

**Board of Governors**  
**Regular Meeting Minutes #331**  
**October 3, 2024**

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



**L.A. Care**  
 HEALTH PLAN

**Members**

Alvaro Ballesteros, MBA, *Chairperson*  
 Ilan Shapiro, MD, *Vice Chairperson\**  
 Stephanie Booth, MD, *Treasurer*  
 John G. Raffoul, *Secretary*  
 Jackie Contreras, PhD  
 Hector De La Torre  
 Christina R. Ghaly, MD

Layla Gonzalez  
 George W. Greene, Esq.  
 Supervisor Hilda Solis  
 G. Michael Roybal, MD, MPH  
 Nina Vaccaro, MPH  
 Fatima Vazquez

**Management**

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

\*Absent

\*\* Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>Alvaro Ballesteros, MBA, <i>Board Chairperson</i>, called the meetings to order at 1:05 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously.</p> <p>Chairperson Ballesteros expressed condolences for the loss of life in the areas affected by Hurricane Helene and his hopes that those who survived will recover and the situation will improve quickly.</p> <p>He wished good health and a Happy New Year for those celebrating Rosh Hashanah.</p> <p>He welcomed everyone, recognizing the new Consumer Advisory Committee members and noting that the voice of the members is very important, and is appreciated by the Board.</p> <p>He outlined the information for public comment included on the meeting Agenda.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper would like to make a change regarding her public comment on page 35 of the September Board of Governors meeting minutes. She met with the Consular General of Israel, of Mexico at a public event. It said she got a letter from Her Majesty the Queen. She would have loved to sit with Her Majesty, but it was incorrect, she got a letter signed by her Lady in Waiting.</i></p> <p>The meeting Agenda was approved.</p>	<p>Unanimously approved.  <b>9 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Vaccaro and Vazquez)</b></p>

**APPROVED**

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PUBLIC COMMENTS	<p><i>Elizabeth Cooper commented that she is a consumer, she is not a Board Member. She hopes the Board understands that consumers might not know all the rules, but she tries to comply and respects each and every Board Member. First she would like to wish everyone well for all the holidays that will be celebrated in October. As a member she is concerned about the consumers, they're the ones who make the engine go. As a longtime member of the RCACs she has many issues and she respects all. Members make the engine go and are the ones the Board represents. She thank the human resources director, Mr. Lee, for a good suggestion on the sandwiches. She likes a little bit of humor. She has issues on the agenda, and hopes that the Board please consider the public who take their time to come here and give their public comment, and be a little bit more sensitive to them. They might not know all the rules, but they try to comply with them.</i></p>	
APPROVE CONSENT AGENDA ITEMS	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented that she got the Board Meeting materials late. She didn't have time to read it so she's at a disadvantage on the consent items. She would like clarification on some of them like the monthly grants, the Department of Managed Care and Regional Consumer Advisory Committee members. She feels she wasn't properly notified about that.</i></p> <p>Chairperson Ballesteros read the items on the Consent Agenda. Board Member Booth noted that a report will be provided to the Board at a future meeting on the Ntooitive contract for marketing campaigns.</p> <ul style="list-style-type: none"> <li>• August 27, 2024 Special Meeting minutes and September 5, 2024 meeting minutes</li> <li>• Ratify the executed Amendment 03 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services <b><u>Motion BOG 100.1024*</u></b> <b>To ratify the executed Amendment A03 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services.</b></li> <li>• Increase the existing purchase order with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services <b><u>Motion EXE 100.1024*</u></b> <b>To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$12,924,000 not to exceed a total spend of \$76,388,908 with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services rendered through the end of the contract term on December 31, 2025.</b></li> </ul>	<p><b>Unanimously approved. 9 AYES</b></p>

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	<ul style="list-style-type: none"> <li> <p>• Authorized signatories for all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts  <b><u>Motion EXE 101.1024*</u></b>  <b>To authorize the employees listed above as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts.</b></p> </li> <li> <p>• Ntooitive Contract for marketing campaigns for L.A. Care’s direct lines of business, including the L.A. Care Covered (LACC) Shop and Compare Tool, and the Community Resource Centers  <b><u>Motion EXE 102.1024*</u></b>  <b>To authorize staff to execute a new statement of work with Ntooitive in the amount of \$15,189,396 for marketing campaigns for L.A. Care’s direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2024 through September 30, 2025.</b></p> </li> <li> <p>• Edifecs, Inc. Contract to provide Software as a Service (SaaS) licensing and integration services  <b><u>Motion EXE 103.1024*</u></b>  <b>To authorize staff to execute a contract in the amount of \$25,497,331 with Edifecs, Inc. to provide Software as a Service (SaaS) licensing and integration services for the period of October 2024 to September 2029.</b></p> </li> <li> <p>• Regional Community Advisory Committee (RCAC) Membership (<b>ECA 100</b>)  <b><u>Motion ECA 100.24*</u></b>  <b>To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their September 11, 2024 meeting:</b></p> <ul style="list-style-type: none"> <li>• Fedelia Pineda, RCAC 1, Consumer</li> <li>• Yajaira Valdovinos, RCAC 1, Consumer</li> <li>• Tanya Lopez, RCAC 3, Consumer</li> <li>• Elmano Osorio, RCAC 3, Consumer</li> <li>• Eugene Beatty, RCAC 4, Consumer</li> <li>• Mallery Jena Robinson, RCAC 4, Consumer</li> <li>• Julia Wong, RCAC 4, Consumer</li> <li>• Diana Camacho, RCAC 5, Consumer</li> <li>• Ana Reyes, RCAC 5, Consumer</li> <li>• Lottie Cleveland, RCAC 6, Consumer</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Daniel Navarro, RCAC 6, Consumer</li> <li>• Maria E. Rivas, RCAC 6, Consumer</li> <li>• Silvia Sosio, RCAC 6, Consumer</li> <li>• Aida Aguilar, RCAC 7, Consumer</li> <li>• Brynette Cruz, RCAC 7, Consumer</li> <li>• Luci Jeronimo, RCAC 7, Consumer</li> </ul>	
<b>CHAIRPERSON'S REPORT</b>	<p><i>Board Member and Supervisor Solis joined the meeting.</i></p> <p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented that as a consumer member of the RCAC of long standing and a Vice Chair, she appreciates if the Board starts taking notice of the agenda and making sure more public comment is considered by the Board. It is so important because these items and these agendas and these motions are very important that the members of the Board vote on. As a member of the public and one who tries to read the board book as much as she can, please take notice of comments, she didn't come here just to sit on the seat. She came here because she appreciates what the Board is doing and it's very important now, especially in this time of year with our nation, is that we need these programs like healthcare, which is very vital.</i></p> <p>Chairperson Ballesteros reported that he had the opportunity to join Mr. Baackes, <i>Chief Executive Officer</i>, Francisco Oaxaca, <i>Chief of Communications and Community Outreach &amp; Engagement</i>, and staff from various community resource centers to receive a special recognition that was organized by Supervisor Hilda Solis at the Board of Supervisors meeting on Tuesday. He thanked Supervisor Solis for recognizing L.A. Care and the Community Resource Centers (CRCs). He congratulated Mr. Baackes, Mr. Oaxaca and staff in all the CRCs across the County.</p> <p>Supervisor Solis commented that it was a great opportunity to recognize the CRCs. When she joined the Board in 2016, one of her first visits was in Pomona. She was really taken by the fact that L.A. Care was working to put resource centers in the community. Mr. Baackes certainly kept his word and the majority of them may be in the first district. She was pleased to meet staff from the CRCs. The celebration was about the invaluable strength, diversity and resources that CRCs provide for the community. She credits L.A. Care, the volunteers and staff at CRCs, and also the collaboration and partnerships with other organizations and the County. It was a privilege and honor to recognize L.A. Care. Mr. Baackes and Mr. Ballesteros spoke at the event, and it was very well done. She thanked everyone who came to the event. Mr. Baackes appreciated the recognition and not that anyone's counting, four out of the 14 resource centers are in her district. Chairperson Ballesteros thanked and congratulated the</p>	

