

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – January 24, 2024

1055 West 7th Street, 1st Floor, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *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*
 Augustavia J. Haydel, Esq., *General Counsel*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfeld, *Chief Products Officer*

Alex Li, MD, *Chief Health Equity Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<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 2:18 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>	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously.

APPROVED

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		4 AYES (Ballesteros, Booth, Raffoul and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the November 15, 2023 regular meeting and January 17, 2024 special meeting were approved as submitted.	Approved unanimously. 4 AYES
CHAIRPERSON'S REPORT		
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported on the Medi-Cal eligibility redetermination that began in July 2023, processing approximately 20,000 people a month. The California Department of Health Care Services (DHCS) has determined the status of 54% of the Medi-Cal enrollees. About 16% of were dis-enrolled because the member did not complete the redetermination packet mailed to them or were deemed ineligible because their income exceeded the 138% federal poverty level. There were about 173,000 L.A. Care members whose redetermination status is not yet determined. The members have a 90-day grace period to complete and return the determination packet. This total may include members who returned their packets, but have not been processed yet by DHCS.</p> <p>During the seven-month period, L.A. Care gained 260,000 new members across a variety of categories: moms and kids, seniors and persons with disabilities and from the Medi-Cal expansion population. L.A. Care currently has 2,224,000 Medi-Cal lives and total enrollment of 2.7 million. L.A. Care met its goal of adding 2,100 new members in the Duals Special Needs Plan (D-SNP) program, meeting enrollment expectations. The total enrollment is over 19,000 members.</p> <p>L.A. Care Covered membership was 160,000 members paid, and about 40,000 people on hold. These were the people that were deemed ineligible for Medi-Cal because their income exceeded that federal poverty ceiling, or they were transferred from Oscar Health Plan who left the market. In both cases, a member has 60 days to decide whether they want to accept or decline enrollment in L.A. Care. L.A. Care is conducting outbound calls with a hit rate about 10%.</p>	

APPROVED

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	<p>L.A. Care’s January 2024 Medi-Cal enrollment has significantly declined due to Kaiser’s new direct contract with DHCS that took effect on January 1, 2024. 260,000 members had been enrolled in Kaiser through L.A. Care.</p> <p>Mr. Baackes reported that the undocumented residents between ages 26 to 49 are now eligible for enrollment in Medi-Cal. L.A. Care received 10,000 enrollees in January 2024. There are an estimated 270,000 people eligible in Los Angeles County, and L.A. Care expects to enroll 150,000-170,000. In the last Medi-Cal expansion for people ages 50 and over, L.A. Care received 75% of enrollment over a three-month period. Mr. Baackes expects that the bulk of enrollment of these undocumented residents will occur in March 2024. Many of these people have accessed healthcare through My Health LA, a program sponsored by Los Angeles County for undocumented residents. L.A. Care is working to match these people to their current primary care physicians.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <p><u>State Budget Update</u></p> <p>The draft state budget proposal was released on January 10. There were no major reductions in Medi-Cal. The expansion of eligibility for Medi-Cal to undocumented residents was implemented on January 1, 2024 and will continue to be funded with State revenue only. The asset limit elimination will also continue. The Budget continues funding for 6-months in transitional rental assistance as a Medi-Cal benefit, conditioned on approval by Centers for Medicaid & Medicare Services (CMS).</p> <p>Funding is allocated for the continuation of most Medi-Cal programs at a cost to California’s Safety Net Reserve, Rainy Day fund, and Proposition 56 funding reductions. The funding raises concerns about long-term sustainability and potential pressure on lack of funding for other programs.</p> <p>Depending on the changing tax revenue for California, it is likely the May Budget Revise could appear vastly different than the Governor’s Budget proposed in January. The Governor and the Department of Finance projected \$38 billion deficit, while the LAO is projecting a much larger budget deficit of \$68 billion.</p> <p>Budget hearings have begun and L.A. Care is monitoring the hearings as well as weighing in with legislative offices on budget issues impacting L.A. Care and the safety net.</p>	

