Board of Governors
Regular Meeting Minutes #324
February 1, 2024

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

Members

Alvaro Ballesteros, MBA, *Chairperson*
Ilan Shapiro, MD, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
John G. Raffoul, *Secretary*
Jackie Contreras, PhD
Hector De La Torre
Christina R. Ghaly, MD
Layla Gonzalez
George W. Greene, Esq.
Supervisor Hilda Solis **
G. Michael Roybal, MD, MPH
Nina Vaccaro, MPH
Fatima Vazquez

**Absent*

*** Via teleconference*

Management

John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Linda Greenfeld, *Chief Product Officer*
Todd Gower, *Chief Compliance Officer*
Augustavia Haydel, Esq., *General Counsel*
Alex Li, MD, *Chief Health Equity Officer*
Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Afzal Shah, *Chief Financial Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, *Board Chairperson,* called to order at 1:00 pm the regular and special meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously. Board Member Booth requested to participate in this meeting virtually. She has experienced a health emergency that has made it impossible for her to attend this meeting in person, and there is no one in the room with her. There was no objection to her virtual participation in the meeting. Board Chairperson Ballesteros welcomed everyone to the first meeting of 2024. He stated that everyone's time is valuable. Recently, a few meetings have lasted more than three hours. L.A. Care will make some changes to improve meeting efficiency. • The public comment time may be adjusted to a shorter limit during the meeting to keep the meeting on schedule and allow more people to comment. • Please be respectful of everyone at the meeting. Comments should end at 3 minutes. That is a lot of time – more time than is given for public comment at other meetings. Commenters do not have to use the full three minutes if their views can be expressed in less time. There is no need to wait for the clock to countdown the full 3 minutes. Get your points across quickly and step away from the microphone even if there is still time on the clock so others can be heard. Be respectful and be brief.	**The Board approved Board Member Booth's virtual participation in the meeting by consensus.**

APPROVED

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	• Some items on the Agenda do not have a public comment space because the Board already discussed those items in a public meeting that had the opportunity for public comment. Information about this provision in the Brown Act was included on every Board meeting agenda since October 2023. In compliance with the Brown Act, there will not be an opportunity for public comment on today's Agenda items that were previously considered by Board Members in a properly noticed public meeting that had an opportunity for public comment. • Please note, Board Services or Ms. Haydel may interrupt public commenters if comments appear to: o Not be relevant to the agenda item (except for general public comment) or within L.A. Care's jurisdiction (for the general public comment) o Have already been discussed at a Brown Act meeting The process for public comment is evolving and may change at future meetings. Those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the "chat" function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment. All are welcome to provide input.	
APPROVAL OF MEETING AGENDA	PUBLIC COMMENT *Andria McFerson commented she is a RCAC member, a resident of LA County, and resident of the City of Santa Monica. She wished everyone a happy Black History month. She appreciates the opportunity to come here and be a part of this. As far as the order of the agenda goes, she thinks that it's very important to allow people with disabilities to have a particular amount of time. Some people don't like to announce the fact that they have a disability, and so with ADA rights and different things like that, making it easily accessible to people who do want to speak for their disabilities. She thinks that it's great to have a public comment for each thing because the issues that the Board addresses are for the people who need help. She thinks as far as that view goes, people need to be able to tell the Board what's going on with them according to their own problems, and residents that they represent,. They are in despair now, it hasn't changed. COVID has made it even worse. There's more homeless. There's more seniors without help. There's more undocumented. They're getting covered but then there are different things having to do with that, that they are*	

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	being a part of, at this point. So they need to be able to have public comment for each item. It's important. This is the health care field and with that, there needs to be more intercommunication so they can better the resources for the people who come in. She just wants to say that today's agenda item, definitely, the Board should decide on having more time for people to speak because we've lost that, we've lost looking eye to eye to people and having communication due to COVID. So, here at the Board meeting in the health care field, we definitely need to show that love to everyone and make it so that it's easily accessible. She doesn't know why it's changing, but Robert's Rules of Order and the Brown Act and different things like that, is not just for random people. It's also to acknowledge ADA rights as well, inadvertently, and make it so that seniors and everyone else who come here and participates on a regular basis. They come and speak too. She thinks that we should change it back to a particular amount of time but not lessen it, in a sense to where everyone has an opportunity, not announcing their disability on the mic, but just inadvertently having enough time to speak and express themselves freely. **The meeting Agendas were approved.**	**Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, DeLaTorre, Gonzalez, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**
PUBLIC COMMENTS	*Board Member Raffoul joined the meeting.* *Demetria Saffore asked to give her time to Andria McFerson.* Chairperson Ballesteros noted that Ms. Saffore could comment for up to three minutes if she wished. Ms. McFerson will also have three minutes to address the Board. *Andria McFerson commented as far as the public comment goals and different things like that she just wants to reiterate the fact that the reason why Ralph Brown Act is so important and that's closed item number 6. She's not quite sure what the Board is going to specifically talk about with that. She wasn't able to read the motions in totality. Which means that this is something that I look at and see that I see Ralph's Brown Act and that's the reason why she's commenting on it. So please excuse her if it has no relevance to the topic at hand, but with that, she's just looking at Ralph Brown Act. Please, excuse her, she's had brain surgery, so work with her here. The RCACs had the Brown Act. They had Robert's Rules of Order. In the last two and a half years, they have not been able to have the Brown Act during their RCACs, or Robert's Rules of Order. There were only listening sessions. It was almost like it was a dictatorship. That dictatorship is what staff of Outreach and Engagement told us, they reiterated the fact that there will be no RCACs, but we can listen to what they say. But as far as us being there, trying to engage, we had two meetings, maybe, in the last, how many years? Two? She doesn't know. But the reason why she*	

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	doesn't know, is because there is no process. There is no system. There is nothing stating that they have rights as a group to be able to get together and talk about these things. Okay. She's not going to get specific, but how many people have a disability? Can you raise your hand? How many people have had a health disparity? Can you raise your hand? She has a mental disability as well, but the people that represent that, that have low income insurance would love to come as a forum and talk about different issues and how it affects us in L.A. County with low income health insurance, and to better the decisions made by the Board. They respect the Board. She thanked the Board for showing them love on a regular basis. This is not being combative. This is respecting the honor of the Board, Robert's Rules of Order, Brown Act, and ADA rights, and everyone's rights as a family or someone that represents the community that have seen the disparities of everyone, and would like to come here, and to the RCACs, and help make our Board make the right decision.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 1:25 pm. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 1:27 pm. No report was anticipated from the closed session. *Members Ghaly and Greene joined the meeting.* 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: *February 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement 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 L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)	

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	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 PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 3:14 pm. There was no report from closed session.	
APPROVE CONSENT AGENDA ITEMS	• 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 **Motion EXE 100.0224** **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.** • ImageNet Contract Amendment to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services **Motion FIN 100.0224** **To authorize the staff to enter into amendment #5 of SOW #1, increasing the overall contract amount from $4,101,233 to $15,808,628 (incremental increase of $11,707,395). This amendment will allow ImageNet, LLC to continue to support L.A. Care Provider Dispute Resolutions Processing Services and to support the increased number of L.A. Care claims processed (the number of claims has nearly doubled since the implementation of the Coordination of Benefits Agreement [COBA] in August 2023). The contract term date will remain September 30, 2025.**	

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	• 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 **Motion FIN 101.0224** **To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed $5,254,850 in order to continue providing risk adjustment analytic services over the next sixteen months for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business.** • CY 2024 Annual Internal Audit Work Plan **Motion COM 100.0224** **To approve the 2024 Internal Audit Plan, as submitted.** • CY 2024 Annual Risk Assessment **Motion COM 101.0224** **To approve the 2024 Risk Assessment, as presented.** • CY 2024 Compliance Program Plan **Motion COM 102.0224** **To approve the 2024 Compliance Program Plan, as presented.**	**Unanimously approved by roll call. 13 AYES (Ballesteros, Booth, Contreras, DeLaTorre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**
CHAIRPERSON'S REPORT	Chairperson Ballesteros looks forward to visiting the L.A. Care ECAC and RCAC meetings in 2024.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** *Dennis Moore commented that he actually came here with comments that he wanted to make, but it seems as if everything has been answered by talking with Dr. Brodsky. He is at peace. That's all he's ever wanted was just to be at peace and he is going back to Chicago next week, and couldn't ask for anything more. He's happy, he's at peace. He doesn't have any comments. He had been prepared, but things are going well.* *Andria McFerson commented that cohesively she wants to thank the Chair and the Board. She asked the chair to allow her to address the whole Board. She would like to take the time out to say the Board is a detrimental part of healthcare. You make sure that you make decisions to adhere to all of their necessities, and they cannot do anything but appreciate it. And with that, giving them the RCACs will make it so that even people who don't really want to speak up like right now what I'm doing on the mic, but that peer on peer in our communication, eye to eye, is almost a necessity. Because you do have people with disabilities and limitations. They can't even come to the Board today. If there is any sort of decision that the Board can make in order to make sure that they have a RCAC tomorrow*	

