BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – October 25, 2023

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

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

** Absent*
*** Via Teleconference*

Management/Staff
John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Interim Chief Compliance Officer*
Linda Greenfeld, *Chief Product Officer*
Augustavia Haydel, *General Counsel*
Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, MBA, *Chairperson,* 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 2:02 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. • 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. He provided information on how to submit a comment in-person, or using the "chat" feature.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously. 3 AYES (Ballesteros, Booth and Shapiro)**
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the September 27, 2023 meeting were approved as submitted.	**Approved unanimously. 3 AYES**
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer*, reported there are four months of data for the redetermination process and L.A. Care has a net loss of about a 100,000 Medi-Cal members. Over 200,000 did not make it through the process. Of those, some were determined to be no longer eligible and a vast majority are people that have not returned the redetermination package. L.A. Care added 132,000 Medi-Cal members in four months. If we were to project this forward for the remainder of the process, L.A. Care would lose about 300,000 lives, which would be slightly less than forecast. All of the health plans in California are reporting significant new enrollment. L.A. Care has enrolled a number of people eligible for L.A. Care Covered. L.A. Care Covered has 133,000 paid members with about 20,000 in the queue. Not all of the new enrollment will become members; people have 60 days to decide to accept the enrollment. Any premium due must be paid within 60 days. About half of the people who have enrolled will not have to pay any premium because the federal and state subsidies will cover the premium. Those members will need to pay the co-payments and the deductible for health care services. From an enrollment standpoint, L.A. Care is in good shape so far. In January 2024, several things will happen in Medi-Cal. • L.A. Care will be severing the 275,000 Kaiser members, as Kaiser will have its own Medi-Cal contract. All of the preparation is moving very smoothly and work with Kaiser is ongoing to make that happen as easily as possible for members. There have been no glitches whatsoever. L.A. Care does not anticipate that this will have a significant financial impact because of the contract terms L.A. Care had with Kaiser.	

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	• Medi-Cal eligibility will be extended to undocumented residents between the ages of 26 and 49 as of January. 1, 2024. Many in this demographic are already partially covered by Medi-Cal and the transition will be seamless for them. Others who will become eligible will likely enroll within three or four months. A big challenge will be to match the primary care physician with the members who have federally qualified health centers (FQHC) as a primary provider under discounted programs or are using clinics at Los Angeles County Department of Health Services (DHS) sites through My Health LA. The member may be used to seeing a primary care physician, and L.A. Care will work to match them with that same physician, assuming the physician is in L.A. Care's network. DHS physicians will be in L.A. Care's network. The information provided to L.A. Care from California Department of Health Care Services (DHCS) will not include any previous primary care affiliation. It will be a lot of work. This group is expected to be more than 150,000 members. • The last event in January does not directly affect L.A. Care but it will crowd the environment L.A. Care is working in. Health Net will be assigning half of its 1.1 million lives to Molina Health. DHCS has not announced how that will happen. Notices should be sent in November to those members, and that will be during the ongoing redetermination process. A Medi-Cal member could receive a letter that informs them that as of January 1 the member will be enrolled with Molina. The next day the member could receive a redetermination package to continue eligibility for Medi-Cal. There could be some fallout from the resulting confusion among members. • At the November 2 Board meeting there may be more information about the rate development for 2024. The initial estimates were not good for L.A. Care or for any of the health plans. Many health plans are concerned, and a lot of pushback is expected in terms of the actuarial soundness of these rates. Chairperson Ballesteros noted that L.A. Care is seeing increases in enrollment of new members coming in. That is offsetting those that are dropping off. He asked if there is any sense of the new member demographics. Are there members that did not know about it, or recently qualified or maybe did not know about the benefit? Mr. Baackes responded that L.A. Care is researching this, and it appears they are coming in across all categories. It seems not to be a concentration of moms and kids or childless adults; it is across the board. People may also have moved their residence to Los Angeles County, or perhaps all of the awareness around the eligibility redetermination prompted	