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	<p><u>MCO Tax Legislation</u> As part of the 2024-25 State Budget, the legislature is tasked with identifying the next round of provider increases for 2025. DHCS has released a proposed policy paper on the various rate increases. Staff is reviewing the document and will provide more details at the next board meeting.</p> <p>Because of the significant projections for the budget deficit, the Governor is proposing that the State increase its Managed Care Organization (MCO) tax for Medi-Cal to bring in additional funds of \$1.5 billion over three years. DHCS will revise the model over the next couple of weeks and L.A. Care will work to determine the potential impact. DHCS is asking the Legislature to approve the new version of the MCO tax by March 31, so that it can be retroactively applied. If approved by Centers for Medicare and Medicaid Services (CMS), the MCO tax will be retroactive to January 1, 2024. DHCS will file an amendment with CMS and believes that CMS will not reject the amendment, as it will meet the statistical test for approval.</p> <p><u>Managed Care Organizations (MCO) Tax Ballot Initiative Update</u> Signature gathering is going strong. Two weeks ago, 25% of the required signatures have been gathered. It is likely the number of signatures required to get it on the ballot will be met. Government Affairs will continue to update the Board on the status of the Ballot Initiative.</p> <p><u>Federal Level: Continuing Resolution</u> A Continuing Funding Resolution has been approved by the U.S. Congress and signed by the President, and will keep the federal government fully funded until early March.</p> <p>Senator Toni Atkins has announced her intention to run for California Governor in 2026.</p>	
COMMITTEE ISSUES		
Update: Consumer Advisory Committee Structure and Operations	<p>Francisco Oaxaca, <i>Chief of Communications & Community Outreach</i>, provided an update on the Consumer Advisory Committee Structure and Operations.</p> <p>Staff have been presenting information, through listening sessions, to the Regional Community Advisory Committee (RCAC) members about the positive changes to the operations and the structure of advisory committees to comply with Department of Healthcare Services (DHCS) requirements. Before the COVID pandemic, staff had</p>	

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	<p>already begun to speak with members about their concerns about the structure and the format of the RCAC meetings. The RCAC members were feeling there were fewer opportunities not only for them to be able to address certain topics and to interact amongst themselves and to have more open and productive discussions. The RCAC meetings had been an outlet for participating members to discuss issues. The RCAC meeting agendas filled up with items, and this shortened the time allocated to addressing issues from members. There were opportunities for members to interact with staff from various L.A. Care departments to hear about what those departments were working on. Staff discussed the current RCAC structure and looked at how L.A. Care could create a sustainable structure that could meet the needs for both members and L.A. Care to have productive interactions.</p> <p>When the pandemic started, the process to present proposed changes with consensus from RCAC members was put on hold for almost three years. Early last year, the RCACs began to meet in person and staff restarted this process.</p> <p>Mr. Oaxaca suggested that the timing was favorable because staff was able to begin this process at around the same time that L.A. Care became aware of DHCS' specific changes, requirements and expectations for the health plans for consumer advisory committees. DHCS established a statewide technical advisory committee to bring stakeholders from across the healthcare delivery system to provide input on the changes.</p> <p>Mr. Oaxaca summarized the member engagement process that has been taking place since April 2023. There were 40 listening sessions and meetings with the RCAC members, including a special TTECAC meeting held on January 17, 2024, to gather member input on proposed changes. The DHCS contract provisions did not give specific instruction for the operation of consumer and member advisory committees.</p> <p>Mr. Oaxaca thinks staff helped RCAC members understand the proposed changes and staff has an opportunity to create an effective, productive and engaging environment for the members to provide valuable input to L.A. Care.</p> <p>Feedback and recommendations from the discussions at the statewide technical advisory committee on how often the consumer and member advisory committees should meet, resulted in recommendations that quarterly meetings maximize productivity and effectiveness. RCAC members seem to view this as limiting the outlet to provide input because there will be fewer meetings. Mr. Oaxaca noted that in the</p>	

