Board of Governors
Regular & Supplemental Special Meeting Minutes #310
September 1, 2022

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

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

All via teleconference
**Absent*

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*

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	Hector De La Torre, *Chairperson,* called to order at 8:40 am the regular and special meetings of the L.A. Care Health Plan Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. These meetings were held simultaneously. 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. 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. Board Members have received in writing the voice messages and written comments that were sent before the meeting. All comments sent before and during the meeting will be read for up to three minutes. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda	

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	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. 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.	
APPROVAL OF MEETING AGENDA	The agendas were simultaneously approved as submitted.	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Greene, Roybal, Shapiro, and Vaccaro)**
APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT	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. **<u>Motion BOG 100.0922</u>** **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.**	**Unanimously approved by roll call. 8 AYES** **The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ball**
PUBLIC COMMENTS	Submitted on August 28, 2022 at 1:49 p.m. via text by Carolyn Rogers Navarro *General public comment Read LA Cares history, state people belong in prison, so do LA Care peoples, the state admits people are Dead!* *Why does the state enable these [expletive]?!* *https://www.dmhc.ca.gov/AbouttheDMHC/Newsroom/March4,2022.aspx*	

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	Submitted on August 28, 2022 at 2:20 p.m. via text by Carolyn Rogers Navarro *Public comment board meeting Add, the report admits people died while treatments were denied, while LA Care sat on their fat asses! Why does LA Care get away with this? They need a horsewhipping for wasting taxpayer money!*	
RETREAT DISCUSSION		
Introduction of Speakers • Matt Eyles President & CEO, AHIP • Cheryl Phillips, MD, AGSF President and CEO, Special Needs Plan Alliance	PUBLIC COMMENT Submitted September 1, 2022 at 8:53 a.m. via email by Andria McFerson *Chair Del La Torre,* *My comment is to Matthew Eyles. I am a Executive Advisory Committee Chair of Region 6 which is the Region with many cities, neighborhoods and overall residence of LA County that statically have the highest chronic illness & mortality rate along with an exacerbating amount of chronic mental health illnesses according to medical professionals and the wave map posted below. The most predominant difference in this Region then all other regions in LA County is that it has one of the most highest Colored population in LA County. What are some of the solutions being disgusted by any officials? Also what could done by major officials due to these substantial statistics all over the United States? Are there overall policies that protect the Color residents of America along with of course, low-income communities from overall discrimination? Can any programs also assist with empathy training to those providing care due many unethical concerns reported by many citizens of the Colored community? The concerns I have discussed with many people are being prejudged by medical professionals that they are untreatable, or they have been physically irresponsible so they are unheard during medical appointments. (Ex. genetic heart health and cancer) They have been misdiagnosed, under diagnosed and undiagnosed so they have to self diagnose themselves before they even get an appointment. What can we do as a society to help change these deplorable situations? I was unable to attach the images LA Care all information made from and for LA County soon.* *Matthew Eyles is President & CEO of AHIP, the national trade association representing health insurance providers* John Baackes, *Chief Executive Officer,* noted that there are a lot of people in Washington, D.C. who think they are important. He once heard it described as a "log floating down a river with 10,000 ants on it who all think they are steering". There are people in Washington, D.C. who really do make a difference and he is delighted that two of those are here today. Mr. Baackes welcomed and introduced Matt Eyles, *President and CEO*, America's Health Insurance Plans	**The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,**

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	(AHIP) *(Mr. Eyles' biography is included in the meeting materials.)* L.A. Care is a member of that organization, and Mr. Baackes serves on the Board of Directors. Mr. Eyles is a leader and is well-recognized in the U.S., not only in health care but also in general, for the leading role he takes as a spokesman for AHIP. Mr. Eyles is a very thoughtful leader and is a good listener.	
Developments in Washington, D.C.	*(Board Member Ghaly joined the meeting.)* Mr. Eyles summarized efforts in Congress to address healthcare and other related issues (*a copy of his presentation can be obtained by contacting Board Services*). • The Inflation Reduction Act was signed into law on August 16, 2022. It was the culmination of a long effort to address important priorities for the country, and AHIP was very engaged throughout the process, recognizing the importance of access to health insurance coverage. Two important health care provisions include a three-year extension of the health care premium subsidies in the Affordable Care Act (ACA) which were made more generous by the American Rescue Plan Act, and drug pricing and Medicare Part D reforms. • He reviewed important approaching dates for the U.S. Congress. The U.S. fiscal year ends on September 30, and legislation for continued funding must be passed. Mid-term congressional elections will be held November 8, 2022, and the 118th Congress will begin on January 3, 2023. • Priorities for AHIP are to continue to work for legislation to protect consumers from surprise medical bills and related provider issues as well as improving access to mental health services. Eight areas of focus in policy for mental health services are: o Substance & Opioid Use Treatment o Patient Navigation o Primary Care Integration o Quality Performance & Metrics o Workforce & System Capacity o Achieve Parity o Virtual & Digital Care o Health Equity & Social Factors In response to earlier public comment, he noted that AHIP has been very devoted to advancing health equity, with a number of important efforts across the membership. In 2018, AHIP launched a major initiative, Project Link, focused on social determinants of health and how the health care industry could advance health equity. This initiative looked particularly at the social factors driving health inequities in communities of color.	**The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,**

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	• As COVID 19 activities move from government purchased to the private market it will be important to ensure stable supply of and access to vaccines and treatments, appropriate coverage, and affordability for all. • AHIP priorities for Medicaid include: o Ensure an orderly transition from Public Health Emergency (PHE)-related Medicaid rules o Assure adequate Medicaid funding and actuarial soundness o Increase program accessibility for diverse and minority populations o Allow MCOs to help Medicaid enrollees retain the coverage for which they are eligible post PHE o Expand use of integrated care models for Medicare-Medicaid dual eligibles o Monitor state Medicaid performance • Mr. Eyles reviewed key aspects of California's conversion to the Medicare-Medicaid demonstration model, Dual Special Needs Program. AHIP is supportive of moving toward more integrated models of care, which is the best way to ensure that members receive coordinated care.	
Directions for Dual Eligibles	*(Board Member Perez joined the meeting.)* Mr. Baackes introduced Cheryl Phillips, MD, AGSF, *President and CEO*, Special Needs Plan (SNP) Alliance. *(Her biography is included in the meeting materials.)* She has been a leader in the area of care for people who are eligible for both Medicare and Medicaid (Dual Eligibles). SNP Alliance has become a thought partner with the Centers for Medicare and Medicaid Services (CMS). Dr. Phillips will focus more narrowly on the future of California's Dually Eligible Residents (a *copy of her presentation can be obtained by contacting Board Services*). • Medicare Special Needs Plans (SNPs) are a type of Medicare Advantage coordinated care plan similar to health maintenance organizations (HMOs) or preferred provider organizations (PPOs), but with specific eligibility and service rules • Dually Eligible SNPs (D-SNPs) were first offered in 2006 and made permanent under the Bipartisan Budget Act of 2018 (BBA) • In 2022, D-SNPs are available in 47 states and the District of Columbia • D-SNPs enroll approximately 3.8 million individuals There are three kinds of SNPs • D-SNPs - with two recognized subtypes: o Highly Integrated Dually Eligible (HIDE) and	

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	○ Fully Integrated Dually Eligible (FIDE) • Institutional SNPs (I-SNPs) • Chronic Condition SNPs (C-SNPs) D-SNPs are Medicare Advantage plans that enroll those who are eligible for both Medicare and Medicaid (Medi-Cal) • They are required to have a Model of Care – basically an overarching plan that addresses who the plan will serve, and how they will serve them, and that is approved by an oversite body (NCQA) • All SNPs must include 3 additional quality measures • All SNP enrollees must have an annual Health Risk Appraisal and care coordination services • D-SNPs must integrate long term services and supports and behavioral health. • Must have an enrolled member advisory committee Subtypes of D-SNPs are: <u>Highly Integrated D SNP (HIDE)</u> • Must have a state contract for Medicaid long term services and supports(LTSS) AND/OR Behavioral Health • Parent organization has both the Medicare Advantage Contract with CMS, and the Managed Medicaid contract with the state, but they are not required to have full aligned enrollment • Must coordinate all grievances and appeals for Medicare and Medicaid benefits for enrollees <u>Fully Integrated D SNP (FIDE)</u> • Must have a managed Medicaid contract that includes both LTSS and Behavioral Health • Parent organization is contracted for BOTH Medicare Advantage (D SNP) and MLTSS with aligned enrollment • Must include benefit for 180 days of nursing home care • Must coordinate all grievances and appeals for Medicare and Medicaid benefits for enrollees She described the differences between CalMedi-Connect and D SNPs: <u>Cal MediConnect</u> • Single plan combines all the Medicare and Medi-Cal benefits into one program • Access to supplemental benefits – as determined by the plan • Three-way contract with CMS and the State • Only serve "full benefit Duals" • Care coordination	

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	• "Model of Care" requirement
	• Quality "withhold" measures may be "earned back" (based on state contract terms)
	
	<u>D SNPs</u>
	• May not have fully aligned enrollment and benefits for Medicare and Medi-Cal (see HIDE/FIDE summary)
	• Also have supplemental benefit flexibility
	• Have a contract with the state re: coordination of Medi-Cal benefits
	• Also has care coordination and Model of Care
	• Quality Measures are set by CMS and rolled into Stars program – determines the quality bonus (no withhold)
	• D SNPs may enroll "partial benefit duals"
	
	Dr. Phillips reviewed the proposed federal legislation related to D SNPs:
	Congress and CMS are very interested in advancing dual integration, aligning benefits and coordination for those dually eligible
	
	Two Bills have been released, neither is likely to get out of committee this year but will set the stage for future work for dual integration.
	
