

Board of Governors
Regular & Supplemental Special Meeting Minutes #309
July 28, 2022

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



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Alvaro Ballesteros, MBA, *Vice Chairperson**
 Ilan Shapiro, MD, *Treasurer **
 Stephanie Booth, MD, *Secretary*
 Christina R. Ghaly, MD
 Layla Gonzalez

George W. Greene, Esq.*
 Honorable Holly J. Mitchell
 Hilda Perez
 John G. Raffoul
 G. Michael Roybal, MD, MPH
 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
WELCOME	<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> <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</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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. 8 AYES (Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Roybal, and Vaccaro)</p>
APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT	<p><i>(Board Member Raffoul joined the meeting.)</i></p> <p>Chairperson De La Torre noted 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 continue to follow public health recommendations.</p> <p><u>Motion BOG 100.0722</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. 9 AYES (Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Raffoul, Roybal, and Vaccaro)</p> <p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ball</p>
PUBLIC COMMENTS	<p>Submitted via text on July 25 at 9:22 a.m. by Carolyn Rogers Navarro.</p> <p><i>Meeting Public comment 7-28-2022 CEO 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, this is the</i></p>	

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	<p><i>worst fine ever and you are still <expletive> with peoples lives when your leadership belongs in jail! You agency has proven negligence and and it's in the report that people are dead because of your delaying of care, your agency as stated by another commenter is "window dressing"</i></p> <p><i>Last comment from Carolyn Rogers Navarro ,add</i></p> <p>https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal</p> <p>https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal</p> <p><i>Who is notifying enrollees?</i></p> <p>https://www.foxla.com/news/la-county-health-plan-fined-55m-for-health-care-failures.amp</p> <p><i>Enrollees are not Safe!</i></p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> • June 2, 2022 Board of Governors Meeting Minutes • Infosys SAP QNXT Integration Contract Amendment <u>Motion BOG 101.0722</u> To authorize staff to amend the existing contract with Infosys for an additional \$132,000 (total contract not to exceed \$1,130,360) for continued SAP QNXT integration activities through September 30, 2022. • Community Health Investment Fund Grants <ul style="list-style-type: none"> ○ California Association of Food Banks <u>Motion EXE 100.0722</u> To award up to \$1,300,000 to the California Association of Food Banks to support up to 10 grants to Los Angeles County nonprofits, provide training and technical assistance on CalFresh outreach, and enhance grantees' enrollment assistance to CalFresh eligible individuals and families, including L.A. Care members. ○ Public Health Foundation Enterprises DBA Heluna Health as fiscal agent for Los Angeles Network for Enhanced Services (LANES) <i>Board Member Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion of this motion.</i> <u>Motion EXE 101.0722</u> To award up to \$500,000 to Public Health Foundation Enterprises DBA Heluna Health as fiscal agent for Los Angeles Network for Enhanced Services (LANES) to modernize LANES health information exchange platform and interoperability infrastructure. 	<p>Unanimously approved by roll call. 9 AYES (Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Raffoul, Roybal, and Vaccaro). Recommend (Ballesteros, Booth, Member Vaccaro abstained for Motion EXE 101.0722.</p>

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	<ul style="list-style-type: none"> ○ Liberty Hill Foundation <u>Motion EXE 102.0722</u> To award up to \$500,000 to the Liberty Hill Foundation to support infrastructure development and program sustainability of its Stay Housed LA Network to prevent evictions through education and advocacy services for housing insecure tenants throughout LA County, including L.A. Care members. ● ImageNet, LLC Contract Amendment <u>Motion FIN 100.0722</u> To authorize staff to create amendment #3 of SOW #1 to increase the contract amount from \$1,400,000 to \$4,101,233 (incremental increase of \$2,701,233) and extend the term through September 30, 2025. This amendment will allow ImageNet, LLC continue to support L.A. Care Claims Processing Services as well as adding Provider Dispute Resolutions (PDR) Processing Services. ● OptumInsight, Inc. Contract Amendment <u>Motion FIN 101.0722</u> To authorize staff to create amendment #1 of SOW #25 to increase the contract amount from \$1,380,000 to \$4,522,887 (incremental increase of \$3,142,887) and extend the term through December 31, 2025. This amendment will allow OptumInsight, Inc. continue to support L.A. Care Itemized Bill Review services. ● Cognizant Technology Solutions Contract Amendment <u>Motion FIN 102.0722</u> To amend the existing contract with Cognizant in the amount of \$1,065,000 (total contract not to exceed \$6,388,069) for continued Salesforce implementation activities through December 31, 2022. ● Cognizant Technology Solutions for Hosting Services for L.A. Care’s core systems <u>Motion FIN 103.0722</u> To amend the existing contract with Cognizant Technology Solutions in the amount of \$3,650,000 (total contract not to exceed \$99,884,459), for continued hosting services for L.A. Care’s core systems through December 31, 2022. ● Health Management Systems (A Gainwell Company) Contract Amendment <u>Motion FIN 104.0722</u> To authorize staff to amend the contract in the amount of \$21,454,010 (not to exceed a total contract amount of \$42,822,666) with Health Management Systems (A 	

