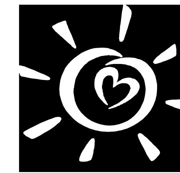
Board of Governors
Regular Meeting Minutes #327
May 2, 2024

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



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Nina Vaccaro, MPH **
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Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*
Afzal Shah, *Chief Financial Officer*

**Absent*
*** Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, *Board Chairperson,* called to order at 1:06 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. Chairperson Ballesteros invited Board Member Vaccaro to address the Board. Board Member Vaccaro informed Board Members she was not able to attend the meeting in person due to an unexpected health issue, and requested approval to participate remotely. She stated that there are no individuals in the room with her. Board Chairperson Ballesteros welcomed everyone and outlined the information for public comment included on the meeting Agenda.	
APPROVAL OF MEETING AGENDA	*Andria McFerson commented that she asked for a mic to be sent to the disabled table, due to the fact that she spent time in the ICU last month and was very sick. It was during a meeting, a public meeting with stakeholders. She felt enthrottled in so much stress due to the fact that it was staff that was impeding on her public speaking rights. And the medication that she was on, it did catapult her epilepsy. And so she had an epileptic seizure. She thought it would be best if she sat down and had the mic when she made comments and just different things like that just to make it so that it's easier for her. She has had four seizures during this meeting, so she's not making things up. Yeah, right here at L.A. Care. Agenda item number one, can only be closed off, the closed meeting could only be closed off with items like attorney client privilege, involve trade secrets privilege from a disclosure*	

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	involved information received or held by state bar or if the Chair feels that there's a threat regarding open matters of an internal management. I wanted to know if the agenda item for number one, should it be approved, just due to the fact that because they are disabled, some people are, going through disparities or low income, just all kinds of just different things like that. It's hard to basically have closed item first, wait two hours and then come back and then deal with that. She has absolutely no idea why it has changed in any type of way, but due to that, the closed session is first, they wait up in a room, it may not even be ten by ten. And all of the members of the public sit in that room for an hour or two. Last time, it was longer than an hour the last time I was up there, but there was NO emergency exit fire exit, and there were many people in that room from the beginning to the end. And there was a wheelchair in front of the actual one exit that they did have. And that's, I'm just trying to be safe. That's it. She's not asking for too much. And, she's not trying to be combative in any type of way. She's just trying to acknowledge the fact that there are people who do have disabilities. So with that, if there's any way that the Board can have closed session after, and then just recognize the fact that, these people are low income, some people caught a train caught a bus here, drove or had a ride here. But yet, every single thing that they do is a challenge when it comes to transportation and committing to certain things like this. And we are all here for a reason. They are here for better healthcare and actually making plausible decisions on what they go through on a regular basis. So you do kind of need us, and we need you too. So it would be great if you maybe accommodated us by having closed session after and not before, okay. That's all I can really say because right now I need to sit down. *Demetria Saffore wished to give her time to Ms. McFerson.* Chairperson Ballesteros stated that we're not able to do that. *Ms. McFerson stated that was why she hurried up and gave the mic to her (Ms. Saffore). Ms. McFerson stated that she wanted to make it known that they used to give public comments after the agenda item was explained, and they don't do that anymore.* *Russell Mahler commented that first off, he'd like to say he's kind of disappointed in L.A. Care as a whole. They do not know the value other members as well as everybody thinks they are. And he wanted to say that he hopes to God today they understand, everybody in this room understands, how much everybody around here is important, and not just the committee itself. And on that note, he would like to also add that they vote and change it back around to where it used to be when you guys were going to closed session at the end of the meeting.* **The meeting Agendas were approved as submitted.**	**Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**

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Public Comment	*Roger Rabaja. RCAC 1, asked, can we get more specialists for the AV? And how is that going to work?* Chairperson Ballesteros offered to have staff talk with him to address his concerns are around the specialists in the AV. *Mr. Rabaja invited Dr. Shapiro to attend a RCAC 1 meeting, he spoke with Dr. Shaprio about it already and he has his information.* Board Member Shapiro stated it would be a pleasure. *Demetria Saffore did not want to speak* *Andria McFerson wanted to ask if all closed items were legally supposed to be closed items, because she has a question on item number 10, the public employee performance evaluation, public employment and conference with labor negotiator. If they are a public employee, should they have any information having to do with that matter so that they can comment on anything necessary, in order to make the proper decisions and give advice or input and things like that, would determine that it was an effort towards all of the BOG chairs to receive all information from the committee on what that public employee or department has done, in order to make the proper decisions according to this agenda item. She wants to know if that is an actual closed session item.* Chairperson Ballesteros asked Augustavia Haydel, *General Counsel*, to respond. Ms. Haydel thanked Ms. McFerson for the question. She stated it is her opinion that this is an appropriate closed item. Safe Harbor language as identified in the Brown Act has allowable bases for the Board to be in closed session to discuss these items as listed on the agenda. *Ms. McFerson stated if Chair feels that it's regarding a closed matter than she can't do anything but honor that.* *Estela Lara wants to talk to the Board regarding what Russell just mentioned about the members. She believes that the members sometimes are disrespected, undervalued, and taken for granted. Members are an important part; they actually were part of the founding members of LA Care Health Plan. They decided to include them in the advisory capacity. They are not just here because of their pretty little faces. They actually have input because they are subject matter experts. They can tell the Board what goes on in the different regions and now that the regions will be consolidated into eight regions to coincide or align with the SPAs. Service planning areas, this is a new word for them. She wants to tell the Board that they are actually subject matter experts because they know what happens in their neighborhoods and in their regions right now. That's not changeable. They are still and are going to be part of either RCACs or the round tables. So that's something that they actually already are looking forward to and they want to look forward to actually having their own meetings again routinely. She just wants to tell the Board they actually know more than the Board realizes, and the Board is underutilizing their expertise. She would like Mr. Baackes to give them t-shirts that say, subject matter expert, to emphasize the fact that what she's telling the Board. Because if it weren't for them, there would be no L.A. Care. They can tell the Board very succinctly what is wrong with their areas, regions. They can tell the Board that there's food scarcity. That there's good quality food available, not available. They can tell the Board all sorts of stuff, one needs to just ask them, which she hasn't seen in a very long time. Occasionally they'll*	

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	come in and say yes, fill out the survey. Surveys once in a while don't work. They need this on an ongoing basis. And address them with respect because that's who they are. They are members who are very important. They are actually represented by Layla Gonzalez and by Fatima Vazquez. They have two seats on the Board, unlike single Board Members, who only have one seat. What does that mean? Members have more weight than one member Board does. Nothing personal, but that's the way it is. So they are actually people who want to be asked, so the Board can find out and members and the Board can find solutions together as to what ails them. *Public comment submitted by Elizabeth Cooper earlier today by voicemail. Good afternoon to the board of governors. Her name is Elizabeth Cooper, RCAC 2 member. She would like to speak about the Agenda today. She did not get the Agenda nor the Board book in a timely manner. She would please ask the chairs to indulge and to please listen to her public comment. She would first like to wish Happy Mother's Day for all mothers, those who have accepted the role of mothers, and also national Seniors Day. She would like the Board to acknowledge Mother's Day today. She would like to request that the Chair let her comment on any item because She did not did not have access to the board book nor the agenda. As of today, she did not have access to these things. Please call items so she can comment if she chooses to. Please take notice board members and have staff send the board book to those that requested materials in a timely manner.* *(Board Member Contreras joined the meeting.)*	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting temporarily adjourned at 1:35 pm. Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 1:35 pm. No report was anticipated from the closed session. 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: *May 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Information & Technology Officer* and Gene Magerr, *Chief Information Security Officer* 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	

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	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) CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 1:22-CV-01515 CNL (U.S. Court of Federal Claims) • Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 20-1393, (U.S. Court of Appeals for the Federal Circuit) 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 CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act CommonSpirit Health Dignity Community Care dba California Hospital Medical Center, Glendale Memorial Hospital and Health Center, Northridge Hospital Medical Center, St. Mary Medical Center v. L.A. Care Health Plan, JAMS 5220002620 (filed Feb. 23, 2023)	
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 2:52 pm. There was no report from closed session. Chairperson Ballesteros welcomed members of the public to the meeting. He provided information about submitting public comment.	
PUBLIC COMMENTS	There was no public comment for this item.	