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	<p>CRC staff. He appreciates their hard work in representing the health plan. They are the first line in working in the communities and providing information.</p> <p>Mr. Baackes noted that the ribbon cutting will be held for the new South Los Angeles CRC on Friday, October 11 at 10:00 A.M.</p>	
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p> <p><b>Department of Managed Health Care Enforcement Matter</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented will be sad to see Mr. Baackes leave, and hopes she will still be here giving public comment. On a serious note, she thinks she must say this, she doesn't mean to say it, but how can people get awards when they've hurt so many people. She appreciates what he has done, but when a consumer brings an issue before the Board of Governors out of their heart, that makes a difference in how the awards should go. She is concerned about opening up so many CRCs when the RCACs need to be supported, because they're the ones who get out to the community. They're the ones who network with the people. And she thinks the awards should go to those dedicated RCAC members, all of those who have participated. One objection she has to the acknowledgement of one particular individual and she doesn't think they deserved it from her perspective. She thanked him for his leadership and the late Johnny Cash said, will you miss me when you're gone, and she will.</i></p> <p>Mr. Baackes responded that he will miss her, and he will be here for two more meetings.</p> <p>John Baackes, <i>Chief Executive Officer</i>, reported a settlement was reached with the California Department of Managed Healthcare (DMHC) and Department of Health Care Services (DHCS) for enforcement actions. L.A. Care was cited in March 2022 on two violations L.A. Care had reported in June of 2021. L.A. Care discovered a trove of appeals and grievances that had not been properly closed. L.A. Care installed a new utilization management system, and within a month noticed it was slowing down the ability to provide authorizations in a timely manner. L.A. Care worked to remediate those as quickly as possible.</p> <p>In March 2022, DMHC and DHCS imposed a fine of \$55 million, citing those two violations, an older issue from an audit about the use of the eConsult system at the Los Angeles County Department of Health Services and another old issue about paying interest on late claims. The fine was split between the two departments.</p> <p>L.A. Care objected at the time because it was unprecedented in the amount, five times larger than any prior fines. L.A. Care requested a review through the process outlined in the contract with each department and filed an appeal. Meanwhile, the remediation of the various items was completed and documented and L.A. Care sent reports to the DMHC and DHCS.</p> <p>Last December he proposed a settlement. DMHC and DHCS announced a fine of \$55 million and L.A. Care had listed the fine as a liability in financial reports. He proposed that L.A. Care</p>	

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	<p>pay a smaller amount and the balance would be reinvested in the community. The settlement is for L.A. Care to pay \$27 million in fines, split between the two departments, and \$28 million would be held in a segregated reserve account, to be used over three years for community investments. It was agreed that the community investments would be in the areas of DHCS quality and health equity targets, CalAIM initiatives, and behavioral health integration and transformation. L.A. Care has 90 days to submit a plan for approval by the DMHC and DHCS. The agreement also includes a consultant, paid by L.A. Care, to monitor the areas that were the subject of the enforcement action and report to the two departments quarterly for two years. Mr. Baackes executed the settlement contract a week ago, the DMHC and DHCS officials executed it on Monday, so it is now a closed issue.</p>	
<ul style="list-style-type: none"> <li>• Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>• Potential LA Care Distressed Hospital Financial Assistance</li> </ul>	<p>At the last meeting, Mr. Baackes had noted the potential for an L.A. Care distressed hospital financial assistance fund. The preliminary proposal needs more development and will be brought to the Board at a future meeting.</p>	
<ul style="list-style-type: none"> <li>• Government Affairs Update</li> </ul>	<p>Mr. Baackes reported on behalf of Cherie Compartore, <i>Senior Director of Government Affairs</i>. California’s Legislative session has ended and the Governor finished signing bills. One new bill is going to shorten the time limit for payment of claims from 45 to 30 days and redefines “clean claims” as complete claims. The 30-day payment period begins in 2026. This is a big change for health care payers. L.A. Care has many business transformation projects underway and has further developments coming along that will support the change.</p> <p>At the federal level, Legislation is being introduced this month to extend the enhanced premium tax credits that are available to people who enroll in the individual health benefit exchange, known in our state as Covered California. This made coverage very affordable for many. Almost 80 % of L.A. Care members enrolled in Covered California pay little or no monthly premium, but are subject to copayments or deductibles. That assistance will expire at the end of 2025 unless legislation makes it permanent. It likely will not pass because of the current divided Congress, but it shows a desire in both houses to maintain health care coverage for millions of people.</p> <p>Board Member Gonzalez asked about L.A. Care’s Community Health Investment Fund (CHIF) programs that provide assistance to providers to obtain accessible exam tables. Deaka McClain, a RCAC member, suggested that electronically operated patient lifts be available to providers who are not able to use the accessible exam tables, so patients who need assistance are able to get on and off of the table. Mr. Baackes responded that in past programs for</p>	

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	<p>patient accessibility, L.A. Care recognized that many practices did not have room for the accessible tables and the electronic lifts were part of the program. L.A. Care will continue to make the electronic lifts available. Board Member Gonzalez asked if training on the use of the electronic lifts will be included, because the availability of the equipment does not necessarily mean they will know how to use it. Mr. Baackes noted that in the previous grant funding program for accessible equipment, providers were invited to a demonstration of the equipment, and once installed, the manufacturers provide onsite training.</p>	
<ul style="list-style-type: none"> <li>Community Benefits Community Health Investment Fund (CHIF) Summary</li> </ul>	<p>Shavonda Webber Christmas, <i>Director of Community Benefits</i>, reviewed the 2022-23 summary report (<i>a copy of her report can be obtained by contacting Board Services</i>). She noted that the accessible equipment fund will be in next year's report. This report includes grants that were active during 2022-23 with information on activities and objectives that have been completed for each grant. The grant portfolios are based on the priorities that the Board approved at the beginning of the fiscal year. She referred to the spreadsheet in the meeting materials that includes each active grant and the status as of the last available report from the grantee. Ms. Webber Christmas will be at a future Board meeting to discuss the proposed 2024-25 Grant Program.</p> <p>This report represents \$29.3 million invested in 167 grants from 2021 to 2023, including the \$9.6 million in grants made in 2022-23. The report shows the immense impact of the safety net infrastructure programs as more than 23,000 patients were positively impacted through the addition or advancement of 400 frontline and licensed clinical professionals that were hired or promoted in safety net clinics.</p> <p>In pursuing work on social determinants of health, nearly 100,000 lives were touched by L.A. Care investments to increase food, income, and housing security for marginalized populations. In the category for ending disparities, two years of investments in Generating African American Infant and Nurturers' Survival, the GAAINS Initiative has resulted in 116 live births to Black families and 115 out of 116 Black birthers surviving childbirth of those served by the organizations receiving funds from LA Care. L.A. Care expresses deep condolences to the family of the nurturer that did not survive.</p> <p>Lastly, staff drills down to the root causes of many of these issues by disrupting racism and finds that L.A. Care investments are restoring communities by empowering the organizations that serve them. More than 7,000 lives have been restored as we assist the latest group of BIPOC led and serving organizations to establish long-term and sustainable revenue strategies. She feels privileged to present this report to the Board and to champion the evolution of systems of care in partnership with each of these amazing and committed organizations that are ensuring the health and wellbeing of every life they touch.</p>	