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	<p>Gainwell Company) to provide Cost Avoidance, Direct Bill and Disallowance services through December 31, 2025.</p> <ul style="list-style-type: none"> Toney Healthcare Consulting contract amendment <u>Motion FIN 105.0722</u> To authorize amendment extensions of the current contracts with Toney Health Care Consulting (SOWs 3 & 7) and execute new SOW 12 for UM and CM services through February 28, 2023, at an additional cost of \$3,308,800 for a total UM/CM contract not to exceed \$15,261,371. 	
CHAIRPERSON'S REPORT	<p>Chairperson De La Torre commented on the recent spike in COVID cases, which is equal to the cases back in February. He urged everyone to be careful, continue to wear masks and keep socially distanced. He encouraged getting a vaccine and booster shots. He knows people who have passed away from the virus. There may be another spike this fall.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported that member enrollment has reached a new milestone at more 2.7 million, and enrollment in July is one of the largest enrollment gains L.A. Care has experienced, mostly due to the expansion of Medi-Cal eligibility to undocumented residents aged 50 and over. For May, June and July, L.A. Care welcomed 82,000 new members in that category. More enrollment is expected in the coming months, and L.A. Care welcomes all the new members. Thereafter, there may be separate events that increase and decrease the enrollment in the next 18 months. Undocumented residents aged 26-49 will become eligible for Medi-Cal no later than January 1, 2024, as a result of recent state legislation. It is estimated that there are 200,000 in Los Angeles County, and L.A. Care can expect to enroll about 140,000. In addition, L.A. Care has been informed that another 100,000 Medi-Cal fee for service beneficiaries are expected to move into managed care within the next year. A decrease in L.A. Care's enrollment is expected on January 1, 2024 when the Department of Health Care Services (DHCS) contract directly with Kaiser Permanente becomes effective. A second negative enrollment event will happen when the public health emergency ends and Medi-Cal eligibility redeterminations resume. It is anticipated that the emergency will be extended again until sometime in 2023. Mr. Baackes estimates that up to 8% of enrollment will terminate. These are people who have moved their residence or have increased income above 138% of the federal poverty level. Those who are no longer eligible due to income could re-enroll in L.A. Care Covered, and arrangements are being made for automatic enrollment for this category. By January 2024, L.A. Care's enrollment is estimated to be 2.4 million.</p> <p>With the large increase in enrollment on July 1, L.A. Care made extra effort to match the new enrollees who have prior health care affiliations with their existing primary care providers.</p>	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,</p>

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	<p>An event last week, the eight new L.A. Care Scholars were honored. These students will attend the Charles R Drew University of Medicine and Science or the Geffen School of Medicine at UCLA. L.A. Care has now awarded scholarships to 40 medical students through this program. The event also celebrated L.A. Care’s 25th Anniversary, and a congratulatory scroll was presented by Supervisor Mitchell’s staff. A video was presented of the event.</p> <p>L.A. Care is a participating plan in Covered California. For 2023, L.A. Care is the lowest price option in all four metal tiers, by a substantial margin. As a public entity, L.A. Care is priced competitively and is bringing down the cost of health care for many Los Angeles residents. Enrollment begins in November. A new federal bill just introduced will include an extension of the federal premium subsidies for another three years. That will allow many of the people joining L.A. Care through Covered California to pay no premium. This will be a big boost for many who don’t qualify for Medi-Cal.</p> <p>Cost of hiring nurses has increased due to the COVID crisis and the stress that led many nurses to leave the field has increased demand and raised salaries for nurses. The City of Los Angeles has passed an ordinance that requires a minimum \$25/hour minimum wage for all private hospital positions, leading to a huge increase in costs for those hospitals. It is expected that unions represented at public hospitals will reach this minimum wage through contract bargaining. This puts additional financial pressure on the safety net provider network. Mr. Baackes asked the DHCS if there will be an increase in Medi-Cal rates to reflect the systemic changes in the cost of providing care and was told no. L.A. Care is working with providers across the county to form the Los Angeles County Safety Net Coalition. The purpose of the coalition is to bring the various factions together with a comprehensive plan for increasing Medi-Cal reimbursement. It may include a ballot initiative. The Coalition includes private hospitals through Private Essential Access Community Hospitals, Los Angeles County Medical Association, federally qualified health centers through the Community Clinic Association of Los Angeles County, and many L.A. Care contracted independent physician associations (IPAs). Mr. Baackes will include Chairperson De La Torre (a former state assembly member) and Board Member Mitchell (a former state senator). The increased costs will impose a burden on safety net providers and needs to be addressed.</p> <p>Mr. Baackes invited Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, to provide an update on the COVID pandemic.</p> <p>Dr. Seidman thanked Chairperson De La Torre for his comments earlier in the meeting. He reported that Barbara Ferrer, Ph.D., M.P.H., M.Ed., <i>Director, Los Angeles County Department of Public Health</i>, reported to the Board of Supervisors earlier this week that we are seeing a slight decrease in daily case rates and hospitalizations are down from last week and the testing</p>	

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	<p>positivity rate is going down. Los Angeles County is still at high community transmission levels. There will be an update from the Centers for Disease Control later today based on the latest data. Dr. Ferrer has a press conference scheduled later today to announce any updates to the public health guidelines based on the new data. Dr. Seidman encouraged everyone to use a mask, get a vaccine and be aware of the therapeutics available.</p> <p>Board Member Ghaly noted that Dr. Seidman gave a complete and accurate report. The data for Los Angeles County does show a positive trend to a lower level of transmission of the disease. For hospitals, there has not been a higher census in the hospitals. There are patients admitted who have a positive COVID test, and that is true throughout the community. The virus is widespread right now. There are high volumes of people seeking treatment at the emergency rooms for symptoms of COVID, adding stress to very busy clinical settings. Because of the high community transmission levels, hospital staff is also catching the virus and must follow isolation protocols. This lowers the staffing levels at the hospitals and medical treatment sites. One of the stories about the pandemic is the challenge in staffing, and it continues to be a stressor to the system of medical care. California has strict staff ratios that hospitals must comply with. Another stressor for staffing is the increasing cost, made more challenging in Los Angeles due to recent decisions, and affects the public system as much as the private systems of care. There is a lower supply of nurses and a high demand, leading to higher cost and adding to the fiscal stress for hospitals, along with the supply chain disruptions. There are many patients who have recently begun to catch up with deferred or delayed care during the pandemic. She encourages everyone to get a vaccination and booster, wear a mask in any crowded place or indoors, even if Dr. Ferrer does not re-impose a mandate. The situation of the past with large numbers of people in intensive care units and many dying, is not happening today due to the availability of the vaccines. She encouraged those people who may be reluctant to get a vaccine to reconsider, ask questions of trusted resources, and talk to their health care provider. She noted there is also a new vaccine available that is not MRNA.</p> <p>Board Member Raffoul commented that hospitalizations at White Memorial have hovered recently around 20 people. The majority are mildly sick and there hasn't been a big surge in the number of patients. A lot of employees have been out sick because of COVID. The hospital is struggling to have enough nurses to care for patients.</p> <p>Board Member Perez asked Board Member Ghaly about enforcement of the potential mask mandate. Board Member Ghaly noted that there is a diversity of opinions, approaches and enforcement. Public Health is not positioned to enforce the mandate; it requires a team approach for everyone to do their part in helping to achieve compliance.</p>	

