

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – September 27, 2023

1055 West 7th Street, 10th Floor, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Al Ballesteros, *Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE, *Vice Chairperson*
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary*

Management/Staff

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Linda Greenfeld, *Chief Product Officer*
 Augustavia Haydel, *General Counsel*
 Jeff Ingram, *Deputy Chief Financial Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Noah Paley, *Chief of Staff*

* *Absent*

** *Via Teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i>, called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:01 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes. • Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. <p>He provided information on how to submit a comment in-person, or using the “chat” feature.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The motion for Housing & Homelessness Incentive Program Investment agreement The Agenda for today’s meeting was approved as amended.	Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	<p>Committee Member Booth proposed amendments to the August 23, 2023 meeting minutes.</p> <p>Strike on page 4: “Board Member Booth asked how this compares to other issues L.A. Care has had to enact regarding the importance for L.A. Care’s patient care, reasonable cost, and the amount of work required in implementing the changes.”</p> <p>Add on page 4: “Board member Booth noted there seemed to be a large number of additional tasks involved with the current contract amendment. She does not have a complete understanding of DHCS’s requirements listed in the amendment, or the effort that will be required of LA Care to meet the requirements. She noted it would be helpful to know 1) what DHCS’s goals were that prompted writing the new requirements, as well as 2) the value of the intended work product related to LA Care’s Mission. The contract amendment seems to require a lot of work by health plans and she wonders if the value of the result is equivalent to the value of work needed to be completed to achieve the result. She hopes someone could explain to her whether, and how, the results might justify the effort required.”</p> <p>The minutes of the August 23, 2023 meeting were approved as amended.</p>	Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)
CHAIRPERSON’S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, <i>Chief Executive Officer</i> , reported L.A. Care has received the third month of data for the resumption of Medi-Cal eligibility redetermination. The number of beneficiaries that have not completed the process are placed “on hold” for 90 days. If the redetermination process is completed within the 90-day period, benefits are reinstated. The redetermination results in Los Angeles County are a bit better than the statewide results. About 40% of Medi-Cal members are determined to be eligible through an ex parte process, where data from other programs is used to qualify beneficiaries for Medi-Cal for another year and beneficiaries are notified. The remaining 60% of beneficiaries are sent information about completing the 20-page	

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	<p>redetermination packet. It is estimated that only 4% will complete the packet and have their benefits reinstated. Across California, about 21% of those packets are not completed and those beneficiaries are placed on hold for 90 days. A 70% disenrollment rate is projected, and the numbers in Los Angeles County are consistent with that number.</p> <p>It was not anticipated that there would be a significant number of new enrollment applications for Medi-Cal in Los Angeles County and statewide. L.A. Care is checking to determine whether these are prior members re-enrolling with a new application instead of using the redetermination forms. In the first three months there does not seem to be a significant number of re-enrollments among the new enrollment applications received. In the first three months of the redetermination process, about 120,000 L.A. Care members were placed on hold and there were about 96,000 new members enrolled resulting in a small net loss in members. Certified Enrollers at L.A. Care's Community Resource Centers (CRC) are helping people successfully complete the redetermination packet. Half the appointments are with people applying for Medi-Cal for the first time. We are seeing many new members among people who previously have not been eligible. This is occurring statewide, although there seems to be a little higher rate of new enrollees in Los Angeles County. There is a great deal of uncertainty in the redetermination process and whether the current enrollment trend will continue. The results of resuming the redetermination will not be known until August of 2024.</p> <p>On January 1, 2024, two things will happen:</p> <ol style="list-style-type: none"> 1. Kaiser Permanente will begin to operate under its own direct Medi-Cal contract with the State of California. The 287,000 Medi-Cal lives that are now counted as part of L.A. Care's enrollment will be transitioned to that Kaiser contract. Los Angeles County will effectively become a three-plan county, although that phrase has not been used yet. The interesting new development that has come out since the Board last met is that the state has announced the number of Medi-Cal beneficiaries will be expected for Kaiser default enrollment. Default enrollment affects about 40% of the people applying for Medi-Cal as they do not select a health plan as they enroll. California Department of Health Care Services (DHCS) has an algorithm based on quality for the default enrollment. L.A. Care currently receives 56% of that, and Health Net receives the remainder. If Kaiser is to receive a portion of the default enrollment, a question is how Kaiser's default assignment will be determined. If it were based on a quality score, Kaiser would likely have the highest quality scores, because they have the lowest acuity. DHCS has assigned a 	