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	enrollment. He reported at the October Board Meeting that L.A. Care has Certified enrollers at the Community Resource Centers to help people with the enrollment process, and many are new enrollees. He hears from health plans across California that there is significant new enrollment. Every plan is seeing new membership. Chairperson Ballesteros commented that it is great that they are coming in, but were these new members out there and they did not know they were eligible? That is a concern because we want folks to be able to get benefits for which they are eligible. Mr. Baackes noted that that anytime LA Care had open enrollment for Covered California, there would also be a spike in Medical enrollment, because people did not know they were eligible for Medi-Cal and had enrolled through Covered California.	
• Government Affairs Update	Joanne Campbell*, Government Affairs,* reported: • Congress had passed a continuing resolution for the federal budget, because federal legislators were unable to come to an agreement about the budget before the deadline. The deadline for the continuing resolution is November 17, 2023 • The Speaker of the House was removed in early October. Noah Paley, *Chief of Staff* noted that a new Speaker, Mike Johnson, was elected this morning. Staff will continue to update the Board on new developments. • The most recent estimate for California state revenue was released last week. California has collected $17.3 billion in taxes, far below the estimated $44.9 billion projected. Last week, the IRS and California delayed the filing date for taxes until November 16. There are outstanding filings. It is unlikely that the extended deadline will significantly affect California's tax revenue. This does not mean immediate cuts, California's rainy-day fund including a specifically targeted health fund, are full and there are other funding mechanisms that could be utilized. The revenue shortfall will complicate negotiations for next year's budget.	
COMMITTEE ISSUES		
Presentation on Community Health Investment Fund (CHIF) Priorities for FY 2023-24	Shavonda Webber-Christmas, *Director, Community Benefits,* reviewed the priorities for the 2023-24 fiscal year. Overview: • As of October 1, 2023, the CHIF Program has supported more than 979 projects for 190 unique community entities, and invested more than $138 million in organizations caring for under-resourced communities.	

APPROVED

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	• CHIF awards improved clinic workforce and infrastructure, access to care and improved health outcomes for members and social determinants for under-resourced communities, all in an effort to strengthen the safety net of providers in Los Angeles County. • A motion will be presented on November 2 seeking Board approval to allocate the CHIF fund already approved in the current budget for $10 million, across Community Benefits' Grant Making Priorities for FY 2023-24 The CHIF grants improve clinics, workforce, infrastructure and access to care, allowing organizations to pilot various programs for care coordination, improve health outcomes for our members, and advance solutions for social determinants of health to reduce inequities in under-resourced communities. Categories in which CHIF initiatives and ad hoc awards are allocated: • Support the health care safety net to improve infrastructure and address disparities • Advance solutions for social determinants of health to reduce inequities • Close pervasive health disparities gaps • Empower and invest in health and health related social service organizations that address systemic racism Ms. Webber-Christmas reviewed the grant making priorities in each category. **Support the health care safety net to improve infrastructure and address disparities** • Supports projects that address the infrastructure needs of safety net providers, including technological, personnel, and care coordination methods that enable healthcare providers to resolve broad structural and racial inequities in the health care system, and to ensure quality and equitable care and improve client outcomes. • Portfolio may be distributed through initiatives such as the Robert E. Tranquada, MD Safety Net Initiative, and community initiated ad hoc projects, including major healthcare investments. • Budget - $4.45 million • Grants starting at $100,000 each **Advance solutions for social determinants of health to reduce inequities** • Supports community based strategies and policy efforts to reduce health inequities associated with social determinants and improve health and wellbeing for	