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	that would be a lifesaving decision. So that they can have a representation of people who are actually going through the decisions that you're making at every single board meeting. It's more than just a decision to them, it's a lifesaving decision. She'll just go there. Because when you give money to organizations, you give money to different fields for PCPs and for specialists, and just all these type of things, it makes sure that they have all of the different things that they need in order to make sure their health is better. It makes her have coverage for her epilepsy, everything from the epilepsy medication to the medication that I needed today in order to come up here and talk to you today, and how it affects her medication. She speaks to a specialist and someone who supports her, and with that, if the Board makes those decisions to make sure that they have that intercommunication and all kinds of different things with the RCACs, they can talk about their personal stories together and have better representation from their Board chairs. And when they say yea and nay, it's due to the fact that the community and residents of L.A. County, members of L.A. Care and not even members, it may be even people that walked up that were homeless and went to the public meeting and said they are cold, they are going through it right now. Or they're a vet, or a mother that lost their child, and no longer has the benefits that person had before, and so now the person is homeless because they are out there on the streets. That was her by the way. But with that, if Board members decide to give to those organizations and things like that, the Board definitely need someone like them in order to represent that. *Deaka McClain commented she would use the microphone, but wanted to be up here because she wants everyone to see her. Not for attention, but to make sure everyone can hear her. She thanked the Chair for allowing her to speak. She was trying to speak for item 10 but it was already closed. She likes to do things in order and professionally. With that being said, first, she wants to thank the Chair for his willingness to come to the RCAC meetings when we finally get to that point, you know it's long overdue. She understands we've gone through a process. The other thing, she wasn't planning on speaking today, but things happen, so now she has to speak. I know this is new to have the closed session [at the beginning of the meeting], but today was not the day. It is very unacceptable; she knows this is a change. So if the Board can rethink that it would be, it would be a good suggestion, because we should not have been sitting out there until 3:20. She asked the Board to rethink this and go back to having it at the end. So we can go about our way because there is a reason why there are people in the audience. There's a reason why there are people at the table. Members' representatives are here to represent the members, and they can't represent the members if they are outside for two hours. So, if the Board could rethink that, she would greatly appreciate it. It also affects people. Her title is vice chair of ECAC and the member at large for seniors and people with disabilities. A lot of people that were out there, including herself, have disabilities and it's cold. And they were out there sitting that long that is not acceptable. And she says that with love. She hopes that her comments are being adhered to. Also she wants to bring up the heater situation. Today, it's nice and toasty. But some of us have to go to ECAC on February 14. She's glad that the Board*	

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	moved to downstairs, and that was partly because I said something. She still want it to be in this building, in this room, but can someone talk to the building management or whatever needs to be done about the air conditioner being on. Because they are extremely, extremely cold during the ECAC member meeting and it affects several people. She had to have a jacket on with a hoody. One of the members walked out because they could not participate in the meeting because the air conditioner was on and it was too cold. That is not acceptable, so if the staff could talk to management or whoever to fix that, that would be greatly appreciated. Chairperson Ballesteros apologized that the closed session was long. The Board committed to an hour but was involved in a discussion. But there is no excuse. At the next meeting we will stick to the time on the agenda. The Board did not mean to be disrespectful of everybody here, and we are very sorry. Supervisor Solis asked if the public had been asked to wait physically outside the building. Chairperson Ballesteros assured her they were waiting inside the building lobby. Supervisor Solis noted this is the first time that L.A. Care changed the schedule for the agenda, and she asked if notifications in the appropriate languages could be made to let members of the public know about the closed session at the beginning of the meeting. She understands that people cannot come and sit for an hour or two waiting, and she asked that L.A. Care try to make accommodations for them. Supervisor Solis appreciates the Board and she appreciates the constituents attending the meetings. Board Member Ghaly noted that there were a limited number of chairs in the lobby and she asked if either more chairs or an alternative room could be made available. *Joyce Sales suggested that the Board could follow the time on the agenda.* Board Member Ghaly and Chairperson Ballesteros agreed with being on time. *Joyce Sales commented it is not about people not knowing because obviously they all got the memo, email and telephone call. It's about committing to considering everybody's time. The member suggested conducting open session discussions and then the Board can have its closed discussions and members can leave, and the Board can come back if it has unfinished business. The member said this is not cool. She's going to sit here. She's going to miss a class. She has a 6 o'clock community meeting. There's a couple of people in this room who have been here with the intention of trying to get to another meeting to represent the community. The member suggested that people have to be at work on time and the Board should schedule the meetings on time. The member thanked the board and asked that the Board forgive her for speaking out of turn, but it becomes a little frustrating because*	

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	they really don't have a voice. They sit and listen and they react to what's been thrown at them. The member said that her name is Joyce Sales, and she is RCAC 6 chair. She's also a community health worker for the therapeutic play foundation. She is a past co-chair for the Department of Mental Health service area, Leadership team 6. She's a native Californian currently living here in the West Adams area. There's not much about this city she doesn't know something about. She's a semi-retired licensed real estate professional. Chairperson Ballesteros assured Ms. Sales that her comments are heard. He apologized to everyone and noted that this is the first time and we will work to get it right. She is absolutely right to voice her sentiment in the way that she feels. He is very sorry that they had to wait. John Baackes, *Chief Executive Officer,* reported on the status of redetermination of Medi-Cal eligibility, which is of great interest to L.A. Care members since all Medi-Cal members have to have their eligibility for Medi-Cal redetermined by June 2024. California Department of Health Care Services (DHCS) has been sending out notices every month since July 2023, when L.A. Care has 2.7 million Medi-Cal members. Approximately 1,473,000 of those people have gone through the redetermination process. About 1 million have had their coverage maintained and 5% have been dis-enrolled, meaning that they submitted a completed eligibility packet, or it was done through an exparte process, and they no longer qualified - largely because their income exceeded the ceiling. There were 383,000 people placed on hold, and taken off L.A. Care enrollment. That means the member did not return the enrollment packet by the deadline and they have a 90-day period to establish eligibility. About 176,000 people remain in that 90-day hold status and could be reinstated if the packet is submitted. The balance of about 212,000 enrollees are those who never responded after being placed on hold, and they are permanently dropped. If they now want to come back into Medi-Cal, they could re-enroll. Based on the amount of contact L.A. Care has had with people, this group are probably people who have left Los Angeles County, and may be eligible for Medi-Cal in another county. There are five months left in the one-year redetermination process. Based on the number of waivers that California requests from the Centers for Medicare and Medicaid Services (CMS), as confirmed by Board Member Contreras, the rate of exparte enrollment process, where the members do not have to fill out anything as DHCS can confirm eligibility using other data, has risen from 40% to 67%. This means for the remaining redetermination period L.A. Care can expect a higher proportion of members could be automatically renewed without having to complete the paper process that was sent to them. L.A. Care is very encouraged by this. L.A. Care has welcomed 248,000 new Medi-Cal members. L.A. Care has researched that population. These members were not dis-enrolled during the redetermination process. These are newly eligible Medi-Cal members from all the rating categories.	