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	<p>Board Member Mitchell confirmed Board Member Ghaly’s remarks. She noted that public health movements have taken time to effect long term culture change. She noted that changes have occurred slowly in the past. Public health policy is set in the best interest for all, not just for the individual. She is disturbed by the ire that has recently been focused on Dr. Ferrer and the negative reaction to public health policies. Board Member Mitchell is continuing to wear a mask, and she encourages everyone to talk with family, friends and neighbors to help them understand. The argument recently has changed from people wanting a choice to wear a mask to now, people are arguing against the science of mask effectiveness. Dr. Ferrer noted at the last Board of Supervisor’s meeting that masks have always been worn in hospital settings and have not been questioned. The pandemic has had a disproportionate impact on poor people, on communities of color, and on frontline workers. Dr. Ferrer challenged everyone by asking how many deaths are too many, at what point does society decide who is dispensable. The Los Angeles County data shows the highest risk among poor people, underrepresented people, black and brown people. Board Member Mitchell will continue wearing a mask and stand by the Los Angeles County data and her public health representative in making decisions that are in the best interest of the entire public. She noted that these are pressing issues and everyone needs to lock arms and be clear about our personal decisions.</p> <p>Board Member Mitchell stated she is proud of her legislative colleagues for expanding Medi-Cal to an historic level. Now we have to be sure we operationalize it. She noted that the new members are not experienced in managed care and how are we helping them successfully navigate the system. Mr. Baackes noted that L.A. Care’s Community Resource Centers have been helping to educate newly enrolled members. Many of these newly eligible have been receiving care through Los Angeles County Department of Health Services. L.A. Care has provided feedback to DHCS regarding any problems during the enrollment, so that future enrollment for members with prior affiliation to a health care provider can be made easier. The next step for those coming into the system is identification of those who are eligible for Enhanced Care Management (ECM), a new benefit effective January 1, 2022. Health plans are responsible for complex care management, and ECM is a level higher in the services that can be coordinated and delivered to members, particularly in addressing social determinants of health. There will be more evaluations available to new members. LA Care has over 50 vendors it works with to deliver ECM services. Recently Board Member Ghaly and Mr. Baackes met in a group convened by the California Health Care Foundation to discuss improvements and preparation for the next large group to be enrolled, those ages 26-49 years. It was agreed there needs to be more education prior to enrollment, and work has begun on plans to distribute information to this group so they are prepared when the opportunity for Medi-Cal enrollment is available to them.</p>	

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	<p>Board Member Mitchell noted that making sure people can enroll in care and that they know how to use the services available to them. Board Member Mitchell thanked L.A. Care for the video, it was very moving. She noted that in order to get to the crux of health disparity it is necessary to change the composition of the health care delivery system and workforce. She also appreciates the new initiative to improve African American maternal and infant mortality rates. She has worked in this area most of her professional career, recognizing that California and Los Angeles County data in this area is still painfully high for Black maternal morbidity. She appreciates the investment in community based organizations that are on the ground trying to effect change. Mr. Baackes thanked everyone for the comments. He noted that there is way more to L.A. Care than most people realize. He feels that the job is to add value to the members and the providers that serve the members.</p> <p>Board Member Gonzalez asked about the monkey pox virus. She asked if there is a period where people might not have symptoms but are contagious without knowing. Dr. Seidman reported that monkey pox is present in 75 countries, with about 18,000 reported cases worldwide. There are 3,500 reported cases in the United States, and 218 cases in Los Angeles County, which are all adult men. The virus is spread primarily by close physical contact. Over 85% of the cases are among men who have sex with men. There is some time between exposure and evidence of infection with the increased likelihood of spread. As with COVID, increased awareness and vaccine availability are needed. There is information available online at the Los Angeles County Department of Public Health (DPH) website and on L.A. Care's website. DPH advises that those people in the high risk categories should talk to their own doctor. DPH also has information on the website about where the vaccine is available. It is important to manage the virus so it can be contained.</p> <p>Board Member Booth reported that the CDC website indicates that people without symptoms of monkey pox cannot spread the virus.</p>	
<ul style="list-style-type: none"> • Transform LA (Practice Transformation) 	<p>Mr. Baackes reported that he has recently begun inviting staff members to present information about L.A. Care programs which are adding value for members and providers. Today, Cathy Mechsner, MBA, PMP, <i>Manager, Practice Transformation Programs</i>, will discuss the Practice Transformation Program. Dr. Seidman noted that the internal practice transformation work is called, Transform LA. It was derived from a former federal grant, Transforming Clinical Practice Initiative, where funding enabled L.A. Care to reach out to practices throughout the network to offer technical assistance to help them better manage the practice and get better outcomes for the patients. The program was very successful, and it seemed that all of that experience shouldn't expire with the federal grant. He undertook additional effort to retain the resources after the federal grant funds stopped, and the Transform LA program was launched. It is a smaller scale than the federal grant program.</p>	

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	<p>Ms. Mechsner and her team support two programs, and she shared a presentation on Transform LA (<i>a copy of her presentation is available by contacting Board Services</i>).</p> <p>Transform L.A. (TLA) is a value added technical assistance program for large and small practices, helping them to develop their quality improvement capacity to deliver care more effectively to our members and help members improve their health outcomes. This is done by collecting, reporting and analyzing data, optimizing work flows and processes, and providing one on one coaching support on site and virtually to support the practices.</p> <p>Practice transformation with the assistance of a coach is not linear. The coach helps physicians and staff gain knowledge and skills in the science of improvement so they can continue to improve long after the coach is gone. Coaches take the time to build trust with the practice, to understand the needs of the providers and their staff.</p> <p>Key areas of focus are on workflow optimization, clinical outcome measure improvement and sustainability of improvements incorporated into the business operation. The program requires practices to work on two clinical quality measures: Controlling High Blood Pressure and HbA1c >9%. Practices can select additional measures to work on. Coaches recommend that practices select from the measures included in L.A. Care’s provider improvement program. The TLA team works with other teams in the Quality Improvement department including the incentives, quality performance management, and pharmacy, are a few of those teams. This effectively leverages other programs offered by L.A. Care to the practices.</p> <p>At the beginning of the engagement with the practice, an assessment of where the practice is in terms of care processes to determine what types of technical assistance and resources is needed. A Practice Assessment Tool (PAT) is used to conduct the initial assessment and subsequent assessments every six months. The information gathered from the PAT forms a foundation for the work plan for each practice. The PAT includes 27 milestones that are used to assess phases of transformation.</p> <p>There are three primary transformation drivers:</p> <ul style="list-style-type: none"> • Patient/Family Center Care Design • Data Driven Quality Improvement (QI) • Sustainable Business Operations <p>The five phases of transformation include:</p> <ul style="list-style-type: none"> • Set Aims • Report & Use Data • Measurable Improvements 	