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	<p>number for Medi-Cal enrollment for Kaiser in each county. In Los Angeles County, Kaiser will be required to enroll 946 members by default assignment. In Kern County, the default assignment to Kaiser is 50 members. That will have a negligible effect on L.A. Care’s default assignment, and is another indication that Kaiser is being treated differently from the other health plans in the Medi-Cal managed care program in California.</p> <p>2. Health Net will have to surrender 50% of its enrollment to Molina Health, its plan partner. Health Net and Molina have a long-standing plan partner relationship; Molina currently has about 80,000 of the 1.2 million Health Net members in Los Angeles County. The statewide health plan reprocurement process conducted in 2022 was canceled at the end of 2022. Through an agreement made behind closed doors, Health Net will be required to maintain a contract with Molina, and 50% of Health Net membership will transition to Molina. Sometime this fall 550,000 people enrolled with Health Net will receive a letter that as of January 1, 2024, their Medi-Cal benefits will transition to Molina. DHCS has not definitively told other plans how this will be done, but we assume that people will be transferred based on primary care physician. Molina has been signing up every provider they can in Los Angeles County so that it has a network that matches Health Net and beneficiaries can be moved without a disruption in care. One outcome is that Molina has no bargaining power because Molina needs those providers in its network. Providers are getting top dollar reimbursement, which may become precedent that other health plans will need to match in a year or two.</p> <p>L.A. Care is not losing significant enrollment in Medi-Cal due to the redetermination process. There are many redeterminations yet to be processed. L.A. Care will continue to monitor this process, as it has repercussions on enrollment numbers and L.A. Care’s financial outlook.</p> <p>Chairperson Ballesteros asked about early enrollment through expansion of eligibility for Medi-Cal on January 1, 2024, and if any of the current new enrollment is related. Mr. Baackes responded that some beneficiaries are currently being enrolled in partial benefits and will switch to full benefits on January 1, 2024. It is estimated that there are 270,000 potentially eligible beneficiaries between the ages of 26 and 49 in Los Angeles County, and L.A. Care expects to enroll 70% of those. L.A. Care’s budget estimate was 140,000 to be enrolled, and the actual enrollment could be higher than forecast in the budget. The estimate of 270,000 was provided by DHCS, based on the partial participation. In Los Angeles County, some beneficiaries are receiving care through <i>My</i></p>	

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<ul style="list-style-type: none"> Department of Managed Health Care Enforcement Matter Report 	<p><i>Health L.A.</i> A challenge for L.A. Care is that many of those beneficiaries are currently receiving services at Los Angeles County Department of Health Services (DHS) sites or at federally qualified health centers (FQHC) and will need to be enrolled with their current primary care provider or specialty care providers. In the summer of 2022, members ages 50 and older became eligible beneficiaries for Medi-Cal, and the process for matching those new beneficiaries with existing health care providers was quite a challenge. L.A. Care has put procedures in place to simplify enrollment and preserve continuity of care. Chairperson Ballesteros commented that it would be helpful for DHS to assist FQHCs in outreach and enrollment. Mr. Baackes noted that L.A. Care could assist in facilitating that process. Chairperson Ballesteros is advocating for support through Community Clinic Association of Los Angeles County (CCALAC) to make the extra effort for support through the transition. Mr. Baackes suggested that L.A. Care could convene a meeting with CCALAC, Health Net and county representatives in this regard. Sameer Amin, MD, <i>Chief Medical Officer</i>, added that he has brought this idea to DHS a number of times and they are open to it, and there is opportunity to work together on it. Board Member Booth suggested including independent practices. Mr. Baackes agreed, and suggested including the Los Angeles County Medical Association (LACMA). He noted that if beneficiaries in the cohort are currently receiving care, likely through DHS sites and FQHCs. There may be an issue in matching an enrollee to a primary care provider other than DHS sites or with FQHCs. L.A. Care has ended default enrollment in DHS sites because of capacity.</p> <p>The report is provided for the Board member’s information concerning EM (<i>a copy of the report can be obtained by contacting Board Services</i>). The Board has delegated authority to the CEO up to \$250,000 under L.A. Care’s policy to settle threatened litigation matters, including Department of Managed Health Care (DMHC) Enforcement Matters, without Board approval. The policy requires the CEO to report the settlement to the Executive Committee and/or to the Board, before or after settlement. The settlement amounts listed in the report are within the CEO’s delegated authority.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> The federal fiscal year begins on October 1 annually. In years where the US Congress has not enacted a budget or a continuing resolution that continues current funding for federal programs, there is a shut down in federal programs. It is common in past years for continuing resolutions to be enacted while the US Congress negotiates the federal budget, and shut downs are very rare. A shut down 	