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	<p>Board Member Booth thanked her for the report, noting it is really easy to tell where the money's going and it is nice to be able to read something and not have a lot of questions. Mr. Baackes noted that is a pretty high compliment, and Ms. Webber Christmas could not be a better representative of L.A. Care in the community. The CHIF is sought after as a source of grant funding. Ms. Webber Christmas and her staff are very diplomatic and professional in saying no to organizations that do not have a credible request. They also follow up and get reports on all the grants. That feeds into consideration when that grantee comes back to request more funding. They really do a great job.</p> <p>Board Member Vaccaro echoed Board Member Booth's comment. It is a really beautiful report and it was very heartening to see the impact of L.A. Care's programs. She recognized the team overseeing that and appreciates the responsive grant making. She was scrolling through the list of the organizations that have been funded and she observed that it is a very diverse group. On behalf of the federally qualified and community health centers, she appreciates that L.A. Care grant making funds have impacted the ability for the health centers to provide access to high quality and responsive care in a really holistic way.</p> <p>Board Member Contreras asked of the community reinvestment portion of the settlement referenced at the beginning of Mr. Baackes' report will be connected directly to this initiative, and what that process would look like. Mr. Baackes responded that it will be a separate process. L.A. Care will submit plans to the two departments for approval of the investments. The community health investment fund priorities and grants are made within L.A. Care. The community investments required by the settlement will be unique because they will be reviewed and approved by DHCS and DMHC as a condition of the settlement agreement. There will be three areas, behavioral health, supporting quality initiatives, and CalAIM support. L.A. Care has drafted some proposed community investments that will be refined before submission under the settlement.</p> <p>Chairperson Ballesteros thanked Mr. Baackes and congratulated him for getting that done. It took a while and the outcome is as good as it could be for L.A. Care.</p> <p>Mr. Baackes noted that there was concern about the size of the fine and that the funds would be taken out of the County and placed into the state general fund. The result is that a majority of the fine will be invested with organizations in Los Angeles County.</p> <p>Supervisor and Board Member Solis is excited with the flexibility, and there are joint initiatives underway right now with the county. There is a tremendous need for the unhoused population. She is certain that L.A. Care can align with the state agencies to complement ongoing projects.</p>	



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	<p>Mr. Baackes responded that L.A. Care will share with the Board the plans to be proposed for the community investments.</p>	
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Reginald Fagan is new here. He's very happy to see that L.A. Care was able to settle on the fine. He would also like to ensure resolution of the backlog of grievances. And so in lieu of completing grievances, he's finding as a member that it's just like they're running through the grievances. There's no back and forth with the members. Issues are not really being dealt with. So, he would hate to think that we're going to just eliminate any backlog, but not necessarily deal with the grievance issues.</i></p> <p>Mr. Baackes commented that the backlog was cleared by June of 2022. L.A. Care went through every single grievance. Further improvements are being done and part of the consultant monitoring will be to report back to DHCS and DMHC on L.A. Care's progress.</p> <p><i>Elizabeth Cooper would like the chief medical officer to be more available to the RCACs. Now that the RCACs have met, there are so many issues like with the COVID vaccine, where they would like to make an inquiry. She can only speak for herself as a RCAC member and have a family member who's a member of L.A. Care. But she would like him to be more accessible to the RCACs so they can have a question and answer. And she thinks he's doing an outstanding job in representing L.A. Care medically, but she thinks some of these concerns that are being addressed and now will be addressed with what he's doing in his relationship.</i></p> <p>Sameer Amin, <i>Chief Medical Officer</i>, responded that he would love to attend more of the RCAC meetings. He has been to some, but always can do more. Not only attend, but get some staff from the medical side to those RCAC meetings. With the meetings restarted, it is an excellent opportunity to really understand the needs of the members. He will take that to heart and make sure that happens.</p> <p>Dr. Amin reported, following on from Ms. Webber Christmas' presentation, L.A. Care is unique because it is more than an insurance company. It is more than just paying claims or doing the work of an insurance company. Some of that is in how L.A. Care coordinates care for members and makes sure that members can understand the services available. He will ask two members of the health services leadership team to talk about a patient story and how L.A. Care has collaborated with the County to create a singular health care ecosystem.</p>	
<ul style="list-style-type: none"> <li>• Collaboration with Los Angeles County Fire Department's Advanced Provider</li> </ul>	<p>Dr. Amin introduced Noah Kaplan Ng, <i>Director, Enhanced Care Management</i> and Joycelyn Smart-Sanchez, <i>Director, Care Management</i>. Dr. Amin noted that the patient story actually ties back to a relationship developed with the Los Angeles County Fire Department (LACoFD) and its three advanced provider response units (APRUs). Each APRU covers 10-20 fire stations, and are</p>	

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<p>Response Units (APRU)</p>	<p>staffed with a firefighter, a paramedic, and often with a nurse practitioner or LACoFD physician assistant. The APRU responds to a 9-1-1 call from a patient who has been either consistently calling for help for a low risk issue, or when the main issue is not a health emergency for which the patient needs to be taken to the emergency room, but a call for help navigating the healthcare system. L.A. Care met with LACoFD about the APRUs to gather more information. A major issue was that when the APRU goes to the patient's home to provide access to health care, the APRU could not determine the patient's health care provider. They could not determine whether the person had insurance. L.A. Care has partnered with the LACoFD to get that information to them and work collaboratively to enable the patient to access programs like community supports and enhanced care management.</p> <p>Ms. Smart-Sanchez noted that L.A. Care leadership encourages partnerships and collaboration with organizations that provide support for the members. This story will speak to the power of continuing to reach out to organizations that are doing really great work. L.A. Care has many members, and it is likely that the members encounter various systems and organizations in LA County that are doing great work. It is a matter of finding synergies. L.A. Care wants members to be well and healthy, have access to care, and so do many of these organizations and entities.</p> <p>The APRU started in Arizona. Leadership in the LACoFD learned about the model and adapted it for Los Angeles County. It is currently a pilot project, and she hopes it will one day be the norm in supporting members and support their access to ongoing care. L.A. Care met with the medical director at LACoFD, and learned about the APRU. The aim is to reduce the number of low acuity members that are taken to the emergency departments (ED).</p> <p>There are alternative ways to support these individuals. Some have back pain or maybe a laceration. The EDs, especially during COVID, were very crowded. It is important to ensure that individuals with major medical issues are treated at EDs in a timely manner. LACoFD went outside the box to find alternative ways to support individuals who did not need ED treatment, without transporting them to the ED. LACoFD and L.A. Care have synergy in providing low risk care management and stabilize the member. The patient may be unhoused. L.A. Care has many unhoused members who do not know their primary care provider (PCP) nor how to access urgent care. The APRU team that respond to 9-1-1 includes firefighters, a nurse practitioner, a physician assistant, and a doctor. APRU meets with the members wherever they are, and provides interventions to support the patient, stabilizing them, getting them access to their PCP or access to an urgent care as needed. Transportation can be a barrier to care so transportation to medical appointments can be arranged for patients, along with any needed follow up care.</p>	