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	In January 2024, Kaiser Permanente was awarded a no-bid Medi-Cal contract for geographic areas in most of California. L.A. Care had contracted with Kaiser as a plan partner for 26 years. On January 1, L.A. Care relinquished 265,000 people enrolled through the Kaiser subcontract. L.A. Care enrollment as of January is 2,242,000 in Medi-Cal, and about half of the members dropped from the 2.7 million in December 2023 are the Kaiser people leaving. The 248,000 new members in January included 10,000 eligible adult members through the expansion of Medi-Cal to undocumented residents between the ages of 26 and 49. Those under 26 and over 50 were previously covered, if eligible. L.A. Care do not have the final numbers, but it appears that L.A. Care will welcome 137,000 new undocumented adults between 26 and 49 in February. Surprisingly, 60% of them have selected a primary care doctor based on a family link. That means these members are likely adults whose children are enrolled in Medi-Cal and are following their children in selecting a provider, which will be very helpful. Many of the eligible undocumented have been cared for under My Health LA at Los Angeles County Department of Health Services (DHS) facilities or at federally qualified health centers (FQHCs). The reimbursement for their care now will be from Medi-Cal instead of DHS. There is five months of redetermination to go through June 2024. There will still be a cohort of people left in the 90-day "on hold" status who will need to complete the enrollment form. The result of redetermination and newly eligible enrollees will not be known until October 1, 2024, which will be the beginning of L.A. Care's next fiscal year. It is projected that L.A. Care will probably have about 2,350,000 Medi-Cal members. L.A. Care's other lines of business continue to grow. Mr. Baackes reported that 169,000 people enrolled in L.A. Care Covered (LACC), up about 44,000 over the beginning of the open enrollment, period. L.A. Care has 39,000 people who have completed an application but have not completed enrollment by paying a premium or positively affirming that they want to accept enrollment. L.A. Care expects to have more enrollment in LACC. The open enrollment for Covered California ended yesterday, but it was announced yesterday that enrollment would extend until February 9, because there were technical issues with Covered California enrollment due to the high volume of people seeking coverage. Covered California wants to keep the door open longer to make sure everyone who was interested in coverage gets in. It is expected that L.A. Care will continue to see growth in L.A. Care Covered. L.A. Care's coverage for people dually eligible for Medicare and Medicaid has also met enrollment goals, with almost 19,000 people now enrolled. Board Member Vaccaro recalled that net losses through redetermination were expected to be around 13.5%, and she asked if the enrollment projections are as anticipated. Mr. Baackes	

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	responded that it would come in around 13%, offset by new enrollment. The number of people enrolled will likely result in a net loss in membership close to the forecast. Board Member and Supervisor Solis thinks it is all great news overall, and she is glad to see that things are moving in the right direction. With respect to My Health LA, she understands that about 16,000 people did not enroll in restricted scope Medi-Cal. Board Member Ghaly, Director of DHS, and Board Member Contreras, Director of Los Angeles County Department of Public and Social Services (DPSS), are working to enroll them, but how can L.A. Care help in providing assistance with that transition? Mr. Baackes responded that L.A. Care could offer the Community Resource Centers (CRCs) to help, and DHS and DPSS can direct people there. L.A. Care would be happy to help and will continue to have certified enrollers on a regular schedule at the sites through the rest of the fiscal year. If L.A. Care could have access to information about these members, it can conduct enrollment outreach. Chairperson Ballesteros noted that there is information through his organization and others that he works with that there are some eligible individuals not wanting to enroll. The members are telling us they have received the counseling about the new Medi-Cal benefit, and that they understand it, but they are choosing not to enroll. He wonders if there is an enhanced campaign or an information sheet that can be sent to these individuals. He suggested providing information to the health centers to try to alleviate their concerns so staff that work directly with these individuals could allay their concerns. Mr. Baackes suggested contacting Phinney Ahn, L.A. Care's Executive Director for Medi-Cal. L.A. Care would be happy to set up a connection with you and provide material, because we have been encountering this in a minor way. Mr. Baackes noted that in the past, people would apply for Covered California and discover they are eligible for Medi-Cal. There is always a slight pickup in Medi-Cal enrollment during the Covered California open enrollment. Chairperson Ballesteros asked if something could be offered to DHS to address the concerns, maybe collect them from across the County and the agencies that work with individuals that are newly eligible and find ways to alleviate the concerns and encourage enrollment. Some concerns are specific to the expansion population more than others are. Mr. Baackes noted that, as was noted by one of the public speakers is this Black History Month, and L.A. Care, as usual, has a series of activities planned. An internal program underway is called, *Who are our heroes?* Communications is asking staff to submit a response to the question about your heroes and answers will be curated and shared in an internal communication engagement opportunity. L.A. Care will also show this on our social media channels through Black History Month. L.A. Care is doing multicultural advertising, developing paid advertising about Black History Month for Univision and social media live. Communications is planning a social live around	

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	Black History Month featuring Kristin Schlater, L.A. Care Health Education Program Manager. The topic will involve maternal health and doulas, and sharing resources L.A. Care and the DHS have to offer. Finally, there will be a series of sponsorships, such as the YabaTV, Black History Celebration banquet on February 3. L.A. Care will sponsor the Los Angeles City Black History Month Festival on February 18. L.A. Care will sponsor an event at UCLA for reproductive science, health and education, and a distinguished speaker series on February 29 will feature Supervisor Holly Mitchell, a former member of the Board of Governors, and Elaine Bachelor, MD, a former Chief Medical Officer at L.A. Care. Mr. Baackes had the pleasure today of dropping in on a meeting of the Special Investigation Unit (SIU) and the DHCS investigation unit. L.A. Care recovers millions of dollars every year through SIU. L.A. Care also contributes to arrest and conviction for fraud, and L.A. Care investigated a number of people who have been arrested, gone to trial and are serving jail sentences. The head of DHS investigations said that L.A. Care SIU unit was the best of all the managed care plans in the state. L.A. Care takes the responsibility very seriously because fraud is a waste of public funds and one part of our job is to report and investigate fraud.	
• Vision 2024 Progress Report	*Mr. Baackes referred Board Members to the written meeting summary included in the meeting materials.*	
• Monthly Grants and Sponsorships Reports	*Mr. Baackes referred Board Members to the written reports included in the meeting materials.*	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: • Governor Newsom released a draft California State Budget on January 10. There are no major reductions proposed for the Medi-Cal program. The expansion of Medi-Cal benefits to undocumented residents is fully funded and the asset limitation test will continue. The budget continues to fund the six-month transitional rent assistance as a Medi-Cal benefit when CMS approval is obtained. While there's funding for most of the Medi-Cal programs, there will be some delays on implementation of some bills. The State will draw from the safety net reserve, the rainy day fund, and other types of funding areas to balance the budget. The Budget will also depend on the tax revenue. The Governor $38 billion dollar budget deficit. The Legislative Analyst Office is projecting a higher budget deficit of almost $70 billion dollars. We will know more with the May Budget revise and the negotiations between now and then. L.A. Care is participating in the budget hearings, and staff will testify as appropriate on budget proposals that affect L.A. Care and the safety net. • DHCS is proposing an increase to the current Managed Care Organization (MCO) tax on Medi-Cal. If approved by CMS, the MCO tax will generate an additional $1.5 billion dollars.	

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	• DHCS has released a policy paper on rates for 2025. The 2024 provider rates are in place. Mr. Shah and the finance team will track it carefully and will schedule discussions with DHCS, if needed, as well as with trade associations. • DHCS would like the legislature to pass legislation to change the current MCO tax by March 31, because if approved by CMS, it would then be retroactive back to January 2024. In addition, it will require CMS approval. DHCS thinks that CMS will have no choice but to approve the new MCO tax provisions and CMS may not actually approve it but will not disapprove it based on the current methodology. It was announced today that the budget committee released a document that warned about increasing health care provider taxes, and the importance of a review at the federal level. The timing is interesting but not alarming. CMS is known to release a document on this topic every few years. • Signature gathering began about 3 weeks ago for the MCO tax proposition on the November state ballot. The number of required signatures have been gathered and reported to the Secretary of State. It is anticipated that sufficient signatures will be certified to qualify the MCO tax initiative for the ballot. Government Affairs will continue to provide updates on the process. Mr. Baackes reported that L.A. Care is still part of steering committee for the MCO tax initiative. A steering committee meeting was held yesterday, and it was reported there that it is anticipated there will be enough signatures gathered by the end of February. About 900,000 signatures are required, it has been going quite well, and it looks like it will qualify for the ballot. He noted that it is very interesting that DHCS is now trying to amend the MCO tax that was adopted last year. The coalition had proposed a tax that produced three times the funding that was gathered in the previous three iterations over nine years. Now they are going back and asking for even more. The MCO tax is producing funding. The increases in reimbursement to providers for primary care, behavioral health and Ob-Gyn are all coming from the first collections of the MCO tax. The MCO tax proposal for 2025 has even broader increases. Board Member Gonzalez asked that the Government Affairs department staff come to the next ECAC meeting to discuss proposition 1 on the March ballot. Proposition 1 is extremely complicated and very lengthy. It may not be easy for voters to understand. She requested an explanation of how the proposition could benefit Medi-Cal members.	
CHIEF MEDICAL OFFICER	Mr. Baackes reported that L.A. Care's Health Services department is very involved in all the initiatives in the California Advancing and Innovating Medi-Cal (CalAIM) program, and there has been huge emphasis on housing and significant funding flowing through CalAIM. L.A. Care has a plan for this one-time funding.	