	Casey/Scott Bill: S.4264 - Advancing Integration in Medicare and Medicaid (AIM) Act
	• Requires States to submit a state plan for dual integration within one year of enactment (may have some funding for states)
	
	Brown/Portman: S.__ TITLE XXII—ALL INCLUSIVE MEDICARE-MEDICAID (AIM) PROGRAM FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS
	• Creates a new Title for managed Medicare / Medicaid.
	• No longer would those dually eligible have access to MA plans, but states could default to fee for service
	• Would accelerate dual integration – but LOTS of questions remain:
	  o access to supplemental benefits
	  o Potentially 52 versions of Medicare services
	  o Financing not clear
	  o SNPs (including I SNPs and C SNPs when enrolling dually eligible) would go away
	
	Dr. Phillips noted that the discussion about advancing of Dually Eligible integration is moving forward, and government and health plan representatives across the U.S. need to be very articulate about integration of services for the individuals and how coordinated and person-	

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	centered care will be delivered. This is an opportunity to continue the conversation with Congress and at the state level. Chairperson De La Torre thanked Dr. Phillips for her informative presentation and commended her for using the "Schoolhouse Rock" images.	
Moderated Discussion	Mr. Baackes invited Board Members to ask questions, and he asked both presenters about the role of advocacy groups in drafting legislation, rules and regulations. There was objection among advocacy groups to suggestions to align the Medicare and Medicaid benefits in the D-SNP program. Mr. Eyles opined that advocacy groups have an important role, especially as the voice of a sector or group of organizations. It is harder to achieve as a single entity or single issue group; it is important to partner with others. The most important recipe for advocacy success is to work together with different advocacy groups to find common ground and to advance issues. He noted that AHIP works with other advocates to make sure that there is a collective voice with a variety of expertise, to inform legislation in a way that most often makes it better. Dr. Phillips has worked extensively with advocacy groups. There is sometimes tension between the desired outcome of proposed policy and advocacy voices. She views this as an opportunity to understand where are the aligned viewpoints. As an example, she explained that in integrating Dually Eligible services, passive enrollment is an important tool to gather beneficiaries in the same health plan structure, but advocate voices are about choice and individuals who have either not trusted what a health plan can do to integrate services, or who may have created their own networks of integration. The opportunity in working with advocates starts with agreement on some aspects, and moving on to compromise and addressing consumer or advocate concerns. The process may take more time or reach a different outcome, but underneath the tension between the two is a continuous focus on what is best for the beneficiary. Mr. Baackes noted that L.A. Care's Board of Governors includes a member representative and a consumer advocate representative. The public can chime in at any time, which is advocacy. Board Member Ballesteros asked about the delivery sites for the dually eligible model. Dr. Phillips responded that the services can be delivered in a variety of settings for care, while the institutional D SNP requires a nursing home level of care and is for the Medicare portion. Member Ballesteros noted that the payment structure for I SNPs has to be carefully considered for the FQHC involvement in any other services to be provided. Board Member Ghaly asked about the evolution of D-SNPs and integration with the planned evolution in California for long term benefits to be fully integrated in Medi-Cal managed care.	

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	Dr. Phillips stated that Medicaid benefits are state specific, and California is unique in its county structure and carve outs. The goal of the contract with CMS and California payers is to align the long term services and supports and behavioral health benefits. It is yet to be determined how this will look for the providers of care. In terms of who will write the checks and which benefits the check will cover, and how providers will negotiate the structure to deliver services. It will depend on how California's system evolves in the integration of D-SNPs. One of the challenges in California is the limited number of managed Medicaid contracts in the D-SNP structure. This is referred to as a procurement process. In California, a D-SNP contract will require alignment of Medicaid services with limited contracts by county. This will impact how the services are aligned at a county level. This decision was made by California representatives, not by CMS. Mr. Eyles added that there will be a model specific to California because it has a unique structure. Mr. Baackes noted that details are not yet known as California Department of Health Care Services (DHCS) seems to be continuing to develop policy as it goes. Dr. Seidman noted the presentation included on the adequacy of funding for Medicaid programs as one area of priority focus. Mr. Baackes has formed a coalition with statewide partners focused on increasing Medicaid reimbursement. Another unique characteristic of Medicaid in California is the low reimbursement rates in comparison to other states. He asked about opportunities to increase Medicaid reimbursement rates nationally to narrow the gap between Medicaid and Medicare reimbursement rates. The disparity in payment is one of the most foundational inequities. Mr. Eyles responded that from a legislative perspective, addressing this issue is not very likely. He opined that there may be some opportunities from a regulatory CMS oversight perspective to address disparity in payment. There will have to be a decision by the state about how it wants to address resources. One important area where additional federal engagement is needed, is with respect to oversight of how actuarially sound rates are set. There have been some very non-transparent practices in the rate development in certain states. It is important to have transparency in rate setting and actuarial certification, and the role that Medicaid plans and others can play in that process, with access to the same information that is used in setting rates. There should be clear and open discussion about the adequacy of rates to meet the needs of the population, especially given the bold goals of CalAIM and other initiatives in California, to make sure that funding is adequate to not just provide coverage but to advance equity. Board Member Roybal asked with regard to the legislation proposed by Brown/Portman, if the intent is to set global funding among the states and each state will have the ability to set programs. If there are 52 different versions, one state could provide minimum services while another state could have a more robust array of services. Dr. Phillips opined that it is a way to get to block grants. She noted that there has been effort for some time to substantially	

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	transform funding. The Program for All-Inclusive Care (PACE) for the elderly began in California and is now nationwide, but enrolls only about 55,000 people. A much more "catalytic" program is needed. The advocate voice will be very strong about a concern that it creates, in essence, a block grant structure. There will still be some minimum benefits required, so programs cannot go below minimum Medicare or Medicaid standards, but there may be eligibility changes. It could be that in a particular state a rich benefit package is established in one state, but nobody is eligible for it. The concern is that it creates a block grant structure that doesn't account for unique services, the expansion in eligibility, or the supplemental benefits. A result might be that if the only choices for beneficiaries is this program or FFS, many beneficiaries will default to fee for service (FFS) coverage, which would be less coordinated care. The proposed legislation does not contain many details. Board Member Booth asked about the CMS process for approving federal waivers. Mr. Eyles indicated that there have been a number of waivers in the past couple of years that were not accepted by CMS. CMS takes its statutory authority very seriously. Some proposed waivers go through very, very long, rigorous review before being approved. Others that have a somewhat shorter review will typically look like other waivers that have been approved for another state. CMS definitely takes a very serious view of waiver proposals and its statutory and regulatory authority to approve the proposals. Chairperson De La Torre noted that L.A. Care covers over 2.7 million lives. If it were a city, it would be the third largest city in America, even larger than Chicago. L.A. Care is the only public plan involved in the health benefit exchange. The Partnership for America's Health Care Future opposes "one size fits all" health coverage, which includes the public option. But the public option is flexible, and taking that off the table is counterintuitive to an organization that is trying to represent a broad range of health care leaders. Mr. Eyles noted that with regard to the public option, it depends on how it is designed and structured. He has had long conversations with Mr. Baackes about defining the public option, and whether it is a true government entity with advantages in the marketplace. In Covered California, that is not the case, as L.A. Care competes on a level playing field with commercial plans. This model is more acceptable than to have a public option established by a government entity that does not have the same regulatory scrutiny as other health plans. L.A. Care is a public non-profit entity competing with success on a level playing field. In Board meetings, L.A. Care has public comment on every item on the Agenda. L.A. Care has the Regional Community Advisory Committee structure, which no other health plan has. L.A. Care is very much a public option, and is separate from government. Chairperson De La Torre suggested that the public option be defined and discussed in that context. Mr. Baackes stated that as long as he is on the AHIP Board he won't let them forget this.	