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	marginalized community members. Projects affecting food and housing security, economic empowerment, and education are prioritized. • Portfolio may be distributed through initiatives such as a pilot Advancing Economic Mobility and community initiated ad hoc projects that improve areas related to social determinants of health. • Budget - $2.8 million • Grants starting at $125,000 each **Close pervasive health disparities gaps** • Uplifts projects that directly address health disparities among under resourced populations due to race or ethnicity, sex, gender identity, age, ability, socioeconomic status, geographic location, and especially coexistent or intersectional characteristics. L.A. Care will address opportunities revealed through analysis of available data. • Portfolio may be distributed through initiatives such as Generating African American Infant & Nurturers' Survival (GAAINS), and community initiated ad hoc grants aligned with reducing health disparities, including data surveillance. • Budget - $1.5 million • Grants starting at $125,000 each **Empower and invest in health and health-related social service organizations that address systemic racism.** • Supports trusted BIPOC-led and serving organizations that provide services to meet community health and social needs and address root causes of systemic injustices. Focuses on building infrastructure and capacity among agencies historically underfunded by philanthropy to resource community driven solutions to systemic racism. • Portfolio may be organized around initiatives, such as the Equity & Resilience Initiative, and community initiated ad hoc grants aligned with eliminating systemic racism. • Budget - $1.25 million • Grant average $125,000 each In response to a question from Board Member Booth, (*the question was inaudible)* Ms. Webber Christmas responded that workforce partners are focused on health care and technology workforce sectors.	

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	Board Member Shapiro appreciates the information; this is important and creates hope, especially for organizations that have never had a grant, helping them in that process is extremely important. He stressed the importance of outcomes to learn from projects that may not have worked, but also the projects that can be replicated. It will be interesting, after all these projects have a year of operation, to see the results. Those stories are powerful and are untold, and need to be replicated. Ms. Webber-Christmas responded that a summary report is presented annually to the Board. Chairperson Ballesteros thanked her on behalf of the clinics; he hears good feedback about the CHIF program. He thanked Ms. Webber-Christmas for her hard work. Her reports provide important information for the Board. Ms. Webber-Christmas responded that it is a privilege to work with the Board and the opportunity is very much appreciated. Mr. Baackes noted that Ms. Webber Christmas has done a wonderful job. He reported that in a meeting with Mary Watanabe, *Director*, California Department of Managed Health Care (DMHC), and the CEOs of the Local Health Plans of California. There were concerns expressed about the DMHC imposing quality requirements on health plans. DMHC will be coming out with a set of quality metrics arranged around health disparities and health inequity. Ms. Watanabe commented that the state administration is asking for accountability, and raising the number of measures and the sanctions that go with them. Mr. Baackes responded that it seems accountability should go both ways. If health plans are going to work on moving improving quality and removing health disparities. Health plans will need the resources to do it; piling on more metrics and higher sanctions is not going to move the needle. Health plans do not have the resources to place providers in the communities that need them. He commented that all the health plans are doing the kinds of projects that the Committee just heard about. Health plans are using unassigned revenue to invest in the community to address the inequities that are leading to the low quality scores, and on which the administration is not taking action. The Director is not aware about good things the health plans are doing and Mr. Baackes will meet with her to review these community programs sponsored by the health plans. Mr. Baackes and Sameer Amin, MD, *Chief Medical Officer,* will inform her about the CHIF programs including Elevating the Safety Net, and Community Resource Centers. These programs are doing more to improve quality and access to care and remove disparities than the increasing number of quality measures on health plans, which come with financial sanctions on top of corrective action plans. He	

