

Board of Governors
Regular Meeting Minutes #311
October 6, 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*
 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. All are welcome to provide input.</p>	

APPROVED

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	<p>Chairperson De La Torre noted that public comments should be related to the meeting topic on the Agenda to inform Board Members. That is the purpose of public comment; it is not to rant or say whatever pops into one's head. It is to inform the Board regarding today's meeting and the items that are being discussed. Submitters should include the Agenda item for which the comment is to be read. If one does not tell us which item, the comment will be read in the general public comment section of the Agenda. 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. Public comment must be submitted before the public comment period for an item. This is normal procedure and every government agency that has public comment does it before the item because it is intended, and the State law is designed in a way to inform the discussion of the Board members. That is why we read the comments before the Board members discuss the item. He thanked participants for their public comment. The Board members value hearing the ideas and comments about the items on the Agenda. It better informs the Board's discussion on those items and about what is happening at L.A. Care.</p>	
<p>APPROVAL OF MEETING AGENDA</p>	<p>Chairperson De La Torre noted that there is a change to the Agenda: staff recommended adding Motion BOG 101 Department of Health Care Services contract amendment to the Consent Agenda.</p> <p>The agendas were approved as amended.</p>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, De La Torre, Ghaly, Gonzalez, Perez, Raffoul, Roybal and Vaccaro)</p>
<p>APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT</p>	<p>PUBLIC COMMENT</p> <p>Received on October 5, 2022 at 5:32 p.m. from Elizabeth Cooper via phone call: <i>Good morning Chairperson De La Torre, members of the Board of Governors, Mr. John C. Baackes, Chief Executive Officer, and the public. Regarding agenda item number 2, the Boards approval of findings under the Brown Act, BOG 100, I don't disapprove of the agenda item, but I would be very glad when there could be meetings held in person so the public can attend. Those who can participate in RCAC meetings can give their viewpoint. And those issues can come before the ECAC and hopefully be addressed by the two Board representatives to the Board of Governors. I think it is very vital that RCAC members have some input on the agenda and the policies that the Board will be discussing. Right now I feel there is limited participation that the RCAC members are able to give and have the Board consider their viewpoints.</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>(Board Member Booth joined the meeting.)</i></p> <p>Chairperson De La Torre noted that the Governor’s emergency declaration for the pandemic is still in place, although recent changes have been made to 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 for its meetings. There will be a discussion of the meeting format later in this meeting.</p> <p><u>Motion BOG 100.1022</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>Approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Perez, Raffoul, Roybal and Vaccaro) 1 NAY (Gonzalez).</p>
<p>PUBLIC COMMENTS</p>	<p>Received on October 6, 2022 at 1:14 p.m. by Andria McFerson via email: <i>Hello Chair, Labeling public comment as a "Rant" is unethical everyone has a civil right to speak do not take that right away from anyone according to your own perspective.</i></p> <p>Chairperson De La Torre thanked the submitter, and noted that he was expressing what State law intended the purpose of public comment to be in a government meeting or a quasi-government meeting, which is what the L.A. Care meetings are.</p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> • September 1, 2022 Board of Governors Retreat/Meeting Minutes • 2023 Board of Governors Meetings Schedule <u>Motion EXE 100.1022</u> To approve the 2023 Board of Governors meeting schedule as submitted. • Complete Cleaning Services Contract Amendment <u>Motion FIN 100.1022</u> To authorize staff to amend the CCS janitorial contract that runs through December 31, 2024 by adding \$600,631.94 for a new total not to exceed \$2,469,420.50. 	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,</p>

APPROVED

The Consent Agenda and

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	<ul style="list-style-type: none"> • North Star Alliances Contract Amendment <u>Motion FIN 101.1022</u> To authorize staff to amend the existing contract with North Star Alliances, LLC for additional \$1,950,000 (total contract not to exceed \$3,800,000) to provide event planning, logistics, staffing and execution services through October 1, 2023. • Change Health Care Resources Contract Amendment <u>Motion FIN 102.1022</u> To authorize staff to amend a contract authorizing the expenditure of up to \$6,100,000 (additional \$1 million) with Change Healthcare Resources, LLC to provide consulting to Compliance. • Department of Health Care Services (DHCS) L.A. Care’s Medi-Cal contract number 04-36069 amendment <u>Motion BOG 101.1022</u> To approve and delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute the Term Extension 2023 Amendment to Department of Health Care Services Medi-Cal Contract 04-36069, and to authorize necessary changes to the associated Amendment which may be made or negotiated by the Chief Executive Officer and/or his designees. 	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Raffoul, Roybal and Vaccaro) <i>(Board Member Mitchell joined the meeting after the Consent Agenda was approved and she asked that her affirmative vote be added.)</i></p>
<p>CHAIRPERSON’S REPORT</p>	<p>PUBLIC COMMENT Received on October 3, 2022 at 10:10 p.m. from sender not self-identified via text: <i>Last comment for Oct board meeting Chairperson report public comment Oct 2022 claim. March Enforcement action The Plan failed to forward Provider claims to the appropriate capitated Provider within ten working days of its receipt of the claims in violation of California Code of Regulations, title 28, section 1300.71, subdivision (b)(2)(B)(ii). California Code of Regulations, title 28, section 1300.71, subdivision (b)(2)(B)(ii), requires a health care service plan that receives a non-emergency service claim that is the financial responsibility of one of the plan’s contracted capitated Providers, to forward the claim to the financially responsible capitated Provider within ten working days of receipt if the billing Provider is not directly contracted with the financially responsible capitated Provider. In this case, the Plan failed</i> https://wpso.dmhc.ca.gov/enfactions/docs/4161/1652912996944.pdf</p>	<p>The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,</p>

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	<p>Chairperson De La Torre reported:</p> <ul style="list-style-type: none"> • He congratulated Ms. Vaccaro, Mr. Raffoul, Mr. Greene and Dr. Shapiro for their reappointment to the Board. He appreciates their service, input and valuable experience in everything that they do. • He announced that Officer Elections will be held at the November meeting, and staff will send each Board Member a request for nominations for the 2023 Officers. 	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p><i>Board Member Mitchell joined the meeting.</i></p> <p>PUBLIC COMMENT</p> <p>Received on October 3, 2022 at 9:58 p.m. from sender not self-identified via text: <i>Public comment board meeting CEO report, LA Care was fined in Aug for ripping off and gaslighting an enrollee regarding their coverage, so this enrollee <expletive> to managed care about LA Care and got their sorry <expletive> fined!</i></p> <p>https://wpsoc.dmhc.ca.gov/enfactions/docs/4266/1664210405815.pdf</p> <p><i>Enrollees are not in "good hands" with LA Care ! LA Care improperly adjusted a claim and got fined, why is the state allowing these crooks to service vulnerable enrollees?!</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> • The first topic is a concern that is becoming more apparent everyday: the fragility of L.A. Care's safety net of providers, including the practices and federally qualified health centers (FQHC) that care for the bulk of L.A. Care's members, and the community hospitals that serve a disproportionate share of Medi-Cal members. The impact of the nursing cost increases, the general inflation trend, the various efforts to raise minimum wage for private "health workers" are all beginning to take a toll. This week a community hospital, Pipeline, filed for bankruptcy protection under Chapter 11. Mr. Baackes fears that we will see more of this. It is important that L.A. Care works with providers as partners to help them work through the economic difficulties. <p>The Board should be aware that L.A. Care has, on a case-by-case basis, made advance payments to community hospitals, of funds to which they are entitled, ahead of L.A. Care receiving the funds that would be passed to them. We know that it is keeping many hospitals afloat. This concern that has been expressed to California Department of Health Care Services (DHCS). DHCS has announced that there would not be accommodation in the 2023 rates reflecting the increased nursing cost nor inflation. The rates will instead be</p>	