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	<p>proposed changes there will be more meetings in other formats for members to participate and express their views. DHCS has been explicit that member advisory committee meetings must be efficient and effective, and members must feel they are engaging in discussions that are productive for them.</p> <p>Mr. Oaxaca noted staff felt L.A. Care is falling short in the area of data and access to appropriate data sources to use for discussions on key issues related to health care with members ever since the advisory committee structure was created. The 11 regions identified for L.A. Care's RCACs were adopted to allocate representation across Los Angeles County. Over time, staff realized that L.A. Care is the only organization using those 11 geographic regions. Los Angeles County use eight geographic Service Planning Areas (SPAs) for services, especially health care services, and in allocating resources across Los Angeles County. Los Angeles County data analysis use the demographics according to the geographic SPA areas for much of the infrastructure. L.A. Care has not been able to leverage that data in an effective way for the benefit of the 11 RCAC regions nor connect with the demographic data for SPAs because the geographic areas are different.</p> <p>The Staff proposal will move the 11 RCAC regions into eight regions that align with Los Angeles County's SPA regions. The current members will be allocated geographically to the new SPA representation groups.</p> <p>At the last meeting, members asked why staff is taking away three RCAC regions. Staff has been explaining that the eight SPA regions cover the same areas of Los Angeles County as the 11 RCACs. They represent slightly different geographic areas, but combined, those regions represent the entire Los Angeles County area. Staff is proposing to normalize the number of members. Staff found that more members and more committees does not result in more effective or productive meetings. An overlay map will be developed will show the 11 RCACs and eight SPAs.</p> <p>Prior to the pandemic, the average membership in a RCAC was around 20 members. This has historically been the level of participation in the RCACs and it has been a very effective number. In discussions at the statewide technical advisory committee, 15-20 members was recommended. Due to the size and scope of care in Los Angeles County, staff felt that L.A. Care needed to be on the high side, hence the proposed 20 members.</p> <p>Board Member Booth asked if the members are going to be their own leaders on these SPAs and the small groups, and if L.A. Care will continue to have RCACs. Mr. Oaxaca</p>	

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	<p>noted there will be eight RCAC regions with a Chairperson and a Vice Chairperson. There will be other opportunities for representation through roundtables and focus groups. There will actually be more opportunities for member participation.</p> <p>DHCS has issued specific requirements for member recruitment and diversity, a description of roles, responsibilities and functions for the consumer advisory committees, including specific topics for discussion by the Committees. DHCS expects the health plan to maximize the number of opportunities and types of opportunities for members to engage. DHCS is looking for a multi-pronged approach.</p> <p>Staff is proposing the addition of community roundtables. There would be five roundtable-type groups to provide additional opportunities for members to interact with the health plan outside of the RCAC system. Four of them would be specifically for members. Staff is proposing a provider roundtable for the first time, to engage with L.A. Care’s provider community.</p> <p>One of the member concerns was to have opportunities to spend time discussing specific topic areas of interest to them. L.A. Care had focus groups in the past with very positive response from L.A. Care members; they feel they have an opportunity to talk about something that is important to members and their community. Members get a chance to drill down on topics and have their voices heard. Staff had a chance to pilot this type of approach with the RCACs through the health equity advisory committee. The response was unanimously positive that member voices were heard and valued, and members had a chance to engage in a topic of great interest to them.</p> <p>In conversations with members, staff identified a topic area for each of the roundtables: health access, social determinants of health, health equity advocacy and community health education and outreach. The topic areas are broad enough that members will have an opportunity to bring any issue that is of interest to them within the scope of those general areas. During an application and selection process each Member will be able to select the roundtable in which they would like to participate. Staff will have the opportunity to look for a forum to discuss a specific topic or participate in one of the RCACs representing a larger area.</p> <p>The roundtables would not operate under the Ralph M. Brown Act. They would be an open forum, town hall discussion. Members would bring topics within the scope of the general area that their roundtable is covering. The roundtables would meet quarterly at a minimum or as often as needed. Staff is proposing maximum of 13 members. This is</p>	