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	Mr. Baackes thanked both guests for participating in today's meeting. Chairperson De La Torre ended the Retreat portion of the meeting and paused the meeting for a brief break.	
BUSINESS MEETING		
APPROVE CONSENT AGENDA ITEMS	PUBLIC COMMENT Submitted September 1, 2022 at 7:47 a.m. via phone by Elizabeth Cooper, RCAC 2 Member: *Motion EXE 100, Board member and John C. Baackes, CEO, I hope the Board can consider for grants and sponsorships more involvement from RCAC members, input, and sponsorships for events that the RCACs can be inclusive in like civic engagement, voting rights, participation in decision making, so they can be better civically informed.* • July 28, 2022 Board of Governors Meeting Minutes • Revisions to Legal Services Policy 603 (Grants & Sponsorships) **Motion EXE 100.0922** **To approve Policy 603 as amended to optimize the Board of Governors' approval process for Community Health Investment Fund grants and authorize General Counsel and her designees to make edits to the policy as needed to effectuate the amendments.** • Plunum Health Grant *Board Member Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of this motion.* **Motion EXE 101.0922** **To award up to $500,000 to Plunum Health to implement its evidenced based Care Transformation Program (CTP) at partner clinics to enhance care management, improve patient health status, and reduce system utilization costs.** • Quarterly Investment Report **Motion FIN 100.0922** **To accept the Quarterly Investment Report for the quarter ending June 30, 2022, as submitted.** • Consolidated Allocation of Funds for Non-Travel Meals and Catering & Other Expenses **Motion FIN 101.0922**	**The Consent Agenda and Recommended Consent Agenda items were unanimously approved. 11 AYES (Ballesteros,** **Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Greene, Perez, Roybal, and Vaccaro - with ABSTENTION as noted)**

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	To approve the allocation of funds to support L.A. Care's Projects with Non-Travel Meals and Catering and Other Expenses exceeding $10,000 in the total amount of $500,190 for FY 2022-2023. • OptumInsight, Inc. Contract Amendment **Motion FIN 102.0922** **To authorize staff to create amendment #1 of SOW #6 to increase the contract amount from $3,411,300 to $6,559,012 (incremental increase of $3,147,712) and extend the term through December 31, 2025. This amendment will allow OptumInsight, Inc. continue to support L.A. Care with Claims Editing services.** • Verizon Business Contract Amendment **Motion FIN 103.0922** **To authorize staff to amend the contract with Verizon in the amount of $1.9 million, total contract not to exceed $2.8 million, to continue to provide toll-free phone services for members, providers, and business partners through June of 2023.** • UpHealth, Inc. (formerly Thrasys, Inc.) Contract Amendment **Motion FIN 104.0922** **To amend the existing contract with UpHealth (formerly Thrasys, Inc.) in the amount of $2,160,000, total contract not to exceed $7,843,808, for continued professional services through July 31, 2023.** • Cognizant Technology Solutions and Solugenix Corporation Contract Amendment for Staff Augmentation **Motion FIN 105.0922** **To authorize staff to amend contracts with Solugenix and Cognizant in an aggregate amount not to exceed a total of $4,510,000, total contracts not to exceed $11,263,105, for IT staff augmentation services through March 31, 2023.**	
CHAIRPERSON'S REPORT	Submitted on August 28, 2022 at 2:12 p.m. via text by Carolyn Rogers Navarro *Carolyn Rogers Navarro ********** Sept 1 2022 chairperson report public comment, when my dead autistic daughter, Vanessa Navarro's right we're violated by LA Care doctors LA Care lied to us that they would peer review these doctors, I don't believe they did anything, I want to see proof of these reviews were done, they found anyway they could minimize the abuses against our child, it was even affirmed that our child wasn't even being fed properly, they were not weighing her the whole time she was at the medical center, these doctors couldn't even hack feeding patients, I had to bring food to the hospital, she was vomiting and they would*	

The Consent Agenda and Recommended

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	feed her steak, that's how stupid the doctors LA Care forced on us were, how stupid they are because LA Care still enables quack doctor and mishandle grievances. Chairperson De La Torre noted for those that have been asking, the Inglewood Community Resource Center will have a re-opening celebration on Thursday, September 8 at 10 am, at 2864 W. Imperial Highway. This is an open event and everyone is welcome.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** Submitted on August 28, 2022 at 1:49 p.m. via text by Carolyn Rogers Navarro *In March, LA Care was fined $55 million for neglecting patients, this proves they are not fit to serve the most vulnerable, the state of California has been negligent enabling them. LA Care has failed LA County and is a waste of Calif resources. It is admitted in the report that patients died while waiting for treatments!* Submitted on September 1, 2022 at 7:53 a.m. via phone call by Elizabeth Cooper, RCAC 2 Member: *Good Morning Mr. Baackes, first I hope you and your staff have a happy labor day. And don't forget your workers of L.A. Care and members, etc. I would first like to bring to your attention Mr. Baackes I made a public comment at an ECAC meeting about civic engagement. Particularly voting, I feel that is so important and hope that my comments can be more than so noted because there are so many issues that impact voting and policies regarding health care, etc. I appreciate your leadership.* Mr. Baackes reported on factors affecting enrollment for the next 16 months, and probably well into 2024. There are a series of events on the horizon, and last week a new one was added. There has been media coverage of the results of the procurement process for the commercial health plans participating in managed care for Medi-Cal in California. Los Angeles County is a two-plan model, where L.A. Care is the public health plan and a commercial plan, has been Health Net. Health Net is owned by Centene Corporation, a large publicly-traded entity headquartered in St. Louis, Missouri. Molina was awarded the Medi-Cal contract in Los Angeles County, beginning January 1, 2024. Molina is a Fortune 500, multi-state health care organization headquartered in Long Beach, California. Health Net, with 1 million Medi-Cal members currently, will contest the contract award. This will be a major disruption for Medi-Cal members. Mr. Baackes introduced Phinney Ahn, *Executive Director, Medi-Cal*. Mr. Baackes reported that L.A. Care was notified January 1, 2022, that there are about 140,000 remaining fee for service (FFS) members in Medi-Cal that would be moved into managed care. L.A. Care expected about	

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	104,000 members in managed L.A. Care's Medi-Cal programs. These will be added all at once on January 1, 2023. Not much is known about the needs of these new members, who will need to be matched with primary care providers according to their health assessment. The public health emergency is expected to extend to January 15, 2023, and possibly to April 15, 2023. By then, it will have been three years since the eligibility redetermination process has been used for L.A. Care's Medi-Cal members. L.A. Care estimates it will lose 13%, or approximately 325,000, members because they have moved out of Los Angeles County, or their income has increased beyond the ceiling for Medi-Cal eligibility. For those who still are residents of Los Angeles County, enrolling L.A. Care Covered is an option for continuity of care. Eligibility redetermination will begin about 60 days after the end of the public health emergency, and it will take one year. Kaiser Permanente is scheduled to begin directly enrolling Medi-Cal members on January 1, 2024, and L.A. Care's 260,000 members enrolled with Kaiser will be transitioned. At the same time, by January 1, 2024, residents eligible for Medi-Cal regardless of immigration status will be able to enroll. There are an estimated 200,000 in Los Angeles County, and L.A. Care expects about 150,000 to enroll. Another disruption will occur on January 1, 2024, when the Medi-Cal contract in Los Angeles County begins for Molina, and Health Net members select a new plan for their Medi-Cal services. This may result in increased enrollment for L.A. Care. In 2024, when the eligibility redetermination cycle ends, L.A. Care membership will have decreased by 330,000. L.A. Care will model the financial consequences of all these anticipated changes in membership. The issue is the level of "churn" or changes in membership for Medi-Cal beneficiaries, and the impact on the provider network in Los Angeles County. Ms. Ahn commented that with regard to the California Advancing and Innovating Medi-Cal (CalAIM) is a multi-phased initiative. Phase 1 happened in January 2022, and L.A. Care enrolled about 21,000 new members (transitioned from FFS to managed care). It is aligned with the vision that the California Department of Healthcare Services (DHCS) introduced earlier this year on the transformation of the Medi-Cal managed care program, which indicated that by 2024, 99% of Medi-Cal beneficiaries would be served through managed health care. Currently, 85-90% of Medi-Cal beneficiaries are served through managed care. With regard to eligibility redetermination, Ms. Ahn noted that L.A. Care has been working with state and L.A. County partners to minimize the potential negative impact. Estimates from DHCS indicated that potentially 2-3 million Medi-Cal beneficiaries could lose eligibility for Medi-Cal statewide. L.A. Care's portion of the Medi-Cal enrollment is about 13-20% of the statewide enrollment, and L.A. Care optimistically went with the lower number to estimate its potential losses in membership.	

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	With regard to the undocumented adult enrollment, L.A. Care will continue to work with providers to ensure a smooth transition for those members. L.A. Care will also continue to conduct internal operational work to prepare for the end of our Plan Partner relationship with Kaiser. Mr. Baackes added that there have been some difficulties in the transition of members into Medi-Cal as the identifying codes for physicians are not universal. L.A. Care has worked diligently to make sure that new enrollees are correctly assigned to their desired provider. L.A. Care is planning for more streamlined enrollment in the future. Board Member Vaccaro asked how the potentially highly-disruptive changes will be communicated with supports and customer service to make sure the members are enrolled, assigned and have access to providers? Mr. Baackes noted that on January 1, 2023, L.A. Care's dual eligibles will move from the financial alignment demonstration program to the D-SNP, which should be seamless. These members will receive three notices. L.A. Care will reinforce customer service staffing and will distribute information through community resource centers, social media, and other outlets available in order to inform members and the public about the upcoming changes. In Los Angeles County, health plans use the Department of Public Social Services to enroll in Medi-Cal. The redetermination of eligibility will be supported through an ambassador program, and L.A. Care has recruited Regional Community Advisory Committee (RCAC) Chairpersons as well as L.A. Care staff to serve as ambassadors. Information will be distributed ahead of the redetermination process. Many of the edibility redeterminations (for about 60% of Medi-Cal members) can be completed online. Board Member Perez suggested that because the CRCs and FRCs are open to the public and the classes and resources are provided to the public, that video displays be used to help people learn about the upcoming changes. Her clinic has a video display in the waiting room with information about many different health topics. Mr. Baackes noted that L.A. Care is planning to involve providers in communicating information about the upcoming changes. Ms. Ahn added that video formatted information is part of the planning for the member communications. Specifically, with redetermination of eligibility, there is a robust member outreach and education strategy which will engage providers as trusted partners to members. In addition to waiting room posters, communications department is developing animation scripts for distribution. L.A. Care will reach out to providers to determine their interest in displaying these in the waiting rooms where there is capability to do so. Board Member Perez encouraged L.A. Care to inquire with other advisory committee members about their ideas to aid in communications about the upcoming changes.	