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	mentions this because it really struck him that DMHC is not measuring the quality improvement programs underway; it measures other transactional areas. Board Member Booth commended Mr. Baackes and expressed hope that the Director heard his words and was honest with him. She thanked Mr. Baackes. Dr. Amin commented that in addition to that, in conversations with some of the regulators, he raises the question, why keep ramping up penalties to remove money from the system when health plans could invest the money in the system. A quality withhold includes financial penalties on Managed Care Accountability Sets (MCAS) measures, the auto assignment of members is being adjusted based on the same quality metrics. These are detrimental to a health plan's ability to invest in the community. It just does not make sense. Ultimately, that money coming out of the community is not helping anything. The issues Mr. Baackes is talking about are exactly what we need To do to try to reinvest. Board Member Shapiro noted that one of the metrics that can be pointed out is that whenever people have clean water, affordable food, green spaces - safe spaces and people actually have a home, other metrics can be involved that promote positive things on behalf of the community. Dr. Amin responded that they apply metrics from other programs like Medicare, to a population that is very different, and some of it is coming from lack of understanding. If people do not have a roof over their head, do not have any green spaces and are in a violent area, it is hard to worry about Colonoscopy as the first and foremost thing. Getting folks settled so that they can think about health care and become part of the ecosystem is a positive first step. A lot of what L.A. Care is doing through Elevating the Safety Net is to strengthen the safety net of providers. L.A. Care is trying to reinvest into the community to address at least the basic issues. That is first. After that, we can make sure everyone who needs to, gets a colonoscopy. Mr. Baackes commented that in that conversation the Director described a two-year journey, as she put it, that she went through to come up with these quality measures. The issues are really coming from advocates who complain about a lack of progress on these measures related to child immunization and so forth. The advocates play a big role in promoting the quality measure. Some of the advocates are self-appointed and may not be advocates because they have been in the system and want to change it. They are self-appointed and driving this, and they get the ear of the regulators, get the	

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	ear of the media. Health plans have yet to figure out a way to work with the advocates, educate them and encourage advocacy based on real data and real life experience, rather than aspirational goals. Board Member Booth suggested this topic for a small group discussion among providers. She asked if it would be possible to urge the California Department of Health Care Services (DHCS) and DMHC to work together about their separate duties. Dr. Amin noted it would be great if DHCS and DMHC could articulate that separation. Mr. Baackes noted that around the particular issue where DMHC is getting into quality metrics and penalties, a question was posed to Ms. Watanabe if DMHC and DHCS communicate. Communication has also been an issue for L.A. Care between Covered California, DHCS and CalPERS. These are three entities that health plans have to deal with and each has set up different quality standards and measures and separate data collection and reporting from health plans. Health Plans have asked for alignment of the data collection and standards. There are opportunities for the bureaucratic structure in which health plans operate to consolidate and streamline reporting. Mr. Baackes will be asking for accountability by aligning the structure. Chairperson Ballesteros commented that the topic of metrics and sanctions has come up often. He noted that for 25-30% of the members assigned to providers, no contact information is provided when the member is assigned. A great deal of resources must be expended in locating and contacting newly assigned members. Those resources could be directed to the care of members who are engaged with the providers. It does not make sense to hold health plan or the provider accountable for patients delegated to them with no contact information, but this has not been reconciled. Dr. Amin commented that from a regulatory standpoint, the patients for which the plan or the provider have no contact information and no engagement with health care are considered healthy. Those 30-40% of members who do not see a provider are actually among the sickest and may have the most co-morbidity, and are choosing not to be part of the health care system. They have other concerns, possibly with social determinants of health that prevent engagement with health care providers. This is an area where regulators and government could help members by building a better infrastructure that provides for their social needs and draws them into the health care system. Chairperson Ballesteros agreed with Dr. Amin, but payments to clinics are affected by the inability to reach these patients. There may be ways to contact patients through other means such as housing programs. Regulators need to address this.	