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	<p>L.A. Care has lots of synergies in its current care management for members, which includes a spectrum of services including enhanced care management (ECM). The opportunity for collaboration with LACoFD includes L.A. Care’s care management and ECM staff. ECM supports member through external contracted providers that are in the community to serve members. The providers know the members. The providers are “boots on the ground” just like the APRU. Providers serve individuals that may have many medical and mental health needs. They go out and find people with these needs and offer care where the members are. Noah Ng, his team and the contracted providers do a lot of great work daily. She supports the internal care management team, which includes nurses and social workers that provide very intensive care coordination to ensure that members can successfully navigate the health care system. One major barrier for members is knowing what programs are available. The APRU team informed L.A. Care that often members don’t have working phones. They may have contact with L.A. Care members many times every week, and APRU offered to support members with access to ongoing care and support for members.</p> <p>The APRU provides services in a low risk model. APRU responds to the member’s call and addresses needs. They meet the member, take vital signs, and may apply stitches. APRU is able to refill prescriptions, especially to hold the member over until they are able to see their PCP or specialist, and arrange transportation. It is common for L.A. Care members to not know about transportation services and L.A. Care is always trying to spread the word. APRU leverages L.A. Care’s transportation services. APRU learned about services offered by L.A. Care to support members and has been doing their best to tap into those services. APRU kept responding to the same members repeatedly, and is seeking a long term solution to support these members. Care management and enhanced care management staff provides ongoing support services for members, informs members about the benefits and services available to them and offers ongoing support.</p> <p>It was great to learn that APRU visits the actual members. L.A. Care also has a home visit aspect in care management, and ECM organizations are in the community to provide high-touch services to members. L.A. Care learned that APRU had a list of L.A. Care members lined up to discuss at the meeting. Some of the members had been referred to ECM or were active with ECM but L.A. Care lost contact for various reasons, and L.A. Care was trying to contact the member to provide the needed support. The list contained members active in care management as well. That was an opportunity to apply care coordination with the APRU and L.A. Care, and communicate with the member as well. Members are always at the center of care to ensure the best outcomes for members.</p> <p>Mr. Ng commented that it is an honor to be here with the Board and talk about this connection with APRU. Many things are happening in Los Angeles County and many people are involved in L.A. Care members’ lives. Many people are trying to provide care and are</p>	

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	<p>trying to help, but it must be coordinated or it could have negative outcomes for the member. The story that he will share is about an L.A. Care member who was using 9-1-1 to access primary care and basic care needs. The member was calling four to five times a month. There is a cost associated with that and it pulls resources away from true emergencies for LACoFD. L.A. Care records showed that this member had over 80 ED visits in less than twelve months, going to the ED for care that could have been handled at the primary care office, at urgent care, through case management or even just having someone to talk to. The fire department gets the call and has to go to the member's location. If the member wants, the responders take the member to the ED. The challenge is in supporting the member with their immediate need, while responding in the right way with the right resources. With support from Dr. Amin and leadership in the fire department, L.A. Care staff met with APRU staff to review ways to support these members.</p> <p>The member who was calling more than once a week for assistance had an ECM provider and a case manager in charge of providing for all of the member's needs. Unfortunately, it happens that the member did not have a phone or it was not working. L.A. Care's collaboration with APRU allowed L.A. Care to help bridge the communication with the member. LACoFD was having too much contact with the member frequently calling 9-1-1, and L.A. Care wants to contact the member to encourage the member to connect with the lead care manager for ECM services. Through collaboration with APRU, L.A. Care and the ECM provider, and coordination with the nurse the member needs can be addressed and the member can be redirected to the right sources of care. What is also beautiful about this is that it allows people to help the member and to think about how to best coordinate fire department, ECM and providers. Because of CalAIM programs, such as ECM, the different services in the county can be coordinated to support members. The ECM provider and care management provider can help direct the services. The plan is to have a joint visit, so that the ECM provider and the fire department can go out together to support the member. The fire department now knows who the lead care manager is. If the member calls 9-1-1, the APRU could call the care manager to join them on a visit with the member. Bringing the ECM team into a 9-1-1 call is pretty revolutionary and he is really proud of that.</p> <p>The story may not end with a beautiful bow tie on it as members' lives are complicated and members face many challenges. The collaboration with APRU allows L.A. Care to step into a space that it normally would not be in delivery of care to members. L.A. Care looks forward to continuing this relationship and connecting more members in this way.</p> <p>Supervisor Solis commented she is impressed with the collaboration with the fire department, and she asked how the fire department can work with L.A. Care on the repeat calls, so more prevention can be done instead of reacting at the scene. She asked about potential privacy issues with data the fire department may be able to share. She also asked about determining</p>	

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	<p>the right care for patients when responders are not with the APRU. Mr. Ng responded that L.A. Care is looking forward to expanding the program to paramedics. The paramedics are great ambassadors because they are in the APRU and can get the information to others in the fire department. There is a knowledge gap among the paramedics, ED doctors and nurses. A member with Medi-Cal also has benefits that the providers should be able to access. His team is trying to get the message out that if a member has Medi-Cal, L.A. Care offers a range of services.</p> <p>Mr. Ng noted that L.A. Care uses data to identify members who would be eligible for ECM and send the information to ECM providers, who can reach out to the member by phone or go to the member's home. Two challenges are that data can be delayed as it comes through all of the different systems, and secondly, it is difficult to reach members that need the most help. The APRU relationship helps connect to the member through the care delivered, and the APRU or other responder needs to know that the patient has Medi-Cal through L.A. Care. L.A. Care has a whole team waiting to take on care management and the burden does not have to be on the fire department, so they can focus on the true emergencies.</p> <p>Ms. Smart-Sanchez noted that the APRU is really impressive. They educated themselves about ECM and care management before we met. They have sent a number of referrals to L.A. Care and other managed care plans for challenging cases when member will likely need additional support. L.A. Care will continue to work with APRU.</p> <p>Board Member Roybal thanked them for the presentation, and noted that he is concerned about sustaining the program. He asked if the fire department will be billing for the services or if L.A. Care could use ECM funds to support the program. He asked if the program was limited to areas in the LACoFD jurisdiction, and if other fire departments will be involved in areas where L.A. Care has members. He asked if L.A. Care is trying to make sure that members are aligned with the provider that can provide the best level of service and that providers have the resources and experience for the services the member will need. Mr. Ng responded that L.A. Care would love to have fire departments be contracted ECM providers for this work. L.A. Care started that conversation with the medical director at LACoFD to understand what the challenges may be. Supervisor Solis' support may be important at the Board of Supervisors level. He noted that engaging more county entities in contracts to deliver ECM would allow better coordination. Fewer people coming into member lives can be really valuable. L.A. Care has not yet approached other fire departments. L.A. Care would like to mirror the collaboration in other fire departments but APRU models many not exist yet in other fire departments. L.A. Care has ECM, care management and case management and could support them. With regard to alignment of providers, ECM assignment is not random. Much thought goes into assignment of a member to ECM provider. If L.A. Care is aware that a member has a previous relationship with an ECM provider, the member will be assigned</p>	