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	<p>on the high side of recommendation for the type of discussions. L.A. Care’s existing committees that use this format have 6-8 members, which has been very effective. This will be another opportunity for members to participate and align with the DHCS expectation that L.A. Care use a multi-pronged approach to provide members with many opportunities. L.A. Care has a focus group program in place which will be formalized. Members would be selected based on a category needed for input on the topic. There will not be a requirement for application or selection process.</p> <p>DHCS is requiring L.A. Care to develop and implement an advisory committee diversity and recruitment plan and to report quarterly. Having a diversity recruitment plan implies that there should be a tool in place to ensure that there is turnover in membership, there are new voices heard and new community members have the opportunity to participate. This would be two 2-year terms consecutively. After the first two years, members would have an opportunity to apply for a second term.</p> <p>A selection committee will review member applications, conduct interviews, and select members. The Selection Committee will consist of L.A. Care staff from the Community Outreach and Engagement Department, Health Equity Department, Community Benefits Program Department, along with community-based organizations (those who work in the health care, advocacy and have health care experience).</p> <p>Mr. Baackes asked about member stipends. Mr. Oaxaca responded that members would be compensated for their time. L.A. Care has a stipend structure in place. L.A. Care has also received feedback through the statewide technical advisory committee about how other organization compensate consumer members. Staff is reviewing and evaluating the current L.A. Care’s stipend structure and potential changes that will reflect the increased level of participation expected from members.</p> <p>Mr. Oaxaca noted other minor proposed operational changes not directly connected to the DHCS requirements.</p> <ul style="list-style-type: none"> • TTECAC meeting schedule will be aligned with the Board of Governors meeting schedule. • The RCAC annual work program will be paused. This program allocates a certain amount of funds to each RCAC for community work. Staff is going to pause that program for most of this fiscal year to reevaluate the approach once the new structure is in place, to see if this program can be enhanced further to make it more 	

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	<p>effective. It is important that the members are able to provide guidance to support work in their own communities.</p> <p>Mr. Oaxaca reported on concerns from members on term limits. Staff wants to be able to look at every applicant equally, taking into account current member experience and potential member background and experience. Everyone will start with a clean slate.</p> <p>Mr. Oaxaca explained the member concern about frequency of meetings. Members will have three different avenues for meeting: the RCACs, the roundtables or the focus groups. All are engagement opportunities for members.</p> <p>There were many questions from members about the applicability of the Brown Act. The Brown Act ensures that discussions take place in public. Staff will ensure opportunities for public to provide comment during meetings. RCAC meetings will continue to be bound by the Brown Act. There will be opportunities for open discussions during the roundtables and the focus groups for topics such as pilot projects. Staff have successfully tested this type of approach with other committees.</p> <p>Members asked about opportunities to bring issues to TTECAC and then to the Board under the new structure. Staff looked at historical types of issues that surfaced at the RCACs, through ECAC to the Board. Some are individual issues that members bring involving themselves or family members related to health care services. Some cases not appropriate for public discussion have been referred L.A. Care’s customer service center to address through the internal operational process. Staff helped members decide if this is something systemic for discussion. Members will have the opportunity to bring up issues in their community through either the RCACs, the roundtables or the focus groups.</p> <p>Board Member Booth asked if members would be leading the groups. She noted that the quarterly meeting will not really teach people how to hold the meetings. It does not hold them accountable to all of the rules because three months go by and they cannot remember what transpired. How are they supposed to determine what issues are appropriate to bring up. She asked how staff will be able to train people to do what they need to do as a leader in a RCAC.</p> <p>Mr. Oaxaca noted that CO&E conduct leadership training programs for all RCAC Chairs and Vice Chairs. All RCAC members participate in orientation sessions and are trained on the mechanics of RCAC meetings. That includes a brief course on the Brown Act and the meeting agendas. Staff is working with current RCAC Chairs to learn how</p>	