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	Board Member Gonzalez noted that dually eligible members have been through the Coordinated Care Initiative and most recently Cal MediConnect. Those transitions have not been seamless. She asked about members receiving services through fee for service (FFS) and if L.A. Care will be able to provide additional assistance for continued coverage with current providers. The Medicare Advantage annual enrollment will also be conducted at the same time. Mr. Baackes noted that this is a different transition as it involves L.A. Care members moving from one program to the D-SNP. The change will be in the contractual relationship between L.A. Care and government entities and will require no action by the more than 17,000 members. He offered that staff would follow up with Board Member Gonzalez to provide more details. Board Member Ballesteros asked about people who might be homeless or moving among residential sites. His understanding is that the process requires exchange of paperwork. He asked about special consideration for members who may not have a permanent address. He asked about the demographics of the 325,000 that might be dis-enrolled from Medi-Cal. Mr. Baackes noted that the broad categories would be ineligible due to income (who can re-enroll in Covered California) or those who have moved from Los Angeles County. Ms. Ahn noted that it has been a problem for a long time to continue enrollment for those who may be experiencing homelessness. DHCS has made it a priority for stakeholders across the state to communicate key messages about redetermination, and the most important message to members is to try to keep the contact information up to date. L.A. Care is working on alternatives to reach members with this message, including social media for those with cell phones, and bus shelter advertising. It is a difficult situation for those without a permanent mailing address, and is discussed often among members of the statewide workgroup in which she participates. Mr. Baackes noted that Board Member Ballesteros' clinics are places where the communication will be needed. Board Member Ballesteros asked that it start very early in order to reach as many as possible. Mr. Baackes noted that the starting date for redetermination of eligibility is not yet known. Once the date is set, a coordinated communication campaign can begin. Starting too early could dilute interest of members for learning about the process. The redetermination deadline is set for each member on the date of their original enrollment, so the process will continue for one year to include all Medi-Cal enrollees. L.A. Care and its provider partners will continue to focus on how to best communicate this important information to a variety of audiences. Board Member Ghaly commended L.A. Care on its work to help members transition to new programs and complete the process for continued Medi-Cal eligibility. It is an immense amount of work for L.A. Care and the providers. She noted that a residual pain point for Los Angeles County Department of Health Services (DHS) is the continuity of care paperwork. She invited L.A. Care to work with DHS to make the process less onerous. It is time consuming for	

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	providers to complete the forms. It is important that patients select their provider of choice and maintain continuity of care. While all are aligned in the spirit of maintaining continuity of care and preserving choice, there should be a way to make the paperwork less burdensome for providers. Mr. Baackes indicated that L.A. Care will advance this request to a statewide workgroup for further discussion. Ms. Ahn offered to discuss this at a future meeting of the statewide workgroup, and she noted that L.A. Care is working internally on reducing the paperwork burden for DHS and other providers. Board Member Ghaly thanked them and offered DHS assistance on this issue. Mr. Baackes continued his report. The procurement results for commercial Medi-Cal Managed Care Plans were announced on August 25. The plans that were not selected had until September 6 to file a protest with the DHCS. Among the four protests filed, Health Net is protesting their loss of the contract in Los Angeles County to Molina Healthcare. As a reminder the new contract will go into effect on January 1, 2024. At the last Board Meeting, the Board of Governors considered a lease for a new Community Resource Center (CRC) in Inglewood, and there was discussion about the determination of the locations. He noted that there is a sophisticated process used to determine the sites for CRCs. He introduced Francisco Oaxaca, *Chief of Communications and Community Relations*, to present that information (*a copy of the presentation can be obtained by contacting Board Services*). Mr. Oaxaca noted that the first L.A. Care Family Resource Center (FRC) will celebrate its 15th Anniversary in November, 2022. L.A. Care began in 2007 and opened six FRCs located in Pacoima, Palmdale, Lynwood, Inglewood, East L.A., and Boyle Heights. Site selection was based on identification of communities where the health plan could offer resources and programming and encourage enrollment in the health plan. In 2018, a plan was developed to expand the number of centers to 11. L.A. Care also committed to have at least one CRC in each of its RCAC regions. The partnership with Blue Shield was formed in 2019, and a plan was initiated to increase the number of CRCs to 13. That was later amended to 14 locations. A detailed process has been used to select sites, in consultation with Blue Shield partners. Mr. Oaxaca presented a map showing the distribution of the CRCs throughout Los Angeles County. The two original FRCs were in Inglewood and Lynwood (RCAC Region 6). Later, it was agreed with Blue Shield that a presence in South Los Angeles was important for both plans. The South Los Angeles community along the Crenshaw corridor is a very distinct community from both Inglewood and Lynwood and do not expect to see much, if any, overlap of visitors. The	

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	Lincoln Heights site will replace the small FRC at The Wellness Center at Keck-USC Hospital. It was jointly agreed with Blue Shield that continuing to be close to the hospital/medical center community was necessary. Before the pandemic and the Blue Shield partnership, L.A. Care was planning on keeping the East Los Angeles and Boyle Heights sites open. Two sites are shown serving RCAC region 2 but the Panorama City site will be replacing the smaller Pacoima location. Only one CRC will serve that region. L.A. Care uses detailed maps that show membership density by zip code for L.A. Care and Blue Shield. Detailed criteria for suitable sites are also used to find areas that could be well-resourced with organizations serving the member or areas that are under-resourced, where the CRC could bring new needed resources or attract other resources to those under-served communities. There can be a challenge in finding the type of property that is needed in some areas. In planning the CRCs, L.A. Care encompasses the geographic distribution of services by Los Angeles County in each of the Service Planning Areas (SPAs). Currently, L.A. Care has five remaining sites in development: 1. Long Beach – Scheduled completion September 2022 2. Westside – Scheduled completion fourth quarter of 2022 3. Lincoln Heights (replacement for Boyle Heights) – Leased and scheduled completion second quarter of 2023 4. South L.A. – Lease in final stages of negotiation 5. Panorama City (replacement for current Pacoima CRC) – Lease in final stages of negotiation Mr. Baackes hopes that this information is helpful to the Board in understanding the precise manner employed in the process for site selection. He believes the CRC program has great potential for bringing valuable resources into the community for members and providers. The pandemic did delay progress somewhat, and as the program is revived it is hoped that even more beneficial programming will be developed and offered in the communities. Board Member Booth commented that she is very impressed by all the social determinants of health that are being addressed through the CRCs. She thinks the idea of mini-libraries at the CRCs is a fantastic idea. She suggested that used books might be beneficial. Teaching people to use technology will help them. She feels the elements of the CRC program are innovative and address the health of the whole person. Mr. Baackes noted that the CRC programs makes L.A. Care health plan more than just a plastic card in the members' wallets. Board Member Perez commented that she agrees with Board Member Booth about the value that the CRCs bring to the communities that L.A. Care serves. She invited all Board Members to visit any of the CRCs and to attend all of the events at the CRCs. Board Members can learn a lot at a community event. Each of the CRCs and FRCs reflects the needs of the surrounding	

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	community. Board Member Perez noted that flu shot clinics will be starting soon. She appreciates all of the information presented, and although the information may not need to be presented every time a new CRC or FRC location is considered, it is important to understand the process and she thanked Mr. Baackes and Mr. Oaxaca for the presentation. The intent of her comments and questions has always been to improve the efficiency and the impact of L.A. Care's services to the community. She respects staff and the work staff members undertake. She is a household mom and a health promoter, trained to be professional in teaching health topics throughout the community. She does not work in public health every day, but she knows that the interaction in the community, and the CRCs are a huge part of how L.A. Care reaches out to members, instead of just being a headquarters in downtown Los Angeles. When health promoters go out in the community, that members appreciate the resources and benefits available. She noted that the lines for the food pantry distributions are getting longer because of the increased need due to the high prices for everything. L.A. Care is supporting the families not only with health services and excellent outcomes for health and lives, it is also supporting them financially by providing food in these hard times. She suggested that the "heat" map be presented along with a motion for consideration of each new lease for a CRC or FRC so Board members have all the necessary information. The intent of her comment, as always, is to make it more efficient, to make it more attractive to the members. She has also suggested collaboration with RCAC members through Executive Community Advisory Committee (ECAC). RCAC members know a lot of community based organizations, and it could be beneficial for members to have that information. She noted that her comments with regard to the health promoters are on her own behalf, as she is not the voice of the health promoter program. Board Member Perez noted she will miss the upcoming grand opening of the Inglewood CRC but her colleague and fellow health promoter, Andria McFerson, will be there. There is collaboration with Venice Family Clinic, health promoters distribute flyers and invite people to connect to the online colorectal cancer awareness classes. She is glad that members have the opportunity to see health promoters at work.	
• Grants and Sponsorship Report	*Mr. Baackes referred Board Members to the written report included in the meeting materials.*	
CHIEF MEDICAL OFFICER REPORT	Richard Seidman, MD, MPH, *Chief Medical Officer,* referenced his written report included in the meeting materials (*a copy of the report can be obtained by contacting Board Services*) and he reported: • L.A. Care will add more community health workers to CRCs with a primary focus to assist with screening members for social determinants of health, help in referring members to resources available and help members navigate the system in order to obtain those services.	