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	<p>calculated on data from two or three years ago. The issue of county wide averaging, which has had a serious impact on the revenue coming specifically to L.A. Care also weighs on L.A. Care’s ability to provide robust reimbursement to the safety net providers. This is all behind L.A. Care’s work to form a Los Angeles County Safety Net Coalition, the idea of which is to bring together providers, whether they are in clinics or independent settings, with the hospitals, independent physician associations (IPAs) and FQHCs, in a dialogue to begin to form a proposal to increase Medi-Cal reimbursement. It is a multi-layered intricate process. The foundation is the joining of health plans and providers as an ecosystem, to send a message to the state that these providers care for one-third of the population of Los Angeles County with resources that are almost half of what is available through Medicare and one-third available through commercial insurance. Mr. Baackes will continue to apprise the Board about this work as it moves forward. He thinks we will enter into a very difficult period for some of the safety net providers, some of whom participate in these Board meetings.</p> <ul style="list-style-type: none"> • Plans continue working on the huge task of implementing improvements to Medi-Cal through California Advancing and Innovating Medi-Cal (CalAIM). Every six months there are additional requirements plans must fulfill, and additional benefits and services now covered by Medi-Cal for L.A. Care’s members. Mr. Baackes thinks L.A. Care is doing an excellent job in meeting the requirements of the program, but there are still rough roads ahead in the sense that some rules and measurements that are being asked of health plans need to be discussed with DHCS. L.A. Care will continue to have those discussions with DHCS so that we have a program with real benefit to the members, but doesn’t put an excessive burden on the plans that eats up resources and administrative costs. • The re-procurement of the commercial health plans that participate in Medi-Cal managed care has resulted in an announcement by DHCS of an intent to award contracts which will begin on January 1, 2024. Plans that were not included have appealed the decision, and one health plan has filed a lawsuit. It is expected that the hearing officer at DHCS, who has to make a decision sometime this month, will most likely uphold the original intent to award, and at least two of the health plans will file lawsuits citing flaws in the current process, to stop the current process and to start a new re-procurement process. L.A. Care is a bystander in all of this. Board Members should be aware that it is causing concern among the provider community about the future. In Los Angeles County, it will be a big change as Health Net will be replaced by Molina Healthcare. L.A. Care will continue to monitor and is available to answer any questions from the providers about the re-procurement and the transition to Molina Healthcare. • Mr. Baackes announced that in accordance with the findings in Motion BOG 100 approved earlier in today’s meetings and public health guidelines, L.A. Care will begin to resume 	

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	<p>public in-person meetings for the Board of Governors and its committees. L.A. Care will invite participants to come to the meeting in person, or they can continue to participate virtually. The first in-person meeting will be the Compliance & Quality Committee meeting on October 20, 2022, Chaired by Dr. Booth. The in-person meetings will be held at 1055 W 7th Street in Los Angeles. The meeting will be on the 10th Floor, where meeting rooms have the equipment for the virtual meetings. Meeting materials will be provided on the website, with information about virtual participation. Public health guidelines will be followed during the meeting. Currently, in Los Angeles masks are optional. It is asked that the individual choice to wear a mask is respected. It is understood that the pandemic is not over, and even though the rate of infection is lower and hospitalizations are low, and deaths are rare, mainly because many people have gotten vaccinations and boosters. L.A. Care is also aware that a serious flu season has been forecast. Mr. Baackes invited Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, to comment.</p> <p>Dr. Seidman noted that it is possible for a significant uptick in COVID-19 transmission, or a flu season that results in a significant number of very sick people requiring hospitalization. He supports the recommendation that incremental steps are taken toward hybrid and in-person meetings in the future. The public health guidance supports a safe return to in-person meetings, with masking in indoor public places as personal preference. In the event of an impending overwhelming demand on the hospital system this winter, the public health authorities will make recommendations at that time. The next step after the current level of recommendation for masking according to personal preference would be guidance that masking is strongly recommended. If needed, public health guidance would then mandate wearing a mask indoors in public places. He noted that a number of Los Angeles residents have not gotten a vaccination nor a booster against COVID, and those getting the flu vaccine is also limited around 50%. He recommends getting the vaccinations and boosters.</p> <ul style="list-style-type: none"> • Mr. Baackes referred to the summary of the Board Retreat held in September, which is included in the meeting materials. He appreciated the participation by Matt Eyles, President and CEO of America’s Health Insurance Plans and Cheryl Phillips, MD, AGSF, President and CEO, Special Needs Plan Alliance; they were terrific additions to the program. <p>Supervisor Mitchell noted that she has a growing concern about the potential for confusion on the part of Medi-Cal beneficiaries because of all the transitions that are going to happen. She asked about L.A. Care’s outreach and communication plan to the membership for all the changes. She is hoping it will be culturally and linguistically competent, and will help people understand what is happening. She would like members to know about their power to choose their provider or to stay with an existing provider. Mr. Baackes thanked Supervisor Mitchell for her question. This will overshadow L.A. Care for the next two years. Beginning January 1,</p>	