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	<p>there. Prior relationship is important to avoid too many people coming into the members' lives. L.A. Care also makes sure to assign members to providers that have experience serving the population needs, such as birth equity or homeless services. The location of the member and services available in that area are also important. The needs of the member are considered when making the assignment.</p> <p>Board Member Ghaly thanked them for the presentation, it is a great pilot. She noted that her understanding is that there are restrictions at the State EMS level for the number of units and the locations where APRUs can be deployed. There has been legislation, supported by Los Angeles County, looking at enhancing APRU deployment or other alternative destination policies, which ultimately have been defeated at the State level. The opposition is from the emergency medicine physician guilds. They oppose deployment of alternative models that result in lower volume of patients coming into the emergency departments, which is at odds with the reimbursement for ED physicians. The financial incentive is to maintain the volume in the EDs, even for low acuity volume for patients who are not best served in the ED. This shows the misalignment of financial incentives and interests of a subset of the physician population with the best interests of the health system and the individual patients. L.A. Care and other payers might want to consider advocacy with the state EMS agency to revive a legislative or regulatory change, or legislative tactics to enhance the APRU deployment or other alternative destinations, which are referred to as pilots because of the restrictions. She followed up on Board Member Roybal's comments with what is experienced in DHS hospitals and other EDs, noting that it is confusing for patients to understand where they are supposed to go for follow up care. The patient may know that L.A. Care managed their Medi-Cal benefits, or the patient may not know that they have L.A. Care. The EDs check to determine the patient's health coverage, their IPA and provider. It is really difficult in the course of a relatively short ED visit to be able to give the patient a specific phone number to call for follow up care because there are many levels of delegated PPGs, IPAs, and MSOs. It would be easier with a widespread education campaign for ED staff to educate them, for example have one phone number for any L.A. Care member regardless of the PPG or where the member is empaneled or which provider is assigned. There are only about 90 EDs in Los Angeles County. It is hard to navigate all the different levels of delegation. It would help to have one phone number for L.A. Care members where the patient can either secure the appropriate follow up, whether it's specialty care, primary care, or to let the patient know where the appropriate phone number is to call. The EDs cannot figure it out in that timeline, and the patient is sent out without the information, which contributes to the patient calling 9-1-1 again because they do not know where to go for care.</p> <p>Dr. Amin acknowledged that those are two important points and Board Member Ghaly is 100% right about both. Dr. Amin has been working with the LACoFD on advocacy. The</p>	

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	<p>current State position is a reason why some of the other fire agencies do not have an APRU program. The medical director at LACoFD indicated that it almost killed the program. Dr. Amin has been discussing how L.A. Care can advocate at the state level, and there may be ways to support it. This relates to Board member Roybal’s comment about funding as a community reinvestment, and L.A. Care can explore that. He asked Ms. Smart-Sanchez to respond about transitions of care, it is a segue into L.A. Care’s work on transitions of care (TCS), which includes providing a single phone number for members to contact case management. L.A. Care has a transitions of care number for case management that has been given out to everybody, for whenever a member is leaving the hospital or leaving an ED so that they can call if they need help, and specific case managers are assigned to the highest risk members to ensure follow up care is provided.</p> <p>Ms. Smart Sanchez stated that L.A. Care has a dedicated central intake line for TCS. It is a new regulation as of last year for Medi Cal members in an inpatient setting, the members are considered high risk and must have a single point of contact at the health plan. L.A. Care shares the phone number with the inpatient facility for each member. While L.A. Care has shared that information with many facilities, there is more education needed. L.A. Care has held training sessions, and recognizes that not every facility knows about L.A. Care. She reached out to DHS facilities about ED visits. L.A. Care has a number of members who do not know about PCP follow up, and L.A. Care is working to close that gap. L.A. Care knows that conversation is needed with many more facilities.</p> <p>Board Member Ghaly commented that the limitation of the population health management (PHM) is that the eligibility criteria is inpatient, but that is not addressing the problem with ED visits. By the time a member is admitted, there is enough time to figure out how to connect them. The problem is the patients that are not admitted, and are discharged from the ED. They are technically never inpatients, they do not qualify for PHM, and there is not an eligible single phone number. She does not know if it is a different phone number or a different process, but in terms of targeting the issue of repeat calls to 9-1-1, a high acuity resource, it would be helpful to have a single point of contact for the outpatients as well. She noted that Los Angeles County Department of Health Services (DHS) operates the local EMS agency in Los Angeles County. DHS is a big supporter of the legislation and regulatory changes that were referred to, and DHS is happy to partner with L.A. Care in working with LACoFD. Dr. Amin thanked her for the offer and L.A. Care will look into extending the low risk TCS number to ED discharges.</p> <p>Board Member Booth asked if a discharge from the ED is considered a transition of care so the health plan could arrange services if the member wants it. Dr. Amin explained that high risk membership is considered by population of focus, lower risk populations are reflected in</p>	

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	<p>any transition of care. There is a number and a team set up to answer those calls. L.A. Care could extend the single call line to cover the larger populations of people who come out of the ED. It is a matter of education and making sure there is staff for it.</p> <p>Board Member Roybal acknowledged the barrier for implementing funding based on advocacy. He suggested exploring the potential to design “carrots” to help encourage APRUs everywhere. L.A. Care could explore the options to encourage these programs.</p> <p>Chairperson Ballesteros asked if care management staff is working with Housing4Health and with LAHSA on services for the homeless. Ms. Smart-Sanchez noted that homelessness is a population of focus for ECM. Mr. Ng responded that L.A. Care has a trio of community supports delivered through a contractor network that includes DHS Housing4Health and it is the subcontractor network, along with key stakeholders in the local coordinated entry system (CES) in Los Angeles County, so there is close collaboration. The homeless is one of the largest populations of focus in L.A. Care’s ECM network, and many of the providers have dual contracts, offering housing navigation, tenancy support services, and ECM, to minimize the people coming into members’ lives. Having one person to coordinate and support the member is the eventual goal.</p>	
<p><b>PERFORMANCE MONITORING – SEPTEMBER 2024</b></p>	<p>Dr. Amin reported that L.A. Care is committed to transparency and highlights of the performance dashboard metrics will continue to be reviewed with the Board.</p> <p>He reported that for authorization timelines and timeliness, L.A. Care is hitting 99.6, 99.8 and 99.9% rates. The results are quite impressive and this excellent performance has continued throughout the year. The most current data for inpatient hospital admissions is from 2023. There is lower hospital admission rates throughout the majority of 2023. The excellent work by the case management team and L.A. Care providers likely contributes to the low rate. During the winter months last year, there was a large wave of respiratory viruses and COVID.</p> <p>He introduced diagrams that plots performance on a variety of metrics for delegated provider groups to show when the rate is outside of the normal. L.A. Care holds joint operating meetings for quality, enterprise level and medical management to discuss the rates outside of the norm and potential causes. L.A. Care also discusses with providers the issues and potential remediation.</p> <p>Throughout most of 2023, L.A. Care performed significantly better than the prior year in the inpatient hospital readmission rate. A lot of resources were used to make that happen. Emergency room visits have been generally tracking last year’s performance. There is a plan to address potentially avoidable emergency department outpatient visits. A medical director</p>	