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	PUBLIC COMMENT *Maritza Lebron wished everyone a Happy New Year. She commented that she knows everybody's trying to do what's possible. She thanked them for the comments and stated the Board can come later and do whatever it needs to do. She tries to participate and it doesn't make sense to her. The Board is talking, but she needs to do her comment first, but she hasn't yet heard the information. She doesn't understand what the point is, because she doesn't know what is in the presentation. She needs to hear the Board discussion first, then she can ask a question or comment. That is her comment for item 12. She has a comment on the previous item, but John (Baackes) was talking. So she didn't ask her question before he spoke. She wants to add that she is working in the community, a mental health promoter, and she has heard there is a new opportunity for the plans, for insurance. But they are asking because in the past the community and express that after her husband died she needed to give all the life insurance back to the to the health coverage. So people in the community that have houses who have property, if she has the insurance, she has to give it back. Nobody told her why. She remembers when she was with L.A. Care, when she signed up after 54 years old, she needs to give back something, money or inheritance that she has, so that is why a lot of people told me they are not getting insurance.* Mr. Baackes responded that Mr. De La Torre could explain why the comments are before and not after a presentation. He welcomes questions and comments about his report by email or other arrangement. *Andria McFerson is from RCAC 5 and a resident of LA County, low income disabled woman that represents the community as a whole. She's been homeless, she's been under domestic violence issues. She's been under a lot of different things having to do with the disparities that everyone has. That's why she feel it's important that she comes here and speaks about these things. So, with that the Chief Medical Officer report, item 12. She has a friend specifically, that has lung cancer. And he has no one to help him. His family is not even in this county. His sisters and brothers are older than him. They're not able to move around and help him. So, with that, he has no CPAP machine. That CPAP machine is what helps save people's lives. We have another committee member that had a problem with the CPAP, in receiving it specifically. LA Care had to have staff come and help her so that she can go get her machine. And that is something that she needs to have in order to breathe. You know, it's not just something inadvertently that she may need that's not important. No, she needs that in order to sleep at night. And her friend does too, he has lung cancer, he goes to the emergency room at least once a month, and before he goes, he asks her, can you please help me? And she runs downstairs and opens the door because she's the only one that has a spare key to his house, so that the ambulance can come in and take him to the ICU. That's where he normally goes once a month. He needs a CPAP machine too, but for some strange reason, they are inaccessible. And that's what somebody needs in order to be able to, to go to sleep at night and wake up in the morning. And he can't even do that*	

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	because he spends most of his time, just coughing. With that machine that goes up his nose to breathe, that oxygen machine, he has that too. But that CPAP machine helps so much more, so much to the point where he could actually go and move around, like how we used to and get groceries. He calls me every day and asks her if she has time to go get him some food. He'll offer to give her the money, and asks Please just go, get me something. And she does it every day. She calls him and asks if he is okay and all of these different things. She asked if there can be a program that has better outreach for people who are going through health disparities that are in an intensive type of disease, that they may lose their life the next day. She asked if there is a program for that? If there is, please let her know before she leaves. And then, the CPAP machines are a life saver and needs to be available for people who need it. And she doesn't know if someone here knows about the CPAP machine, but if the Board can talk, Chair, about that and make things more accessible. That would be great. Mr. Baackes responded that L.A. Care staff would get the information to assist Ms. McFerson's friend. Sameer Amin, MD, *Chief Medical Officer,* noted that L.A. Care would make sure to get her friend into case management and take care of him appropriately. Dr. Amin reported: On the operational side, Health Services has been working very actively with Grievances staff to rethink the process for individual compliance issues and individual grievances, not as they come up, but from the start. We are categorizing quality of care issues and quality of service issues, making sure that higher concern grievances coming in are addressed immediately and certainly within a 30-day period if patient care is involved. Medical Directors are up front in the grievances process as they are adjudicated, so they can be closed within a 30-day period. The patient quality issues (PQI) staff will investigate further. Staff has worked with a consultant to develop a compliant process to be implemented by the end of the first quarter of 2024. It will be a significant improvement and will be reviewed with other business units at L.A. Care to address systemic issues. L.A. Care held a series of events with representatives from Skilled Nursing Facility (SNF), hospitals and providers to talk through member transfers from hospitals to lower levels of care. One takeaway is that L.A. Care needs to do a better job of incentivizing SNFs to take medically complex members. L.A. Care has embarked on a journey to revise the payment system for SNFs. Health Services has worked with finance staff on the criteria and the payment for the most complex patients will increase so that SNFs will be more willing to take them. A pay for performance plan for the SNFs is also being developed to provide incentive to accept transferred members. This is being reviewed with staff in operations and finance. Incentives	

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	could be as much as a double digit increase for payments to SNFs that are willing to take higher risk patients. In addition to that, the SNF incentive is ready to be implemented January. 1. The contracts will go out to the network shortly. It is anticipated that this will be welcome news for not only the hospitals, but for skilled nursing facilities. He thanked Supervisor Solis for raising this issue at the last Board meeting. L.A. Care has been actively tracking COVID cases in Los Angeles County. There was a significant uptick in reported COVID cases from November 25 to December 25. Thankfully, the increased infection rate appears to be easing now. He referred to information in the CMO report. There is an improvement over the last month or two; however, a lower vaccination rate remains in African American, Native Hawaiian and Pacific Islander populations. For L.A. Care members, the percentage of COVID vaccination for African American populations is around 47%, Native Hawaiian and other Pacific Islanders is around 51%. For the L.A. Care Asian population it is 79%, for the Hispanic and Latino populations it is 67%, and White or Caucasians it is 55%. L.A. Care is increasing efforts to help all members. COVID vaccination information is now incorporated into the flu vaccine campaign with automated calls to members in all lines of business, emails to exchange members, and social media campaigns for all lines of business, to get information out there for everybody. A member newsletter with COVID information was sent. L.A. Care has incorporated COVID information on the "Fight the Flu" webpage. The CRC flu vaccine events have included COVID vaccine information, and COVID test kits are distributed to the community free of charge. The pharmacy department has been coordinating with network pharmacies providing the majority of the COVID vaccinations, to ensure the vaccine is promoted to members. Promotion is done with fliers, texts and phone calls. The nurse advice line is actively helping members with respiratory issues related to COVID, and the rate of check-in calls for COVID is monitored for any uptick. There was an escalation during that period of increased infection from about 9.3% to 12.3%; those "sick" calls usually range about 5 to 6%, so there was an uptick. There is was 1,375, COVID calls received in 2023. L.A. Care has done a significant amount of work not only with the vaccination campaigns, but also in coordinating with other resources here in Los Angeles County. On January 10, L.A. Care met with Los Angeles County Department of Health (DHS), which is leading community outreach on COVID vaccination. A few next steps were developed from that meeting. There will be regular meetings throughout the winter. L.A. Care is also coordinating communications with DHS. For example, in leveraging and amplifying messages through member outreach channels such as social media, website, and member newsletters. L.A. Care will update future campaigns to address COVID, flu and RSV together as a respiratory bundle. There will be a series of additional interventions conducted at the CRCs. Board Member Shapiro commented that everyone grew tired of COVID but COVID is not tired of us. He asked about the influenza vaccine take up rate in comparison to the low	