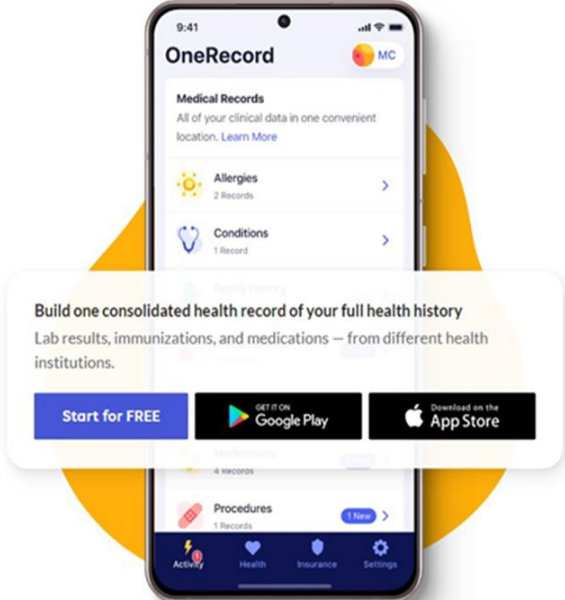
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	<p>2023, L.A. Care expects another 100,000+ members who are currently fee for service (FFS) Medi-Cal beneficiaries, who will be moved to managed care. L.A. Care has asked that the members are transitioned over a 90-day period, but DHCS will instead transition them all on January 1. Health Plans do not have any history for these members and have asked DHCS to provide as much information as possible, particularly information for primary care services, so the members can be assigned to their current provider for continuity of care. Because these will be members who are new to L.A. Care, there will be limited outreach opportunities to these new members. L.A. Care will be training Community Resource Center (CRC) staff so when the new members are notified they can go to the CRC for more information, as well as use the Member Services toll free numbers. L.A. Care has overflow staffing available to serve the expected increase in the volume of calls during the initial transition period.</p> <p>On January 1, 2024, two and possibly three additional enrollment changes will happen. The current L.A. Care members served through Kaiser Permanente will transition under the new contract between DHCS and Kaiser Permanente. L.A. Care will be working on the notice sent to members to minimize confusion as much as possible. Also occurring on January 1, 2024 will be the enrollment of eligible members ages 26-49, regardless of immigration status. Approximately 150,000 people are expected to become eligible. Lessons learned during enrollment of those 50 years of age and older earlier in 2022, will be applied to the enrollment of these new members. L.A. Care will continue to work closely with FQHCs and the Los Angeles County Department of Health Services (DHS) to best serve these members. L.A. Care has policies and procedures in place to ensure that new members are enrolled and assigned to their current primary care doctor, if they have one.</p> <p>Board Member Ghaly and DHS staff have been very helpful with the primary care provider assignments, and shared information to help the new members transition smoothly. A new field has been added to L.A. Care's enrollment to make the matching process better. L.A. Care's customer service staff includes multiple language capabilities. Among the biggest concerns is the resumption of the eligibility redetermination process. It is expected that the current public health emergency could potentially be extended to April 2023, because of the risk of a winter surge in COVID-19 coupled with the flu season. It is expected that the eligibility redetermination for Medi-Cal will begin in mid-2023, and beneficiaries will be processed on their anniversary dates over the course of a year. L.A. Care has been preparing for the redeterminations. Phinney Ahn, <i>Executive Director, Medi-Cal</i>, has participated in a statewide workgroup. L.A. Care staff and consumer advisory committee members are participating in the Ambassador program created by DHCS to help in the redetermination process. DHCS communicates directly with the Ambassadors to help distribute information in their communities. At least three categories of people who might be at risk for becoming ineligible</p>	

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	<p>for Medi-Cal are those who have moved out of Los Angeles County, those whose income has increased above the ceiling for eligibility, and the third group is those who do not respond to the redetermination. For those who become ineligible due to income, L.A. Care is working to make sure they are aware that they can continue with L.A. Care through L.A. Care Covered, and it is likely that all would be able for premium subsidies and would have no cost for the health coverage premium, but would have costs for co-pays and a deductible. L.A. Care will conduct outreach to encourage a response to the redetermination process so that they don't lose health care coverage. L.A. Care will have more CRCs open by mid-2023. There will be staff at the CRCs who are trained to help members complete the redetermination paperwork.</p> <p>If the re-procurement process continues as planned, the change in the commercial plan is scheduled to take effect on January 1, 2024. The 1.1 million Medi-Cal beneficiaries enrolled with Health Net will be notified 90 days prior. They will have the option to transition to Molina Healthcare or enroll with L.A. Care. There has been no previous experience for a transition of this scale in Los Angeles County. L.A. Care will work with Health Net and Molina to align communications and minimize confusion. L.A. Care members will not be affected by the re-procurement and will not receive a notice. Supervisor Mitchell stated that the next two years it will be critical in how we communicate with members. She encouraged taking leadership in communicating with DHCS to make sure that the needs of beneficiaries are front and center for these public policy changes. She asked that the Board be updated as frequently as possible. She recently attended an event at the Inglewood CRC, and her fear is that if people don't know about the CRCs they won't know to go there to get help. She also asked that L.A. Care tries to be as aggressive and creative as possible in communication and ongoing advocacy because there are so many opportunities for people to fall through gaping gaps during these changes. Mr. Baackes noted that L.A. Care is working to close those gaps and is working through social media to provide as much information as possible. There is evidence that Medi-Cal members use social media as much as everyone else, and L.A. Care is moving boldly in that area.</p> <p>Board Member Ghaly agreed that the changes are significant and the tumult is causing massive swings in the population, whether it's the expansion of eligibility for those over age 50 and soon the under 50, pending changes with the re-procurement effort, or redetermination of eligibility. She knows that for DHS, for FQHCs and for private providers and sites, all are supporting the effort to expand coverage. Regulations on the delivery of care do not keep up with existing environment. She suggested that given the huge shifts in memberships pending, how can we effectively ask the state to communicate changes in a way that is accessible to the broad populations. Also, what are the changes that we may all collectively desire for DHCS that could actually facilitate access to care? The rules may be well-intentioned but are rooted in practices from 30 or 40 years ago, or are, in practice, not achieving the goals of enhancing access? So</p>	

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	<p>much struggle is around primary care access, and how do we ensure that there are enough primary care providers for the patients. How do we ensure that there are enough to be assigned to and some of the rules about assignment do not work in favor of actually achieving access for the patients? She suggested if there is opportunity and alignment among plans and providers, to come forward with a set of suggestions to DHCS about its rules, it could be a powerful voice if communicated together. Mr. Baackes noted that is the idea of the Coalition – to have a common voice that takes care of the people she referenced. While the initial coalition is focused on the fiscal side, similarly and wedded to the fiscal side, there is the idea that more reasonable regulations with fewer administrative requirements would probably reduce costs. Simplification is a topic he always talks about with regulators. When new laws are passed and new regulations are imposed, the old regulations remain in place. He agreed that simplifications should be added to the work of the coalition. He noted that a power vehicle for this is Local Health Plans of California, which represents 16 health plans with 8.8 million Medi-Cal members in California.</p>	
<ul style="list-style-type: none"> Grants and Sponsorship Report 	<p>Mr. Baackes referred Board Members to the written report included in the meeting materials.</p>	
<ul style="list-style-type: none"> Healthcare Data Interoperability 	<p>Mr. Baackes noted that health plans increasingly share data. The methods for data sharing have always been a challenge. New rules and regulations are being released which will affect L.A. Care’s members and providers. He introduced Tom Schwaninger, <i>Senior Executive Advisor</i>. Mr. Schwaninger presented information about recent and upcoming changes in healthcare data interoperability (<i>a copy of his presentation is available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> Centers for Medicare and Medicaid Services and Health and Human Services issued new rules in late 2020, developed by the Office of the National Coordinator for Health Information Technology. An Application Program Interface (API) is a way for two or more computer programs to electronically communicate with each other without human intervention. <ol style="list-style-type: none"> Provider Directory API, released January 2021, makes all provider directory data publicly available via new health level 7 Fast Healthcare Interoperability Resources (HL7 FHIR) technical standards Patient/Member Access API, released January 2021, at the Consumer/Member direction and approval, makes member data available to third party applications using new HL7 FHIR Standards Payer to payer data exchange is expected soon, inbound and outbound data consumer-directed, plan to plan. L.A. Care implemented a Provider Directory API in March 2022 <ul style="list-style-type: none"> Examples where third parties and providers use this data: 	