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APPROVE CONSENT AGENDA ITEMS	• April 4, 2024 meeting minutes • To authorize a Letter of Credit from a financial institution for tenant improvements according the existing lease for 1200 W. 7th Street, Los Angeles **Motion EXE 100.0524** **To approve L.A. Care (a) obtaining a letter of credit from a financial institution (such as Wells Fargo Bank, N.A.) to be delivered to the landlord of the Garland building for tenant improvements, as required per L.A. Care's lease contract and (b) cash collateralizing the letter of credit by pledging $22,727,390 in unrestricted cash to said financial institution in exchange for the letter of credit and depositing said cash with said financial institution.** **The Board of Governors have determined that pursuant to California Welfare & Institutions Code § 14087.9605 (b)(2)(d) and (c), L.A. Care is permitted to "contract for services required to meet its obligations" and to "acquire, possess, and dispose of real or personal property" and obtaining and securing the letter of credit in order to facilitate the Tenant Improvements will allow L.A. Care to meet its obligations. Additionally the Board of Governors have determined that it may "dispose" of its personal property by cash collateralizing the letter of credit. Further, pursuant to California Welfare & Institutions Code § 14087.9665 (a) L.A. Care may borrow or receive funds from any person or entity as necessary to cover development costs and other actual or projected obligations of the local initiative and the Board of Governors have determined that obtaining and securing the letter of credit in order to facilitate the Tenant Improvements is necessary to cover actual or projected obligations of L.A. Care. The Board of Governors have identified $22,727,390 in unrestricted cash which may be used to cash collateralize the letter of credit by depositing said cash to a public funds interest bearing account with said financial institution providing such letter of credit.** **The Chief Financial Officer, the Deputy Chief Financial Officer, or person duly appointed in writing to act in the stead of such officer (collectively, the "Responsible Officers"), is hereby authorized and directed for and in the name of and on behalf of L.A. Care to further negotiate the terms of the letter of credit and fees and security relating thereto and execute and deliver documents and instruments relating to the letter of credit and cash collateralizing and pledging funds to secure the letter of credit with such changes therein, deletions therefrom and additions thereto as may be approved (i) by any Responsible Officer, in such person's discretion, as being in the best interests of L.A. Care, and (ii) by L.A. Care's General Counsel, such approval to be conclusively evidenced by the**	

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	execution and delivery thereof by the person executing the same on behalf of L.A. Care (the "LC Documents"). **Further Actions. The Responsible Officers are, and each of them acting alone is, hereby authorized and directed to take such actions and to execute such documents and certificates as may be necessary to effectuate the purposes of this resolution, including the execution and delivery of the LC Documents, and execution and delivery of any and all memorandums of agreement or understanding, assignments, certificates, requisitions, agreements, notices, consents, instruments of conveyance, warrants and other documents, which they, or any of them, deem necessary or advisable in order to consummate the transactions and requirements as described herein.** **All actions heretofore taken by any officer of L.A. Care with respect to the execution and delivery of LC Documents, and the cash collateralizing and pledging funds to secure the letter of credit described therein are hereby approved, confirmed and ratified.** • Contract with the Department of Health Services Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County *(Board Members Ghaly and Roybal may have potential conflicts of interest for motion EXE 101 and their vote to approve the Consent Agenda items excludes a vote on item EXE 101.)* **Motion EXE 101.0524** **To authorize staff to execute an Housing and Homelessness Incentive Program (HHIP) investment agreement in the amount of up to $3,500,000 with the Los Angeles County Department of Health Services in partnership with Brilliant Corners, to provide accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in the facilities from September 1, 2024 to September 30, 2027.** • Technical Advisory Committee Revised Charter **(TAC 100)** **Motion TAC 100.0524** **To approve the revised Technical Advisory Committee (TAC) charter, as presented.**	**Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)** *Drs. Ghaly and Roybal may have potential conflicts of interest for motion EXE 101 and their vote to approve the Consent Agenda items excludes a vote on item EXE 101.*
CHAIRPERSON'S REPORT	Chairperson Ballesteros acknowledged that May is Asian Pacific Islander (API) and Pacific Islander (PI) Heritage Month. He acknowledged those communities and hopes this month we all learn more about the API and PI members of Los Angeles County.	

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	He attended L.A. Care's Provider Recognition Awards last week. From his perspective, it was a wonderful event. He acknowledged Mr. Baackes and the L.A. Care staff. It was held in this building and it was apparent that the community members and the organizations honored felt a lot of pride and were very happy to receive the recognition. The Urban Voices choir performed at the event. It is a group of individuals formed primarily from the unhoused community. The connection between L.A. Care and the community is evidenced by these types of events. Bringing in groups like the Urban Voices shows L.A. Care's commitment to being community-based and in touch with the community. He thanked all the staff members that worked to bring the event together.	
CHIEF EXECUTIVE OFFICER REPORT	PUBLIC COMMENT *Sylvia Socio commented she has been a member with L.A. Care for a long time, and she's very pleased with the service she receives. She has certain points to complain about, but they are not Important and if she brings them to your attention it's because she is sure that a solution may be found. But when she calls Call the Car, she always requests service door-to-door because she is handicapped. She lives on a very busy street and they stop around the corner. Sometimes she can walk and sometimes she cannot do it. She would like to talk to somebody and see if there is a possibility to modify that. Just to give you an example, Access stops in the doorway, but of course she prefers the service that she gets with L.A. Care than with Access. She also wants to thank the group because she was nicely welcomed. They were very open-minded and she thanks them because it's her first time here.* Mr. Baackes asked staff to talk with her about her experience. *Andria McFerson, RCAC 5, wanted to speak about item number 15. She wants to know if the monthly grant sponsorship report had anything to do with the RCACs. Unfortunately, RCACs have not been able to meet monthly or every other month, for a number of years now. She wants to know for the monthly grant received for each RCAC, can they have a budget report on that and make it so that they understand that either that budget money will be rolled over. For the most part, the state is stating that if money is not spent within the fiscal year, which ends1 July, then that money rolls back into the government, If we have not spent that money. They haven't had access to a public forum where they can talk about things and vote on that actual budget having to do with the RCACs, then where is that money? Why weren't they given access to making decisions in order to adhere to the public outreach and engagement due to the pandemic and other things. They have missed a lot of people, of course, but there are were some people able to participate virtually or hybrid, and speak on different issues having to do with the community and how we can outreach to those people knowing that they have resources going through the pandemic and just different things like that. So it would have been great to spend that money on outreach and*	

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	engagement. So with that, will that money still be in their budget? And if so, the monthly grants and just different sponsorship reports and all those type of things, can we get that reported to our RCAC meetings and can we have a normal RCAC meeting so that we can actually have a general consensus and vote on particular budgets preparation to actually have an open event for our community, giving necessary information in order to give back, letting the community service area know that they have options. They have better options and they have resources that are free, they have organizations, they have L.A. Care. She knows the Board wants to give back, but that peer on peer, eye to eye contact is better than anything else. Because if one is actually going through it, then one has a story to tell and people are more receptive to people who are going through what they are going through. So with that, the budget, can they have a report and can they still use the three fiscal year budget that they had towards their RCACs, towards community outreach and outreach alone. Mr. Baackes responded that any budgeted funds about which the RCACs could make recommendations would be available. Nothing goes back to the state out of that budget allocation. L.A. Care returns funds to the state only if L.A. Care has not met the medical loss ratio amount. Mr. Baackes reported: Medi-Cal eligibility redetermination results show that even though the number of people that were with L.A. Care when the redetermination process started, with new enrollment the net loss was about 4 or 5%. Between June last year and April of this year, L.A. Care welcomed 622,000 new Medi-Cal members. In reviewing the new enrollment, thanks to Phinney Ahn, *Executive Director of Medi-Cal,* and staff, it was found that 42%, or almost 260,000 of the new members had been enrolled with L.A. Care in the last twelve months. The people who had not returned the redetermination packet started a new application for Medi-Cal. The 58% (362,000) of new enrollees, 155,000 are in the expansion population of undocumented residents between age 26 and 49. This is a very interesting finding and demonstrates that people found a pathway to re-enroll in Medi-Cal. It was not reflected in the phone calls to L.A. Care's customer service center, and there were not many calls from people did not have coverage. They had figured it out on their own and through the dissemination of public information.	