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	• L.A. Care will hold four flu clinics during the upcoming flu season. • Community statistics are improving in the pandemic, but there are still over 400 COVID 19 related deaths per day in the United States, which equals 150,000 deaths in one year. This is close to triple the number of deaths in a single flu season. The pandemic is not yet over, and is still causing a significant amount of sickness and death. • The federal Food and Drug Administration (FDA) has approved emergency use authorization for the updated Pfizer and Moderna bi-valent vaccines, which have messenger RNA from the original SARS CV2 virus plus messenger RNA from the current predominant sub variants BA 4 and BA 5. It is expected that the Centers for Disease Control (CDC) will release recommendations shortly for use of the newly approved vaccine booster. In approving emergency use authorization for the new vaccines, the FDA has removed its emergency use authorization for the other vaccine. Dr. Seidman reviewed highlights from last year and previewed the next year, as the pace, scope and intensity of change has increased: • The delayed carve out of outpatient pharmacy benefits for Medi-Cal became effective on January 1, 2022, and had a rocky transition that has stabilized. • California Advancing and Innovating Medi-Cal (CalAIM) also launched January 1, 2022, with its major components of Enhanced Care Management (ECM) and Community Supports (CS) services. Cal AIM includes very positive and challenging changes, including adding care management at the point of care in primary care practices, increasing focus on social determinants of health, and importantly, adding significant funding to support the care teams at the practice site. It is a very significant change. L.A. Care has more than 20,000 members enrolled, which is the largest number of enrollees among health plans statewide. • At the end of June, L.A. Care met a milestone as the practices needed to complete a graduation questionnaire to determine if the people grandfathered into ECM should continue or no longer needed the services. Not surprisingly to Dr. Seidman, a vast majority of enrollees will continue to receive services. The 10% of enrollees that did not complete the survey may fall off the enrollment. The importance of the ECM program cannot be stressed enough, and L.A. Care has implemented the program to a significant degree and enrollees are benefiting from these services. Board Member Booth asked for clarification on the graduation questionnaire. Dr. Seidman indicated that the terminology is confusing. The graduation questionnaire determines if the enrollee could graduate. In reality, a vast majority could not graduate which means that they qualify for ongoing ECM services.	

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	• The first four CS services were also implemented in January 2022, and include housing navigation, tenancy support, recuperative care and medically tailored meals. Each of those services meets important needs for members. Additional CS services were implemented in July. In January 2023 two more will be implemented and in January of 2024 there will be more.
	• DHCS has offered one-time funding for infrastructure development in two different areas:
	  o Incentive Payment Program (IPP) will support the health care management and CS. L.A. Care could potentially earn over $100 million, and the first interim payment was received.
	  o Housing and Homeless Incentive Program (HHIP) supports investments to better serve the needs of people who are homeless or at risk of becoming homeless, and those receiving homeless services. L.A. Care has submitted a plan to participate in this program.
	• L.A. Care is planning implementation of a new set of population health management (PHM) requirements for CalAIM. L.A. Care is very well-positioned because it already has a PHM program, which was required to meet the standards for National Commission on Quality Assurance (NCQA) accreditation, though DHCS has added a few specifications as well as reporting requirements. A significant focus where additional work is needed, is the area of transitions of care. Throughout the L.A. Care provider network, when a member is moving from one care setting to another, the goal is that the member will be met by a care management resource to help smooth over the transition and assure that all the member needs are met.
	• L.A. Care's new D-SNP program will begin in January 2023. There is the potential for L.A. Care to earn additional revenue from CMS based on the health plan's performance in the Star rating program. L.A. Care is focused on optimizing and improving its performance in the Star program. Member experience is an important aspect of the Star rating. Other measures include access to care, pharmacy and clinical quality. Progress will be reported at upcoming meetings.
	• Alternative Payment Methodology applies to federally qualified and rural health centers. There is a lot of effort involved for a small group of providers and a small number of members. L.A. Care is required to prepare to pay the clinics differently than they are currently being paid. Clinics volunteer to participate.
	
	Board Member Booth asked about the pharmacy carve out and the pharmacy ratings. Dr. Seidman clarified that the pharmacy carve-out for Medi-Cal will not impact the pharmacy services for Medicare beneficiaries.	

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	Board Member Perez asked about text messages for L.A. Care members about the new vaccine boosters and L.A. Care's launch of the 2022 Fight the Flu campaign. Dr. Seidman responded that more progress has been made in the past year than ever made before in the use of text messaging to communicate with members. He cannot say if text messaging will be one of the channels of communication for the flu vaccine campaign. Text messaging is one of the better channels to communicate with people and L.A. Care is looking to increase use of text messages. He appreciates that Board Member Perez has been steadfast in her comments with promotion of social media and text messaging. Board Member Gonzalez asked about impact of the switch in funding for the COVID 19 vaccines, and if there will be requirements for children to receive that vaccination. Dr. Seidman responded that the transition in funding should be very smooth, although not without expense to the health plan. L.A. Care will continue to be required to supply the vaccine for members. A requirement for vaccination against COVID 19 in schools has not been announced.	
ADVISORY COMMITTEE REPORTS		

Executive Community Advisory Committee (ECAC)	Board Member Gonzalez thanked all the members that are listening to the Board meeting. The Board of Governors appreciates their attendance and welcomes comments, suggestions and questions. She urged everyone to continue to use their masks, get vaccinated, and get a booster shot when eligible. She sends warm thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic. She reported that ECAC did not meet in August. The next meeting is scheduled on September 14. She provided a summary of ongoing projects:
	
	Human I-T Partnership: To address the digital divide, L.A. Care's Community Outreach & Engagement Department has partnered with Human I-T to ensure that 200 low-income families throughout Los Angeles County have access to new laptops, computer literacy courses and assistance obtaining low-cost internet services, through CO&E's Annual Community Partnership.
	
	Latino Heritage Month: This year CO&E will sponsor the 2022 L.A. Care Latino Heritage Month Celebration. This health and wellness series will take place every Thursday from September 15 to October 13, 2022, from 10 am to 12:00 pm. The topics are:
	• A Celebration of Lived Experiences on September 15
	  o This the first event, and it will be kicked off by Board Chairperson Hector De La Torre
	  o Moderator will be Maritza Lebron and will feature L.A. Care's Consumer Panelists
	• Impact of Health Disparities on Mental Health. This session on September 22 will be moderated by Mr. Oaxaca.	

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	• A Celebration of Food & Family. On October 6 the Moderator will be Roland Palencia, former L.A. Care Community Benefits Director. It will feature a live healthy cooking demonstration by Chef Sonia Guzman
	• Latino Health and Wellness
	  o Moderator for this session on October 13 will be Sonia Vasquez, Director, Center for Health Equity, County of Los Angeles Department of Public Health
	  o Lisa Diaz, Registered Nurse from Pomona Valley Hospital
	  o Janine Souffront, Health Educator and Registered Dietician from L.A. Care Health Plan
	  o Maria Lemus, Vision and Compromiso
	  o The closing ceremony will include a Latina Lyric from Los Angeles Poet Society and remarks from Mr. Baackes.
	
	All Board Members and L.A. Care staff are invited to participate and learn about health and wellness in the Latino communities.
	