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	<p>did occur in 2018, lasting about one month. The US Senate will vote this week on a continuing resolution, that will extend current funding through November 17, 2023, but it is not expected to be passed through the House of Representatives. Some members of Congress have indicated that funding for Ukraine is not acceptable. It is hoped there will not be a shut down. It remains to be seen if the Speaker of the House of Representatives, Kevin McCarthy, will negotiate approval of a continuing resolution in the House.</p> <ul style="list-style-type: none"> • The effects of a potential shut down on federal programs is not yet known because of the changing situation. The Medi-Cal program has full funding until at least the first quarter of the year. However, many staff at Centers for Medicare and Medicaid Services (CMS) would be furloughed in a federal shutdown, which could hinder progress on rates, renewals, etc. L.A. Care has confirmed with CMS that no problems are anticipated with the Covered California product line in a shut down. Medicare Advantage (Dual Special Needs Plans, or D-SNPs) are also expected to be paid at the first of every month even in a shutdown, as those payments come directly from the Treasury and payments are mandated. For the Supplemental Nutrition Assistance Program (SNAP), known as Cal Fresh in California, current funding is allocated through October 31, 2023. If there is a shutdown, states may need to supplement the funding in order to operate the program. If there is a shut down, it is hoped that, as in 2018-19, a bill currently proposed in US Congress would be approved to provide three months' federal funding for Cal Fresh. • The Women, Infants and Children (WIC) program could be negatively impacted by a shutdown, as there is no funding left in this program after October 1, 2023. Continued operation of WIC in a shut down after October 1, 2023 would require funding by states. • Federal funding for benefits under Supplemental Security Income, Veteran's programs and unemployment would continue. <p>Afzal Shah, <i>Chief Financial Officer</i>, asked about the Managed Care Organization (MCO) tax and potential effects of a federal shutdown. Ms. Compartore noted that CMS staff would not be available to process approval of the MCO tax in a shut down, so the payment for the first quarter (including retroactive payments) would be in jeopardy. There is no information about where negotiations are between CMS and California representatives.</p>	

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COMMITTEE ISSUES		
Scout Exchange Contract Amendment	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized a motion requesting approval to execute Amendment VI to the contract with Scout Exchange adding \$15,000,000 to the maximum expense, to be expended in the 2023-24 fiscal year.</p> <p>Scout provides L.A. Care with software to assist in the management of contingent workers. Using Scout streamlines the contingent workforce management process, including timecards, staffing requests and vendor management.</p> <p>We request approval to extend the contract through September 30, 2024 with an additional \$15,000,000 (for a total cost not to exceed \$63,464,908).</p> <p><u>Motion EXE 100.1023</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$15,000,000 not to exceed a total spend of \$63,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2024.</p>	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
Amendments to L.A. Care Health Plan Retirement Benefit Plan	<p>Mr. Brown noted that the Board delegated authority for approval of this motion at its last meeting following a presentation of the potential costs by L.A. Care’s actuary. The required waiting period following that presentation has expired so the final approval is now in order.</p> <p>L.A. Care maintains the L.A. Care Health Plan Retirement Benefit Plan (the Plan), a qualified defined contribution money purchase pension plan, for the benefit of its eligible employees and their beneficiaries. The Plan was most recently restated effective January 1, 2020. Currently, the Plan requires eligible employees to complete one year of service in order to become eligible to participate in the additional employer non-elective contribution equal to 3.5% of compensation and the employer matching contribution equal to 100% of the participant’s elective contributions to the Deferred Compensation Plan up to 4% of Compensation. In order to better attract qualified employees, staff proposed to amend the Plan to eliminate the one-year-of-service requirement for eligibility to participate in the additional employer non-elective contribution and employer matching contribution. This motion seeks final approval by the Executive Committee for the changes.</p>	

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	<p><u>Motion EXE A.0923</u> To approve the future costs of the elimination of the one-year-of-service requirement to participate in the additional employer non-elective contribution and employer matching contribution under the L.A. Care Health Plan Retirement Benefit Plan and authorize any necessary or appropriate actions to implement its decision, and to express a preference that if it decides to do so, then it consider the following actions:</p> <ol style="list-style-type: none"> 1. Approve the amendment of the L.A. Care Health Plan Retirement Plan to eliminate the one-year-of-service requirement for eligibility to participate in the additional employer non-elective contribution and employer matching contribution. 2. Authorize and direct the Chief Executive Officer to execute the amendment to the Plan to eliminate that requirement and take all other actions necessary or appropriate to implement the foregoing resolutions. 	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
<p>Human Resources Policy HR 219 (Standards of Conduct)</p>	<p>Mr. Brown then presented a motion to revise HR 219. L.A. Care Health Plan (L.A. Care) requires order, focus, discipline and rigor to succeed as an organization, and professionalism, productivity, and cooperation are required from all employees. The standards of conduct outlined in HR-219 help achieve those requirements with minor corrections and by updating language pertaining to alcohol and substance use to include functions where employees are representing L.A. Care outside working hours.</p> <p><u>Motion EXE B.0923</u> To approve the Human Resources Policy & Procedure HR-219 Standard of Conducts, as presented.</p>	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
<p>Funding for Workforce Development (EXE 101)</p>	<p>Mr. Baackes introduced a motion which results from a presentation made during the September 7, 2023 Board Meeting.</p> <p>L.A. Care has made significant financial commitments to supporting safety net workforce needs. In May 2018, L.A. Care’s Board of Governors approved an initial five-year \$155 million commitment in Board Designated Funds for its Elevating the Safety Net Initiative, which covered a range of programs including medical school scholarships, provider loan repayment, provider recruitment grants to clinics and practices, and other workforce programs. In May 2022, the Board approved a five-year</p>	