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	<ul style="list-style-type: none"> ▪ Provider search and health plan shopping ▪ Provider network analysis - plans can more easily compare provider networks ▪ Provider Referrals - providers can easily know who is in network <ul style="list-style-type: none"> • Patient Data Access: L.A. Care is currently testing an app for members called OneRecord. Smartphone Apps are allowed to access a member's data with their consent. The third-party apps are regulated by the Federal Trade Commission, and are not subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). <div data-bbox="470 451 1501 1047" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <h3 style="margin: 0;">Meet OneRecord</h3> <p style="font-size: small; margin: 0;">OneRecord is the only app available on iOS, Android, and the Web that enables you to access, aggregate and share your healthcare data with the people and organizations you trust</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>Patients Instant, simple access to your full medical history</p> <p>Providers Compliance for the ONC Patient Access Rule</p> <p>Payers Compliance for the CMS Patient Access Rule</p> </div> <div style="width: 65%; text-align: center;">  <p>Build one consolidated health record of your full health history Lab results, immunizations, and medications — from different health institutions.</p> <p>Start for FREE GET IT ON Google Play Download on the App Store</p> </div> </div> </div> <ul style="list-style-type: none"> • A CMS rule is expected to be re-issued soon for payer to payer data exchange: At the member's request, the prior health plan is required to share five years of data with the member's new health plan. (details yet to be announced) 	

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	<div data-bbox="436 191 1600 649" data-label="Diagram"> <p>RECEIVE MEMBER DATA A payer must be able to receive data from another health plan spanning up to the previous 5 years the patient was insured by them.</p> <p>COMMUNICATE WITH NEW HEALTH PLAN A payer needs to be able to send their member's data, during and up to 5 years after their cover ends, to the new health plan that now insures the patient.</p> <p>SEND MEMBER DATA A payer needs to be able to send their member's data, during and up to 5 years after their cover ends, to any other recipient identified by the patient.</p> </div> <ul style="list-style-type: none"> The health data exchange journey continues: <ul style="list-style-type: none"> California is launching a new Health Data Exchange Framework (DxF) Federal rules require providers to share more information with patients Forthcoming rules will facilitate electronic authorizations between providers and payers <p>Board Member Vaccaro asked if the intention of the patient member data access is to provide access to information about the member directly with the provider or is it to see additional information from the health plan? Mr. Schwaninger responded that CMS indicated that it is to provide a broader view of information about the providers. More in-depth data is available through individual providers.</p> <p>Board Member Booth asked about an image in the slide on page 72. Mr. Schwaninger responded that the image displays the variety of provider data included in the provider directory and the relationships between providers and networks. The CMS rule related to provider directories applies to all the payers that are regulated by CMS, which includes Medicaid and Medicare health plans. Using the provider directory data interfaces will be voluntary for the commercial health plans which are not regulated by CMS, but it is expected that they will do so.</p> <p>Board Member Gonzalez asked about information gathered about minor persons. Mr. Schwaninger noted that this question is frequently discussed among those in the industry. The consent of members over 18 years of age is required to allow L.A. Care to share data with the third party app. L.A. Care will make clear to members that the consent should be carefully considered. Mr. Baackes noted that L.A. Care is concerned about security of member data.</p>	