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	COVID vaccine rate. Dr. Amin responded that the hesitance seems to be specific for the COVID vaccine. The up take in vaccination against the flu has always been strong. L.A. Care is working with pharmacies and there seems to be less hesitance for the flu vaccine than for the COVID vaccine. Even though a large population has taken the initial COVID shots, the COVID booster shot has a very poor uptake, which is unfortunate. L.A. Care is working on messages to members to improve that rate. Supervisor Solis thanked Dr. Amin for his report. She remains very concerned about the community, particularly with seniors and parents getting the booster. She suggested that those who received the initial COVID vaccine last year might think they are covered. With the respiratory virus and other things in the communities, she encouraged promoting the booster and prevention messages in the Spanish and AAPI languages as well as English. She feels it is important to reach the African American community as well. People are receiving mixed messages in the news that CVS is no longer providing the vaccinations, and they're not aware of where they can get COVID test kits, all of the information has to be bundled in a way that makes sense to a layperson, and winter is the time to get the information into to the community. Dr. Amin responded that L.A. Care is working on placing posters at the CRCs that focus on encouraging people to get the boosters, and the information will be in as many languages as possible. Additional messaging will be on the renewal postcards. A text message campaign will focus on unvaccinated populations and those who have not yet received a booster. There will be website updates as well. L.A. Care will restart the public education campaign involving the Nimoy Knight Foundation, which was very successful as part of the initial vaccination campaign a few years ago. L.A. Care continues to provide information in all communities to encourage vaccination and boosters. Supervisor Solis noted that the Los Angeles County Sanitation District reports monthly on wastewater and the reports show where COVID is affecting the communities. She suggested sharing that information with the public. Dr. Amin responded that L.A. Care would be happy to share that information and would welcome getting a direct contact at the Sanitation Department. Board Member Booth asked about the pharmacy carve out that began last year, and if there is any report on how the DHCS is fulfilling its responsibilities and is there any follow up with patients to promote medication adherence and keep people as healthy as possible. Mr. Baackes responded that they have not released any data, and health plans would like information about cost savings, which was the premise of the pharmacy carve-out over the last two years. Dr. Amin responded that the pharmacy department has actually looked into this in detail. It does not appear there are any cost savings and it is causing a great deal of discoordination. L.A. Care is communicating with Magellan, the entity contracted with DHCS to manage pharmacy services. L.A. Care provides helpful hints to Magellan and feedback to DHCS to suggest areas	

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	where Magellan could improve performance. Dr. Booth noted that Magellan is part of Centene, a publicly traded company. Chairperson Ballesteros noted that clinics and health centers must refer people to a pharmacy for the vaccine. This impedes the up take rate. When people are in the clinic, there is opportunity to provide the vaccine. This affects about one-third of patients in the safety net, who are folks that most need the vaccine. He suggested providing data to DHCS to illustrate the problem and prompt policy change. Mr. Baackes responded that L.A. Care could provide data and jointly advocate with health centers for needed change. Coalitions really work and more attention to the issues could be generated with a coordinated approach. Chairperson Ballesteros noted that this has been going on for 3-4 months. Clinics have raised a concern, warned of the disparities and highlighted the challenges in conversations with DHCS. There has been no response from DHCS about rectifying the situation. Mr. Baackes offered to have L.A. Care contact the Local Health Plans of California to explore next steps in a joint collaboration. Dr. Amin invited Charlie Robinson, *Senior Director, Community Health, Safety Net Initiatives*, and Michael Brodsky, MD, *Senior Medical Director, Community Health, Behavioral Health*, to present information about L.A. Care's field medicine program. Mr. Robinson introduced the Field Medicine Program Brief *(a copy of the presentation is available by contacting Board Services)*. He thanked those who advocated within L.A. Care and with county partners to address the health care needs. He noted that to distinguish between street medicine, which is the provision of urgent care type services often with a backpack literally on the streets and field medicine, which encompasses primary care and other sets of care delivered in facilities. This distinction appears in the Medi-Cal all plan letter issued by the DHCS. L.A. Care conducted a landscape analysis and found some challenges and deficiencies in access to healthcare for people experiencing homelessness. The all plan letter specifically calls out that health plans need to ensure that both preventive care and primary care are available to people experiencing homelessness. Second, there is an uneven distribution of providers across the county, with areas with no street medicine nor primary care available. There is limited coordination between City and County initiatives and Medi-Cal resources to bolster access to services. Many have heard about the Inside Safe Program started by the Mayor of Los Angeles. There are many other municipalities, working hard to address the problem of homelessness. We want to improve the coordination among those programs. In April, L.A. Care launched a pilot project with one program to evaluate the possibility in deliver field-based primary care without a brick and mortar facility, and obtaining feedback from that pilot and soliciting input from key stakeholders. Focus areas identified expanded access to	

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	primary care, geographic alignment across the county and connections to City and County initiatives. L.A. Care enabled a collaborative design program producing many, many drafts of many, many plans using iterative program design, attending meetings and setting up meetings with multiple community stakeholders. That led to development of a plan for a countywide network of primary care providers who can deliver services in the field that include health care and preventive care as well as social services embodied in CalAIM and other programs. Second, an operational framework designed to coordinate the services countywide so the providers can talk to each other, in which clinical care is not duplicated and follow up care is completed. The program would merge with the infrastructure that supports programs that the City and County are currently running independent of Medi-Cal. Dr. Brodsky described how providers are going to participate and how the program will be oriented in that geographic alignment. The core of the program is the regional anchor provider. **Regional Anchor Providers** • Responsible for specific regions across the county • Deliver longitudinal primary care and social services • L.A. Care provides incentives for capacity building and performance Providers countywide will be asked to take responsibility for a particular area in the County, likely an area that is oriented around their existing brick and mortar facilities, and matches their existing service area. These providers will take primary care assignment and provide longitudinal primary care to the members in their region who are experiencing homelessness. These providers will also provide street medicine services in the street, and provide services to members as they transition through the housing continuum and ultimately support the transition to permanent housing. **Floating Providers** • Float throughout the county, not anchored to a specific region • Provide longitudinal primary care *or* street medicine services only • L.A. Care provides additional incentives for primary care providers There are providers in the County who do not have a brick and mortar presence, do not have a particular orientation throughout the County but do have important high quality services that they can offer members throughout some of these regions to provide additional access. **Care Collaborative** • Coordinated model of care for high density regions such as Skid Row	

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	• Providers serve members jointly • L.A. Care provides single funding source to support care collaboration Providers can participate in high-density regions and areas with high density of providers. In this capacity, L.A. Care can provide a single funding source to support care coordination. It will initially be in skid row, a primary high-density region, and as the program evolves, it can be expanded to other parts of the County. Mr. Robinson discussed collaboration with interim housing initiatives. Inside Safe is the most visible, and municipalities across the County have interim housing programs; for example, L.A. Care is working with the City of Montebello. L.A. Care is supporting these programs and pairing Medi-Cal services and Medi-Cal resources with these flagship programs. As an example, it is important to understand which of the members are moving from an encampment into an interim housing site, and how L.A. Care can make sure that they remain connected to their service providers or receive appropriate referrals for housing navigation. Ultimately, once the regional structure of primary care providers is established, L.A. Care will make sure they are also connected to a primary care provider in the region where they are moving. L.A. Care is planning an onsite presence there, to make sure that those connections are established between the members and the entities providing those services. The second piece of the collaboration is with the Skid Row action plan. The Skid Row care collaborative is designed to align with the objectives and the vision of the Skid Row action plan to make sure that L.A. Care supports the collaborative care model among the three primary care providers that have made huge investments in the Skid Row community. L.A. Care has been working with different organizations countywide and the leaders of these groups have been sharing insights and working on an iterative process. It is hoped these providers will continue working with L.A. Care as we move towards the program launch. There are two categories of funding: capacity building incentives and performance incentives. The capacity building incentives are designed to increase access to services for people who are experiencing homelessness. We are planning to fund additional street teams associated with providers that are participating with L.A. Care as regional anchors or floating providers countywide. A methodology is being developing to scale the investments and the teams with providers based on the population in a particular zone that those providers will serve. The *point in time* count from LHASA will be used as baseline data. That continues to be updated, so the framework will be dynamic, recognizing that the population to be served is dynamic. The second category is performance incentives for providers to encourage engagement with the hardest-to-engage members. Often the members that are the hardest to engage are those who are in the street, not ones who are sheltered, not ones who are in higher density housing	