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	New Member Analysis – Medi-Cal *Snapshot of New Medi-Cal Member Prior Enrollment with L.A. Care (Nov 23 - Dec 23)* 51% 18,935 ← *Of the new members with prior enrollment, **51% had a gap in coverage of 1 month** and 83% had a gap in coverage of 12 months or less.* 34,688 49% 36,684 51% 71,552 Total Prior Enrollment No Prior Enrollment 1: 51% 18,935; 2: 14% 4,996; 3: 9% 3,201; 4: 3% 1,150; 5: 348; 6: 378; 7: 315; 8: 294; 9: 256; 10: 187; 11: 264; 12: 184 (1% or less); >12: 17% 6,350 Months of Gap in Coverage *Of the new members with prior enrollment, 77% had a gap in coverage of 4 months or less.* | 1 Ms. Ahn explained that L.A. Care wanted to understand the background of new Medi-Cal members who had been enrolled previously with L.A. Care. New enrollment data from November to December 2023 was used to calculate the gap in coverage. In November and December 2023, L.A. Care had about 70,000 total new members. That is the blue and green pie chart on the left in the display. Among the 70,000, about half, or 36,000+, were previously enrolled with L.A. Care, and that is the green side of the circle. The bars on the right show a breakout, with the length of months of a gap in coverage for those who were previously enrolled. Among those 36,000 new members who were previously enrolled, about half experienced a gap in coverage of only one month, shown by the tall blue bar, and 14% had a gap of two months and 9% had a gap of three months. It tapers down after that. When doing this analysis, members who were on hold in the 90-day care period and were later reinstated were not included. The members released from hold had no gap in coverage. A conclusion of the analysis is that these members likely did not respond to their renewal packet, and later became aware that	

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	they had lost coverage, reapplied through a new Medi-Cal application and experienced a gap of coverage of one, two or three months. The opportunity is to minimize breaks in coverage, because it is extremely disruptive in health care delivery. L.A. Care is working to help members who are placed on hold through eligibility redetermination, to ensure they understand that action needs to be taken in order to maintain continuous coverage. Board Member Roybal asked about the number of Medi-Cal members in the 90-day cure period. Ms. Ahn offered to send him the data. Typically, between 30,000 and 50,000 members go on hold month over month during this continuous coverage unwinding process. Board Member Roybal noted it would be interesting to see how long members were in the "on hold", or cure status. Ms. Ahn stated that L.A. Care is tracking all members with on hold status. L.A. Care has data for the eleven months of Medi-Cal enrollment since eligibility redetermination restarted in June 2023. The data for May 2024 will be available in a few days, and will be shared at a future board meeting. Because of the 90-day cure period, a final report on the outcome of redetermination will be available in September 2024. It is encouraging that members have continued coverage even after a brief gap. Mr. Baackes continued his report. He noted that Acacia Reed, *Chief Operations Officer,* had discussed previously the challenges of the Change Healthcare cyber-attack. As a result, many providers had temporary difficulty transmitting claims and developed cash flow issues because of the disruption. The California Department of Healthcare Services (DHCS) encouraged health plans to work with the providers and L.A. Care provided a number of cash advances. L.A. Care made it clear to all providers that it was open to receiving requests for cash advances and L.A. Care approved 89 advances totaling over $30 million. Most of those were to community-based organizations, skilled nursing facilities and Community Based Adult Services facilities. Four Hospitals asked for advances out of that $30 million. The advances are made against future claims and as claims are adjudicated, L.A. Care will make adjustments for the advances paid. L.A. Care is reviewing if other health plans provided advancements to providers and will report on that to the Board at a future meeting. Among the reasons only four hospitals asked for advance, one is that many hospitals are paid on a capitation basis, such as the public hospitals at Department of Health Services (DHS), so there were no claims for reimbursement. Many hospitals asked for advances on the directed payments known as Hospital Quality Assurance Fee (HQAF) or Private Hospital Directed Payment (PHDP) programs. The amounts under those programs is substantial. Jeff Ingram, *Deputy Chief Financial Officer,* stated that there are two distinct programs. L.A. Care advanced $50 million to four hospitals for HQAF and $10.8 million to three hospitals for PHDP. A challenge with the HQAF was a delay from DHCS in distributing the funds. L.A.	

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	Care received the funds from DHCS on April 30, 2024, and will pay the full $377,000,000 to hospitals in advance of reconciliation later in May. L.A. Care is dependent on California Hospital Association (CHA) to provide a schedule for payment. L.A. Care will step up and push the funds to hospitals before having full visibility and will reconcile it in the future. Mr. Baackes stated he expects to receive another round of calls from hospitals regarding advances on the next payment, which is due in October. It speaks to the problem that L.A. Care's hospital partners are having in keeping up with inflation, the increased cost of nursing, and for those that are heavily dependent on Medi Cal, the constant chase for reimbursement to cover their expenses. For two or three years, requests for advances has increased on the directed payments. For most hospitals, the reimbursement from the Medi-Cal plans is about half of the Medi-Cal reimbursement and the balance comes through the directed payment methodologies. Directed payments will become more and more important and it puts the plans in an awkward position of providing financial assistance. L.A. Care is happy to pass those funds through to hospitals, and does not charge interest or an administrative fee for various reasons. Last month, the CHA sued Anthem Blue Cross, claiming that the insurer was not providing timely approval of transfers of acute care patients who were ready for sub-acute care. Mr. Baackes is particularly concerned about this because of the way it is characterized by the hospital trade associations. In 2023, the Hospital Association of Southern California (HASC) raised the same issue about L.A. Care. In fact, hospitals are responsible for discharge planning. L.A. Care's contract calls for the health plan to assist with a difficult placement. Rather than file lawsuits, L.A. Care approached the issue in a more constructive way. Three brainstorming sessions were held with representatives of 30 hospitals and 80 skilled nursing facilities (SNF). L.A. Care learned the following from those meetings: • SNF representatives could not rely on the hospitals' statements about status of the patients, because SNF's experience was that patients were sicker and had more acute issues than SNFs were told. Reimbursement was an issue. In response, L.A. Care beefed up health services functions so that there would be more staff available when a hospital had a patient occupying an acute care bed that needed this kind of transfer. This relates to patients who do not need the acute care services, but cannot be safely discharged to home. L.A. Care recognized that bottleneck and put more resources into a resolution. • L.A. Care renegotiated contracts with all 300 of SNFs, offering higher compensation. A pilot program began with one facility where the plan has access to 200 beds that can be filled at the plan's discretion and the SNF cannot deny the admission of those patients. That provides a safety valve that did not previously exist.	

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	Mr. Baackes distributed an op-ed written for Cal Matters, commenting on the idea that the health plans and providers suing each other is not helpful to solving health care problems (*a copy can be obtained by contacting Board Services).* L.A. Care is known for collaboration with provider partners when there are issues. Board Member Ghaly asked when the 200-bed facility would be available. Noah Paley, *Chief of Staff,* responded that the contract has been signed for the pilot. Sameer Amin, *Chief Medical Officer,* stated that the pilot agreement is specifically for long-term care, for members previously being turned away because it was thought the cost would be too dramatic for the facility to bear. It includes higher rates specifically targeted towards conditions that would cost more money for the SNF care. L.A. Care is reviewing a difficult to place list to see which members could be moved to that facility. L.A. Care has reciprocity in four more facilities so that we are not geographically tied to a single location. Mr. Baackes showed video from the Provider Award Recognition Award Dinner held last week. Fifteen awards were presented: five were for Health Equity Excellence, awarded by Alex Li, MD, *Chief Health Equity Officer,* and his staff, and ten awards went to IPAs and providers who had had significant improvement in their quality performance (*a virtual link to the video is here: https://youtu.be/K1uiIyb5910).* Mr. Baackes thanked Board Member Booth and Chairperson Ballesteros for attending the recognition event. There were recognition recipients at the dinner who had been hired because of physician recruitment funding available in L.A. Care's grant program and benefited from the medical school debt reduction program. Mr. Baackes reported that L.A. Care and its Community Resource Centers (CRCs) partner, Blue Shield Promise Health Plan, held a celebration of the opening of the 11th Community Resource Center (CRC) in West LA. The 12th CRC will officially open in three weeks. Mr. Baackes thanked Board Members Gonzalez and Booth for attending the opening in West LA. This CRC has a smaller footprint and does not have the same type of parking arrangement, yet the opening in the lobby of the facility was very festive. He introduced a video of the event. (*Here is a link to the video https://youtu.be/9WrK-0U7VWM.*) Supervisor and Board Member Hilda Solis thanked Mr. Baackes and asked about information available regarding race, ethnicity and language spoken for members reenrolled in the Medi-Cal re-determination process. Mr. Baackes responded that L.A. Care will provide that information, and when the process is complete, the information will be provided at a granular level. Supervisor Solis noted that her office has been getting many inquiries and there is a lot of information in the press regarding a lack of Latino enrollment. She is concerned and would appreciate better information about L.A. Care's activities. Mr. Baackes responded that the last	

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	time he looked at that data, approximately 50 % of the enrollment in L.A. Care is Latino. Board Member Shapiro commented in recognition of the two videos shown (*see links above*). He noted that the Board Members meet to solve problems and the Board also should celebrate these moments in the community. He hopes to see the videos in social media and covered by media such as Univision, Fox, and other places. Those are the real events that are innovative and L.A. Care Board should celebrate that.	
• Vision 2024 Progress Report	Mr. Baackes referred Board Members to the written reports included in the meeting materials. Board Member Booth noted that the Vision report mentions that there are high volume of SB260 auto-assigned members because of the Medi-Cal redetermination process, and approximately 22 % members complete the enrollment process for L.A. Care Covered (LACC). She asked if that means 22 % of the people that are offered enrollment select LACC as their health plan. Mr. Baackes responded that people who are no longer eligible for Medi-Cal, because their income exceeded the income ceiling, are automatically enrolled in the lowest cost Silver plan in Los Angeles County, which is L.A. Care. Those automatically enrolled have 60 days to effectuate the enrollment, and 22% did so. Board Member Booth asked why L.A. Care is not capturing more of those people. Mr. Baackes responded that L.A. Care does not have current contact information. Linda Greenfeld, *Chief Product Officer*, commented that there is a challenge for folks coming from Medi-Cal, in that the Covered California plans on the exchange have cost sharing. Even though Covered California has slimmed down the number of plans and deductibles on the Silver plan were eliminated, there are costs the enrollee must pay. It is difficult for people to transition from a Medi-Cal plan to the commercial exchange. Board Member Booth noted that she had thought that many people do not have a cost share. Mr. Baackes responded that they do not pay a monthly premium, but there is cost share. Ms. Greenfeld explained that a very large majority of members qualify for zero cost and zero premium, but there is a benefit cost share in the plan design. Board Member Booth commented, as she has done in the past that there are statistics in the report that do not include enough information to make them valuable. She asked that staff do a better job in providing full information, instead of things that look good. She invited staff to talk to her if there are questions.	
• Monthly Grants and Sponsorships Reports	Mr. Baackes referred Board Members to the written reports included in the meeting materials.	