APPROVED

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	Dr. Amin noted that L.A. Care is creating infrastructure around field medicine and street medicine. L.A. Care noted that there were requirements without any infrastructure or any organization, and stepped in to build it. The LA Care Community Health team has been working with providers and a number of other entities to gather input, and a plan will be presented at the Board of Governors meeting on November 2. Mr. Baackes noted that L.A. Care also operates CRCs and those can be places people come for care without having to be contacted. Chairperson Ballesteros stated that the resource centers contain a wonderful opportunity. Mr. Baackes commented that Medicaid was created in 1965, and was to be operated by the states. The states were to do the claims and operate the systems. After about 20 or 30 years, almost 40 of the 50 states turned to managed care to operate the programs, because states found it was hard. Now the states do not have to be held responsible, but became a regulator and hold health plans responsible. It was a changing dynamic over the history of this program. He thinks that is worth noting. States have become more entrenched in the regulatory side than in the actual provision of care. Health plans bear the responsibility of providing care. Chairperson Ballesteros commented that the community is going to be thankful that DMHC is willing to have the conversation, because there is a perception that there is a wall blocking them from hearing the information.	
Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA) **(EXE 100)**	Dr. Amin commented that this motion dovetails nicely with the previous conversation around L.A. Care's investments in the community to build infrastructure. He introduced Karl Calhoun, *Director, Housing Initiatives,* to present the motion. Mr. Calhoun stated that the Housing and Homelessness Incentive Program (HHIP) goals are to reduce and prevent homelessness, to provide access to L.A. Care members and to the greater Los Angeles County community, for those who are experiencing homelessness, to provide them access to the services they need to end their homelessness. All of that is dependent on the ability of the service community, largely community based organizations, to provide that support. L.A. Care has listed housing services, workforce development as a key priority initiative for HHIP. The workforce development aspect of homeless services is in dire need of support. This is in the investment plan with budget approval for $3 to 4 million dollars focused on housing related workforce development.	

APPROVED

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	This motion presents the agreement to utilize that funding. Further support is in study from KPMG that projected in the next 3 to 5 years, there will be 31% shortfall in staff at organizations who provide homeless services in Los Angeles County. That equates to about 67 to 70 people doing the work of a 100 people. One can imagine what that will do to staff retention and to the quality of the services provided. L.A. Care's efforts in many areas around homelessness experience obvious gaps. Homeless services workforce is a gap that is less obvious to many, but is equally as important as other gaps. In addressing the needs, staff recommends funding for United Way of Greater Los Angeles (UWGLA) through two primary initiatives, at $1.75 million each. This investment addresses immediate needs; it addresses ways to prevent this problem from getting worse in the future. The first phase of the investment addresses the practical reality of staff leaving the housing service industry by funding up to $500,000 for 15 different agencies to provide direct staff stipends to improve staff retention at those agencies. All of those agencies are contracted with L.A. Care. This phase of the investment will directly benefit L.A. Care members using services at those agencies. The Agency needs to be directly contracted with L.A. Care for housing related community supports or indirectly contracted with L.A. Care in a subcontracting relationship with Los Angeles County Department of Health Services (DHS) which is one of L.A. Care's largest homeless service providers. The second initiative involves a leadership round table led by UWGLA to develop 2-4 pilot initiatives to address identify people in the homeless space who have lived experience and bring them into the industry to benefit from their knowledge of the struggles of those experiencing homelessness. It will also identify newer generations that can work in this industry, particularly Transitional Age Youth program (TAY) individuals, because they bring lived experience and knowledge of homelessness issues. The initiative will support work to develop ways that may target that community. It will also develop pilot programs that create a career track within the homeless service community that is much more tangible and obtainable then what is available now. L.A. Care will have a seat at the round table, and will be shaping these pilot programs and the policies that the round table recommends.	