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	<p>was hired to work on this measure, and more analytics will be developed to determine next steps.</p> <p>A strategy summit with the entire health services team is planned next week to discuss ways to address issues.</p> <p>A scorecard was created for each provider group, including access, quality metrics, and medical management statistics. L.A. Care will have meetings with providers to go over how they're performing. These have been very informative conversations, in an effort to improve care for members.</p> <p>Noah Paley, <i>Chief of Staff</i>, commented that the integrated data sets are used in evaluating primary care practices in the direct network. The charts are helpful in evaluating member experience, utilization and quality metrics for each practice.</p> <p>Mr. Paley reported that the good news is, since a corrective action plan (CAP) was approved at the beginning of this year, performance by Call the Car (CTC) on telecom services, such as speed to answer and abandonment rate, are performing well above benchmarks. Missed pickups and member grievances are well below the benchmark. For scheduled trips, there is good news since the CAP implementation, CTC has met the 98% benchmark. Unscheduled trips are at 100%. Hospital discharges performance has increased one percentage point but is still 2% below the 100% benchmark. The performance level on hospital transfers has increased from 89% to 96%. Board Member Booth asked about the length of time the drivers are late. Mr. Paley responded that information on the length of time drivers arrive late can be provided. He noted that the volume of rides and calls are very high and increasing steadily. CTC is meeting the demand within performance benchmarks except for discharges and transfers, where it has substantially improved since the CAP was approved. Since July, L.A. Care has been evaluating four alternate vendors for transportation for capacity, willingness to act as a back-up. Two of the four evaluated will submit proposals next week and an alternate vendor will be selected by the end of the month, with service to begin before the end of 2024.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, reported there is little change in the claims received volume, August metric is identical to July. There is an increase in electronic claims received. L.A. Care receives claims electronically from two vendors since the Change Healthcare outage in February. She reviewed a graph showing the breakout of the volume by service type or bill type. There is a slight dip in payment processing for August but still relatively close to July results. At the last board meeting a dip in June results was discussed, with the investigation by claims and finance staff to understand that lower payment month. Interest paid on claims is declining, which is really good. It means that L.A. Care is timely on the majority of metrics, and that when claims are returned for a provider dispute, the outcome of</p>	

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	<p>that claim is not changed, which can cause interest payments to occur. For claims payment timeliness, last month the coordination of benefits dip on the 30 day metrics was discussed. She called attention to the 90 calendar day period, degradation will roll through for 90 calendar days and then there will be an uptick. When reported to regulators, these are reported in double digit integers. The scale is different in 90 days, it goes from 100 to 98% versus the other scales, which is why that dip looks so drastic, but March would have factored into a 99%, April actually is a 98%, as is May. The 45 business day volume is not a compliance metric but staff uses it to monitor interest paid on claims.</p> <p>Regarding denials and adjustments, first pass claim denial rate shows a slight uptick, but within the margin under 20%. For total volume processed, there is a new denial category called “Provider”. This new category reflects providers not present in L.A. Care’s system. Previously these claims would be pended until provider data was received and loaded into the system. Now they are denied, which triggers action for the provider to submit documentation (such as a TIN, W-9, and other information for credentialing) for L.A. Care to be able to reprocess the claim. The other categories are incorrect billing, benefits, and timely filing. The adjustments are declining, which is always great.</p> <p>Ms. Reed reviewed provider disputes, which is when providers don't agree with L.A. Care’s payment of a claim either from an over- or underpayment perspective, and shows a reduced volume in June. As discussed last month that rate moved back up to 99%.</p> <p>Mr. Baackes asked how Ms. Reed feels about implementing the 30-day requirement in January 2026. She is confident in the implementation and noted that performance shows that 30 days is not a problem consistently.</p>	
<b>ADVISORY COMMITTEE REPORT</b>		
<b>Transitional Temporary Executive Community Advisory Committee</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper asked the Board to please take note of her comment. She doesn't object to the motion. She objects because the member of that committee never to the best of her knowledge, as a parent of a developmentally disabled son who has had issues, she never approaches anyone, it is her issue. She appreciates her, but she's there to represent all of us, not some of us, and sometimes members just direct for their concern. So that's why the ECAC needs to be more proactive. And number two, she would like to mention the RCAC selection committee for the new board chair to take Mr. Baackes' place. She hates to see him go, but she thinks there should be a member of the RCACs to be on that selection committee because his policies, and she's speaking from a point of authority from the enabling legislation where the consumers have points so she does have a point of authority. She would like to see a member of the selection committee to be able to give some advice on what they would like to see in the next CEO. She hopes they'll be like Mr.</i></p>	

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	<p><i>Baackes. But she does feel that there are some concerns she would like to address, and she would like a RCAC member to be on there so they can give input, because they are part of the enabling legislation, which is a part of the legislature. They didn't give us that responsibility just to be on there. They were part of that to advise the Board and through their elected representatives on the Board. She would like to be, and if you don't have anyone as a long time member she would certainly like to give her input on the next selection committee as one who's been here for many years, and don't take her comments negatively, she feels it's positive and she tries to be a positive role model and some of us won't always be here, but these policies would generate that. And I would like to see the RCACs, the ECAC be more proactive in response. We can't understand the big words you all use because they're very sophisticated, but we know as persons, we have to live under the system and to decide the programs that you decide. So please take notice. She's not negative, but she thinks the Board needs to hear this. Please take notice from the bottom of her heart and Board members, please give some input. It's very important because when they come here, sometimes they feel like they're just here without being heard.</i></p> <p>Chairperson Ballesteros noted that Board Member Gonzalez, <i>Consumer Advocate</i>, is a member of the selection committee, and Board Member Vazquez is the consumer representative on the Board of Governors.</p> <p><i>(Board Member Vazquez spoke in Spanish and below is a summary of her remarks translated into English.)</i></p> <p>Board Member Vazquez reported that TTECAC met on September 11, 2024. She thanked the members that attended the TTECAC in person and those present today.</p> <ol style="list-style-type: none"> <li>1. Roger Rabaja</li> <li>2. Silvia Poz</li> <li>3. Joyce Sales</li> <li>4. Maritza Lebron</li> <li>5. Ana Romo</li> <li>6. Damares O Hernandez de Cordero</li> <li>7. Tanya Lopez</li> <li>8. Alicia Flores</li> <li>9. Nereyda Ibarra</li> <li>10. Elizabeth Cooper</li> <li>11. Estela Lara</li> <li>12. Myrra Bolla</li> <li>13. Diana Camacho</li> <li>14. Maria Montes</li> <li>15. Lottie Cleveland</li> </ol>	