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	<p>extension to continue investing the remaining \$61 million in some of the programs under Elevating the Safety Net through FY 2026-27.</p> <p>Much good has come from our Elevating the Safety Net (ESN) investments, including 48 students receiving medical school scholarships, 152 new physicians hired, 173 physicians awarded loan repayment assistance, 44 new residents added, 54 Community Health Workers trained and employed, among other achievements. However, additional community and safety net needs continue to emerge.</p> <p>The new Medi-Cal contract that begins on January 1, 2024 requires health plans to dedicate a percentage of annual net income to community investments. L.A. Care has consistently exceeded the required percentage. However, in the spirit of the state requirement and to further L.A. Care’s longstanding commitment to strengthening the safety net, this motion requests Board approval to add \$50 million from unassigned reserves to the initial Board Designated Fund of \$155 million for workforce development. This will assure continuity of funding through the five-year expansion commitment that the Board approved in May 2022 and will provide flexibility to address other safety net and community needs that arise in the interim.</p> <p>Board Member Raffoul asked about the potential settlement funds that may be received. Mr. Baackes reported that the funds that might be received from a settlement could provide additional funding for L.A. Care’s community benefit programs.</p> <p>Board Member Booth asked if disbursements from this fund would require Board approval. Mr. Baackes responded that the Board has approved disbursements in the past in block amounts by category and individual vendor contract expenditures. Two examples would be the Board approval of \$5 million to the Charles R. Drew University to start up the Medical School, and a similar amount to Keck Graduate Institute to start the Community Medicine Program. Member Booth asked if there were plans to fund interns and residency programs. Mr. Baackes responded that the residency program is under review. Wendy Schiffer, <i>Senior Director of Strategic Planning</i>, added that the ESN program was approved at a smaller expenditure, and programs were evaluated for effectiveness and impact. The residency portion of the original investment was not included in the second expenditure. She noted that staff could review the program for a new funding program. Mr. Baackes noted that L.A. Care is frequently asked to expand the funds allocated for provider recruitment, as the current funding for recruitment is limited to recruitment for primary care and psychiatry. The motion could allow expansion into other areas of practice. Member Booth indicated that she would like to</p>	

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	<p>see additional data on the results of the residency grants to determine the value that was added to the safety net provider network through the program. Mr. Baackes noted that grants to a provider site are made for a particular position over three years. If the person hired leaves the position, the provider is obligated to refill the position within the three-year period. L.A. Care added to the recruitment grant the potential for the person hired to receive a monthly allocation to reduce debt from medical school tuition up to \$180,000 over three years, and if the person leaves during the three years, the allocation for medical school tuition ends. Mr. Baackes offered to provide a report to the Board on the recruitment program. Member Booth asked about the timing for a report on the L.A. Care Scholars, and Mr. Baackes indicated it would likely be eight years after the first group began medical school. Member Booth commented that reports on the locations of the Scholars for their residency will be helpful. Many residents end up settling in the community where they served their residency. Mr. Baackes has been impressed by the number of students that want to return to Los Angeles County to practice medicine, particularly those with family in Los Angeles County. Dr. Amin agreed it would be helpful and he offered to present a report at a future meeting.</p> <p><u>Motion EXE 101.1023</u> To authorize adding \$50 million from unassigned reserves to the Board Designated Fund for workforce development to address emerging safety net and community needs through FY 2026-27.</p>	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for October 5, 2023 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • September 7, 2023 Board of Governors Retreat and Meeting Minutes • Scout Exchange Contract Amendment • Language Line Solutions Contract Extension • TierPoint Contract to provide Disaster Recovery • Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation Contract Amendment for Information Technology Staff Augmentation • NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication Contract • EPlus Contract to provide Storage Service • NetCentric Technologies, Inc. Contract Amendment 	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>

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	<ul style="list-style-type: none"> • Ntooitive Contract • Ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children’s Health Consultant Advisory Committee 	
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:54 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:13 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2025</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	

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RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:15 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:28 pm.	

Respectfully submitted by:

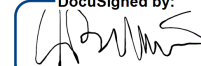
Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

DocuSigned by:



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Alvaro Ballesteros, MBA, *Board Chairperson*

Date: 11/2/2023 | 8:38 AM PDT

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