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• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs,* reported L.A. Care sends the types of videos that Mr. Baackes presented, to district congressional and state elected official offices in the Los Angeles delegations. The videos have traction and calls were received from various offices. A legislative matrix was included in the meeting materials. The deadline for suspense files has not passed, and some of those bills will drop off because of high costs in this deficit budget year. SB 1253 (Gonzalez) is a gun safety bill that will require individuals who possess a firearm, and those who move to California with firearms, to maintain a valid and unexpired Firearm Safety Certificate. Senator Gonzalez's Office contacted L.A. Care requesting support for this bill. Senator Gonzalez learned about L.A. Care's digital billboard campaign through an email that L.A. Care sent to elected officials offices. L.A. Care collaborated in the digital billboard campaign with Los Angeles County Medical Association and the County Department of Public Health, promoting gun safety and use of gun locks. The Senator felt it was a natural fit for L.A. Care to engage on her bill. In 2022, the Board directed L.A. Care to advocate for state and federal gun safety policy. This bill aligns with the Board approved legislative platform. AB4 (Arambula) would allow undocumented Californians to purchase health care coverage through Covered California, and removes barriers for the undocumented in yet another medium, thereby getting California closer to universal health care coverage. The bill assumes that federal subsidies would not apply, and assumes that the legislature will make a determination on potentially using state subsidies to help offset premium cost. Realistically, the bill has a significantly high price tag. There are 660,000 potentially eligible residents, so it is unclear if this bill will actually move forward. L.A. Care is very engaged on the AB4. The Governor's May Budget Revise will be released on May 10. The Governor is expected to propose cuts. The Biden administration finalized a federal rule that updated a 50-year old law barring discrimination against people with disabilities. A few months back, L.A. Care submitted a public comment letter related to the proposed rule, pointing out the importance of updating this law. It is appreciated that the rule was finalized with the protections originally proposed by the federal government. This will require, in certain circumstances, providers to have to purchase wheelchair accessible equipment and training. L.A. Care has supporting wheelchair examination tables in clinics throughout Los Angeles County.	

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	Board Member Roybal asked if the Legislative Analyst estimated the cost of the expansion of Covered California. Ms. Compartore responded that she would research it and send information to Board member Roybal.	
CHIEF MEDICAL OFFICER	PUBLIC COMMENT *Andria McFerson wished everyone a Happy Asian American Pacific Islander Heritage Month. She is interested in knowing their health disparities and a great outreach event this month would have been very beneficial in knowing specifically how that particular audience deals with health disparities and real substantial data. Just because there is a specific number of people in LA County doesn't mean that the data is going to be accurate if they do not see the medical health professionals. The only data that you have is people who actually go to the doctor and see medical professionals, but the people who choose not to go to the doctor and all medical professionals and things like that, people who are unable to even express themselves, people who may have mental disparities, physical disparities or in any sort of circumstance where they are constricted, they may not see the medical professional either. An outreach event dealing with that particular audience would have been great to receive beneficial information about what they go through and where they're going health wise. Social determinants of health, whether it be, their heritage, their family, their chronic illness, whatever the case may be, it would have been that peer on peer, eye to eye, direct contact with someone and people are more apt to speak to someone directly eye to eye. She is not quite sure whether the chief medical officer is willing to address that. She just wants to make sure that she says it because it's relevant. She has friends that are going through health disparities right now, but they would rather speak to people just like her in order to get the resources in their community. That would have been great for the RCACs to do that together with L.A. Care.* Sameer Amin, MD, *Chief Medical Officer,* reported: (*a copy of his presentation can be obtained by contacting Board Services*): Prior authorization is a topic previously raised with regard to bolstering the safety net in Los Angeles County. No matter how much money L.A. Care sends to providers and facilities, we are going to need to address the administrative burden on providers and facilities. L.A. Care has taken this very seriously and a lot of work is underway around prior authorization to reduce the burden for the provider network. Prior authorization is a common utilization management tactic for a payer to determine if a service, treatment, procedure or medication is necessary and whether it is eligible for coverage. L.A. Care does this through the utilization management department. Board members and others have some familiarity with this when a provider needs to get permission from the health plan to deliver a service. It is done to ensure clinical quality. L.A. Care also wants to make sure in reviewing requests that it makes sense based on clinical guidelines, that its	

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	evidence based, and safe for the patient. L.A. Care also wants to prevent fraud and allocate resources properly. L.A. Care works to empower members to understand what is appropriate and what is not appropriate, because there are times when providers or facilities ask for things that do not make sense for the member's care. It is also a way to manage costs within the healthcare ecosystem. L.A. Care makes sure to verify resources are used efficiently and appropriately. These are reasons to use prior authorization. If there are too many barriers, prior authorization does not foster improved care; it could actually impede care. L.A. Care is aware of a number of challenges in using prior authorizations. One is that it requires multiple steps. Providers and facilities have to gather patient information for presentation to the health insurance company. Each step introduces potential delays and the possibility for error. It may involve multiple providers and payers, because each provider generally has to speak to multiple payers. Each payer and delegated provider have a set of rules, criteria and workflows, and it can become very complicated for the facility or for the provider. There is a lack of standardization. Each insurance company could be using different guidelines, and there are different rules and policies that are constantly updated as new information emerges. For the health plan, it is a very work intensive process. Often, it requires manual reviews; there are nurses and doctors employed to look through the information. When used appropriately, it makes perfect sense and facilitates care. When used too much, it can slow down care. L.A. Care is developing a multi-phased strategy to reduce provider burden. L.A. Care started a large bore project over the course of last year to improve prior authorization. The governance process is structured to appropriately manage and ensure that prior authorization is aligned with L.A. Care priorities, industry standards and regulatory requirements. Regular prior authorization meeting are held, and new staff is associated with reviewing the prior authorization list, updating it, and removing items that do not belong. That process is complete and a committee regularly reviews it. It is critically important to sync prior authorization with the claims process. One can imagine it would be problematic if claims were not aligned with prior authorizations, especially in those circumstances when a prior authorization is not needed. The claim may be denied because a prior authorization does not exist. It is critical that those two systems are in alignment. L.A. Care has gone through an exhaustive process to create a single source of truth for the prior authorization list and synchronize it regularly. This results in a 24 % reduction in all codes that require prior authorization, effective by the end of July. L.A. Care will eliminate prior authorization requirements for high volume requests that pose low risk for fraud, waste, abuse or patient harm. This includes surgical procedures, medications and durable medical equipment. Procedure codes that have an over	

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	95% approval rate like mastectomy, foot reconstruction, anesthesia, skin surgery, musculoskeletal issues, respiratory surgery, digestive surgery, reproductive surgery. For complex radiology, 73% of the prior authorization burden is eliminated. Providers and facilities will not need to ask for prior authorization for those codes. There is a 43 % reduction in codes for durable medical equipment that previously required prior authorization. This is important because the durable medical equipment is often requested by the inpatient facility at the hospital as the patient is being discharged. By reducing the number of codes that require prior authorization, it will reduce the inpatient length of stay and will free up hospital bed capacity. Facilitating hospital discharges can lead to smoother transitions of care. L.A. Care is working with delegates to make sure that they are mirroring these activities. L.A. Care does not do all utilization management in house. Even if L.A. Care reduces prior authorization requirements, it does not mean that a delegate will do the same thing. L.A. Care will begin vetting the prior authorization list in meetings with delegates, talking about their approval/denial rates, have guidelines and level setting discussions on requirements, particularly for low cost referrals, so that the delegates are also reducing the burden on providers. A process for delegation oversight in partnership with the compliance and provider network management departments will soon be initiated. All three departments are aligning and make this a priority for the rest of 2024. Dr. Amin noted that filling a prescription at a pharmacy can be a pain, because of the prior authorization requirement. The pharmacy enters the prescription and one can get a rejection, because prior authorization is required. The prescriber submits the prior authorization, it is reviewed, the member is notified that the medication is approved, and the patient has to go back to the pharmacy and pick it up. There can be confusion and the member may never pick up the medicine, so the condition goes untreated. L.A. Care has a new process for prescriptions that L.A. Care oversees - for DSNP, L.A. Care Covered, PASC/SEIU workers. L.A. Care developed a new process with the pharmacy benefit provider, whereby if the medication requires prior authorization, the pharmacy will run the prescription and a program will pull in the medical information and pharmacy data so the claim can be auto adjudicated immediately, and the member can receive the medication immediately at the pharmacy. This streamlined approach should improve patient compliance with medications, reduce provider abrasion and it will improve adherence. Dr. Amin expressed that L.A. Care is taking very seriously the call to arms to reduce provider abrasion, facility abrasion, and is trying to move people along the healthcare system in a more facile fashion. Dr. Amin referred Board Members to the written CMO report included in the meeting materials.	