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	environments. This is to ensure that incentives are paired with engagement and with longitudinal primary care, that is a focus of the program. In the next couple of days, a final draft of program description will be shared, and signed letters of intent to participate will be solicited from providers countywide. This will give us a sense in the next month or so how to scope the network and build the map. The following month, the investment structure will be finalized, a formal provider application process will begin and the program can move forward. Board Member Booth suggested that a relationship with USC through this program might help with a contract to provide services to L.A. Care members. Supervisor Solis appreciated the details of the program. Los Angeles County departments are working on the Crocker plan for Skid Row. She suggested sharing information about cities that are? building interim housing and lack of providers in certain areas, specifically in the East San Gabriel Valley. Many folks currently live around the riverbeds in Azusa Canyon and Whittier Narrows. It is extremely hard time to get providers, enough funding and capacity. One provider working very well there is Union Station, in Pasadena. They cover some of the San Gabriel Valley, but more capacity building is needed for the providers. She noted that the City of El Monte has built five different interim, housing units for the homeless. They have done outstanding work that exceeds any other city in the San Gabriel Valley. She recommended contacting them and offered to provide the contact information. She wants to get the providers in the queue so they understand the opportunity to apply for funding, and serve those high-density areas where people are on the street. Dr. Amin asked Mr. Robinson to connect the care collaborative idea with the work that L.A. Care is doing. Mr. Robinson noted that the skid row care collaborative model with providers is designed specifically around both the Skid Row action plan and the Crocker Street project. The collaborative care model is envisioned for the Crocker Street facility among those three providers. Board Member Ghaly noted that she is aware the fiscal model is in development. DHS and Housing for Health have a huge role, along with many other partners in this work. It is incredibly expensive. A part of what needs to be resolved is to approach this with the available funds in a way that makes it sustainable for the providers that are doing the work. There is a variety of structures that can be used for that. She suggested advocacy for an enhanced capitation within the financial risk corridor so that providers can cover losses and safeguard against losses. There are different ways to structure it, but ultimately the providers will not be able to execute a contract and do the work if there is not sufficient assurance that providers will be able to break even.	

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	Chairperson Ballesteros commented that he appreciates the community engagement by L.A. Care with the skid row action plan. JWCH is one of the organizations, but there are many organizations involved, as well as with the County project on Crocker Street. He appreciates the time and energy in listening to the needs of the community and plans for the Skid Row action plan and Crocker street, which are critical and vital to the community.	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee (ECAC)	**<u>PUBLIC COMMENT</u>** **Via voicemail on February 1, 2024 from Elizabeth Cooper** *Elizabeth Cooper, RCAC 2, commented this is for the board meeting on February 1. She is calling to voice a concern. Unfortunately, she couldn't be here today. She's calling regarding membership service. She called today, waited more than 30 minutes, and was not able to speak to a person regarding issues that are important. She thinks something needs to be done about membership service. She waited on the phone for 30 minutes and cannot speak to anyone. Please take notice. She needed to ask a question and unfortunately, she is not able to be there to do so. There are other concerns, but she is concerned mainly about that. Public comments are not written down properly in meeting minutes. She feels that to her, it's a disservice to the members. Board services, whoever writes down the minutes needs to be more sensitive when writing member comments.* **Ms. Hernandez' remarks were given in Spanish and simultaneously translated into English:** *Demares Hernandez is President of RCAC 10. Her comment is about the changes. Members of RCAC 10 are very worried about the changes happening for the 11 RCACs. They have many worries. Her question is if members from every RCAC will be able to vote for every change. They are worried if RCAC meetings will be three times a year, because that is not enough to cover the necessities for each community. That's why we need more RCAC meetings per year.* Mr. Baackes responded that the Board has heard many comments over the last year from RCAC members about the changes. The changes are necessary because the DHCS contract changed as of January 1, with new requirements for advisory committees. The Community Outreach and Engagement (CO&E) staff put together a set of ideas to address how L.A. Care could meet the new requirements and make other improvements. There have been RCAC meetings that were listening sessions, and L.A. Care has listened. As a result, staff will revise it because one issue was that the proposal was too complicated to understand. Staff will present to the RCACs a more simplified proposal to meet the requirements to which L.A. Care is obligated under the new DHCS contract. It has been said many times that the Board will make a final decision, but the Board will not entertain a motion on the RCAC structure until ECAC	

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	sends a motion to the Board. ECAC is an advisory committee of the Board of Governors. There will be a new round of sessions in which a revised, simpler proposal will be shared. Thereafter, ECAC can send a recommendation on to the Board for consideration. The deadline for implementation is May. 1, it may slip a little, but the Board should be aware of it with regard to adherence to the new DHCS Medi-Cal contract. PUBLIC COMMENT **Ms. Salvatierra's remarks were given in Spanish and simultaneously translated into English:** *Hercilia Salvatierra, RCAC 4 member and former Chairperson and Vice Chairperson, and LA Care member for many years. Times are different now and after the pandemic there were many changes. As a RCAC member she asked that RCAC members meet as they used to get together as RCACs. The information given to RCAC members and information provided when they got together can you help us because there has been some changes with our insurance? She has not received any information lately because the RCAC has not met for awhile. They have not gotten information. She asks the Board to help so she can increase participation and help her community.* **Ms. Rodriguez's remarks were given in Spanish and simultaneously translated into English:** *Ana Rodriguez said that she doesn't usually do public comments. She is learning and she doesn't know what she will say before she hears the Board discussion. She is the current Chair of RCAC 2 in San Fernando. The Executive Director has changed the discourse about presenting a new project. The information that was sent to her is like sending her to war without a weapon. She loves the field work, she loves the community outreach. She doesn't have the written way to do it. An executive officer told them they could do a vote but he only told them that verbally. She likes things in writing. Her comment will change because she has to wait for the simple written points. She has comment for two points. One is the conversion from 11 RCACs to 8 RCACs, and the other is the number of meetings. She suggested holding virtual meetings as a way for the members to be listened to. As a former President she feels that she represents millions of people and she would like to know their opinions. RCAC meetings are guided by Roberts Rules, there needs to be a process for hearing from members about the changes and take the lead on what is going to happen.* Mr. Baackes thanked her for her comments and noted that he is listening. *(Ms. Vazquez spoke in Spanish, below is the interpretation of her remarks into English)* Fatima Vazquez, *Consumer Board Representative*, reported that TTECAC met on December 12, 2023 and held a special meeting on January 22, 2024.	

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	She thanked all of the members that attended the TTECAC in person and to those present today. Ana Rodriguez (R2) Joyce Sales (R6) Maritza Lebron (R7) Deaka McClain (R9) Damares O Hernandez de Cordero (R10) Lynnea Johnson (R5) Along with other members from different RCACs. Dr. Li gave a Health Equity six-month progress report and update. In his report he highlighted the following accomplishments: • Organized and co-chaired the California Local Health Plans' Chief Health Equity Officer meetings • Recognized and invited by National Academy of Science, Engineering and Medicine to participate in the Health Equity Roundtable • Co-lead our Equity Practice Transformation Initiative (134 practices signed up with L.A. Care) that potentially impacts around 1.5 million Medi-Cal members • Led L.A. Care's (NCQA) Health Equity Accreditation effort • Working closely with a coalition on how we can reduce the burden of medical debt for Los Angeles County residents • Working closely with LAUSD on vaccine catch up and improving health and wellness for school age children and youth Mr. Oaxaca gave a Communication and Community Relations Department Update. Mr. Oaxaca spoke about the proposed restructuring and operation of advisory committees. The report highlighted the new requirements outlined in L.A. Care's contract with the State, effective January, emphasizing five goals set by the State for health plan advisory committees. Layla Delgado, *Consumer Advocate Representative* reported: Naoko Yamashita gave an update on L.A. Care's Cultural & Linguistics Department Translation Process. Ms. Yamashita highlighted the distinction between translation (written language service) and interpreting (spoken language service). Focusing on translation, she discussed the languages in which important health information about services and benefits is provided, and the accompanying Language Assistance Notice attached to documents in up to 18 non-English languages. She elaborated on the services provided by the call center, emphasizing that members can request vital documents in their specific language, update their language preferences, and seek assistance for any questions about coverage, services, and benefits. She	