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	<ul style="list-style-type: none"> <li>• She thanked the members that attended the TTECAC meeting both virtually and in person. The comments and questions were greatly appreciated.</li> <li>• Dr. Amin reported on L.A. Care’s commitment to the unhoused community, emphasizing a comprehensive approach that goes beyond insurance provision. L.A. Care has allocated \$1.2 billion from 2022 to 2029 to support various initiatives, including establishing 10 new street medicine teams and a dedicated program in MacArthur Park, aimed at enhancing healthcare access and social services for vulnerable populations.</li> </ul> <p>Board Member Gonzalez, <i>Consumer Advocate</i>, reported:</p> <ul style="list-style-type: none"> <li>• Brigitte Bailey and Priscilla De La Torre discussed ongoing initiatives to enhance member experience within L.A. Care. They outlined strategies for improving appointment availability, reducing wait times, and increasing telehealth services, highlighting the correlation between positive member experiences and better clinical outcomes.</li> <li>• Dr. Eakins and Ms. De La Torre updated the committee on the reestablishment of the RCACs. “Welcome back” meetings are being held across all eight regions to grow member participation and discuss health care access, quality, and volunteer opportunities within L.A. Care initiatives.</li> </ul>	
<ul style="list-style-type: none"> <li>• Update on Automatic Push Door Request</li> </ul>	<p>Board Member Gonzalez noted that in response to a request during public comment from Deaka McClain, TTECAC Vice Chair, the Board will reconsider a motion to place push door buttons on any door accessible to the public at any site used by L.A. Care for public meetings.</p> <p>Chairperson Ballesteros invited a motion to reconsider the motion that was previously tabled.</p> <p>Board Member Booth asked why the Board is reconsidering. Chairperson Ballesteros responded that it is being reconsidered with information from staff on a road forward, so it seems like it's a good thing to do.</p> <p><b>Motion to approve reconsideration of the Temporary Transitional Executive Community Advisory Committee’s (TTECAC) motion requesting automated access for doors in public areas of L.A. Care offices and Community Resource Centers (CRCs).</b></p> <p>Chairperson Ballesteros refereed to the information in the meeting materials. Mr. Baackes commented that he reviewed the information with staff and asked that the recommendation be revised to go above and beyond in response to the request from TTECAC. L.A. Care is currently in compliance with the Americans with Disabilities Act (ADA) access requirements in all facilities. The staff recommends that the Board allow implementation of additional improvements above and beyond what is required by statute or local ordinance, at a cost up to \$1 million. The retrofitting costs in the current CRCs is over</p>	<p><b>Unanimously approved.</b>  <b>9 AYES (Ballesteros, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez),</b>  <b>1 ABSTENTION (Booth)</b></p>