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	<ul style="list-style-type: none"> • Benchmark Status • Pay-for-Value Ready <p>Some of the challenges in the program fall into three main groups: A practice’s ability to understand and use quality improvement (quality improvement is not quality assurance). Quality improvement is data based and is infused in every job in the practice. A practice must have an electronic health records system, and part of the assessment is how well the staff uses this tool.</p> <ol style="list-style-type: none"> 1. High staff turnover is another significant issue. L.A. Care has engaged American Career College, to encourage graduates looking for jobs to consider the TLA practices. Several successful placements have been made. Sustaining practice QI knowledge is challenging with staff turnover. 2. Physician satisfaction is also a challenge. L.A. Care’s TLA team serves as a frontline representative of L.A. Care, and occasionally concerns or issues are raised which are outside of the TLA team scope. TLA team members meet with the direct network administration team to communicate these so account managers can work quickly to resolve them. <p>Results in 2022 so far have been positive and practices have made good progress in helping their patients diagnosed with Diabetes gain better control over their glucose measurement. For the second required measure, controlling high blood pressure, L.A. Care’s TLA team has been working with practice staff to make sure the blood pressure measurement is accurate. The improvements in both measures flow from improved data tracking and collection, health education for patients on self-care management and helping practices conduct outreach to assure that patients come in for their appointments.</p> <p>TLA has received positive feedback about the program from participating providers. Board Member Booth asked if the goal is to establish good habits and encourage providers to add measures and continue to use data on their own. Ms. Mechsner responded that a goal is to help the practices adopt a mindset of continuous improvement. She noted that the practices have the capability to continue the process without the coach. Improvement doesn’t always require greater funding. Helping staff understand the impact of their role, feeling valued and more engaged can contribute to quality improvement. Board Member Booth noted that it can have a big impact for the physician too.</p>	
<ul style="list-style-type: none"> • L.A. Care Health Plan Board of Governors Resolution 	<p>Mr. Baackes introduced a resolution that L.A. Care management would like the Board to consider. In June, the Board approved a resolution calling on L.A. Care to be a community leader in addressing gun violence as a public health issue. With the recent decision by the United States Supreme Court reversing the 50-year old decision in <i>Roe v. Wade</i>, L.A. Care management felt strongly that a similar resolution is required. This resolution declares L.A.</p>	

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Supporting Abortion Rights	<p>Care’s intent to defend the right of women to make their own choices in this matter, as part of good public health. Dr. Seidman commented that there are horrible stories of some of the consequences of the SCOTUS decision which may be unintended but are not that surprising. There are really complex medical issues involved, and physicians are being thwarted from doing what they know is appropriate care during pregnancy. This is a very important issue and he is glad that L.A. Care is in a position to make this resolution and hopes it will continue to take a leadership role nationwide.</p> <p>Board Member Booth asked about the term, codified. Chairperson De La Torre responded that codifying would establish federal law passed by Congress. Reproductive rights are protected by law in California.</p> <p><u>Motion BOG 102.0722</u> L.A. Care Health Plan Board of Governors Resolution Supporting Abortion Rights Whereas, Local Initiative Health Authority for Los Angeles County, operating and doing business as L.A. Care Health Plan (“L.A. Care”), 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; Whereas, all reproductive rights are human rights; and access to essential healthcare includes access to abortion services and contraception; Whereas, globally, there are an estimated 25 million unsafe abortions each year, resulting in injury and/or death; Whereas, L.A. Care is deeply disturbed by the recent Supreme Court decision overturning <i>Roe v. Wade</i>, which for nearly 50 years, guaranteed the right to an abortion in the United States; Whereas, L.A. Care recognizes the ruling is expected to lead to restricted access or a ban on abortions in nearly half of all states; and Whereas, L.A. Care recognizes that California will continue to protect the right to choose and will offer help to people from other states. Now, Therefore, the Board of Governors of L.A. Care resolves as follows:</p> <ol style="list-style-type: none"> 1. L.A. Care will strongly advocate through its representatives for the United States Congress to move swiftly to codify <i>Roe v. Wade</i>, protecting the right to contraception and abortion in the United States. 2. L.A. Care seeks to retain, uphold and expand California’s tradition of protecting statewide access to abortion services and contraception. 	<p>Unanimously approved by roll call. 8 AYES (Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Raffoul, Roybal, and Vaccaro). 1 ABSTENTION (Perez)</p>
CHIEF EXECUTIVE OFFICER REPORT (continued)	Mr. Baackes announced that Dr. Seidman will retire in December, 2022. L.A. Care has begun an executive search process and has retained the firm, Spencer Stuart, for this task.	