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	<p>L.A. Care will work more with advocates asking for data sharing to ensure member privacy is protected.</p> <p>Board Member Vaccaro noted that member consent can be complicated, she asked if consent involves actively opting in to the app? Mr. Schwaninger noted that L.A. Care will only share information with a third party app if the member approaches L.A. Care with consent provided to both the third-party app and to L.A. Care. Regulations require L.A. Care to provide the data to any application with member consent. L.A. Care can block a third party app that has acted inappropriately.</p> <p>Board Member Booth asked about the time period for information sharing. Mr. Schwaninger indicated that there is a re-authorization time frame. The member would be required to have log in credentials for the third party app.</p> <p>Chairperson De La Torre expressed his hope that implementation of the new rules goes smoothly given the complications Mr. Schwaninger described.</p>	
<p>MOTIONS FOR CONSIDERATION</p> <ul style="list-style-type: none"> Scout Exchange Contract Amendment 	<p>Terry Brown, <i>Chief Human Resources Officer</i>, indicated that L.A. Care staff requests approval to execute Amendment V of the contract with Scout Exchange, extending the contract through September 30, 2023, with an additional \$6,500,000 for a total cost not to exceed \$33,964,908. Scout provides L.A. Care with software to assist in the management of contingent workers. Using Scout streamlines the contingent workforce management process, including timecards, staffing requests, and vendor management.</p> <p><u>Motion BOG 102.1022</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$6,500,000 not to exceed a total spend of \$33,964,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2023.</p>	<p>Unanimously approved by roll call. 10 AYES</p>
<ul style="list-style-type: none"> Ntooitive Contact 	<p>John Cota, <i>Senior Director, Creative & Marketing</i>, introduced a motion to authorize \$11,215,332.00 to the Ntooitive Contract for the next fiscal year for all advertising campaigns, including the launch of the new Duals Special Needs product, and for L.A. Care Covered.</p> <p>Board Member Booth noted a typographical error in the total amount of the contract (on page 82).</p> <p><u>Motion BOG 103.1022</u> To authorize staff to execute a new statement of work with Ntooitive in the amount of \$11,215,332 for marketing campaigns for L.A. Care’s direct lines of business, including</p>	<p>Unanimously approved by roll call. 10 AYES</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2022 through September 30, 2023.	
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	<p>PUBLIC COMMENT</p> <p><i>Thank You Chair De La Torre, My comment is related to the betterment of healthcare outcomes according to LA Care's public health insurance coverage. If we are free to talk and communicate with LA Care to make sure the needs of us as beneficiaries are heard it would be a big help to not only better health insurance regulations by working together with LA Care making services more accessible but of course it would help save lives. If we could reconvene our RCAC's so that we could increase our vocal point of view from many different perspectives it will definitely be a great opportunity that is not prejudicial for all individuals to speak and bring back the democratic process during Both the ECAC & RCAC meetings. If you want to know how to better communication throughout LA County it is already established through the 11 Committees we have had for 20 plus years!</i></p> <p><i>ALSO I HAVE BEEN ASKING FOR THIS WE NEED TO HAVE DROP BOXES AND OR SURVEYS THAT CAN BE ANONYMOUS AFTER EACH VISIT TO THE HOSPITAL, URGENT CARE, DOCTORS APPOINTMENT, EMERGENCY ROOM VISIT, PHYSICAL THERAPY APPT & etc., To hold all Medical professional accountable including office professionals as well.</i></p> <p><i>Thanks again, Andria McFerson, ECAC/RCAC 6 CHAIR</i></p> <p>Board Member Perez noted that she will be leaving this meeting to attend the “20th Vision y Compromiso” annual conference, where she will be singing during the opening ceremony. She is a health promoter, and she thanked L.A. Care for supporting health promoters. She looks forward to getting together in person with health promoters from across the U.S. at the conference.</p> <p>Board Member Gonzalez thanked all the members that listened to the Board meeting today. They appreciate the attendance and welcome comments, suggestions and questions. They urged everyone to continue to use masks, get vaccinated, and get their booster shot if eligible. They sent warm thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic.</p> <p>ECAC met on September 14 (<i>approved minutes can be obtained by contacting Community Outreach & Engagement staff</i>):</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Dr. Li gave a Chief Medical Officer update. He spoke about COVID 19 and Monkey Pox viruses, and availability and efficacy of the vaccines. He described ways that health organizations are collaborating in Los Angeles County to address outbreaks. • Mr. Baackes gave a CEO update. He advised members that participation in Medi-Cal won't affect anyone's immigration status, as the rule was changed. He reminded members to complete and return the Medi-Cal eligibility redetermination forms as quickly as possible to avoid interruption in coverage, once the redetermination is in effect. • Dr. Eakins spoke about: <ul style="list-style-type: none"> - Community Resource Centers currently offer many classes including wellness, health education, parenting, nutrition, exercise, and help people with their benefits. She advised that members can go on line or call for more information on monthly offerings through the CRCs. The CRCs offer a wide variety of classes. Every CRC is unique in serving the local community. - Dr. Eakins reported that she attended the grand opening of the Inglewood CRC. She encouraged members to visit the new center and to use the services and classes being offered. Information on classes is available online. Dr. Eakins encouraged members to reach out to the nearest CRC for the most current calendar of events and services. - Dr. Eakins thanked the ECAC members that responded with the names of organizations in their area for a potential partnership with Human-IT. Flyers are available on this program, and staff will share information with those agencies. The program will launch, and will offer 200 low- income families (who meet federal guidelines) the opportunity to apply for a new Google Chromebook (while supplies last), have access to computer literacy classes, and assistance with identifying low-cost internet based on their service area. The goal of this partnership is to address the digital divide among our member population and the larger L.A. County community. One does not have to be a L.A. Care member to qualify. Those with any questions should reach out to their assigned Field Specialist. - 2022 Hispanic Heritage Month events have started. The theme for the 2022 Hispanic Heritage Month is "Unidos: Inclusivity for a Stronger Nation." The four-part health and culture sessions will begin September 15, 2022 and will continue each Thursday until October 13, 2022. All sessions will start at 10 am. Please contact CO&E for more information. Board Member Gonzalez is looking forward to the cooking class. • Demetria Crandall reviewed the Appeals & Grievances process to help members use the process and improve the member experience in accessing care. She helped members understand the process of filing an appeal and grievance and advised them of their rights while they wait for a resolution. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Perez noted that the cooking class for Hispanic Heritage Month was held today from 10-Noon. It was called, A Celebration of Comida y Familia, and the instructor was Sonia Guzman and the moderator was Roland Palencia, formerly with L.A. Care and now a professor at Cal State Northridge. The dish was a Carnecitas, and there was discussion about herbs, how to condiment meals instead of using salt. There was a lot of tradition and memories discussed. The last webinar is titled, Salud y Bienestar Latino: Cómo la Dieta Impacta la Diabetes, and will be held on October 13 at 10 am. The moderator will be Sonia Vasquez, Director, Center for Health Equity, L.A. County Department of Public Health, and panelists include Janine Souffront, RD, Supervisor, L.A. Care Health Plan, Lisa Diaz, MSN, RN, PHN, CDCES, Pomona Valley Hospital, and Maria Lemus, Executive Director, Visión y Compromiso. A Special Guest at this event will be Jessica M. Wilson, MFA, Los Angeles Poetry Society. Member Perez encouraged all the Board Members to attend.</p> <p>Chairperson De La Torre thanked Board Members Gonzalez and Perez for their report and for all that they do to represent the members at the board meetings. This is a unique feature of L.A. Care; no commercial plan has public members in their organization’s leadership. The work is greatly appreciated in speaking for L.A. Care’s members.</p> <p><i>(Board Member Perez left the meeting.)</i></p>	