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	Mr. Baackes commented that he noticed that a high percentage of prior authorizations were approved, and he wondered why the prior authorization is required. Dr. Amin has taken this to heart. As a member of the Board of Directors of America's Health Insurance plans, the trade association for all health plans, Mr. Baackes noted that the March meeting, the Chairman reported on a meeting with Senator Wyden (OR), chairperson of the Senate Finance Committee. The Senate Finance Committee has jurisdiction over Medicare and Medicaid, and Senator Wyden had several issues. One of the issues was prior authorization. He told health insurers that something must be done about prior authorizations, or the legislators will do something. Upon his return, Mr. Baackes told Dr. Amin it would be great if L.A. Care reduced the burden of prior authorizations for patients and providers, Mr. Baackes is grateful that Dr. Amin stepped up. Board Member Roybal commended Dr. Amin, and noted that he described processes for maintaining and keeping up with it. He asked about the plan to make sure that when codes change, diagnoses, medications and durable medical equipment changes, to make sure it stays current, functional and useful. Dr. Amin responded that he opened a prior authorization department. L.A. Care was committed to staff the utilization management department appropriately, with the result that turnaround times improved and L.A. Care came into compliance. A prior authorization department was created to review the process. One major issue was that the prior authorization list need to be synced between utilization management and claims configuration. The two lists must align. If the claims system shows that a service requires prior authorization, even if the prior authorization list says it does not, the claim might be kicked back. That erodes trust with providers who were told that service did not require prior authorization. Some providers reacted by using prior authorization for everything. Getting prior authorization and claims aligned properly is key. There is now a single list kept up to date. That sounds simple, but is a significant amount of work. Dr. Amin continued, explaining there is a committee of medical directors, nurses, and some compliance staff to continually to review the list. Board Member Roybal asked the number of full time equivalent (FTE) employees needed. Dr. Amin responded that a number of people are involved, a medical director and a nurse for prior authorization, and a compliance person on the UM side. David Kagan, *Senior Medical Director for Medical Management Department*, Tara Nelson, *Senior Director in Utilization Management*, are working very closely with the Information Technology (IT) configuration for claims and there is a number of people in claims that are also working on this. It is a host of people. Board Member Gonzalez noted that an L.A. Care member is asking about durable medical equipment (DME). The member was denied previously. Could her doctor resubmit a request for the DME now that we see that some of these are automatically approved? Dr. Amin	

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	responded that the prior authorization requirement should not result in an inappropriate denial of a wheelchair. When a provider submits a claim for a patient who needs DME, the insurance company may deny the claim. The insurance company, such as L.A. Care, uses an established method to decide whether the DME is medically necessary. L.A. Care reviews clinical information from the provider charts and other information. There are nationally published criteria for what is appropriate for a particular health condition. It would be denied only based on medical necessity. That decision has an appeals process if somebody disagrees with the decision. Removing it from the prior authorization list puts the ball in the provider's court to determine medical necessity, and the provider decision should not be any different from the health plan decision. L.A. Care removed the prior authorization requirement for things that, in almost all cases would have been approved. There is no fraud, waste, abuse, nor patient harm associated with that. It is low risk for the insurer to allow the provider to approve. To the member, Dr. Amin recommends that anytime a member feels there is an issue with a denial, the member should certainly submit an appeal, and the health plan will review it. L.A. Care removing the prior authorization requirement would not change the decision. The provider can certainly put it through again; L.A. Care would review it if it requires prior authorization. He is not suggesting that removing requirements for prior authorization were for claims denied inappropriately. Board Member Booth noted that this is one of those times when one can say win-win because it will save time for L.A. Care, save physicians' time in their office, and it will save patients and make them more likely to be compliant with their medication. Board Member Booth asked, when you talk about the plan partners having the same list, do you have teeth in that? Dr. Amin responded that for plan partners and delegates, it's not industry practice for a health plan to downstream the prior authorization list, because the plan delegates financial responsibility for the member care to a delegate. A plan cannot then tell them what the PA list will include. L.A. Care can provide guardrails. A plan can ask delegated entities that are approving a service 99% of the time, to stop asking for a prior authorization on those particular items or on specific topics that are low cost, oftentimes highly approved with a low risk of fraud, waste and abuse. These types of services cannot be too burdensome for the provider to order. The plan can also put guardrails around holding a prior authorization meeting every six months, with plan representatives in attendance with some ability to influence it. L.A. Care will be doing these things in a much more rigorous fashion with the delegates moving forward. He was specifically referring to this on the slide. Board Member Booth noted the delegates probably would want to do it because it will also save them work. Dr. Amin stated that delegates have not reviewed prior authorization frequently, and some do not have the resources to look through the prior authorization list continually. L.A. Care can help and give advice. A second reason is the delegate is trying to	

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	track care, to make sure the members are getting what they need. Making sure that the providers tell them every time they are requesting something is not an efficient way of tracking things. L.A. Care can also help them find other ways to track member care and make sure those members are getting what they need and prior authorizations are appropriately approved. L.A. Care can help with many other things. L.A. Care has utilization management requirements to prevent fraud, waste, abuse and patient harm. L.A. Care has a very large network. There are some bad actors. L.A. Care conducts post claims reviews to determine if claims are submitted for inappropriate services. Board Member Booth asked about plans to introduce a prior authorization differential between providers that think about it and are doing a good job. Dr. Amin noted that is called "gold carding", which some insurance plans have used. It is used often with a clinically integrated network, which means that the provider and the payer are under the same ownership and under the same group. There are a certain number of providers that they know will practice in a value-based fashion because they are the employed and they can force the point. Those are gold carded and do not have any prior authorization requirements. L.A. Care will give this consideration. It adds complexity, and it is preferable to try to reduce the prior authorization requirement across the entire spectrum in a more responsible way. L.A. Care can pick the services that are less likely to have a value in prior authorization, instead of picking a particular provider to be a good actor, and let him or her prescribe anything they want. Board Member Contreras commented that as a board member and a County employee, but mostly as a consumer, streamlining these types of functions is critical, and she appreciates it. *(Supervisor Solis left the meeting.)*	
Keck Graduate Institute Grant (BOG 100)	Mr. Baackes summarized a motion to provide grant funding to Keck Graduate Institute (KGI). Under the *Elevating the Safety Net* program, a $5 million grant was provided to Charles Drew University to help start a medical school, and L.A. Care was approached by the Graduate Institute of Claremont College to help start a community medicine program. KGI has recently asked for additional resources. Wendy Schiffer, *Senior Director, Strategic Planning,* conducted a thorough review. Staff recommends funding this grant and has made clear to KGI that this will be the last grant to them. Board Member Booth suggested adding language in the motion about this being the last grant until further information is obtained. Ms. Schiffer noted that the $5 million was for scholarships, curriculum development and staffing. This motion proposes a grant of $2 million over two years. Year one would be for scholarships, mentorship and things that go along with the scholarships, and year two would be scholarships only, so there is far less for scholarships	

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	than with the initial investment. L.A. Care has asked KGI to find more diversified funding. Board Member Booth stated that KGI has not achieved the participation in the original grant, which proposed that 200 people participate in the program each year. There were about 25 people in the program and although this was during the pandemic, the program is online. She noted that it is a little frustrating for her to believe that L.A. Care is investing in a good program, and she added that most of the participants are not from California and the great majority are not from Los Angeles County. Participants are from outside the country. Ms. Schiffer noted that there is a distinct attempt to recruit from the Cal State Universities to attract people from California as well as first generation college students. L.A. Care could include that in the grant agreement. Board Member Shapiro suggested requiring a periodic report to the Board on the recruitment of participants. The grants are important and KGI has a group of postgraduate students that go on to do a lot of healthcare work, and that information would be helpful. Board Member Ghaly commented that she is a little concerned about the proposal, and she would prefer not to vote on this today. It seems that this organization has not accomplished what was proposed and the numbers are much lower. She asked about funding programs upstream rather than investing in individuals that are closer to medical school and residency that would have a greater impact on safety net staffing. There was a motion and a second to that motion to table this to the next Board Meeting. Board Member Roybal stated he would like more background information for this proposal. Board Member Booth reviewed her previous notes and offered to provide them. She noted that it is all information provided to the Board. Chairperson Ballesteros clarified that the motion is to consider this at the next Board meeting to allow staff time to provide more information and answer these questions. Ms. Schiffer noted that a reason this was brought to the Board at this meeting is the timing of admitting students to the program. **<u>Motion EXE 101.0524</u>** **To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a $1,000,000 award to Keck Graduate Institute to support scholarships and administration for their Master of Science in Community Medicine and Master of Community Health Administration programs.**	**Motion EXE 101 was tabled for consideration at the future meeting.**