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	highlighted the importance of the quality of translation services. She explained the rigorous process starting from the selection of translation vendors, which involves due diligence, vetting, and a request for proposal process. These vendors are contracted based on their ability to support multiple languages and their experience in healthcare translations. Rudy Martinez led an Emergency Preparedness Training and went over L.A. Care's 1055 Building's Emergency Action Plan (EAP). The committee met on January 22 for a special meeting to discuss L.A. Care's Community Engagement Model. Mr. Oaxaca gave a report at the Executive Committee on January 24. Mr. Baackes already discussed that there will be revision at future meeting. Ms. Vazquez attended the Community Outreach and Engagement Partner collaborative event on January 18, 2024. Over 40 community-based organizations attended. Many of the attendees expressed that the event exceeded their expectations and was an opportunity to share information and resources from their organizations. One particular thing that she found interesting was the "speed networking" to connect with on the spot with other organizations. During the event, agencies had an opportunity to learn about the newly launched CO&E Community Partner roundtable. She asked Christina Chung to comment on how well the event went. Ms. Chung described the speed networking. Those interested in the roundtable there will an orientation in February. Board Member Vazquez congratulated the CO&E team on a job well done. She also thanked Marlene Cabrera of the El Monte Community Resource Center for the tour. At the time, a salsa class was in session, and it was full. There were even parents dropping off children so the parent could participate in the salsa class. She congratulated the El Monte CRC on a job well done! Board Member Vazquez has a great feeling knowing that more of the undocumented population will be eligible for Medi-Cal benefits and services. That is a great accomplishment for this community because the undocumented community members have worked very hard. This community works and pays taxes. There is a lot of enthusiasm among the community about receiving the services. Over the years, they have been unable to get the check-ups and care that they needed. They have been part of several community different events. This action has given them a lot of hope. She just wanted to let everyone know. There will be more members in L.A. Care health plan, and she is concerned because she heard from L.A. Care health plan members that their medical group had not authorized a procedure. It has frustrated many members and they did not follow up with the medical appointments. In reference to the homeless being able to get medical services discussed earlier today, she wants to bring awareness to all the people on the streets because they do not have a place to live. In certain	

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	areas, the number of homeless people is increasing. She asked for information at a future meeting about what L.A. Care is doing to reach out to homeless people with information about Medi-Cal eligibility and access to vaccines. She expressed gratitude to L.A. Care for the efforts being made. We have seen announcements on different platforms about health promoters/promotoras de salud. She noted Board Member Shapiro's very popular on line program. Her pharmacy, CVS, constantly sends reminders about vaccines. She commented that at TTECAC there is a lot of confusion with several members about the transition. As a former ECAC Chairperson, she had the opportunity to understand the process. Still, it is confusing for other members. Board Member Shapiro asked Board Member Vazquez what L.A. Care could do to reach newly eligible undocumented between the ages of 26 and 49 years of age. Board Member Vazquez responded that she suggested in a prior meeting that L.A. Care connect with LAUSD to provide information about Medi-Cal eligibility. She works with entities and opens herself to work with the schools in the community. It would be a fantastic idea to work with the schools because many parents are involved in their children's education. It would be a perfect platform.	
Children's Health Consultant Advisory Committee	**PUBLIC COMMENT** **Submitted via voicemail earlier today by Elizabeth Cooper, RCAC 2 Member** *Good afternoon, for Board of Governors meeting February 1. Regarding the Executive Committee, sorry, but the Board book should be more consumer friendly where you can read it and understand it. Regarding the Chairperson, she is sorry she's not there today, she'd like to acknowledge Black Heritage month and share the many opportunities and appreciate it as an Afro American, and what Afro Americans have tried to contribute in health care, which there have been many contributions, participation and also funding for that which also impact L.A. Care. Number two, she would like the Board to consider the Governance committee meeting on a frequent basis because that's where some of the issues regarding the RCACs and the participation and some of the proposed policies can be changed. She would greatly appreciate if Dr. Booth would have more meetings for the Governance committee, and not as needed. There were many issues she would discuss, but she wasn't there due to a number of different issues today. She thanks them for the meeting today and she hopes the Chairperson and the Board members take her comments into consideration. She hopes there would be more emphasis on the developmentally disabled consumer members who sometimes she feels need a greater voice. Thank you and she hopes her comments are read today.* Tara Ficek, *Chairperson,* reported that the members of the Children's Health Consultant Advisory Committee met on January 16 (*minutes can be obtained by contacting Board Services).*	

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	• The Chairperson's report highlighted the 2024 California Children's report card. This is a report produced annually by Children Now, a statewide advocacy organization. She encouraged everyone to check it out online. It ranks and grades the state of domains. In California, they range anywhere from a high of A- in health insurance to a low D in birthing health and preventative service screening. • Dr. Amin gave a Chief Medical Officer report. He gave an updated report earlier today. • Laura Gunn, *Quality Improvement Project Manager* and Tamara Ataiwi, RN, *Quality Management Nurse Specialist* reported on Clinical Initiatives: Children's Phone-Based Interventions. They highlighted data from 2021 and 2022 showing the effectiveness, and that these have been effective interventions for L.A. Care. They also spotlighted 2023 interventions, informing the committee that 167,545 members were called, and of those, 72% of the members were reached. The text campaign launched in August for 0 to 30 months, and the effectiveness of the campaign will be evaluated this year. • There was a presentation from Lina Sarthi Shah, *MD, Physician Reviewer, Utilization Management,* who provided a comprehensive report on California Children's Services (CCS). CCS is state-legislated program run at the county level since 1927. Dr. Shaw highlighted the role of managed care plans and coordinating care and making referrals. The report touched on components of a forthcoming plan, outlining the collaboration between managed care plans and CCS. Dr. Shah highlighted five key components, including coverage obligations, training, referrals, care coordination, and data exchange.	
Technical Advisory Committee	Alex Li, *Committee Chair*, reported that the Technical Advisory Committee (TAC) met on January 11. • Dr. Li provided a Chief Health Equity Officer report which included information on many of the topics discussed earlier today by John Baackes and Dr. Amin, including items such as Medi-Cal redetermination and expansion, and the five-year anniversary of the Elevating the Safety Net program. Another key item discussed is L.A. Care's plan to have a county specific health equity conference that will be arranged by the health equity department. The plans for focus areas and themes were introduced, seeking advice from the committee. The feedback received will be very useful in planning the conference. • The Committee discussed the Equity Practice Transformation program sponsored by the state in collaboration with the managed care plans. We want to introduce this program to begin a dialogue with the Technical Advisory Committee to provide additional feedback and guidance on how we can make this program useful for small and medium practices. The Technical Advisory Committee will serve as a steering council to ensure that L.A. Care's programs are useful for providers and members. We look forward to an exciting year.	