Technical Advisory Committee	<p>Richard Seidman, <i>Chief Medical Officer</i>, reported that the Technical Advisory Committee (TAC) met on September 7.</p> <ul style="list-style-type: none"> • Mr. Baackes updated the Committee on L.A. Care’s Gun Violence Resolution, Reproductive Rights Resolution and the L.A. County Safety Net Coalition, which he spoke about earlier in this meeting. • Phinney Ahn, <i>Executive Director of Medi-Cal</i>, reported on the 2024 Medi-Cal Managed Care Contract Requirements and Operational Readiness, which was presented to the Board of Governors during a prior meeting (<i>a copy of her presentation, which was also presented to the Board in September, can be obtained by contacting Board Services</i>). • Dr. Seidman gave an update from the Chief Medical Officer report. 	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>Attended RCAC 8, recognize the staff supporting the Received on October 6, 2022 at 12:48 p.m. from Andria McFerson, RCAC 6 Chair, via text: <i>Chair De La Torre,</i> <i>I am Andria McFerson Chair from RCAC 6....</i> <i>Regarding ITEM #10 the Housing and Homelessness Incentive Program (EXE 102).....I have been advocating for proper homeless education towards those who facilitate the necessities of those who are experiencing homelessness for over 7 years now. I have been there myself so I did design a specific type of housing</i></p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>program dealing with not only empathy training for those who service the unhoused but also a psychological eval to receive proper services pertaining to each individuals own life situation. Please contact myself or any one Staff from the Executive Advisory Committee and they will give me your contact information and I will be happy to help. Working together towards ending homelessness, providing resources from all perspectives, unapologetically is the key, and a necessity! Thank You, Andria McFerson, ECAC / RCAC 6 CHAIR</i></p> <p>Chairperson De La Torre reported that the Executive Committee met on September 20 (<i>approved meeting minutes can be obtained by contacting Board Services and will be available on the website</i>). The Committee reviewed and approved a motion that were approved earlier today on the Consent Agenda.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> The 2021-22 California Legislative session has ended. A list of laws significant to L.A. Care’s operations and enacted by Governor Newsom will be included in the November 2022 Board meeting materials. A draft of L.A. Care’s 2023 Policy Agenda will be brought to the Board for consideration, likely in November, 2022. Discussion of the policy agenda will include state budget and lower tax revenue considerations due to the recession, and how that may impact current programs and future legislation. The United States Congress passed a continuing resolution to keep the federal government in operation through December 16. This is likely the last issue to be voted on before the November mid-term elections. The results of the election will determine which policies will be considered in 2023-24. The new public charge rule will take effect on December 23, 2022. It puts prior protections in place for immigrants’ access to important programs for welfare, health care and child care. This is particularly important as California expanded access to programs for undocumented residents. <p>Board Member Gonzalez invited Ms. Compartore to attend the ECAC meeting to answer any questions from the consumer members about propositions on the ballot for the election coming up on November 8, 2022. Ms. Compartore noted that she would be happy to describe the propositions on the ballot and answer any questions.</p>	
<ul style="list-style-type: none"> L.A. Care Health Plan Qualified Supplemental and 	<p>Mr. Brown indicated that the motion is to approve an amendment to the Supplemental Executive Retirement plan, to bring the contributions in the plan into alignment with the previously approved contract with the Chief Executive Officer.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Non-Qualified Supplemental Defined Contribution Plans Amendments</p>	<p><u>Motion EXE 101.1022</u></p> <ol style="list-style-type: none"> 1. To approve the amendment of the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan to continue the current annual allocations for the Chief Executive Officer for the period from March 23, 2022, to March 22, 2024; and 2. To authorize and direct the Chair of the Board to execute appropriate amendments to those Plans. 	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Raffoul, Roybal and Vaccaro)</p>
<ul style="list-style-type: none"> • Housing and Homelessness Incentive Program 	<p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, summarized the motion to approve non-binding plan priorities for the fund, and a small amount for implementation (<i>a copy of her presentation is available by contacting Board Services</i>):</p> <p>The Housing and Homelessness Incentive Program (HHIP) is a new DHCS incentive program for Medi-Cal Managed Care Plans (MCPs). There are two program goals:</p> <ol style="list-style-type: none"> 1. Help MCPs develop the capacity and partnerships to connect members to needed housing services, and 2. Reduce and prevent homelessness. <p>To draw down funds, MCPs must demonstrate progress toward HHIP program metrics. This requires collaboration with the local Continuums of Care (CoCs) and housing authorities, as well as housing stakeholders.</p> <p>L.A. Care is eligible to receive one-time funding up to \$290 million by March 2024 for completing 16 metrics related to improving infrastructure, services, and access to housing for members experiencing homelessness. Staff estimate that L.A. Care will meet enough metrics to earn approximately \$211 million, but may be able to earn more or less depending on performance.</p> <p>L.A. Care submitted a letter of intent to participate in this program and developed a local homelessness plan in collaboration with Health Net, other plans and housing agencies, which was submitted in August. L.A. Care also submitted an Investment Plan at the end of September. The non-binding Investment Plan (IP) detailed investments needed to achieve program metrics. DHCS is not requiring MCPs to specify how incentive funds will be spent.</p> <p>There are four components to the IP:</p> <ol style="list-style-type: none"> 1. Description of Investment Activities <ul style="list-style-type: none"> • Funding amounts, recipients, timelines, and impacted HHIP measures 2. MCP Narrative of Risk Analysis to achieve HHIP goals and make successful investments 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>3. Signed CoC Letters of Support</p> <p>4. Signed Attestation by MCP</p> <p>L.A. Care and Health Net are currently developing investment plans for LA County, in partnership with Core Planning Stakeholders and other partners.</p> <ul style="list-style-type: none"> • Estimating which metrics we can meet (and what associated funding we expect) • Estimating costs for required activities to meet metrics • Identifying potential investments to improve infrastructure, care, and housing outcomes <p>Ms. Carmona expressed appreciation for the support of the L.A. County Chief Executive Officer’s Homeless Initiative for co-facilitating much of the process shown below. The five top priorities in the IP are:</p> <ol style="list-style-type: none"> 1. Infrastructure: Health Information Exchange, Data Exchange, Workforce <ul style="list-style-type: none"> • Data exchange and connectivity between HMIS data system and health plans. • Data exchange w/other housing & homeless services partners (Los Angeles County Departments of Mental Health and Public Health, Community Supports providers) • Workforce development and support, especially for housing navigation and tenancy services 2. Street Medicine <ul style="list-style-type: none"> • Street Medicine extends beyond Primary Care Services; the goal can also be to stabilize and connect to PCP services (example: wound care). • Potential inclusion of behavioral health and public health partners • Potential Health Information Exchange (HIE) project • Technical Assistance and Capacity Building 3. Programs to Get & Keep People Housed <ul style="list-style-type: none"> • Expanding utilization of housing-related Community Supports (CS) • Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness 4. Housing Placement <ul style="list-style-type: none"> • Master lease buildings • Partner with COCs and County to increase utilization of tenant-based vouchers • Cover long term costs in order to unlock funding for master leasing and new development 5. Housing Accessibility <ul style="list-style-type: none"> • Field-based team to assess individual needs 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Access to interim and permanent housing for people with additional needs for activities for daily living • Enhanced services funding to get members placed in Adult Residential Facilities (ARFs) and/or Residential Care Facilities for the Elderly (RCFEs) <p>Ms. Carmona highlighted the work being done to ensure the program priorities will align with the new Los Angeles County Homeless Initiative Framework. She referred Board members to the funding estimates detailed on the first page of the Motion Summary (page 115 of the meeting materials). She emphasized that the document is non-binding and adjustments can be made as the program progresses. There will be future opportunities to discuss the program in detail.</p> <p>Board Member Booth asked about ways to support people who are not homeless but are experiencing difficulties in maintaining their current housing. Ms. Carmona noted that prevention efforts were discussed during the development of this program. The priorities were developed based on the metrics that must be met. L.A. Care and its partners are exploring opportunities and will address prevention as much as possible while still maintaining focus on achieving the program metrics in order to receive funding. Member Booth commended Ms. Carmona on her ability to explain the programs, and she noted that Ms. Carmona is very well-informed about the subjects.