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	<p>Mr. Baackes also announced that L.A. Care is conducting 11 “Back to School” events, and is distributing 3,000 free backpacks at each event.</p> <p>Dr. Seidman reported that Los Angeles County Department of Public Health has reviewed the most recent data for the COVID pandemic in Los Angeles County, and based on the current trends for community spread and hospitalization, an indoor mask mandate will not be necessary at this time. Wearing a mask indoors or when around a group of people is highly recommended.</p> <p>Mr. Baackes reported that Ellin Davtyan, <i>Senior Associate General Counsel</i>, has accepted a new position as the General Counsel for the California State Bar Association, and she will be leaving employment with L.A. Care on August 2. Mr. Baackes congratulated Ms. Davtyan, and he noted that he has worked with her for 7.5 years and found her to be thorough and she has been successful in litigation and other legal matters. He thanked her for her great work for L.A. Care.</p>	
<ul style="list-style-type: none"> • Vision 2024 Progress Report 	<p><i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i></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>L.A. Care Health Plan Joint Powers Authority consideration of surrender of Knox-Keene License and transfer of the PASC SEIU line of business to L.A. Care Health Plan</p>	<p>Submitted via Chat on July 28, 2022 at 1:51 p.m. by Andria McFerson</p> <p><i>We need to simplify our verbage to communicate better with our members the disabled, seniors and those with learning disabilities. Obviously we are the ones who need low income assistance and healthcare coverage so in order to effectively give proper access to preventative care we need to describe things with a brief synopsis so that people could understand better and be able to describe to you how these disparities effect us we need to come up with plausible answers. together. Please Thanks Andria RCAC6</i></p> <p>Augustavia Haydel, <i>General Counsel</i>, summarized the motions. She briefly described the history of the Managed Care Organization (MCO) tax, which was applicable to organizations that were directly contracted with the Department of Health Care Services. Originally, the Department of Managed Health Care (DMHC) did not treat the MCO tax plans (also known as Qualified Improvement Tax or QIF plans) as separate licensees for purposes of DMHC filings and audits in order to reduce the administrative burden on plans and the Department. The California legislature revised the MCO tax in 2019 to comply with federal requirements, which required the tax to apply to all managed care organizations, rather than just those with Medi-Cal lines of business. After the modification of the MCO tax, DMHC encouraged plans with separate QIF licensed affiliates to consolidate their enrollment into one Knox-Keene licensed plan and</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>surrender the QIF license (and most did), since there was no longer a MCO tax reason for maintaining the separate licenses. Staff considered the unique opportunity to maintain the JPA with the county and made an assessment at the time that the administrative burden of maintaining the L.A. Care JPA Knox-Keene license would not be significant. Since that time, the Department has imposed additional requirements for L.A. Care JPA that have increased the administrative burden and compliance risk of maintaining the separate Knox-Keene license.</p> <p><i>The following motion was approved by the Board of Directors of the L.A. Care Health Plan Joint Powers Authority, and the motion and vote are included here for reference only. The members of the Board of Directors of the L.A. Care Health Plan Joint Powers Authority are the same as the members of the L.A. Care Health Plan Board of Governors:</i></p> <p><u>Motion JPA 100.0722</u></p> <ol style="list-style-type: none"> <i>To delegate authority to staff of L.A. Care Joint Powers Authority (JPA) to take all necessary actions to transfer the PASC-SEIU line of business from L.A. Care JPA to L.A. Care including revising any necessary agreements and submitting an application for license surrender to the California Department of Managed Health Care.</i> <i>To effectuate the surrender of the Knox-Keene license of L.A. Care JPA by directing staff of L.A. Care JPA to submit an application for license surrender to the California Department of Managed Health Care in accordance with California Health and Safety Code § 1399 and California Code of Regulations title 28 § 1300.99.</i> 	<p>Unanimously approved by the JPA Board of Directors by roll call. 8 AYES (Booth, De La Torre, Ghaly, Mitchell, Perez, Raffoul, Roybal, and Vaccaro). 1 ABSTENTION (Gonzalez)</p>
<p>L.A. Care Health Plan consideration of accepting transfer of PASC SEIU line of business from L.A. Care Health Plan Joint Powers Authority</p>	<p><u>Motion BOG 103.0722</u> To delegate authority to staff of L.A. Care to take the steps necessary to accept responsibility for the PASC-SEIU line of business after L.A. Care JPA transfers the PASC-SEIU line of business to L.A. Care.</p>	<p>Unanimously approved by the L.A. Care Board of Governors by roll call. 8 AYES (Booth, De La Torre, Ghaly, Mitchell, Perez, Raffoul, Roybal, and Vaccaro). 1 ABSTENTION (Gonzalez)</p>
ADVISORY COMMITTEE REPORTS		
<p>Executive Community Advisory Committee (ECAC)</p>	<p>Board Member Gonzalez thanked all the members that are listening to the Board meeting today. The Board appreciates their attendance and welcomes their comments, suggestions and questions. She urged everyone to continue to use their masks, get vaccinated, and get their</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>booster shot if eligible. The Board sends warm thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic.</p> <p>ECAC met on July 13.</p> <ul style="list-style-type: none"> • Dr. Seidman reported on COVID-19, the baby formula shortage, and the Monkey Pox outbreak. Mr. Baackes also updated the members on L.A. Care’s activities. They both also gave reports earlier today. • Dr. Kyle reported on L.A. Care’s Equity Steering Committee. • Mr. Oaxaca updated members about activities involving Communications and Community Relations, and back to school events at Community Resource Centers. • ECAC approved the recommendations made by an ad hoc committee that met to discuss Hispanic Heritage month. The ad hoc committee made the following recommendations: <ul style="list-style-type: none"> ○ ECAC approved the recommendations made by the ad hoc committee which is the Lived Experience “Accessing care as a Latino” ○ Live Cooking Demonstration <ul style="list-style-type: none"> ▪ Mexican plant-based inspired dish ▪ Recipes will be shared with the audience prior to the live cooking demonstration so that viewing participants can cook along with the chef. ○ Health Disparities among the Hispanic community- awareness of diseases such as Diabetes <ul style="list-style-type: none"> ▪ Cultural Traditions and the impact on diabetes ▪ Living with diabetes invitation to hear from a person living with diabetes and the importance of prevention and adherence from their perspective. ○ Health Disparities amongst the Hispanic community – Health Access <ul style="list-style-type: none"> ▪ What to do when you are having issues accessing health care services ▪ Knowing your rights when accessing health care services? ▪ Medi-Cal Expansion for the undocumented ○ Event Outreach recommendations <ul style="list-style-type: none"> ▪ Begin advertising the event one month prior. ▪ Mail flyers and or save the date reminders sent to all RCAC members ▪ Use Social Media to advertise the events • Abraham Rivera, <i>Transportation Service Manager, Call the Car</i>, and Victoria Truong, <i>MSHCM, Provider Network Account Manager III, Provider Network Management</i>, gave ECAC a demonstration on how to use the Call the Car mobile app. • Nurse Rachel Martinez gave a presentation about preventive health guideline changes. Changes include: <ul style="list-style-type: none"> ○ Defined doctor and risk factors. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Changed Sexually Transmitted Diseases STDs to Sexually Transmitted Infection's. ○ Added information to emphasize the importance of a wellness visit every year especially during the pandemic. ○ During pregnancy changed testing from HIV to Sexually Transmitted Infections. ○ Included Sexually Transmitted Screenings in both Males and Females section. <p>Board Member Gonzalez expressed her thanks for an invitation to the 25th Anniversary celebration and announcement of the eight new Elevating the Safety Net L.A. Care Scholars, where she had an opportunity to speak with parents of the Scholars. It was an amazing experience. One parent was a single Mom, and it is amazing how she supported her son. Board Member Gonzalez hopes all the parents are able to continue to support and encourage the Scholars. Now that the Scholars have the four-year scholarship, they can pursue their dreams with fewer worries.</p> <p>Board Member Perez commented that the event was very nice and touched so many hearts. She was thankful to be there. She has been on the Board for a long time and she appreciated the opportunity to reconnect with former Board Members who attended the event as well. In one of the speeches there was a statement about doing something to make the world better, even though it might be something small. It was good to see former Chairs and former Members of the Board of Governors. She appreciated meeting the families and hearing their stories. During interviews by media, one could see how proud the parents are and how proud the Scholars are. It was mentioned that L.A. Care is the people's plan, and she appreciates that. L.A. Care is doing far and beyond. The community events are a connection to the health plan members. Some people there did not know that L.A. Care has Community Resource Centers throughout Los Angeles County. The event helped raise awareness of L.A. Care's presence, not only at the high rise downtown, but in the community. She is an immigrant, Mom, she didn't finish college but her daughter just did. That is an accomplishment in many ways. She is not employed in public health but it seems obvious that L.A. Care is making a difference for the members and for the communities. As a health promoter, she has the opportunity to connect with people. She lives in the same communities and has similar experiences. It really makes a difference when you touch someone's life, not only from the health access perspective but in supporting financially struggling families through the Back to School events. She is very proud to be part of this Board. Many Supervisors have been on this Board. She thanked Supervisor Mitchell for posting the Back to School events on her website in both the English and Spanish languages. Seeing the post in Spanish connected her and made her eager to attend. She thanked Community Outreach & Engagement and Board Services staff for including members of the Executive Community Advisory Committee in the anniversary celebration. L.A. Care's members are part of the organization. Member feedback is important to help L.A. Care be a</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>better plan, to be of service and help people be happier and healthier. She invited Board Members to attend the community events to meet the members. She encouraged Board Members to bring children to the events. She is pleased to see the social media platforms expanding, with more participation. She advocated for more staff for the Community Outreach & Engagement and Communications departments.</p> <p>Chairperson De La Torre responded that the comment she referenced came from his speech at the event, and was a quote from Jana Stanfield, “I cannot do all the good the world needs, but the world needs all the good that I can do.” He said that in reference to L.A. Care, because there is so much need in health and in the social determinants of health. L.A. Care is trying on multiple fronts to do good in the world, to help members and others who are not L.A. Care members. He is proud of L.A. Care.</p> <p>Board Member Perez asked if Communications could broadcast videos of the Scholars receiving their scholarships on social media. The most vulnerable communities may not have a computer at home, but many have a smart phone and a social media profile. This is a huge way to reach out to the community.</p> <p>Board Member Booth asked if it had been mentioned about where these students are from. Board Member Perez responded that they are from Brown and Black communities. Board Member Booth noted that they are all from Los Angeles County. Mr. Baackes confirmed that all eight new Scholars reside in Los Angeles County, which increases the chances that they will return to Los Angeles County to practice medicine.</p> <p><i>(Board Member Raffoul left the meeting.)</i></p>	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>Attended RCAC 8, recognize the staff supporting the Submitted via Chat on July 28, 2022 at 2:52 p.m. by Andria McFerson RCAC 6</p> <p><i>This comment is for this item! ECAC report I think peer to peer work and outreach is much more effective on healthcare education especially with people who are experiencing the same health disparities, financial situations and documentation status so other people will know health care coverage is feasible without any major negative changes within our own lives and families.</i></p> <p>Chairperson De La Torre reported that the Executive Committee met on June 28. <i>The approved meeting minutes can be obtained by contacting Board Services and will be available on the website.</i> The Committee reviewed and approved motions that were approved earlier today on the Consent Agenda.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <p>California Department of Health Care Services (DHCS) recently notified plans that effective June 30, 2022, the Value Based Program (VBP) will be terminated. In 2016, voters passed Proposition 56, known as the California Healthcare Research and Prevention Tobacco Tax Act, which raised the tax rate on cigarettes and other tobacco products to fund specific DHCS services.</p> <p>Through the managed care plans, the VBP paid Medi-Cal providers for meeting specific measures, in categories such as behavioral health screening, depression medication screening; chronic disease management; prenatal/post-partum care; blood lead screening, and early childhood prevention measures.</p> <p>The VBP had been scheduled to end December 31, 2022, but the Legislature did not fund the VBP program for the new fiscal year. Services performed after June 30, 2022, will not be eligible to receive VBP enhanced payments.</p> <p>DHCS has indicated that the Prop 56 funding for behavioral health services integration will end on December 31 2022. The behavioral health integration program was intended as a two-year program, and had been scheduled to end in December 2022. The remaining Prop 56 programs will continue.</p> <p>California State Legislature has been in recess and returns next week for the last few weeks of this session. Bills must be forwarded to the Governor for consideration by August 31.</p> <p>Yesterday, Democrat leaders Manchin and Schumer announced the Inflation Reduction Act, with more than \$700 billion to address climate issues, taxes and health care. This bill includes provisions to extend the Affordable Care Act (ACA) for three years, to December 31, 2025. Funding for the federal health care premium subsidies in the ACA had been scheduled to end on December 31, 2022. California has been preparing for different scenarios in Covered California, with and without federal premium funding. California currently uses state funding to bring down the cost of Covered California health care premiums and cost sharing, but there is not enough state funding, if Congress does not extend the federal funding. There are some Medicare Part D drug cost savings in the federal legislation, giving Medicare the ability to negotiate the costs on some drugs. The cost of the bill would be primarily paid by tax rate increases on corporations and by changes to the federal tax code. It may be hard to pass the bill because the budget reconciliation process is complicated.</p> <p>For a bill to become law, it needs to pass both chambers of the U.S. Congress: House of Representatives and Senate. In general, in the House, a bill passes when at least 218 members support it. But a long-standing rule in the Senate requires that most legislation should be</p>	