	Board Member Perez reported:
	• Maria Lemus is the Executive Director of Vision y Compromiso, an organization that will hold a huge event in October for health promoters from all over the country.
	• Lisa Diaz is a former staff member of L.A. Care, and she is now with Pomona Valley Hospital.
	• With regard to the budget, Board Member Perez is not sure if members can provide input regarding the work plans for the RCACs. She informed Board Members that RCAC members have expressed concerns and recommendations for the funding. Staff from Community Outreach and Engagement (CO&E), the department that oversees and helps the RCACs and ECAC, have listened to RCAC member concerns and recommendations, and have invited ECAC members and RCAC Vice-Chairpersons to provide feedback. There was a short period of time to respond in time to meet the deadline. Board Member Gonzalez just reported that Human I-T will receive funding to support 200 low-income families in Los Angeles County with access to new laptops. During the pandemic many people had to learn to communicate online. This funding is to fill the gap and provide low income families with a way to be connected. To honor the advisory committee members who are asking to be involved, she asked for information about how member feedback is used in determining the budget and suggested a response to clarify member involvement.
	• Board Member Perez noted that she has been addressing the staff shortage in different departments, and in CO&E particularly. Board Member Gonzalez reported on all of the different events to celebrate Latino Heritage Month. All of the activities create more work for the staff, and they need help. Staffing capacity has repercussions on RCAC member	

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	collaboration and engagement. There are RCAC members who are more vocal and more active. She encouraged finding ways to better engage the members who are not as vocal or active. She noted that staff shortage is also affecting the health promoter program, which has only two staff members. She noted a delay in payment of stipends. L.A. Care's health promoters are volunteers and when the pandemic started health promoters were invited to assist with COVID 19 vaccine clinics. Health promoters were told that they would not be vaccinated because they were not considered front line health workers. (*It should be noted that eligibility for front line health workers to receive the first available vaccines was determined by public health officials.)* Health promoters who assisted in the early days of the vaccine clinics were awarded for their participation in these efforts to make the vaccines available for everybody. She has expressed these thoughts in past meetings and there has been no follow up. • Board Member Perez also sees staff shortages in the CRCs, and it is concerning. L.A. Care needs CRC staff working happily and helping our members. There are a lot of projects for the CRCs but there are lots of staff openings. • Board Member Perez noted that in the social media area there does not appear to be anyone available to take care of the work that needs to be done when a staff member is absent. She represents L.A. Care Members and they mention to her that social media is an important source of information. She believes that social media is an important way to conduct outreach for members, and much more can be done in this area. The outreach can be bigger and more effective, and must be done in Spanish and other threshold languages, as well as English. • The Children's Health Consultant Advisory Committee report will be presented today. Dr. Seidman has announced his retirement. She thanked Dr. Seidman for his reports to the Board of Governors about the CHCAC meetings. At the CHCAC meeting she suggested that the Chairperson or a Member of CHCAC come to future Board meetings and report on CHCAC activities. This will enable Board Members to meet committee members and will enable committee members to meet the Board and learn about Board Meetings.	
Children's Health Consultant Advisory Committee	Dr. Seidman reported that the members of the Children's Health Consultant Advisory Committee met on August 16 (*minutes can be obtained by contacting Board Services).* • Committee Chairperson Ficek intends to attend Board Meetings when she can, to report on CHCAC activities. Unfortunately, she was not able to join today's meeting. • Dr. Seidman presented the August 2022 Chief Medical Officer report. • Katrina Parrish, MD, *Chief Quality and Information Executive*, reviewed the DHCS 2021 Preventive Services Report. This report has been done for the last couple of years to help managed care plans improve how care is provided and improve the outcomes achieved for the beneficiaries. The report compared outcomes and measures by region. One of the	

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	overall findings is that overall, the more urban parts of the state outperform the rural areas. Health plans are accountable the DHCS to meet the minimum performance level (MPL) for the Managed Care Accountability Set (MCAS) measures. L.A. Care met the MPL for all but just a couple of measures. • The committee held a robust discussion about children's oral health and use of fluoride varnish. One member of the Committee is part of an organization that conducted a survey of oral health among children at schools in Los Angeles County. A finding was that the rate of oral abscesses and tooth decay had doubled since the prior survey. The documented use of fluoride varnish is quite low amongst L.A. Care members. L.A. Care has scheduled follow up meetings with stakeholders on the CHCAC to explore suggested actions to increase the uptake in administration of fluoride varnish, which is recommended for children 6 months to 6 years of age, and particularly for low-income children.	
BOARD COMMITTEE REPORTS		
Executive Committee	Attended RCAC 8, recognize the staff supporting the PUBLIC COMMENT Submitted on September 1, 2022 at 12:03 p.m. via email by Andria McFerson RCAC 6 Chair: *Chair De La Torre,* *This comment is for the Executive committee my name is Andria McFerson from RCAC 6 I have been asking for access to virtual materials and training classes for health care reasons like; virtual doctor appointments due to lack of resources for people who could potentially have these opportunities. We are stepping into a virtual world right now kind of like this meeting and rightfully so but, we need to come up with alternative ways to adhere to the necessities of the underserved for better virtual access to care who don't know how to use this process. This comment is to represent a lot of people who cannot use the virtual world or have a hard time understanding some people can learn but it takes more of a reasonable amount of time and empathy from those who serve the community. This class would include the disability accommodations there are people with learning conditions, seniors and many more like me who have had major brain injuries but are so willing to learn and stay sign up for medi-cal benefits and more preventative care opportunities. We all would appreciate this decision and I have been speaking about this for some time now. I have been asking for this in hopes that we can expand our resource centers like mine in RCAC 6 to adhere to those necessities.* *Thanks for listening and I hope we continue to show love to the RCAC's by welcoming them back and letting them help with something having to do with this process, perhaps registering community members or explaining what this potential virtual learning program consist of to lessen the work that the staff is already*	

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	endowed with in the future. Thank you Chair can someone please answer this question? Chairperson De La Torre requested that staff contact Ms. McFerson and respond to her queries. Chairperson De La Torre reported that the Executive Committee met on August 23. (*The approved meeting minutes can be obtained by contacting Board Services and will be available on the website.*) The Committee reviewed and approved motions that were approved earlier today on the Consent Agenda.	
• **Government Affairs Update**	Cherie Compartore, *Senior Director, Government Affairs,* reported: • The 2021-2022 Legislative Session ended yesterday. Bills that were passed will be sent to the Governor for his action by September 30, 2022. • Government Affairs staff will provide at a future meeting a comprehensive overview of the bills enacted which have an impact on L.A. Care. • Most budget bill revisions will not impact L.A. Care, but one revision included $75 million in funding for workforce enhancement at the Federally Qualified Health Centers (FQHCs). • On August 30, 2022, a proposed federal rule was released that will prepare the states on Medicaid enrollment and dis-enrollment process easier for beneficiaries. Some of the provisions are already in place in California, such as 12-months continuous eligibility. L.A. Care will review the proposed rule and will continue to work with trade associations in preparing a public comment letter on the rule and any unintended consequences which may negatively affect beneficiaries.	
Finance & Budget Committee	Board Chairperson De La Torre reported that the Committee met on August 23. *The approved meeting minutes can be obtained by contacting Board Services and will be available on the website.* • The Committee reviewed and approved motions that were approved earlier today on the Consent Agenda. • The Committee also reviewed and approved a contract amendment with Center for the Study of Services Contract and Iron Mountain Contract which do not require full Board approval.	
Chief Financial Officer Report	Marie Montgomery, *Chief Financial Officer,* presented the Financial Reports for June 2022, 9+3 Forecast Update, and the FY 2022-23 Operating and Capital Budget *(a copy of the presentation can be requested by contacting Board Services).* <u>Membership</u>	

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	June 2022 membership of 2,625,607 was 90,104 members favorable to the 3+9 forecast; approximately 215,000 member months favorable to the forecast year-to-date (YTD). The forecast assumed re-determination of eligibility for Medi-Cal would resume in March and membership would begin a steady decline for the year. The enrollment of undocumented adults over 50 was included in the forecast of additional membership over a six-month period beginning in May. That membership, however, has enrolled at a quicker rate and higher number than expected. Membership for L.A. Care's commercial products is also favorable and includes L.A. Care Covered (LACC) at almost 116,000 members; above the forecast by 6,000 members. Consolidated Financial Performance There was a $12 million net deficit for June, $28 million unfavorable to the 3+9 forecast. There was a $46 million net surplus YTD, $38 million unfavorable to the forecast. Variance Walk (3+9 Forecast vs 9+3 Forecast) The 3+9 forecast assumed a surplus of $111 million; the 9+3 forecast projects to end the year at a $25 million surplus. The largest item driving the variances is the incurred claims, which are $162 million unfavorable. That amount is significant but there are related mitigating items. There was $92 million in institutional rate re-estimation revenue and $49 million in accrued recoveries for corrected claims; a total of $141 million. The institutional rate re-estimation is retroactive to January 2022, and includes the impact of higher institutional membership than was included in the forecast. Corrected claims amounts, reported with the May 2022 financial results, address previously paid claims that the California Department of Health Care Services (DHCS) did not accept as valid patient encounters. If not corrected, the provider would not receive the full amount due from the private hospital directed payments pool. Another significant item is the $52 million unfavorable Community Based Adult Services (CBAS) claims. Services are scheduled to go back in-center and Staff is working internally on corrective actions related to the higher utilization. **FY 2022-23 Budget Assumptions** Membership Assumptions The forecast assumes the public health emergency would end in October 2022, with disenrollment to begin in February 2023. It is now known that this will be delayed further and Staff will update its impact in the next forecast. The projection of 13% annual decrease in Medi-Cal membership will spread out over the remainder of the fiscal year. Those losses will be	