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	<p>to better manage the meetings within the scope of the Brown Act and Robert's Rules of Order. Staff is also available prior to each meeting to brief the Chair and/or the Vice Chair on the agenda for the day. Mr. Oaxaca noted that the new structure would introduce simpler and more focused agendas to open up more time for discussing community issues.</p> <p>Mr. Baackes noted the proposed member term limits do not match with the Board. The Board has a term limit of two four-year terms, the proposal is two two-year terms. Mr. Oaxaca responded that going past four years, members fall into a “comfort zone” for level of engagement and participation, tending to be less productive and effective. Staff felt a priority for effective and productive meetings was to have a constant level of energy. Mr. Baackes noted it is burdening to conduct a recruitment process every two years, and suggested three-year terms instead. Mr. Oaxaca responded that if the right members are selected who are participating for the right reasons, most of the members will effectively serve for four years. Staff will create a participation dashboard for each member with clear expectations. Staff will rethink the process if the first two years are not effective.</p> <p>L.A. Care needs to have a tool in place for recruitment and reporting on the diversity of community membership, and to monitor the composition of the committees. Staff looked at length of the term and settled on four years as a reasonable amount of time to participate.</p> <p>Mr. Baackes asked if RCAC members would be able to join roundtables and focus groups. Mr. Oaxaca responded that staff are working on the details of the forums. The roundtables would not be public meetings. The current format used for the consumer health advisory committee for Health Equity and Special Needs Plan committee is that members attend and interact with staff. Staff wants to avoid the issue of diluted voices when there are too many people in the room. There may be opportunities for members who do not want to participate to listen to the proceedings. Mr. Baackes acknowledged opposition to reducing the number of meetings.</p> <p>Board Member Raffoul expressed he does not understand the RCAC structure. Board members hear from people that attend the board meetings,. The Board usually hears negative comments from two individuals about the RCAC restructure. They seem to feel that L.A. Care is taking things away from RCACs and members are not allowed time to express themselves to give feedback at the meetings. They mentioned they have not met in four months. Board Member Raffoul added he thinks they are not meeting</p>	

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	<p>but are still being paid a stipend. He noted there are 11 RCAC Chairs that report TTECAC meeting information to the RCACs. He asked if RCAC members endorse the proposed changes, since the RCAC Chairs represent their members. Part of this process includes bringing an item forward with all of these proposed changes and asking the consumer advisory committee to recommend action to the Board of Governors.</p> <p>Mr. Oaxaca responded that the voting on the proposed changes has not happened yet. L.A. Care has until May 2024 to implement the changes. Staff continues to provide opportunities for members to provide feedback. The current RCAC Chairs serve on TTECAC, along with the Consumer and Consumer Advocate board members. Staff hears inaccurate claims from a couple of individuals. There have been over 40 listening sessions and meetings with RCAC members since April 2023, discussing the changes, getting feedback from members, and providing information and answering questions. Mr. Oaxaca will report to TTECAC in February with further information and opportunity for feedback. After approval from TTECAC, the proposed changes will be presented to the Board for approval.</p> <p>Board Member Raffoul noted that before the proposed changes are approved by the Board, they have to be endorsed by TTECAC. With regard to pausing the RCAC Annual Work Plan for a year, Board Member Raffoul expressed that would it be better to continue doing what staff are doing on the restructure, roll out the new structure, before pausing RCAC current programs. This way, the RCAC members would not feel that L.A. Care is taking things away from them and it promotes the voice of the consumer.</p> <p>Mr. Oaxaca clarified that it would not be a delay for several months. The RCAC Annual Work Plan would be implemented this fiscal year. Staff wants to get through with the restructuring first and determine what the new structure will be. L.A. Care has a deadline of May 2024 to implement this new structure.</p> <p>Board Member Raffoul asked if a member would sit on this board. Mr. Oaxaca responded that there are two RCAC members on the board: Board Member Layla Gonzalez as Consumer Advocate Representative and Board Member Fatima Vazquez as Consumer Representative, elected by the RCAC members. Board Member Raffoul noted that the Board may be hearing only from people that do not like the changes. He believes the consumer representatives endorse the changes because he rarely hears them comment on this issue. He asked if they attend and are voting members the TTECAC</p>	