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ADVISORY COMMITTEE REPORT		
Transitional Temporary Executive Community Advisory Committee (TTECAC)	*Chairperson Ballesteros adjusted the time for public comment to 2 minutes to accommodate the number of people who submitted a request to comment on this item.* PUBLIC COMMENT *Andria McFerson regarding the new RCAC plans, they did not have the same information in each RCAC meeting. Half of the meetings were held in March and then the other half were held in April, and they did not receive cohesive info. It did change. That means that they did not have a unanimous vote to change the RCACs. So by law, are they able to vote on different things having to do with the new changes with the stakeholder committees? If they are, then they need to be able to have a unanimous vote with all of the RCACs. The only reason she says that is because they did change things, like grandfathering we can do now, and all kinds of different things. But those are provisions that everybody needs to hear and agree upon and have Roberts Rules of Order so they can actually vote on those things and make it so that everyone has a voice. A lot of people have restrictions so that RCAC is a wonderful thing to do, to give people who may have restrictions, like the ones I'm showing today, to have that opportunity to actually speak in their community and represent the people of the community, the public members who want to come and speak about different things having to do with their health disparities. They are talking about having the BOG closed session before or after on that comment that you see on the agenda. They wanted the closed session after. For clarification, after not before.* Chairperson Ballesteros responded that he understands. Those motions are on the agenda and the restructure is not here for a vote at all yet. *Ms. McFerson noted it is going to be presented to the ECAC and it is not substantial if the RCACs did not vote unanimously on it.* Board Member De La Torre stated there is never a requirement in government for unanimous votes. Ever. It is a majority vote, unless there is a provision in the governing documents or in law. It is never unanimous. Majority vote rules always. *Demetria Saffore commented that she agrees with everything Andria said, and she's interested in moving forward with RCAC meetings.* *Estela Lara commented that she wants to have the meeting begin at 1:00 to 04:00. She has things to do after 5:00, and it takes her one hour to get home. For her personal convenience, please change the BOG to 1:00 like it used to be. The second thing is Roger with RCAC 1 invited Dr. Ilan Shapiro to attend their RCAC meeting. She wants to extend an open invitation to anybody here on the Board to attend her RCAC meeting this month. She can let*	

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	Board members know when their meeting takes place. We do not provide transportation to you, but we do have goodies to eat. She offered to bring ice cream to sweeten up the deal. She thinks that alone could convince them. Chairperson Ballesteros asked about the meeting date and location. *Ms. Lara responded that RCAC 4 meets in Metro LA near Western and Pico Boulevards and she will provide the ice cream.* Board Member Vazquez reported (*Board Member Vazquez gave her report in the Spanish language and the following English translation is from the interpreter*): Ms. Vazquez through interpreter: the Temporary Transitional Executive Community Advisory Committee met on April 10, 2024. She thanked the members that attended the meeting in person and those present today, which include: Roger Rabaja RCAC 1, Ana Rodriguez RCAC 2, Joyce Sales RCAC 6, Marisa Lebron RCAC 7, Anna Romo RCAC 8, Deaka McClain RCAC 9, Elizabeth Cooper RCAC 2, Maria Sanchez RCAC 5, Damares O Hernandez de Cordero RCAC 10, Estela Lara RCAC 2, Jo Ann Cannon RCAC 6, and Sylvia Poz RCAC 4. She thanked members who are able to be present today. Mr. Baackes updated ECAC members and the public on the Medi-Cal eligibility redetermination process, highlighting completion of 11 months with 170,000 remaining members, despite a 4.6% percent decrease in overall Medi-Cal members. He emphasized turnover issues, discussed the enrollment process, and expressed confidence in retaining members. He addressed the ongoing community advisory meetings and introduced a community impact report detailing $509 million in community investments. Mr. Oaxaca provided updates on upcoming RCAC meetings in April. He detailed locations and times for each region and announced grand opening events for two community resource centers in West LA and Panorama City scheduled for April and May respectively, with construction progress on the Lincoln Heights and South LA centers, expected to be completed by late summer and late fall respectively. Board Member Gonzalez reported that Demetra Crandall gave a report on Appeals and Grievances, highlighting efforts to improve the member experience and access to authorized services during the process. She outlined steps such as implementing an introductory call, to validate member concerns ensuring access to approve services and establishing a grievance committee to address issues and improve services based on member feedback. The committee passed two motions to be presented to the board today by ECAC Chair and	

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	Chair of RCAC 2, Ana Rodriguez. Board Members are invited to attend the next TCAC meeting scheduled on May 14. The meeting is accessible on Zoom as well, and Board Members are more than welcome to join virtually; Board Member Vaccaro has participated several times, and Board Member Gonzalez thanked Board Member Vaccaro for attending ECAC meetings. Board Member Gonzalez had the pleasure of attending the West LA CRC grand opening on April 26. Anna Rodriguez attended, as well as Maria Sanchez, Chair of RCAC 5, and it was a very nice event. We now have another community resource center for the community. Board Members earlier watched the video from that day. The board has approved funding for education of the In Home Supportive Services (IHSS) workers. Board Member Gonzalez had the pleasure of attending a few of the graduation celebrations for the participants in the IHSS programs. She expressed that graduates were very pleased and grateful for those classes. They were extremely happy to have gained more knowledge to apply to their work, and to provide services for recipients in a professional manner.	
• To request the Board of Governors' to consider returning the BOG monthly meetings to the first Thursday 1 pm – 4 PM BOG "public" session meetings which would cause the BOG "closed" sessions to begin before or after the "public" session meetings designated hours.	Anna Rodriguez, *TTECAC Chairperson*, reminded everyone that May is Mental Health Awareness month. It is a good time to review plans for intervention. Ms. Rodriguez is here to inform the Board that TTECAC leaders have observed that the participation of consumers in the monthly Board meetings have diminished considerably. At the April 10 TTECAC meeting, members of the committee voted to approve the motion TTECAC 100, requesting the Board of Governors to consider returning to a 1:00 to 4:00 pm time for public participation in the monthly meetings on the first Thursday of the month. This would cause the closed session to begin before or after the public session designated hours. The consideration of this motion by the Board of Governors would increase in-person consumer participation, increase public comment about the concerns of members. If the Board of Governors do not take any measure, it would affect in a great way that all the consumers that wish to address the board about different issues, important issues about health, access to health and actually will require them to make very difficult decisions about their participation at the meetings. Board Member Roybal stated that the Board originally moved the time of the closed session to 1:00 because if became difficult to maintain quorum through the end of the session. When the Board does not have quorum, a vote cannot be held on important things that require the Board's decision. Unfortunately, it created difficulty for the public in arriving at the new time and remaining longer at the meeting. It is a challenge to balance the two. Board Member Roybal asked if the Board were to move the closed session to the end again, it would require resolving the challenge to maintain quorum through the end of the session. He suggested, as a strategy to be able to accommodate the request, to reduce public comment to one minute. It would reduce the meeting time, the Board would maintain quorum. He suggested requiring that	

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	everybody sign up for any public comment before the start of the meeting, and signups for public comment could not be done after the formal start of the meeting. Ms. Haydel responded that she would need to research the suggestion. The Board's tradition has been to allow individuals to identify for public comment as the meeting progresses. There is a potential to limit the number of speakers depending upon time constraints, and to limit the time for each comment. Board Member Roybal noted that if it were known at the beginning of the meeting how many people wished to speak, it would be easier to know the time to be allowed for each comment. He asked if that is something that the Chair would be able to decide during the meeting as part of the Chair's management of the meeting. Ms. Haydel responded that she would review the suggestion for a requirement to sign up prior to the start of the meeting and that additional speakers would not be allowed after the meeting begins. Board Member Vaccaro stated that she participated in conversation with the members, as an audience member at the TTECAC meeting. She understood that the intention was not to force the start time of the meeting to be 1:00. The way that motion is written, and the way that she understood the concern, is that members would like the public portion of the meetings to start at 1:00. She suggested that solution might be to start the board meetings at an earlier time and convene in public session at 1:00. When she first joined the board, the meetings started at 2:00 pm. Some Board Members have evening obligations and cannot stay through the whole meeting and contribute to the quorum issue, and a request was made to start earlier. She suggested that the Board could consider a start time of 11:30 am, since the closed sessions tend to last about 90 minutes. Board Member Ghaly supports the suggestion of moving the closed session to the end, if preferred by the members, and moving the start time of the meeting to an earlier time. Board Member De La Torre commented that Board Members Roybal and Vaccaro mentioned that the meeting used to start at 2:00 pm, and was moved to 1:00 pm so that the Board could conduct business. This is a business meeting of the organization. It was moved up, folks are showing up at 1:00 pm and he understands and respect that, but they know the Board will be going into closed session. There is rarely a report after the closed session, but when there is, those that are here at 2:15 pm would hear that report on the closed session. Then the normal course of the meeting would occur. Another possibility is that folks show up at 2:00 pm as they used to when we started the meeting at 2:00, and there would be no difference. Secondly, with respect to the idea that Board Member Roybal raised about the time allowed for public	