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	offset by the California Advancing and Innovating Medi-Cal (CalAIM) mandatory managed care initiative. It is expected that 104,000 additional members will enroll beginning in January 2023 and continuing over the next four months. Membership FY 2022-23 Projections Overall, projected membership loss for FY 2022-23 is expected to be 67,000 members or 2.5%, however member months are still expected to grow by approximately 2 million (6.4%). Combined segment membership is projected to be just below 2.7 million members by September 30, 2023. Cal MediConnect (CMC) members will transition to Dual Eligible Special Needs Plan (D-SNP) in January 2023. PASC enrollment is relatively flat. Staff projects net enrollment (retained and new) for LACC to increase to 125,000 members during the open enrollment period as LACC is once again priced lowest for all metal tiers in both regions. This presents an opportunity for growth for LACC. FY 2022-23 Revenue Assumptions • The forecast assumes a 3.5% increase for Medi-Cal. The draft rates from the State are expected in September but it won't be a complete rate package until December 2022 before the rate period begins. • The 10% rate increase for LTC stays in place until October 2023, one year after the end of the public health emergency. • The rates for satisfactory and unsatisfactory immigration status (SIS/UIS) are the same. Separate rates are expected from DHCS by December 2022. • D-SNP revenue for calendar 2023 is based on L.A. Care's bid presented to the Centers for Medicare and Medicaid Services (CMS), which has been approved. • LACC revenue is based on rate filing with Covered CA and L.A. Care assumes no change in Risk Adjustment Factor (RAF) from the estimated 2021 rate, which is 0.75. Healthcare Cost Assumptions For fee-for-service (FFS) trends, L.A. Care looked at the most recent run rate period and projected forward; and adjusted for seasonality in that projection. For CBAS, Staff assumed the services will move back in center in October and see lower utilization. Staff is working on other mitigation strategies. For capitation, staff assumed a similar mix of shared risk and dual risk. If there are movements from one risk arrangement to another, staff will incorporate into future forecasts. D-SNP assumptions align with the bid submitted to CMS. For LACC, Staff assumed the RAF is unchanged at .75 for risk adjusted capitation contracts. FY 2021-22 9+3 vs FY 2022-23 Budget The increase in member months of almost 2 million is a primary driver of the $858 million increase in revenue. The assumed rate increases also contributed to this increase. There are	

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	similar increases to medical expenses. Overall L.A. Care is projecting a $19 million decrease in operating margin. The Medical Cost Ratio (MCR)is projected to increase from 93.4% to 94.2%. The 9+3 forecast projects to end this fiscal year with a net surplus of $25 million, which includes the regulatory fines of $55 million, the PCORI fee adjustment of $20.5 million and unrealized losses of $29 million. Excluding these items, the net surplus would have been closer to $88.4 million. The budget for FY 2022-23 projects a net surplus of $80 million. Administrative expense will decrease by $8.5 million overall. Staff is adjusting administrative expenses for three items: the regulatory fines, the PCORI fees and Navitus expenses (due to the carve-out of the Medi-Cal pharmacy benefit on January 1, 2022). On an adjusted basis, administrative expense increased $32 million. The main drivers to the increase are salaries and benefits and broker commissions. Salaries and benefits are driven by higher FTEs and includes a 4.5% merit increase. The increase in broker commissions is for LACC and D-SNP, based on continued greater reliance on the broker channel for new sales and retention. Board Member Booth asked about the risk of retroactive recoupment when the eligibility redeterminations resume. Ms. Montgomery noted that DHCS has recouped funding in the past for various reasons. <u>Community Programs</u> The budgeted amounts for the grant programs are lower than the current fiscal year. The decreases are for Elevating the Safety Net (ESN) spending. L.A. Care's Board of Governors previously approved investing the remaining ESN funds for an additional five years across key programs. <u>Operating Margin</u> Overall MCR increases from 93.4% to 94.2%. <u>Opportunities and Risks</u> • For the Medi-Cal rate increase, DHCS is incorporating changes to the county-wide averaging including a new risk adjustment methodology and a quality component. In addition, the rates will be split between SIS and UIS. Overall, staff is hoping to do better than the assumed 3.5% rate increase. • Higher LACC membership is possible given the price position. • CBAS could be better or worse depending on the effectiveness of L.A. Care mitigation measure and the return to in center services.	

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	• On the risk side, SB 510 has not been decided in the courts. There is potential exposure to Covid testing costs for retroactive periods depending on the outcome. • There may be risk in potential recoupment by DHCS based on eligibility redetermination. <u>Balance Sheet Comparison</u> The projected total fund equity of almost $1.2 billion at the end of September 2023. The Board Designated funds of almost $108 million projected at the end of the current fiscal year and $119 million for FY 2022-23. <u>Board Designated Funds Forecast as of September 30, 2022</u> The Community Health Investment Fund is projected to have $11 million at fiscal year-end. For the Workforce Development initiative or ESN, staff is projecting $74.5 million and, $22 million for Community Resource Centers (CRCs) maintenance and expansion. <u>Tangible Net Equity (TNE) + Days of Cash On-Hand Comparison</u> The projected September 2022 TNE is 527% and 43 days of cash on-hand. The TNE projection for the FY 2022-23 budget is 540% and 42 days of cash on-hand. <u>FY 2022-23 Capital Projects and Programs</u> Tom MacDougall, *Chief Information & Technology Officer*, presented an overview of the Capital Projects for FY 2022-23. <u>Program Descriptions</u> • CalAIM - L.A. Care's staged implementation of the DHCS program to improve quality outcomes and drive delivery system transformation through value based initiatives, modernization of systems, and payment reform. This program expands case management and delivers non-traditional, lower-cost services to address Social Determinants of Health. • Care Catalyst - New Health Services Clinical System is a multi-year program focused on replacing L.A. Care's Care Management platform to better meet member care coordination needs. Utilization Management capabilities have transitioned to the new platform. Current work focuses on platform optimizations for added efficiency and scalability. Population health management and enhancements for Appeals and Grievances are areas of upcoming focus. • Clinic Based Assignment and Federally Quality Health Clinics (FQHC) alternative payment methodology includes enhancements to better manage the association between health plan members and community clinics in L.A. Care network. This will improve the experience of members receiving care in community clinics, as well as the providers serving them. It is also foundational to the implementation of the Alternative Payment Methodology, which enhances how clinics are compensated for the care provided to members.	

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	CMS Interoperability Mandate L.A. Care is making a multi-phase investment in provider and member data portability in accordance with CMS requirements. Current investments focus on patient access and provider directory application programming interfaces (APIs) to improve information accessibility and drive better health outcomes. Future work will focus on payer-to-payer interfaces to ensure timely and efficient benefits coordination and transitions. DSNP Product Launch Under the CalAIM initiative, the DHCS is transitioning CalMedi-Connect and Coordinated Care Initiative members to a statewide Managed Long-Term Services and Supports (MLTSS) and Dual Eligible Special Needs Plan (D-SNP) structure. L.A. Care is developing and deploying a fully-integrated D-SNP product and eliminating its existing CMC product in the fourth calendar quarter of 2022. Encounters & Risk Adjustment / EDIFECS Through several phased implementations, L.A. Care is adding capabilities to its encounter data management system. Recent implementations have included the Edge Server, which improved the quality, quantity, and frequency of encounter submissions to CMS. Current improvements are focused on data produced for risk adjustment, and future work is expected to focus on improved extraction of encounter data for regulatory audiences and internal end-users. Oracle Upgrade To ensure security and robust functionality, this initiative is to upgrade L.A. Care's Oracle database infrastructure and extend the life of the asset. Performance Optimization Program (Enterprise and Network) This initiative is building data management and reporting tools to support L.A. Care's Enterprise Performance Optimization Program (EPOP) and Network Performance Optimization Program (NPOP). EPOP improves monitoring of the performance of non-delegated enterprise functions. NPOP monitors the performance of all entities in L.A. Care's service delivery model across lines of business. Portal Strategy Target improvements in L.A. Care's portal infrastructure serving members and providers. Provider Roadmap This is a multi-year, cross-functional program focused on improving L.A. Care's provider data quality and management, including enhancements to data intake, standardization and validation, storage, reporting, and operational use. Improvements are targeted at both technical infrastructure and business processes.	