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	<p>supported by at least 60 of the 100 members. There are currently 50 Democratic Senators, so votes from Republican Senators would be needed. The majority party in the Senate can use special rules to pass only two budget bills each term with a simple majority vote. This is called reconciliation. It would be an incredible lift if the bill can be passed through this process. L.A. Care and its national trade associations will be weighing in on the importance of getting the health, tax and climate bill passed, so the federal subsidies are extended and healthcare can be more affordable. Big Pharma is lobbying hard to kill the bill because the Medicare provisions will harm their profits.</p>	
<p>Finance & Budget Committee</p>	<p>Chairperson De La Torre reported that the Committee met on June 28. <i>The approved meeting minutes can be obtained by contacting Board Services and will be available on the website.</i></p> <ul style="list-style-type: none"> • The Committee reviewed and approved motions that were approved earlier today on the Consent Agenda. • The Committee reviewed and approved an amendment to the North Star Alliances Contract, and to a Cognizant Contract to provide HEDIS & Align. Measure. Perform. (AMP) software and services. Neither motion requires full Board approval. 	
<p>Chief Financial Officer Report</p>	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported on the May, 2022 financial statements (<i>a copy of the presentation can be obtained by contacting Board Services</i>):</p> <p>The May financial results are typically reviewed first by the Finance & Budget Committee. There were some issues with the corrected claims adjustment process, and the financial report for May was not brought to the June Committee meeting. The issues are related to the higher paid claims levels over the last few months, and will be addressed in the financial reports. The June financial reports will be reviewed by the Finance & Budget Committee at the August meeting, along with the updated forecast and draft budget for the next fiscal year, all in preparation for the September Board Meeting.</p> <p><u>Membership</u></p> <p>Membership in May was 2,586,177, which is 50,500 higher than the forecast. Year-to-date (YTD) member months are favorable 125,000 to the forecast. The forecast assumed that the public health emergency would end in March 2022, and redeterminations would restart. In addition to that, there was increased enrollment due to the expansion of benefits to undocumented adults over 50. Membership for L.A. Covered California continues to hold steady around 115,000.</p> <p><u>Consolidated Financial Performance</u></p> <p>Financial results for May show a \$33 million net surplus, and \$22 million favorable to the forecast. This is due to \$24 million favorability to the forecast for the operating margin, and is driven by the corrected claims adjustment process discussed earlier. A receivable of \$49 million</p>	