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	comment; other organizations under the Brown Act are completely compliant and only allow 1 minute for public comment. Board Member De La Torre would support the suggestion that if there are changes to the start time, that 1 minute is allowed for people to express themselves to the Board, before the item is considered. The public comment informs the Board. Then the meeting could move on to the next item. There is a significant amount of time taken up with repeat commentary. If changes were made in the timing, he would support and would want to change public comment to 1 minute per person. Board Member Contreras commented that if the hour is at the beginning for closed session or if it is at the end from 4-5 pm, the meeting is still scheduled from 1:00 to 5:00 pm. It is still an hour, so it seems to her that moving it to the end, starting closed session at 4:00 pm, may mean that items are deferred or the meeting has to be more efficient with use of time. She would not support shortening the time for public comment, just as a general rule. She does not believe that that is where most of the time is going, so she does not think it is as efficient. To her, it would feel somewhat punitive to make a change in the meeting time and shorten the time for public comment. Board Member Booth would like public comment to be more efficient because they do hear some repeated comments. On the other hand, shortening it to 1 minute could be difficult for most people to say everything they want to say. It would require two changes, which could take a little bit longer than it does for one change. It is 4:45 pm and the Board still has closed session items to discuss, so there may be two changes. If the Board had one hour or half an hour, some amount of pre-planned closed session either at the beginning of the meeting or at 4:00, and just discussed closed session items that require a vote, then the Board could come back and have the rest of the meeting. Save all of the reports until last because a vote is not required. Board Member Gonzalez commented that the Board has lengthy discussions during closed session and she would not want to inhibit members from making comments during closed session. She would want to make sure that everybody voices his or her thoughts. It is a problem that the Board does not get enough input, people are here, waiting upstairs to join the meeting and it is not possible to do it in a timely fashion. She suggested that the start time be moved. If the Board wants to continue with the closed session at the beginning, she thinks that is great. That way all Board Members at least have the opportunity to vote on all of the important items. Starting early, the public can come in and hear the meeting, and then they can leave in a timely fashion, at least earlier than 5:00 pm. She thinks that would be the best. At least the members will be able to listen to the majority of the meeting before the rides come to pick them up.	

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	Board Member Booth agrees with that, but the Board really has to be careful that the business is done; that is the main important thing. Board Member Roybal commented that one of the misunderstandings is, and he knows people would like to comment on closed session and that is perfectly appropriate. The Board's main business does not start until the public session starts, after closed session. Part of it is in helping people understand that the main part of the meeting, where items are that will elicit public comment, is during the public session. If people would think of it as, the meeting for the public does not start until 2:00 pm, people would not be coming for the meeting and waiting incessantly upstairs. He suggested encouraging a better expectation about the time the meeting will require from the members. Chairperson Ballesteros noted that the meeting used to start at 2:00 pm and in 2022, it changed to 1:00 pm. He asked if there were any problems expressed by people coming to the meeting at 2:00 pm prior to 2022. It was noted that there were no requests from the community to meet earlier; it was an internal change to facilitate Board Member participation. Board Member Gonzalez noted that closed session was held at the end of the meeting. Chairperson Ballesteros noted this is important; the Board wants to consider the options carefully. He suggested the Executive Committee review this topic to give it the time and the importance it deserves. He suggested the Board could reconsider at a future meeting with a recommendation from the Executive Committee. Board Member Contreras noted that there were many different ideas suggested. She has protected time on her calendar and is generally able to get to the Board meeting on time and leave when it is over. Changing the meeting time is not as simple as for some Board Members. She imagines it could create other challenges. She noted whether it is an hour from 1:00 to 2:00 pm or an hour from 4:00 to 5:00 pm the closed session process could be manageable. She was prepared to vote on a recommendation. **<u>Motion TTECA 100.0524</u>** **To request the Board of Governors' to consider returning the BOG monthly meetings to the first Thursday 1P-4P BOG "public" session meetings which would cause the BOG "closed" sessions to begin before or after the "public" session meetings designated hours.**	**Motion TTECA 100 was tabled for consideration at a future meeting after discussion at the Executive Committee.**
• L.A. Care Board of Governors to consider the placement of push	Ms. Rodriguez stated that during the April 10 TTCAC meeting, the members of the committee approved a motion, TTCAC 101, for the Board of Governors to consider the installation of push buttons for the publicly accessible doors in areas used by L.A. Care for public meetings. The consideration of this motion by the Board would improve access for individuals, seniors	

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door buttons on any door accessible to the public at any site used by L.A. Care for public meetings.	and people with disabilities to the bathroom and public areas. The push buttons for the doors are designed to allow individuals with mobility issues to open doors without having to physically push or pull them by hand, allowing them to use the doors independently without any help. This promotes inclusion and equality to access for all members. Without action by the Board on this motion, access will be impaired and prevent the seniors and individuals with disabilities from accessing the building independently. Board Member Roybal asked if L.A. Care facilities are compliant with the Americans with Disabilities Act (ADA). Terry Brown, *Chief of Human Resources,* confirmed that L.A. Care facilities are fully ADA compliant, and L.A. Care worked with outside ADA consultants in opening every facility currently in use. Board Member Roybal asked if the ADA requires electronic access. Mr. Brown responded that a requirement is not in the code for facilities of the size of L.A. Care's Community Resource Centers. The building at 1055 W 7th Street has an automatic front door operated by a motion sensor. The exterior doors of the building at 1200 have push buttons. Board Member Raffoul is very sympathetic to what the request for ADA compliance and for people that are physically impaired and need access. He does not feel adequately prepared to take an action on this item without a check of the buildings and recommendation from facilities staff. Board Member Booth would like to know the cost. Board Member Gonzalez noted there might be a difference in the definition of what is accessible. One could access the bathroom and may be able to open a door, but it may not be accessible to some as not everyone is capable of turning the knob and pushing the door and that makes it very difficult to go into the restroom by oneself. The motion is in preparation of the upcoming move. L.A. Care is moving to a new facility, and this is to make sure that every public space is easy for people to access by themselves. One should not have to wait for someone to come along to be able to open a door. Board Member De La Torre asked if this request is just for the meeting space or for all meetings spaces. Board Member Gonzalez responded it is for the community resource centers where RCAC meetings are held, ECAC and board meeting spaces. Board Member Contreras highlighted that the ADA is necessary because places are not accessible. It is a minimal standard. She thinks the request is that spaces are more accommodating to the public. She agrees with others regarding a cost analysis or a feasibility analysis. There may be places where L.A. Care will not be able to add this technology.	

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	Mr. Baackes stated he would make sure that we complete an analysis of accessibility for L.A. Care's public meeting spaces. If electronic opening devices are needed, he will provide information about the cost. Board Member Roybal asked for an evaluation by staff when these types of requests are made in the future so the Board has all of the information to consider the request. Ms. Haydel noted that when L.A. Care receives a motion from the ECAC to put an item on the Board Meeting agenda, it comes forward for consideration at the next Board meeting. Board Member Roybal noted that Board Members would prefer to receive the analysis with the request so the Board has the information it needs to make a decision instead of sending the request back to the staff. **Motion TTECA 101.0524** **L.A. Care Board of Governors to consider the placement of push door buttons on any door accessible to the public at any site used by L.A. Care for public meetings. This action will greatly support seniors and persons with disabilities who utilize restrooms for business and access the building for public business.** *(Board Members Ghaly and Shapiro left the meeting.)*	**Motion TTECA 101 was tabled for consideration at a future meeting after discussion at the Executive Committee.**
Technical Advisory Committee (TAC)	PUBLIC COMMENT *Andria McFerson wished everyone a Happy Mental Health Awareness Month. Regarding that, local organizations should come and speak at stakeholder committee meetings, giving information about the services that they have for, the community and the particular RCAC area. RCAC 5, service area 5 is Santa Monica, Malibu, Pacific Palisades, and parts of LA and Venice. There are a lot of homeless people in this area and RCAC 5 would like that intercommunication with the committees. Having organizations and resources come to the meetings and speak about what they do free for the community, would help the homeless population. If RCACs can have hybrid meetings or virtual meetings, that would be great too. With the Technical Advisory Committee, if they're not going to have the RCAC meetings in person is there any way that Committee can look into having them virtually. Is there any way that RCACs can have some sort of program to work with the seniors, disabled and people who may have learning limitations, to help them learn more about the virtual world. Because they are being left behind. Is there any way that RCACs can have some sort of peer on peer outreach to those people, letting them know that they do have references for people who can teach them how to use the computer and have virtual doctor visits at home over the computer. She knows a lot of seniors that don't know how to use the telephone properly, but they would love to have a meeting with their doctor at home over the phone.* Dr. Li reported that the Technical Advisory Committee held an extremely engaging meeting on	