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	QNXT Insourcing L.A. Care is making progressive investments in its claims platform, with current work focused on the scalability and flexibility of development and test environments. This is to improve the performance and cost-effectiveness of L.A. Care's claims infrastructure. SAP/ERP – Finance System L.A. Care is continuing its implementation of SAP for financial management functions. After the successful deployment of Revenue Automation and the ERP including Accounts Payable, General Ledger, Cash Automation, Managerial Reporting, Project Costs/Allocations and Fixed Assets, current work is focused on modernizing Budgeting and Forecasting, Financial Reporting and Analytics, Procurement Management and implementing a Broker Commission system. The SAP/ERP strategic project is expected to complete the original project scope by the end of the next fiscal year. Security Enhancements Initiative The Security Enhancement Project makes infrastructure and process changes to improve the overall security posture for L.A. Care IT. This includes reviewing existing network design, virtualization architecture, and security tooling to ensure it meets and exceeds modern security standards and best practices. This project will also introduce tools to automate patching and endpoint configuration to enable L.A. Care to maintain its security posture. Transparency in Coverage/No Surprises L.A. Care is deploying functionality to support two federal requirements. Plans in the individual and large group market are required by the CMS Transparency in Coverage Final Rule to make available certain data/information pertaining to cost-sharing, cost of services, and aggregated out-of-network claims data, provided on a per provider, per service basis. Additionally, the No Surprise Act prohibits balance billing of members for receiving out-of-network care. The rule also requires plans to provide an advance Explanation of Benefits (EOB) for covered services for in/out of network providers and/or facilities, as requested. VOICE Program A multi-year modernization of L.A. Care's customer service infrastructure, focused on improving the quality and efficiency of member services. This includes upgrades for PCI compliance (protecting the privacy of payment information), as well as improvements in telephonic caller authentication, self-service telephonic features, member call back features, and customer relationship management (CRM) applications for member- and provider-facing services. **Motion FIN 106.0922**	**Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez,**

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	To accept the Financial Reports for June 2022 as submitted.	**Greene, Perez, Roybal and Vaccaro)**
FY 2022-23 Operating and Capital Budget	*Board Members Ballesteros, De La Torre, Ghaly, Greene, Perez, Roybal, Shapiro and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of such issues. In order to expedite the process, those Board Members' vote on the Budget reflects a vote concerning the entire budget excluding those items for which the member is abstaining, as identified:* *Board Member De La Torre* *Community Health Improvement Program/Community Resource Centers* *Board Members Ballesteros, Ghaly, Greene, Roybal and Shapiro* *Community Health Improvement Program/Community Programs (excluding Community Clinic Program/SCOPE Plan)* *Board Members Ballesteros, Shapiro and Vaccaro* *Community Health Improvement Program/Provider Recruitment, Residency Support, Community Clinic/SCOPE Program* *Board Member Perez* *Community Health Improvement Program/Community Programs Promotoras and Health Promoter Program* **Motion FIN 107.0922** **To approve the Fiscal Year 2022-23 Operating and Capital Budget, as submitted.**	**Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Greene, Perez, Roybal and Vaccaro), with conflicts as noted.**
Monthly Investments Transactions Report	Ms. Montgomery referred to the investment transactions reports included in the meeting materials. (*A copy of the report can be obtained by contacting Board Services).* 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 June 30, 2022 was $1.8 billion. • $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	
Quarterly Internal Policy Reports	Ms. Montgomery referred to the expenditure reports pursuant to internal policies which are included in the meeting materials. The reports relate to business travel and non-travel related expenses and authorization and approval policies and purchases over $250,000.	
Compliance & Quality Committee	PUBLIC COMMENT Submitted on September 1, 2022 at 8:53 a.m. via email by Andria McFerson RCAC 6 Chair: *Chair Del La Torre,*	

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	My name is Andria McFerson and this comment is for the Compliance & Quality Committee please excuse the technical errors and shown I ask that my comments are rightfully and equally translated. *Compliance & Quality Committee, Some complaints I received are to LA Care from low-income members who have been unable to receive proper communication from the complaint department. This could lead to other major health problems if left unhandled. What should people do about being mistreated, overcharged or improperly diagnosed By health professionals? Even if the few people that go through this process don't find feasible results in a decent amount of time? What can people do about discrimination if they feel that the only way to get things changed or fixed has let them down? I personally have a friend now who has been charged twice for the same procedure in two different locations. When she put in for a formal investigation she still hasn't received any correspondence in months from LA Care. I've heard this many times and it's scary, I myself feel I have been discriminated against but the proper communication has not been properly carried out. Please excuse me for not wholly attending this BOG retreat but due to being double booked by LA CARE I can't however I would have loved to be here I've been doing this for over 10 years I would have loved to participate.Also what does Silvia an LA Care member need to do after she feels she's not being treated properly and her complaints are not follow through to change this?* *THANKS, ANDRIA MCFERSON, RCAC6* Chairperson De La Torre asked that staff follow through on the public comment. Committee Chairperson Booth reported that the Compliance & Quality Committee met on August 18. (*The approved meeting minutes can be obtained by contacting Board Services and will be available on the website.*) • Dr. Seidman provided a Chief Medical Officer report, similar to his report earlier today. • Thomas Mendez presented the Measurement Year (MY) 2021 HEDIS results. The report summarized the final HEDIS results for the Medi-Cal Managed Care Accountability Set, Cal MediConnect and L.A. Care Covered for MY 2021. HEDIS rates are still below pre-COVID levels, especially for measures that require in-person services such as Immunizations, Cancer Screenings, and Diabetic Eye Exams. MY2021 also saw a continuing use of Telehealth visits, many of which were not as comprehensive as an in person visit, so HEDIS services were not always provided. • Mr. Mapp and the Compliance Department staff presented the August 2022 Chief Compliance Officer report. As part of the report staff gave updates about:	

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	○ Appeals and Grievances case volume for all lines of business ○ 2024 DHCS Operational Readiness Assessment ○ 2022 Internal Audit Plan Calendar ○ 2022 Health Industry Collaboration Effort ○ Noncompliance Issues ○ 2022 Risk Assessment • Rachel Martinez, *RN, BSN,* gave an update on Quality Improvement projects: ○ Quality Improvement Projects (QIPs) have unique, product line specific requirements and can last from 9 months to 3 years. All product lines may issue a QIP but typically Medi-Cal does not issue this type of project request. ○ Performance Improvement Projects (PIPs): PIPs are typically 18-month long projects with the first half spent on identifying areas of need, causal analysis, and planning interventions then followed by testing of interventions. ○ Plan-Do-Study Act (PDSA). PDSA projects are done in much shorter timeframes with interventions being tested in 30-90 day cycles. Typically, these have two cycles of interventions and are required by our regulators due to low performance on a measure.	
Audit Committee	Committee Chair Al Ballesteros, reported that the Audit Committee met on August 4 to discuss the Deloitte & Touche Audit Plan for FY 2021-22 *(Contact Board Services to obtain a copy of approved meeting minutes).* • The Board previously delegated authority to the Audit Committee for overseeing the work of our external independent financial audit firm. • The Committee approved staff's recommendation to continue the engagement with Deloitte. • Deloitte & Touche presented the Audit Plan for FY 2021-22. (Contact Board Services to obtain a copy of the plan.) ○ Last year's audit went smoothly. Deloitte was able to accelerate the audit timeline through expanded interim procedures, implementation of new procedures in claims and other medical expenses and increased use of data analytics and other audit technology. ○ Adapt audit to changes within L.A. Care and macroeconomic environment to consider the impact of the evolving COVID-19 events during preliminary risk assessment. ○ Annual debrief/assessment sessions were held on the prior year's engagement with L.A. Care management and staff. ○ Other Planned Procedures will include: ✓ Virtual control walkthroughs. ✓ Ongoing evaluation of nature and timing of procedures and use of audit technology. ✓ Continued evaluation of new accounting standards.	

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	✓ Continue to communicate with management on a regular basis throughout the year for timely identification and resolution of accounting and other matters. • 2022 Proposed Audit Fee is $404,895, excluding expenses. • The Committee approved Deloitte's proposed audit plan for FY 2021-22.	
PUBLIC COMMENT on Closed Session Items	Submitted on September 1, 2022 at 8:53 a.m. via email by Andria McFerson RCAC 6 Chair: *Chair Del La Torre* *This comment is for any relevant topics having to do with any closed items with LA Care giving back to the community I do appreciate the opportunity to give back to any residents who need resources like food and school supplies. The Health Promoter program is awesome and the staff is amazing, it completely makes me feel like I'm doing something beneficial being that I am a low-income Black disabled woman. I understand what people are challenged with so thanks for the opportunity and I hope we could expand more opportunities in my region which is region 6 Thanks, Andria McFerson, RCAC 6 Chair*	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting was adjourned at 1:40 pm. Augustavia J. Haydel, Esq., *General Counsel,* announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 1:41 pm. No report is anticipated from the closed session. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates 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: *September 2024* ***From the Supplemental Special Meeting Agenda*** CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act USC Keck Hospital, et al. v. L.A. Care (AAA Case No. 01-21-0016-6078) USC on behalf of Keck Hospital of USC, et al. v. L.A. Care, JAMS Case No. – 1220071459 USC Verdugo Hills v. LA Care Health Plan, AAA Case No.: 01-21-0002-0736 USC Keck on behalf of USC Kenneth Norris Jr. Cancer Hospital v. LA Care Health Plan, Los Angeles Superior Court Case No. 22STCV02659 USC Verdugo Hills Hospital v. L.A. Care Health Plan, Los Angeles Superior Court Case No. 22STCV02072	

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	USC on behalf of Keck Hospital of USC v. L.A. Care, JAMS Case No.: 1220072646 USC on behalf of USC Verdugo Hills Hospital v. L.A. Care, Los Angeles Superior Court Case No.: 22STCV15865 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) 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 CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • 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	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 1:55 p.m., with Vice Chairperson Ballesteros presiding. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 1:55 p.m.	

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

APPROVED BY:
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Stephanie Booth MD
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Stephanie Booth, MD, *Board Secretary*
Date Signed 10/12/2022 | 10:08 AM PDT

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