</p> <p>Board Member Vaccaro thanked Ms. Carmona and her team for their work, and she expressed that they have done an excellent job in responding to the needs in the community. She asked about the street medicine component, as the representative for community clinics in Los Angeles County. She also stated she is a member of the LANES Board of Directors and she noted the importance of the potential health information exchange component. Ms. Carmona indicated that these have been significant parts of the discussions and connects to the work L.A. Care is doing for the CalAIM program. She acknowledged the work by Mr. Schwaninger in these areas. There are early conversations taking place with stakeholders in these areas to build integrated systems that are easy to use and understand and make the most sense in leveraging community resources.</p> <p>Board Member Ballesteros asked about how investments will be made in infrastructure to support these programs. Ms. Carmona noted that there is support proposed for technical assistance to agencies to help prepare the infrastructure. Member Ballesteros asked if there will be allocations for staffing. Ms. Carmona noted that is included in the workforce investment line item.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Ballesteros noted that there is a lack of sufficient housing facilities. He noted that when his organization is able to place people in interim housing there is a need to move them along later to a more stable situation. The navigation is difficult if the physical capacity doesn't exist. Ms. Carmona responded that this is discussed at length by the stakeholder group. There are other initiatives to help build the capacity. L.A. Care is working closely with Los Angeles County on how to best build the capacity for housing. There are some metrics in this program that will be tremendously difficult to meet in Los Angeles County where there are large numbers of people in need but there is a lack of capacity. Member Ballesteros noted that one of the biggest challenges with street medicine is being able to bill for the services provided, in situations where getting paperwork completed and determining eligibility for the patient is secondary to providing immediate care, and it can be a barrier to providing needed services to people on the street. He asked if there will be a different payer strategy, or is it assumed that regular benefits offered through a health plan will be used before supplemental payments that may come through this initiative for street medicine? Ms. Carmona noted that this was recognized early on and a number of strategies are being reviewed with stakeholders to support the street medicine approach, including a capitated (per member per month) arrangement and a fee for service (FFS) option where there is not time. The stakeholder group is looking at reimbursement methods for the immediate care situations and there are conversations with community clinic affiliated IPAs and DHS sites to determine the particular impacts to these providers given the number of homeless in those network, and find creative ways to best support these interventions.</p> <p>Board Member Ballesteros commented that all programs that bring services to the homeless are very important. But increased funding for street medicine may bring additional mobile teams to the area, and managing this should be carefully considered so patients are not confused by all the different providers who may be making changes to their health care coverage records. Ms. Carmona indicated that this concern is important to the stakeholder group and is included in their discussion.</p> <p>Mr. Baackes commended Ms. Carmona and Alison Klurfeld who have tackled this very difficult issue and put it into a reasonable context to use this funding for needed services. He noted that one overriding issues are the supply of housing units, which is not directly addressed by this initiative. L.A. Care asked DHS if it is working across other agencies to facilitate construction, there was not a reassuring answer. Builders of housing have strongly expressed a need for streamlining the permit process and should be a high priority. With regard to the street medicine, it seems that care providers are ahead of needed change in regulations to allow managed care plans to engage with the street medicine providers. L.A. Care would like it to move from being episodic to more of a relationship opportunity. It would be helpful to provide</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>feedback to regulators on the best ways to do that, and L.A. Care would like to work with clinics on this.</p> <p>Chairperson De La Torre commented that the concept of housing plus is the way health plans should address this and build policy in this area. Communicating the elements of the program to address homelessness is important. Polling shows that people want to know there is a common sense plan to address homelessness. It has not happened yet. This program, with a roadmap to help people on the streets is the right path to resolve this terrible situation where our fellow human beings exist in terrible conditions. He thanked Ms. Carmona, Ms. Klurfeld and Mr. Baackes for the leadership in this space. L.A. Care has a county-wide reach and can achieve wonderful things.</p> <p><u>Motion EXE 102.1022</u></p> <ol style="list-style-type: none"> To approve the Housing and Homelessness Incentive Program (HHIP) investment priorities. To approve a Housing and Homelessness Incentive Program (HHIP) Investment Plan of up to \$70 million. 	<p>Unanimously approved by roll call. 9 AYES</p>
<p>Finance & Budget Committee</p>	<p>Chairperson De La Torre reported that the Committee met on September 20 (<i>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 amendments to the Change Health Care Resources contract and Infosys Limited contract. Neither motion requires full Board approval. 	
<p>Chief Financial Officer Report</p>	<p>Marie Montgomery, <i>Chief Financial Officer</i>, presented Financial Reports for July 2022 (<i>a copy of the presentation can be requested by contacting Board Services</i>).</p> <p><u>Membership</u></p> <p>July total membership is 2,689,908; 18,552 members unfavorable to the 9+3 forecast. This is the first month comparing to the updated forecast so the month and year to date (YTD) variances are the same. The main driver is an adjustment to membership related to the deceased member audit by DHCS, which resulted in an adjustment of 12K fewer members. The decrease to revenue for this audit was recorded in May.</p> <p><u>Consolidated Financial Performance</u></p> <p>The net deficit for July was \$13 million; \$1.5 million unfavorable to the 9+3 forecast. The operating margin is unfavorable to the forecast by \$20 million, driven primarily by the incurred claims, which are unfavorable to the forecast by \$10 million. Other unfavorable items include true-ups to the capitation deductions our providers, and the corrected claims recovery</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>adjustment of \$5.7 million. These items are offset by favorability of \$4.4 million in Community Based Adult Services (CBAS) and \$5.3 million in Provider Incentives, due to timing.</p> <p>Administrative expense was favorable \$4 million to the forecast due to lower spending in salaries and benefits driven by open positions and timing in other administrative spending. Non-operating expenses are favorable \$14 million vs the forecast driven by timing in grant spending, lower Community Resource Center (CRC) expenses, and a decrease in unrealized losses in investments.</p> <p>Net surplus YTD was \$30.6 million; \$1.5 million unfavorable to the forecast. The YTD variances are the same as discussed earlier since this is the first month comparing to the new 9+3 forecast.</p> <p>The overall MCR is 93.6% versus forecast of 93.3%.</p> <p><u>Monthly Reported vs Paid Claim Trend</u></p> <p>There has been some volatility over several months in claims, mainly related to the corrected claims process. July was a low paid month, however it is expected that August paid claims will be at a record high level for L.A. Care. The claims inventory has decreased. Staff is focusing attention on these recent trends and will report on it at a future meeting.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> • The MCR is 93.6%. • The administrative ratio was 5.5%, lower than the forecast of 5.6%. • Working Capital and Tangible Net Equity are ahead of benchmarks. • Cash to claims is below the benchmark. The cash to claims ratio will not fully recover until the In-Home Support Services (IHSS) balance is settled with the Department of Health Care Services (DHCS). <p><u>Tangible Net Equity and Days of Cash on Hand</u></p> <p>Fund Balance for July 2022 was \$1.08 billion which represents 529% of Tangible Net Equity. The target of 600% was based on the average of the 8 other Local Initiatives and County Organized Health Systems. There is sufficient cash for operating expenses for the next 41 days for July 2022.</p> <p><u>Motion FIN 103.1022</u> To accept the Financial Reports for July 2022 as submitted.</p>	<p>Unanimously approved by roll call. 9 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<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 July 31, 2022 was \$1.8 billion.</p> <ul style="list-style-type: none"> \$1.5 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$73 million in Local Agency Investment Fund \$254 million in Los Angeles County Pooled Investment Fund 	