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	April 11. Dr. Li gave the Chief Health Equity update that included many items that discussed here such as the cyber-attack on Change Healthcare, the impact that L.A. Care made in supporting providers, to L.A. Care recently earning the NCQA Health Equity Accreditation. He updated TAC members on the Equity Practice Transformation program, and he is happy to report that yesterday L.A. Care was informed that 46 practices that L.A. Care supported the practice to achieve their first milestone. This is extremely satisfying. L.A. Care awaits the formal validation from the state to celebrate the achievement with those providers. The main focus for TAC was on artificial intelligence (AI) and opportunities for its applications in the health care environment. There were two presentations, the first was by Ankoor Shah, MD, MBA*, MPH, Principal Director, Healthcare Strategy & Consulting with Accenture.* Dr. Shah provided a great framework related to dimension, including how we think about using artificial intelligence to address workforce shortages, changing and anticipating consumer expectations for quicker and more on-demand information, as well as thinking about addressing rising healthcare costs. He also offered balanced views of pessimistic as well as optimistic as to where artificial intelligence might be going with regard to health care. Dr. Li thought it was very helpful and enabled a richer discussion around the presentation by Brandon Shelton, Senior Director around our current use of predictive analytics and machine learning. There was also robust direction in AI governance as well at L.A. Care about mitigating biases, exacerbation and inequities in the analytics environment. It was a productive discussion where the information can be assist L.A. Care with its AI strategy. There was also a follow up discussion about the current status with Medi-Cal eligibility redetermination. TAC members had previously provided recommendations that were used by L.A. Care's Medi-Cal team. TAC members also reviewed the Committee charter, which was included on the Consent Agenda for Board approval earlier in this meeting.	
BOARD COMMITTEE REPORTS		
Executive Committee	Chairperson Ballesteros noted that public comment is not available because public comment could have been made at the Executive Committee meeting. He reported that the Executive Committee met on April 25, 2024 (*approved minutes can be obtained by contacting Board Services and will be available on the L.A. Care website).* The Finance & Budget Committee meeting was canceled and items that would have been presented at that meeting were presented instead to the Executive Committee. The Committee reviewed and approved a motion for four HR policies related to employee holidays, anti-discrimination and anti-harassment, the non-fraternization policy and the equal employment opportunity policy. None of these requires full board approval. The	

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	Committee received a report on the annual disclosure of broker fees and compliance with AB 2589. *(Member Raffoul left the meeting.)*	
Chief Financial Officer Report • Financial Report – February 2024	*(Member Vaccaro left the meeting.)* Afzal Shah, *Chief Financial Officer,* summarized the highlights of the February 2024 Financial Reports (*a copy of his presentation can be obtained by contacting Board Services*): The 4+8 forecast is defined as four months of actual financial results plus eight months of forecast. February is the first month comparing actuals to the 4+8 financial forecast so the variances are the same for the month of February and February year-to-date (YTD). For the month of February, membership is favorable to the forecast by 4,000 members, driven primarily by LACC. This line of business continues to perform well based on L.A. Care's position as the lowest priced health plan in the area. Financial performance for the month of February resulted in a net surplus of $23 million excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP), or 2.7 %. Mr. Shah noted that interest income has been favorable and excluding interest income, the net income would be 1.6 %. YTD financial performance shows a net surplus is $290 million excluding HHIP/IPP, representing a net income of 6.57%. Excluding interest income, net income drops to 4.7 %. Financial performance by line of business shows that L.A. Care is performing close to the 4+8 forecast again. For DSNP and LACC, the medical loss ratio (MLR) is higher. One of the reasons is that shared risk accruals rose partly due to the Change Health Care issue. Medi-Cal is performing slightly better by one percentage point ahead of the forecast. The financial ratios are performing well, except the administrative expense ratio which is 5.6 % versus the forecast of 5.5%. Cash to claims is at 0.98. That number is inflated by $373 million in funds received from DHCS at the end of February, which were paid in March. Without those funds, the cash to claims ratio would be 0.89 for February, which aligns with what was reported in January. Tangible Net Equity (TNE) is 864% of the required amount. Days of cash on-hand is at 111 days. Again, that number is inflated by the pass-through funds discussed previously. When L.A. Care receives pass-through funds, the funds are distributed within two weeks of receipt. If those funds were removed, the days of cash at hand would be 99 days. **Motion EXE 102.0524** **To accept the Financial Reports for February 2024, as submitted.**	**Unanimously approved. 7 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Roybal and Vazquez)**

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• 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 February 29, 2024, was $4.1 billion: • $3.86 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $36 million in Local Agency Investment Fund • $80 million in Los Angeles County Pooled Investment Fund • $125 million in BlackRock Liquidity T-Fund, new as of February 2024 Mr. Shah noted the addition of Blackrock liquidity T fund. This fund allows L.A. Care to earn an additional $3 million a year in interest. The money market selected invests only in US Treasury debt and is triple A rated by Moody's.	
Compliance & Quality Committee	*Andria McFerson commented that for the record she had a comment on item 20. She wanted to accommodate people who may have learning disabilities to know exactly what that chief financial officer report, the financial report for February 2024 meant to them and how it would affect their particular situation as far as coverage goes. For Quality and Compliance, she wants to make sure that we know that all staff should be trained on empathy training, having to do with ADA rights and working with seniors and people with disabilities, people with mental illnesses and mental disabilities. There are people who have issues that they need to speak about during RCAC meetings and they did have a particular instance where someone did have an instance where he did have a mental breakdown. If there are L.A. Care staff, empathy trainings specifically having to do with urgent situations like that, when we do have those breakdowns, what they know to do next when that happens. What numbers they need to call and the rights having to do with any of that. That would be great to have that empathy training. If they continue to have public committee meetings, please have quality and compliance. I don't know if that has anything to do with the Compliance and Quality Committee, but it would be great to have empathy training for the staff to know exactly what to do in an extenuating circumstance like that.* Board Member Booth reported that the Compliance and Quality committee met on April 18 (*approved meeting minutes can be obtained by contacting Board Services*). Todd Gower, *Chief Compliance Officer*, and the compliance department staff presented a report. Mr. Varela reported on the significance of delegation oversight at L.A. Care, focusing on the current decentralized structure and its associated risks. He discussed a lack of holistic assessment tools, inconsistent approaches to noncompliance and insufficiency of monitoring efforts, emphasizing the need to transition toward a comprehensive network oversight model to address those challenges. Dr. Sheen provided updates on quality improvement efforts including the remediation of missing standard language in denial letters and progress in meeting accreditation	

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	survey requirements. Collaboration with LA County Department of Health Services (DHS) to ensure compliance with a new utilization management system was also discussed, highlighting ongoing efforts to address concerns and maintain standards. Dr. Amin reported to the Committee. He reported earlier during this meeting. Henock Solomon, *Senior Manager, Incentives, Population Health*, reported on provider performance improvement and the P4P and VIIP programs. Mr. Solomon reported on the significance of incentives for driving quality improvements among providers and emphasized the importance of performance measurement and value-based incentive revenue. He outlined payment details for the 2022 performance year, discussed overall performance scores, and highlighted trends in specific measures over the past three years, acknowledging both improvements and challenges during the COVID-19 pandemic. Board Member Booth noted that an audit is reviewing and confirming operational activity. Magdalena Marchese, *Senior Director, Audit Services*, leads the Audit Department, which conducts internal audits. Audit is separate from Compliance, Ms. Marchese reports to Compliance & Quality and to Mr. Baackes. Internal Audit conducts audits of L.A. Care. The Audit Department investigates and checks the paperwork to ensure that departments operate properly. L.A. Care is responsible for its members and their health care. Delegation oversight responsibilities include external auditing of L.A. Care's delegated entities and ensuring the corrective action plans are implemented and effective.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 5:22 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 5:22 pm. No report was anticipated from the closed session. 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: April 2026 THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, Chief Information & Technology Officer and Gene Magerr, Chief Information Security Officer	

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CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

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)

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 1:22-CV-01515 CNL (U.S. Court of Federal Claims)
- Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 20-1393, (U.S. Court of Appeals for the Federal Circuit)

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

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
CommonSpirit Health Dignity Community Care dba California Hospital Medical Center, Glendale Memorial Hospital and Health Center, Northridge Hospital Medical Center, St. Mary Medical Center v. L.A. Care Health Plan, JAMS 5220002620 (filed Feb. 23, 2023)

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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 5:47 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:48 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 6/6/2024 | 9:52 AM PDT

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