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BOARD COMMITTEE REPORTS		
Executive Committee	The Executive committee met on January 17 and January 24 (*approved minutes can be obtained by contacting Board Services).* The Committee reviewed and approved Revisions to Human Resources Policies HR 101 (Auto Allowance Mileage Reimbursement and Vehicle Damage Reimbursement) and HR 122 (Transportation Allowance) which do not require full Board approval.	
Finance & Budget Committee	The Committee met on January 24. (Contact Board Services to obtain a copy of approved meeting minutes.) The Committee approved a motion to delegate authority to the Chief Executive Officer to enter into a Master Purchase Agreement with commercial furniture vendor Tangram, Inc. for 1200 7th Street in an amount not to exceed $4,386,800, which does not require approval by the Board.	
Chief Financial Officer Report	Afzal Shah, *Chief Financial Officer*, reported on the October and November 2023 Financial Performance reports *(a copy of the report can be obtained by contacting Board Services).* <u>Membership</u> Total membership was slightly lower than budgeted. Mr. Baackes reviewed enrollment earlier today. Overall, L.A. Care has seen lower membership month over month with about a 1% decrease in membership, consistent with the forecast. <u>Consolidated Financial Performance</u> Consolidated financial performance for the month of November only, results show a net surplus of $61million, excluding the CalAIM Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP). He noted that non-operating expense income has performed better than the budget forecast because of the high rate of return of about 5% on the treasuries. <u>Combined Financial Performance</u> The combined financial performance for October and November is much higher than budgeted $31 million variance and a net surplus excluding HHIP and IPP of $159million. <u>Medical Cost Ratio</u> The medical cost ratios by line of business are performing much better than budgeted. However, this is only two months of data and the Financials included prior period adjustments prior to October of 2023. It is expected that the medical cost ratio (MCR) could be higher than reported in future reports. <u>Key Financial Ratios</u>	

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	All of the financial ratios look good, including cash to claims, tangible net equity (TNE), and working capital. The results are much better than budgeted. In January, decreases are expected in revenue and there will not be decreases in cost due to health care cost inflation. Tangible Net Equity (TNE) and Days Cash on Hand Each month the TNE and days cash on hand are reported. For November, there is 804% TNE for L.A. Care. **Motion FIN 102.0224** **To accept the Financial Reports for October and November 2023, as submitted.**	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Roybal, Shapiro and Vazquez)**
• Monthly Investments Transactions Report	Mr. Shah referred to the investment transactions reports included in the meeting materials (a *copy of the reports can be obtained by contacting Board Services)*. This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of November 30, 2023 was $3.2 billion. • $3.1 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $35 million in Local Agency Investment Fund • $79 million in Los Angeles County Pooled Investment Fund	
Audit Committee	Board Member Gonzales reported that the Audit Committee met with Deloitte representatives on December 21 to review the draft audited financial statement for FY 2022-23 *(Contact Board Services to obtain a copy of approved meeting minutes)*. Mr. Shah summarized the combined financial statements for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority for the year ended September 30, 2023 and 2022. He described uncorrected misstatements detected in the current year that relate back to the prior year identified by L.A. Care: • $4.6 million in medical fee-for-service claim accruals had previously been held from payment were not properly reversed following re-adjudication of claims, decreasing L.A. Care's net position as of September 30, 2022, and • $31.4 million of deferred inflow of resources included $30.6 million that should be classified as accounts payable and accrued expenses and $0.7 million should be classified as noncurrent liabilities that had no impact to the L.A. Care's net position as of September 30, 2022. • L.A. Care completed its evaluation of the accuracy and completeness of disclosures in the financial statements and has identified certain disclosures that, although required by GASB, have been omitted from Management's Discussion & Analysis (MD&A). The omitted disclosure pertains to the requirement that the MD&A should provide three years of	

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	comparative data – the current year and two prior years. The effect of the omitted disclosures are immaterial. Rosie Procopio, *Audit & Assurance Managing Director, Deloitte & Touche (D&T)*, summarized the audit findings: • She reported that one of the changes made in the current year with respect to the prior year claim issues was material. L.A. Care management caught the claims issue and corrected it. D&T evaluated the impact to the reserves for claims and did not require any statement on the financial statements. o D&T received full cooperation from management and staff and had unrestricted access to senior management in performing the audits. o There were no material weaknesses or deficiencies found in L.A. Care's financial operations or internal controls. o There were no significant changes in accounting estimates or in management's judgments relating to reserves for Incurred but not Reported Claims (IBNR) estimate, and retroactive revenue adjustments. o Throughout the year, routine discussions were held with management regarding the application of accounting principles or auditing standards which did not involve significant findings or issues requiring communication to the Audit Committee. o The audit of the financial statements was designed to obtain reasonable, rather than absolute, assurances that the financial statements are free of material misstatement caused by error or fraud. As reported by Mr. Shah earlier and as noted in items 6 and 7 of the management representation letter provided to D&T, D&T did not identify any uncorrected misstatements or disclosure items during the audit. o Management determined the uncorrected misstatement and disclosure item to be immaterial to the financial statements. Uncorrected misstatements or matters underlying these uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even if D&T have concluded that the uncorrected misstatements are immaterial to the financial statements for the year ended September 30, 2023. o There were no material adjustments to the financial statements. • Under its authority delegated to the Audit Committee by this Board, the Audit Committee approved Motion AUD A.1223 to accept the audit findings. • A copy of the audit report can be obtained by contacting Board Services.	
Compliance & Quality Committee	Committee Chairperson Stephanie Booth reported that the Compliance & Quality Committee met on January 18. Approved meeting minutes can be obtained by contacting Board Services.	

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	Mr. Gower and the Compliance Department presented the Chief Compliance Officer report. The committee approved the 2024 Internal Audit Plan, 2024 Risk Assessment, and the 2024 Compliance Program Plan. Mr. Gower noted that the compliance team has made changes related to the review of delegation oversight, emphasizing collaboration and establishing teams for delegation monitoring and oversight. The report highlights the Compliance Program, including the establishment of mission and vision statements and a focus on the lines of defense (operational, compliance, and audit services). • Joni Noel, *Senior Vice President, Healthcare, RGP*, discussed industry trends including Provider and Payer trends. Provider trends include a dynamic workforce, very complex revenue cycles, and the fusion of in-person with virtual care. Payer trends involve Medicare Advantage differentiation, generative AI implementation, digital therapy integration, investment in health equity, and enhanced care navigation for improved patient outcomes. • Michael Sobetzko gave an issues inventory update. He reported that two issues that have been closed in November. The first issue closed was related to a Provider Signature Requirement. The issue was a guidance inquiry responded to by Regulatory Analysis and Communication unit. The second issue closed was related to Reconciliation Requirements for Physician Administered Drugs (PADs). On July 19, 2023, the Department of Health Care Services (DHCS) provided a notice of a Corrective Action Plan (CAP) to L.A Care Health Plan for failure to meet Reconciliation Requirements for PADs billed as Medical Claims. DHCS confirmed that L.A. Care had demonstrated payment of all clean claims and L.A. Care met the minimum 90% requirement for payment of all new claims. DHCS closed the CAP as of November 15, 2023. Dr. Amin gave the Chief Medical Officer report at the meeting. He gave a report earlier today. Dr. Li presented a Chief Health Equity Officer report, in which he highlighted the progress made in the health equity and disparities mitigation plan in the six months since it was approved. Dr. Li emphasized the success of partnerships and teamwork, particularly in the joint efforts of health services and health equity staff in leading the application for the Equity Practice Transformation Initiative. There were 134 applicants and 47 practices were selected, signaling a substantial commitment to invest in primary care, recognized as the foundation of patient care. Edward Sheen, MD, gave a Quality Oversight Committee (QOC) Update. That QOC is the main leader for quality. He provided a comprehensive update of quality oversight, emphasizing key points from the meeting on November 28. The discussion covered various aspects, including quality improvement projects, diversity, equity and inclusion training requirements, and a detailed report on appeals and grievances. Dr. Sheen outlined four types of Quality Assurance projects mandated by regulators. The discussion delved into ongoing projects	

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	focusing on children's health and emergency department utilization, highlighting goals and challenges. The QOC meeting also addressed new diversity, equity, and inclusion training requirements. Plans are in place to ensure timely compliance, with ongoing efforts to improve visibility and collaboration across business units. She wished everyone a Happy Black History month.	
ADJOURNMENT	The meeting was adjourned at 5:39 pm.	

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

APPROVED BY:
DocuSigned by:
John Raffoul
DDF074515A9349A...
John G. Raffoul, *Board Secretary*
Date Signed 3/8/2024 | 9:28 AM PST

The following public comment was received after public comment had ended:

Submitted via voicemail on February 1, by Andria McFerson
She is not quite sure the process to basically adhere to the necessities of ADA rights when it comes to the new process of BOG meetings the quality and compliance adhere to a lot of the disabled people and they lost that purpose, they lost the availability at best and different things having to do with disability rights, when the open session is at the very beginning it gives people the opportunity to comment on the closed session, so you can go to the doctor that day or to have a root canal like what she had to have, because she was running too late. She'd like to make a comment on just that. Compliance needs to let the staff know or how important is to have that engagement and have a voice. Thank you.

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