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	<p>has been included in the financial results for May, recognizing that the corrected claims have been processed but the original claim has not yet been reversed. Finance staff will continue to evaluate the claims correction process through the remainder of this fiscal year to complete the correction process and make sure that the hospitals receive credit for encounters in the pooled payment process.</p> <p>Other favorable items include an additional \$8.4 million in revenue for institutional rate re-estimation retroactively applied back to January 2022. Even with the corrected claims issue, YTD incurred claims are \$50 million unfavorable to the forecast. There was a deceased member adjustment to enrollment by DHCS, which reduces revenue by \$5.1 million and is retroactive to 2011. There may be some errors in this process and L.A. Care will work with the Department on a correction.</p> <p>Administration expense is favorable by \$200,000; non-operating expenses are unfavorable \$1.9 million, a majority of which was driven by the timing of grant spending.</p> <p>The YTD surplus of \$56 million is unfavorable to the forecast by \$10 million. The large variances in revenue and health care costs are driven by the Prop 56 reconciliation adjustments. Overall, the operating margin is favorable by \$15 million. Administrative costs year to date include the \$55 million regulatory fine and reversal of the Patient-Centered Outcomes Research Institute (PCORI) fees. Non-operating expenses include the unrealized loss on the investment portfolio due to changes in interest rates but partially offset by timing in grant spending. There are no credit quality issues in the L.A. Care portfolio.</p> <p><u>Operating Margin by Segment</u> The operating margins by segment reflect the items discussed earlier. The overall operating margin is better than was forecasted at 92.8%.</p> <p><u>Paid vs. Reported Claims</u> Ms. Montgomery stated that paid claims have been higher due to the corrected claims issues described above, with a decrease in May reflecting the adjustment for corrected claims. Further analysis will be conducted in the budget planning process.</p> <p><u>Key Financial Ratios</u> The key financial ratios show a higher Administration Ratio than was forecasted due to the regulatory fine. The Cash to Claims ratio is also negative because there has not yet been a reconciliation of the In Home Supportive Services (IHSS) balances. The Tangible Net Equity level is consistent with prior months.</p>	

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	<p><u>Motion BOG 104.0722</u> To accept the Financial Reports for May 2022 as submitted.</p>	<p>Unanimously approved by roll call. 8 AYES (Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, 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 May 31, 2022 was \$1.8 billion.</p> <ul style="list-style-type: none"> \$1.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$73 million in Local Agency Investment Fund \$254 million in Los Angeles County Pooled Investment Fund 	
<ul style="list-style-type: none"> Board Designated Funds 	<p>Ms. Montgomery recounted Board Member Mitchell's suggestion that additional reporting be provided to highlight the good work L.A. Care has done with non-operating grant making in the community. Prior to 2014, L.A. Care has incurred nearly \$226 million in expenditures for community support among various programs. Since 2014, nearly \$73 million has been pledged for Community Health Investment initiatives, with more than \$60 million expended. The Elevating the Safety Net Program support is \$155 million, with over \$80 million expended to date. This includes the scholarship program which was described earlier in the meeting, among other programs. A third component is funding for the Community Resource Centers with almost \$50 million designated and over \$22 million expended so far. Board Member Mitchell thanked her for the report. The information is helpful for Board Members to know and it also tells a very powerful story about how the Board designated funds are allocated. Ms. Montgomery also presented detailed information about expenditures for the Community Resource Centers.</p>	
<p>Compliance & Quality Committee</p>	<p><i>(Board Member Raffoul rejoined the meeting.)</i></p> <p>The Compliance & Quality Committee met on June 16.</p> <ul style="list-style-type: none"> Dr. Seidman gave his Chief Medical Officer report to the committee. In his report he spoke about the HEDIS Survey measurement year 2021. L.A. Care submitted HEDIS rates for all product lines. L.A. Care also submitted the Population Needs Assessment to DHCS. It was well received and DHCS asked to use L.A. Care as an example for other plans on how to develop a Population Needs Assessment. 	