<p>Compliance & Quality Committee</p>	<p>Board Member and Compliance & Quality Committee Chairperson Booth reported that the committee met on September 15 <i>(approved meeting minutes are available on the website and can also be obtained by contacting Board Services)</i>.</p> <ul style="list-style-type: none"> Mr. Mapp and the Compliance Department staff presented the September 2022 Chief Compliance Officer report. As part of the report staff gave updates about: <ul style="list-style-type: none"> The consolidation of the Special Investigations Unit and Enterprise Performance Optimization into one singular Compliance Department on October 1. This will increase efficiency and create opportunities to streamline and reinvent how these units perform in the Compliance Department. Todd Gower, <i>Consultant, Compliance Internal Audit</i>, gave an update on 2022 Health Industry Collaborative Effort (HICE). HICE is collaborative effort with other health plans to audit medical groups around IT security issues that have been identified because the medical groups can care for patients from more than one health plan. Most groups have more than one health plan responsible for the IT security audit. HICE was created as a vehicle for health plans to collaborate on a collective security audit. Twelve medical groups that L.A. Care looked at had been covered by other health plans that didn't have the resources to do those IT security audits. L.A. Care stepped up, provided guidance, and helped them improve their processes so they understand and know what to look for. Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, spoke about how the Compliance Department is improving the process for assessing risk. He gave a high level overview of the process and setting up a feedback loop to maintain awareness of risk. The process starts with market factors, business strategies, key business initiatives, processes, non-compliance lists, and issues lists. The intent is to map those factors and initiatives to the inherent risk universe, to find risk based on criteria, grading risks from one to five. They are graded based on its potential of occurrence and the impact should it occur. They sort by the nature of the risk, whether its strategic operations, compliance, and financial, working through these factors and developing a 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>monitoring plan, reassessing the risk at the end of the year and looping back around and continuing to review the risk and rate them.</p> <ul style="list-style-type: none"> • Dr. Seidman gave a Chief Medical Officer report. He advised the committee that L.A. Care’s work for the next several months before January 1, will be on the continued implementation of CalAIM, including new Community Supports program. • Ani Isayan, <i>Quality Improvement Project Manager</i>, gave a report about provider performance on after-hours appointment accessibility and availability. L.A. Care sets goals at the point where the plan has achieved a statistically significant improvement over a prior year’s result. In many cases, these goals are set at very high levels. Starting in Measurement Year 2020 Quality Improvement moved from providing Participating Physician Groups with Medi-Cal specific report cards to an Aggregate Report Card. As of 2021, Quality Improvement moved from receiving Line of Business specific reports to receiving aggregate reports. <p>Next Steps include:</p> <ul style="list-style-type: none"> - Quality Improvement Accreditation will monitor Participating Physician Group Corrective Action Plans and continue to support improved member accessibility - Enterprise Performance Optimization, Compliance, and Quality Improvement will collaborate to ensure changes are being implemented among Participating Physician Groups, Direct Network, Anthem and Blue Shield Promise in response to the corrective action plans. - Staff will increase oversight of Direct Network with Oversight and Monitoring, following up on Corrective Action Plan requests and reporting out to the Direct Network Steering Committee. <ul style="list-style-type: none"> • Brigitte Bailey, <i>Quality Improvement Program Manager</i>, gave a presentation about L.A. Care’s Member Experience Improvement Efforts. There are many efforts in place to improve member experience, here are three highlights: <ul style="list-style-type: none"> - Elevating Customer Experience Cross-Functional Team. The cross-functional team brings together stakeholders across the organization to discuss all possible enterprise interventions, activities, and efforts focused on customer experience. Customers can include members, providers and the community. - Sullivan Luallin Group Patient Experience training. The training sessions are developed for clinicians, managers and staff, and delivered by experts in the field of patient experience. - Regular meetings with Participating Physician Groups and Clinics to discuss quality improvement efforts. 	
PUBLIC COMMENT on	Received on October 6, 2022 at 3:12 p.m. from Andria McFerson via email: <i>Chair De La Torre</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Closed Session Items	<p><i>Regarding ITEMS like 14-21 can we please have an opportunity to convene and publicly discuss these things before they are presented and voted on please bring back Roberts Rule of Order and the Brown Act to are members including not only REGIONAL COMMUNITY ADVISORY COMMITTEE & EXECUTIVE COMMUNITY ADVISORY COMMITTEE but, also all Orgs. and all other companies that we purposefully collaborate with along with LA Care to better communication and our cause and help save lives during our public meetings. It is extremely important to hear our voice again like we used to, almost as if it is a notebook for active participants to give relative information to make important life saving decisions. The Ad-Hocs of LA Care already exists and these Ad-hocs are not hand chosen recipients they consist of all communities and all ages, races, incomes edibility, also the physically & mentally disabled strong people of the RCAC'S please bring us back and let us vote unprejudicially again.</i></p> <p><i>Thanks</i></p> <p><i>I also want to show love to LA Care for letting us go out to the community to give food and other information with the Health Promoter program thanks</i></p> <p>Chairperson De La Torre noted that closed session discussion is built into the Brown Act. It is something that is accounted for. He has been doing Brown Act and related government entity meetings for over 20 years. The Brown Act allows for closed session discussion in limited circumstances. Opening a public comment period before the closed session is appropriate. The items are listed on the Agenda and the public can comment on those items. The Board then can take the information from those public comments into their deliberations on the closed session items. This is the way it is supposed to work and the way it has always worked. The limited circumstances are things like (this is by no means an exhaustive list):</p> <ul style="list-style-type: none"> • Litigation: if this discussion was in open session the opposing party to the litigation would know the strategies that L.A. Care is discussing; • Real Estate negotiations: because if you are negotiating with someone, you don't want them to know how much you are willing to pay or under what circumstances; • Personnel matters: L.A. Care's personnel has a right to privacy that has to be respected by the Board as well. The general public does not have a right to get into people's business just because they work for L.A. Care. <p>Those are just three examples and he thinks there are more. This is to give the public an idea of why L.A. Care holds discussion in closed session. It is allowable by law and is dictated by law. L.A. Care is following the law.</p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 3:40 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:41 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES</p> <p>Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates 	

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	<ul style="list-style-type: none"> • DHCS Rates <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>October 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 One Potential Case</p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 7868 Van Nuys Bl., Panorama City, Ca 91402 Agency Negotiator: John Baackes, CEO Negotiating Parties: Decron Properties Corp.- Jason Rocha Under Negotiation: Price and Terms of Payment</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 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>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	<p>The Board reconvened in open session at 4:03 p.m.</p> <p>There was no report from closed session.</p> <p>Ms. Haydel informed the Board of Governors that she had just received news that an attorney who served as L.A. Care's outside counsel, Neal Wolf, who had provided important support to L.A. Care's legal department had passed. She expressed sorrow to his family and appreciation for his creativity. Chairperson De La Torre, on behalf of the Board, extended condolences to his family, friends and condolences, and expressed the Board's appreciation for his work.</p>	
ADJOURNMENT	The meeting adjourned at 4:04 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 11/9/2022 | 6:21 AM PST

APPROVED