics mentioned by Chairperson De La Torre. L.A. Care has set aside over \$500 million, of that \$378 million has been expended, with \$134 million held for future distribution as designated by the Board of Governors. The annual report for the Community Health Investment Fund is included in the meeting materials and provides more detail on L.A. Care's support for community initiatives. Ms. Montgomery also reported on the Elevating the Safety Net Initiative and Community Resource Centers.</p>	
<p><b>Compliance &amp; Quality Committee</b></p>	<p>The Compliance &amp; Quality Committee met on May 19.</p> <ul style="list-style-type: none"> <li>• Dr. Seidman presented the May 2022 Chief Medical Officer report (which he presented earlier today).</li> <li>• Christine Chueh, <i>Senior Manager, Provider Quality</i>, presented information about L.A. Care's Potential Quality Issues (PQI) for the last fiscal year (2020-21). The Provider Quality Review team processed 3,317 PQI referrals, 1,957 (59%) were reviewed for quality of care/services issues. After the 2021 regulatory audits, the corrective action plan process was enhanced, holding Providers and/or PPGs, including DHS, accountable to implement corrective action plans based on the PQI findings.</li> <li>• The Committee also received a report on Population Health Management.</li> <li>• Mr. Mapp and the Compliance Department staff presented the May 2022 Chief Compliance Officer report. As part of the report, the committee received a risk assessment update, health reassessment report, and a report on the Key Performance Indicators. Another very important part of the Compliance Report was how members register their concerns and dissatisfaction with their health care. The Committee was provided with information about how L.A. Care's Appeals &amp; Grievances team processes these issues. It is through this process that members are able to share their experiences. This enables L.A. Care to learn about member perception of L.A. Care and find ways to improve services.</li> </ul>	
<p><b>PUBLIC COMMENT on Closed Session Items</b></p>	<p>Received via email on 6/2/2022 3:38 PM</p> <p><i>Hello again all honors to Chair Del La Torre and the Board This is Andria McFerson RCAC 6 Chair I have been working hard filing motions and proposals for better outreach for Asian and Pacific Islanders Heritage month, Black Disparities, Black History month in Feb, Hispanic heritage month throughout Sept. and Oct., suicide Prevention Day Sept. 10, and Mental Health Month in May. Luckily they all were approved and followed up by many Staff members of the CO&amp;E and all other depts. I want to take this time to thank them I do appreciate all the work they have done. I think it would be very beneficial if we could hear feedback from all RCAC members and their suggestions on the orgs and/or relative companies that should receive support from LA Care. We need a universal simultaneous group effort from all stakeholders, members and representatives to figure out which places could be the most helpful in our communities to give the 25 mil dollars to with that motion</i></p>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>that I believe was approved by the Board. I am not the only voice and I do respect all input from every single region and every single RCAC member.</i></p> <p><i>We could be a very helpful beneficial advisory committee and a strong voice for many different things if we all were able to work together as a group, like the family we are, along with all of you the Board who are the decision makers.</i></p> <p><i>With that being said we will continue to grow and benefit many more people in need Mentally and Physically contributing to Wellness and Overall, Healthier lifestyles.</i></p> <p><i>Thanks, Andria McFerson, LA Care RCAC 6 MEMBER</i></p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 3:40 pm.</p> <p>Augustavia J. Haydel, <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:41 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>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>June 2024</i></p> <p><i>The following item is from the Special Supplemental Meeting Agenda:</i></p> <p>CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act One potential case</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>RECONVENE IN OPEN SESSION</b>	The Board reconvened in open session at 4:40 p.m. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 4:40 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:

*Stephanie Booth MD*

Stephanie Booth, MD, *Board Secretary*

Date Signed 7/28/2022 | 10:11 PM 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 on 6/2/22 at 12:32pm, Andria McFerson (*continued from page 2 above*)

*A law to prohibit secret meetings of official bodies, save under the most exceptional circumstances, should not be necessary. Public officers above all other persons should be imbued with the truth that their business is the public's business and they should be the last to tolerate any attempt to keep the people from being fully informed as to what is going on in official agencies.*

- *No action or discussion shall be undertaken on any item not on the agenda*
  - *Notice of meetings*
  - *Open meetings*
  - *Penalty to deprive the public of information*
  - *Public comment*
  - *Public criticism allowed*
  - *Right to recording proceedings*
  - *Reports of closed session actions*
- Thanks, Andria McFerson, LA Care member*