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Betsy Santana presented about L.A. Care’s Back to Care Campaign. Throughout 2020, COVID-19 reduced preventive care rates, especially well care visits and cancer screenings. In 2021, the Clinical Initiatives team focused on efforts to improve rates for preventive care visits and screening. <p>Based on feedback from our members and providers L.A. Care knew people were hesitant to visit the doctor and a large scale campaign was needed to address people’s reluctance to seek care. Social Media was the ideal modality for a large scale intervention. “Back to Care” was launched on August 31, 2021. Since then, L.A. Care has built upon this campaign and is adding new modalities to remind our members to get “Back to Care!” L.A. Care’s goal is to improve rates back at least to pre-pandemic levels.</p> <p>L.A. Care’s Strategy includes:</p> <ul style="list-style-type: none"> Paid social media campaigns. Partnership with Blue Shield Promise, Anthem Blue Cross and Health Net to: <ul style="list-style-type: none"> Align messaging with health plans to push “Back to Care” messaging far and wide! Use the campaign hashtag: #backtocareLA Tag all health plans in posts. Plans could design the posts how they wanted – just had to stick to the messaging and use the hashtag. Each plan was asked to agree to spend at least \$10,000. <p>L.A. Care will look at the period that the messages went out and the volume of well care visits during that same period. If the volume goes up, the messaging is being effective.</p> <p>Mr. Mapp and the Compliance Department staff presented the June 2022 Chief Compliance Officer report. He gave an update about staffing in the Compliance Department and the organizational chart. He introduced new Senior Director, Risk Management and Operations Support, Michael Sobetzko. The committee received an update about the DHCS Medical Audit Update. In response to DHCS’s Final Report (February 3, 2022), L.A. Care submitted corrective action plans responding to 27 findings on March 16, 2022. Beginning March 21, 2022, DHCS has been following-up with document requests to review and validate implementation of the CAPs, and to require revised or additional remediation where needed.</p>	
PUBLIC COMMENT on Closed Session Items	<i>There was no public comment.</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 3:40 pm.</p> <p>Ms. Haydel commented that she is very proud of Ms. Davtyan taking a leadership role as the new General Counsel for the State Bar of California. This new role and her leadership will be vitally important, not just for the legal profession in California, but for the health and the democracy of this State. Unfortunately, it means that she is leaving L.A. Care. Most of you have had the opportunity to know her outstanding legal acumen, skills, ethics and unswerving focus on and support of L.A. Care’s Mission. Ms. Davtyan led the General Legal Services unit, supporting litigation, human resources, vendor contracting, and public entity issues. During her 11 years at L.A. Care she grew from a stellar individual contributor to being a leader who served as a role model to others, including Ms. Haydel. Ms. Haydel will greatly miss Ms. Davtyan, and she knows others will as well. She thanked Ms. Davtyan for her contributions to L.A. Care.</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 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"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <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>July 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 Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) L.A. Care Health Plan v. United States, (U.S. Court of Federal Claims Case No. 17-1542); (U.S. Court of Appeals for the Federal Circuit Case No. 20-2254)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act (One Case) <i>(Board Member Raffoul left the meeting.)</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act Prime Healthcare Services v. Local Initiative Health Authority for Los Angeles County – Case No. 21STC1751</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Prime Healthcare Services v. Local Initiative Health Authority for Los Angeles County – JAMS No. No. 1220069752 Prime Healthcare Services v. Local Initiative Health Authority for Los Angeles County – JAMS No. No. 5220000929 Prime Healthcare Services v. Local Initiative Health Authority for Los Angeles County – Case No. 22STCV16699 Prime Healthcare Services v. Local Initiative Health Authority for Los Angeles County – Case No. 22STCV16669</p> <p><i>(Board Member Raffoul rejoined the meeting.)</i></p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: Suite 1950, 1201 K Street, Sacramento Agency Negotiator: John Baackes, CEO Negotiating Parties: John McKee, Property Manager, CDA Rotunda Partners, LLC Under Negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 5710 Crenshaw Blvd., Los Angeles, CA. 90043 Agency Negotiator: John Baackes, CEO Negotiating Parties: Alexandria Yates, Greenway Commercial Holdings Ltd. for ProveEm Investments, LLC Under Negotiation: Price and Terms of Payment</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"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p>	
RECONVENE IN OPEN SESSION	<p>The Board reconvened in open session at 5:25 p.m.</p> <p>There was no report from closed session.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Consideration of Medi-Cal Managed Care Operational Readiness For 2024 Contract	<p>Phinney Ahn, <i>Executive Director, Medi-Cal</i>, summarized the motion to delegate authority to the CEO to execute a contract with the Department of Health Care Services for operational readiness in preparation for the 2024 Medi-Cal managed care contract. The term is August 1, 2022 to December 31, 2023.</p> <p><u>Motion BOG 105.0722</u> To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute the Contract for Operational Readiness related to the 2024 Primary Operations Contract for the Medi-Cal Contract (04-36069).</p>	<p>Unanimously approved by roll call. 9 AYES (Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Raffoul, Roybal, and Vaccaro).</p>
ADJOURNMENT	The meeting was adjourned at 5:27 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, *Board Secretary*
Date Signed 9/1/2022 | 8:48 AM PDT

APPROVED