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	<p>meetings. Mr. Oaxaca confirmed that the Consumer Advocate and Consumer Representative are non-voting, ex-officio TTECAC members. They attend and can comment during TTECAC meetings, but neither can vote. Mr. Oaxaca added that Board Members Gonzalez and Vazquez have commented on the process and wanted confirmation that conversations are occurring with RCAC members. The DHCS contract has mandates for specific requirements for L.A. Care to remain in compliance, but does not include guidance on how the requirements are met. Staff has spent a lot of time looking at alternatives and what would be the best approaches. Staff recommends what it feels is best for members, maximizing opportunities for engagement and expression, and bringing the most value for L.A. Care, and what is operationally sustainable. It is a challenge to manage over 200 volunteer members. The structure must be sustainable and create opportunities for effective relationships among members and staff.</p> <p>Chairperson Ballesteros noted that staff should be up front, have very strict rules about what applies and what does not. A person speaking from the public should tell us how the comment relates to the topic before making a comment. The minutes include a summary of the comments; the minutes are not a verbatim transcript of a comment. He added that maybe a little of the grandstanding might disappear if the rules are strictly followed. L.A. Care wants to hear from members. There may be an opportunity to stagger and overlap scheduling of the focus groups as the RCACs continue, then pause the RCACs and change over to the new structure. Mr. Oaxaca agreed with Mr. Ballesteros and noted it is not going to be like flipping a light switch. Staff is planning a transition period. It could be beneficial to add the new meetings and hold more meetings in the initial period before the RCACs pause.</p> <p>Chairperson Ballesteros stated it could be challenging to work with volunteers, boards and structures. He strongly advocates for the consumer voice, and L.A. Care can be more effective with consumer input. Chairperson Ballesteros listens and tries to connect with the consumers that come to Board meetings. But he doesn't know if members that do not come to the board meetings and comment feel the same way as those who comment at the board meetings. The Board does not know how the rest of the members feel about the structure. Chairperson Ballesteros added that maybe staff can think about how the Board can be assured that members have a positive feeling on the restructure. Chairperson Ballesteros suggested a survey of members. He thinks this would be important concerning the restructure. Chairperson Ballesteros noted that Mr.</p>	

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	<p>Oaxaca stated that L.A. Care is making decisions based on the DHCS requirements and he asked if staff makes decisions with the leadership of these RCACs.</p> <p>Mr. Oaxaca clarified that the advisory committee will vote on the restructure. Mr. Oaxaca added that staff has adjusted the proposal based on feedback from members. Members asked if the roundtables could select topics for discussion. Staff have identified certain topics based on member feedback. Members also asked about provider participation, and so a provider roundtable was added.</p> <p>Chairperson Ballesteros noted a challenge in having 200 RCAC members speak at board meetings but the Board consistently hears from a very limited number of members. Mr. Oaxaca responded that until January 17, one member vocally expressed opposition; others have asked questions but have not expressed any opposition to the proposals. Chairperson Ballesteros suggested that L.A. Care determine if RCAC members feel they are providing meaningful input and their issues are addressed. Chairperson Ballesteros expressed he has worked with many groups of consumers. Meaningful information from the consumers is more valuable than research. Underserved people in various communities are likely to express a concern. Staff might consider that RCAC members may not say anything until there is a problem after implementation. The Board would like assurance that member feedback was considered for the restructure.</p> <p>Mr. Baackes asked if members have expressed support for the restructure. Mr. Oaxaca responded that a couple of members did not express support specifically but said they understand why L.A. Care is doing this. Staff wants the RCAC members to feel they still have a chance to give input and ask questions.</p> <p>Tom MacDougall, <i>Chief Technology and Information Officer</i>, stated that survey tools are available.</p> <p>Board Member Raffoul expressed he is trying to understand the consumer feedback. The Board needs a different level of information from the consumers. The Board hears from only one person that says they are not happy. There are 11 RCAC Chairs, but their opinions are not known. He suggested providing an opportunity for the 11 RCAC Chairs to inform the Board about how RCAC members feel.</p> <p>Board Member Shapiro noted that the Board is here to help, and L.A. Care serves over 2.8 million members. He agrees with inviting RCAC Chairs to the Board meeting. Board members can also visit the RCAC meetings to interact with the members. He volunteered to go to at least two RCAC meetings every quarter. He noted this is an</p>	