APPROVED

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	In order to align with HHIP goals and to help meet HHIP metrics and thus draw down funds, L.A. Care staff requests approval to execute a contract with United Way of Greater Los Angeles (UWGLA) from October 1, 2023 to October 1, 2025 of up to $3.5 million. **<u>Motion EXE 100.1123</u>** **To authorize staff to execute an HHIP investment agreement in the amount of $3,500,000 with United Way of Greater Los Angeles to refine and reestablish the Workforce Development Leadership Team, launch priority pilot initiatives, provide stipends, and provide infrastructure funding to strengthen recruitment and retention of staff in agencies in Los Angeles County for the period of October 1, 2023 through October 1, 2025.** Board Member Booth asked about other organizations involved in similar work in Los Angeles County. Mr. Calhoun responded that United Way is the leader in addressing the workforce shortfall crisis. This is part of the larger work underway in support of the entire community addressing homelessness issues, because without appropriate staffing, it will be very difficult to achieve the goals in reducing and preventing homelessness. L.A. Care is very consistently and, ardently working to connect HHIP funding to strategic initiatives, particularly within community health and CalAIM programming. This funding will directly benefit the community based organizations that are contracted with us to provide homeless services Chairperson Ballesteros noted that L.A. Care funding a program through community benefits years ago for staff retention in nonprofit health clinics, and it was the first time he had seen it done. Member Booth enquired if the HHIP will allow L.A. Care to be creative in funding programs. Dr. Amin responded that this did not require LA Care to get too creative because it was within the bounds of allowable funding. There are some ideas for programs he is discussing with Mr. Baackes that may be a little bit more outside of the box. Fortunately, this is very much in the HHIP box.	**Approved unanimously.** **3 AYES** **The Committee approved to include EXE 100 on the Consent Agenda for the November 2, 2023 Board of Governors meeting.**
Human Resources Policies HR 105 (Employee Benefit Plans), HR 109 (Jury Duty and Witness Subpoenas), and HR 709 (Language	Terry Brown, *Chief Human Resources Officer*, presented a motion to approve revisions to three L.A. Care HR policies. For two of the policies, the revision is updating the definition of eligible employees make sure that all of our policies are fully aligned and to make sure that they are aligned with the definitions in the benefit plan. There are benefit plans that individuals can and cannot participate in based upon their employment status.	

<table>
<tr><th>AGENDA ITEM/PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td>Proficiency Assessment)
(EXE A)</td><td>The third policy contains changes in the language proficiency assessment, and the major change is to add a second chance for an employee to take and pass the verbal language proficiency test.

The revised policies are written to comply with changes to Regulatory, Legislative and Judicial changes, or reflect changes in L.A. Care's practices.

<table>
<tr><th>Policy Number</th><th>Policy</th><th>Section</th><th>Description of Modification</th></tr>
<tr><td>HR-105</td><td>Employee Benefit Plans</td><td>Benefits</td><td>Revision – clarified definitions and specific processes; update Reporting and Monitoring sections using standard verbiage; removed age requirement under 3.2.7.1 as plan docs do not contain a min age requirement</td></tr>
<tr><td>HR-109</td><td>Jury Duty and Witness Subpoenas</td><td>Benefits</td><td>Updated definition of Eligible Employees</td></tr>
<tr><td>HR-709</td><td>Language Proficiency Assessment</td><td>Learning and Development</td><td>Policy Review</td></tr>
</table>

<u>Motion EXE A.1023</u>
To approve revisions to Human Resources Policies HR 105 (Employee Benefit Plans), HR 109 (Jury Duty and Witness Subpoenas), and HR 709 (Language Proficiency Assessment), as presented.</td><td>Approved unanimously.
3 AYES</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Approve Consent Agenda</td><td>Approve the list of items that will be considered on a Consent Agenda for November 2, 2023 Board of Governors Meeting.
• October 5, 2023 Board of Governors Meeting Minutes
• Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA)
• I Color Printing and Mailing Inc. Contract Amendment Premium Billing Unit with printing, storage, postage/mailing, reporting, and order fulfillment services through June 30, 2025</td><td>Approved unanimously.
3 AYES</td></tr>
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	• MCG (Milliman) Contract provide clinical care guidelines for the period of November 10, 2023 to October 31, 2028 • Accounts & Finance Services Policy AFS-008 (Annual Investment Policy Review)	
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 2:54 pm. Augustavia J. Haydel, Esq., *General Counsel* 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 3:00 pm. 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: *October 2025* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act *MemorialCare Select Health Plan v. L.A. Care Health Plan* American Health Law Association, Case No. 7028, filed April 28, 2022 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 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	

APPROVED

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RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:07 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:08 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: 11/27/2023 | 5:06 PM PST

APPROVED