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	<p>opportunity for L.A. Care to restructure consumer advisory committees to better serve health plan members. L.A. Care, its membership and Los Angeles County have changed since the advisory committee structure was developed 20 years ago. Board Member Shapiro noted that Mr. Baackes reminded him that even though RCAC members have been given opportunities to provide input, they do not use it. They report what they have heard at the meeting. He does not know if staff write their reports about the meetings. He thinks the RCAC members were waiting for the official presentation on the RCAC restructure and they were trying not to get ahead of that conversation, and instead trying first to confirm the details. Mr. Oaxaca would bring forward the results of that conversation.</p> <p>Board Member Shapiro thinks Board Members Gonzalez and Vazquez have been very involved in the conversation since they participate in the TTECAC meetings. The Board has not heard all the concerns. He noted that one individual comes to the meetings and says negative things. The Board would like to know how the whole body feels. He asked if the Board can have a copy of what the regulations. Mr. Oaxaca noted that a number of documents address the current DHCS requirements. L.A. Care’s enabling legislation is silent when it comes to community advisory committees, except that health plans have to have no more than 35 members on a RCAC. L.A. Care Bylaws touch on the community advisory committees, noted the RCAC is a committee of the Board. There are the advisory committee operating rules on how the committees operate currently. Staff can provide copies. Mr. Baackes mentioned the grid prepared by Mr. Oaxaca that shows recommendations and the DHCS requirements.</p>	
<p>Amendment No. 54 to the Plan Partner Services Agreement with Anthem Blue Cross and delegation to the Chief Executive Officer to execute amendment.</p>	<p>The delegation standards exhibit of the Plan Partner Services Agreement was revised to incorporate 2022 National Committee for Quality Assurance (NCQA) criteria.</p> <p><u>Motion EXE 100.0224</u> To approve Amendment No. 54 to the Plan Partner Services Agreements which updates the 2022 National Committee for Quality Assurance (NCQA) delegation standards for Anthem Blue Cross, and to authorize the Chief Executive Officer, or his designate, to execute such amendment and to authorize staff to make non-substantive revisions to the amendment.</p>	<p>Approved unanimously. 4 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN												
Revisions to Human Resources Policies HR 101 (Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement) and HR 122 (Transportation Allowance) (EXE A)	<p>The revised policies is to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care’s practices.</p> <table border="1" data-bbox="499 253 1577 724"> <thead> <tr> <th data-bbox="499 253 661 326">Policy Number</th> <th data-bbox="667 253 911 326">Policy</th> <th data-bbox="917 253 1121 326">Section</th> <th data-bbox="1127 253 1577 326">Description of Modification</th> </tr> </thead> <tbody> <tr> <td data-bbox="499 331 661 578">HR-101</td> <td data-bbox="667 331 911 578">Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement</td> <td data-bbox="917 331 1121 578">Total Rewards</td> <td data-bbox="1127 331 1577 578">Review; clarified processes; changed Monitoring and Reporting sections to standard verbiage</td> </tr> <tr> <td data-bbox="499 583 661 724">HR-122</td> <td data-bbox="667 583 911 724">Transportation Allowance</td> <td data-bbox="917 583 1121 724">Total Rewards</td> <td data-bbox="1127 583 1577 724">Removed “tokens” and “annual TAP pass; changed Reporting and Monitoring sections with standard verbiage</td> </tr> </tbody> </table> <p><u>Motion EXE A.0124</u> To approve revisions to Human Resources Policies HR 101 (Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement) and HR 122 (Transportation Allowance), as presented.</p>	Policy Number	Policy	Section	Description of Modification	HR-101	Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement	Total Rewards	Review; clarified processes; changed Monitoring and Reporting sections to standard verbiage	HR-122	Transportation Allowance	Total Rewards	Removed “tokens” and “annual TAP pass; changed Reporting and Monitoring sections with standard verbiage	<p>Approved unanimously. 4 AYES</p>
Policy Number	Policy	Section	Description of Modification											
HR-101	Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement	Total Rewards	Review; clarified processes; changed Monitoring and Reporting sections to standard verbiage											
HR-122	Transportation Allowance	Total Rewards	Removed “tokens” and “annual TAP pass; changed Reporting and Monitoring sections with standard verbiage											
<p>Approve Consent Agenda</p>	<p>Approve the list of items that will be considered on a Consent Agenda for February 1, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • December 7, 2023 meeting minutes • Amendment No. 54 to the Plan Partner Services Agreement with Anthem Blue Cross and to delegate to the Chief Executive Officer to execute amendment. • Invent Health Contract Amendment to continue providing risk adjustment analytic services for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business • ImageNet Contract Amendment to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services 	<p>Approved unanimously. 4 AYES</p>												
<p>PUBLIC COMMENTS</p>	<p>There were no public comments.</p>													

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 3:50 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:51pm.</p> <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>January 2026</i></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>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 5:08 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 5:09 pm.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

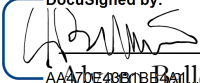
Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

DocuSigned by:

 Arlene Ballesteros, MBA, *Board Chairperson*
 Date: 3/1/2024 | 9:01 AM PST

APPROVED