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	<p>\$500,000. There are other L.A. Care facilities that are not included in that estimate. L.A. Care will be creative about some solutions when the physical layout at some sites prevents installation of an automatic door, but there may be other potential ways to achieve improved access. Staff would report progress regularly to the Board.</p> <p>Board Member Booth asked how well these work. It makes access much easier for anybody that comes through the door. But when they do not work, access can be very difficult, and she is not sure it is worth the cost. She does not want automatic doors on restrooms.</p> <p>Board Member Gonzalez commented that in her office approximately 50 employees use automatic doors every single day, multiple times a day, and she observed they have only broken down once in the last twelve years. She noted that depending on which vendor you use, they are pretty reliable.</p> <p>Terry Brown, <i>Chief of Human Resources</i>, noted that L.A. Care is looking into electric doors similar to a grocery store entrance, while exploring the possibility of using hydraulic doors in certain situations. L.A. Care will evaluate which is best for each environment. Neither can be used on restrooms, and L.A. Care is exploring acceptable alternatives to access, including things like door-less access, similar to airports. That type of access will work for large scale restrooms but not for small ones, and L.A. Care will be creative in an approach that preserves modesty and privacy. Each site may have a different solution to improve access.</p> <p>Supervisor Solis commented on the lease end dates, with the Pacoima site the lease has expired, and she asked what was done. Mr. Baackes responded that the Pacoima CRC now operates in Panorama City in a larger place. Supervisor Solis asked if there are automatic doors there. Mr. Brown responded that those will be retrofitted because that move happened within the last eight months. For future builds, including anything currently in progress, L.A. Care will update access. L.A. Care is looking for larger space for the Palmdale CRC next, it will likely be a full rebuild.</p> <p>Board Member Raffoul noted that L.A. Care buildings meet the regulations for access, so improvements would be above what is required. He asked Afzal Shah, <i>Chief Financial Officer</i>, to comment on the whether the financial cost would place undue burden on the financials of the organization. Mr. Shah asked for time to review it.</p> <p>Board Member Booth wondered if the recommended amount will be sufficient for all of the CRCs and doors in the new building. Mr. Baackes responded that the estimate includes retrofitting the 13 CRCs for approximately \$513,000. The renovations at 1200 W 7<sup>th</sup> Street have not yet gotten underway, so an estimated total of \$1 million would likely be sufficient.</p> <p>Board Member Vazquez commented that she would like to present the member point of view (<i>Board Member Vazquez spoke in Spanish and below is a summary of her remarks translated into English</i>).</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The members have those types of doors at small clinics. Our members consider this accessibility very important, as there are a lot of members with wheelchairs and walkers for assistance to access their medical services. As a health plan it is our responsibility is to provide the members everything that they require, as possible. The members consider it is very important to have this accessibility. She is here to represent the members and to see if we can reach agreement on this situation.</p> <p>Board Member Roybal commented that the cost is reasonable given the number of locations and the accessibility benefits for members. It is a large amount of money, but spread over many facilities it is a good investment in the sites.</p> <p>Board Member Booth asked if a particular type of door might become obsolete in a potential future law or regulation. Mr. Baackes responded that L.A. Care would install the state of the art solutions, which should be sufficient. Any new law would likely grandfather existing installations until the life cycle ends. Board Member Roybal noted that doors were installed in his clinic ten years ago and work great without any problems. The doors lock well and are secure, so the experience has been great.</p> <p><b>To direct staff to go above applicable ordinance or other requirements in design of automated access in public areas, to be creative with solutions according to what is best for the individual environment with a broader view of improving access issues, and to allocate up to \$1 million for retrofit of existing public areas.</b></p> <p><i>(Afzal Shah, Chief Financial Officer, added this comment later in the meeting and it is recorded here for relevancy.)</i></p> <p>Mr. Shah noted that \$1 million expenditure does not materially affect L.A. Care, especially because there is a \$364 million surplus year-to-date for July. At the same time, L.A. Care continues to watch every dollar for administrative expense. This would not be an administrative expense, it is a non-operating cost, and more of an access and health equity issue. The Board already voted approval. Mr. Baackes commented that L.A. Care is in good hands with Mr. Shah as <i>Chief Financial Officer</i>. Mr. Shah noted that this year L.A. Care is challenging every single chief, including the CEO, to reduce overall spending for L.A. Care. There has been spending beyond revenue for administrative expense. He noted there was a good discussion with Board Member Ghaly about that at the last meeting.</p>	<p><b>Unanimously approved.</b>  <b>10 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</b></p>
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	The Executive Committee met on September 25 <i>(copies of approved minutes can be obtained by contacting Board Services and will be available on L.A. Care’s website).</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>The Committee reviewed and approved a motion to Delegate Authority to the CEO to execute a membership sponsorship agreement with the California Medical Association for up to 1,153 physicians in L.A. Care’s provider network which does not require full Board approval.</li> <li>The Committee also reviewed and approved a motion for approve revisions to Human Resources Policies: HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses), which does not require full Board approval.</li> <li>The Committee reviewed and approved motions that were approved earlier on Consent Agenda.</li> <li>The Committee received the Monthly Investment Transactions Reports for August 2024.</li> </ul>	
<ul style="list-style-type: none"> <li>Monthly Investments Transactions Report</li> </ul>	<p><i>(Board Member De La Torre joined the meeting.)</i></p> <p>Mr. Shah reported that the July 2024 financials were presented at the last board meeting, and the August financials will be presented at the next Board meeting. The investment reports for the month of July are in the meeting materials and are informational items with no Board action needed.</p> <p>The investment transactions reports are included in the meeting materials <i>(a copy of the reports can be obtained by contacting Board Services)</i>. 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 L.A. Care's total investment market value as of August 31, 2024, was \$3.5 billion.</p> <ul style="list-style-type: none"> <li>\$3.4 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$125 million in BlackRock Liquidity T-Fund</li> <li>\$11 million in Los Angeles County Pooled Investment Fund</li> <li>\$6 million in Local Agency Investment Fund</li> </ul>	
<p>Compliance &amp; Quality Committee</p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper feels a little disappointed in how the Board just voted on an item which she appreciates, but when it comes to member issues, unless one is on the ECAC, she’s saying this without prejudice, as a member of the RCAC, one does not get a voice brought before the Board. That’s why she asked the local initiative, Hilda Solis and the Department of Managed Care, to hear her comments. She appreciates this, but she’s looking at this, unless one is on the ECAC, she doesn’t object, unless one is on the ECAC, as a member who’s been here over 20 years and helped some of the issues that they support now are allow in effect. But unless one is on the ECAC, one does not get an issue brought before, you do not let it get brought before the Board. She doesn’t feel they have equal representation whether it’s diversity or not, but she does not feel that the L.A. Care is doing</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>equal representation. It's something she does not want to do but the Department of Managed Care and the state legislature gave them the authority to give their point of view. But unless one is on these boards, you do not hear from our representation, in her opinion and others have said it. And that's why she's looking at this and that's why she would like to speak on public evaluation. And now please take notice of her comments, it's not out of madness, it's out of sadness because she just saw a motion presented. But when she brings up an issue as a member of the committee, a longtime member, an advocate for the disabled and all, one does not get any input unless one is on the ECAC, and they are selective in what issues they bring. And I have to say that not out of madness, but as a member.</i></p> <p>The Compliance &amp; Quality Committee met on September 19. The approved August meeting minutes can be obtained by contacting Board Services.</p> <p>Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department gave an update on the following items from the Chief Compliance Officer report:</p> <p><u>Chief Compliance Officer Report</u> The Chief Compliance Officer's report included updates from the Internal Compliance Committee, focusing on enterprise risk management and vendor management. L.A. Care is not only responsible for compliance but also for oversight of the compliance for any contracted providers. Key discussions revolved around action plans to enhance vendor oversight and ensure adherence to contractual requirements.</p> <p><u>2024 Enterprise Risk Management Assessment and Action Plans</u> The report highlighted the current status of the enterprise risk management process, detailing actions such as ongoing assessments and leadership reviews of the contracting process. Efforts are underway to formalize vendor risk management and establish a Vendor Risk Committee.</p> <p><u>Issues Inventory</u> The Issues Inventory section provides a summary of reported issues over recent months, with a total of 65 open issues noted for 2024. It categorizes issues by status, including those that require oversight, remediation, and tracking, illustrating the organization's ongoing efforts to manage compliance risks effectively.</p> <p><u>Appeal and Grievance Report</u> This section reports on appeals and grievance volumes from July 2023 to June 2024, identifying trends in complaints and the highest volume categories. It also outlines the initiatives being implemented to improve data reporting and compliance visibility through a new appeals system expected in 2025.</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• The committee charter was distributed to the committee for review and will be placed on the October C&amp;Q agenda for approval.</li> <li>• Dr. Amin presented the Chief Medical Officer report. He also gave a report earlier today.</li> <li>• Dr. Li's Quality Improvement and Health Equity Committee (QIHEC) report outlined various initiatives focused on enhancing health equity and addressing disparities within the community, including a gun violence awareness panel that distributed 163 gun locks. Other key findings indicate persistent disparities in clinical outcomes, particularly among Black/African American children in South Los Angeles, with community health workers actively promoting well-child visits and colorectal cancer screening through home test kits. He noted the importance of data acquisition and demographic updates to better identify disparities, alongside plans to empower provider groups and collaborate with community organizations for culturally tailored outreach materials.</li> <li>• As part of the QOC report, Dr. Sheen said that the Cultural and Linguistic Services Utilization Report indicates that L.A. Care is effectively monitoring its language services, achieving high satisfaction levels among members for translation and interpreting services during the first two quarters of FY 2023-24. While telephonic interpreting utilization increased significantly, there were some concerns regarding face-to-face interpreting satisfaction and connection times for telephonic services, primarily due to higher call volumes.</li> <li>• Priscilla Lopez presented the MY 2023 survey on access to care. The report highlighted L.A. Care's commitment to maintaining a minimum compliance rate of 80% for appointment availability and after-hours access standards. The survey results revealed that several provider groups performed below expectations, particularly in urgent care and call-back appointments, which negatively impact patient access to timely care. To tackle the performance gaps, L.A. Care plans to implement a range of interventions, including enhanced analytics, targeted education, and proactive outreach efforts aimed at improving provider engagement. L.A. Care will adjust its webinar approach to share best practices and corrective actions, growing its collaboration among provider groups.</li> <li>• Thomas Mendez reported the MY 2023 HEDIS results. The report indicates that L.A. Care successfully completed all HEDIS submissions for various lines of business by June 2024, maintaining a consistent 3.5 NCQA Health Plan Rating for Medi-Cal since MY 2020. Overall, HEDIS rates have shown improvement since the COVID-19 pandemic, with 11 of 18 Managed Care Accountability Set measures meeting the minimum performance level, contributing to a projected \$500,000 reduction in potential penalties from DHCS. Significant gains were noted in Controlling Blood Pressure, Colorectal Cancer Screening, and HbA1c for Diabetics, all exceeding last year's results.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>At the conclusion of the Compliance &amp; Quality Committee report Mr. Shah commented on the earlier report from ECAC, and his comments are included above at the end of the ECAC report on page 22.</i>	
<b>ADJOURN TO CLOSED SESSION</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented that she's looking at the closed session and there are 13 anticipated litigation for LA Care. As a member, she's concerned about the litigation. As a member of the RCAC, when they go before, they get no answer if they have a concern. In fact, she brought up issues which cry out for the Board's attention and she got no response. She wonders if litigation is the only alternative for members. She looks at all the litigation, it is going to cost L.A. Care some money. But where are the consumers when they have a cries out for a concern and members have. Who responds to them? They don't get response Who do they go to? This is litigation. Who do we go to? Because this is going to cost L.A. Care some money where maybe it could be put back in for the benefit of all the members. This is not something because it's not about longevity for her being on the committee, but she's looking at the future. And she just would like that when she addresses members of the board and the member of the local initiative, the Honorable Solis, she wants you to know that there are members who have issues, they have no alternative, but these members will have litigation, they will have to respond. And it might cost L.A. Care some money, big money, which can be used for the consumer. She would like the Board to do that, as a member and one who's concerned about the wellbeing, financially and wellbeing.</i></p> <p><i>Joyce Sales is the Interim Chair of RCAC 6. Those who are celebrating the holiday, Happy Holidays. Be safe. Stay protected. She has a comment regarding item 7. The consolidation with the fire department and the advanced provider response unit. One thing that stuck out to her was that Ms. Smart's colleague mentioned that the ECM calls that the patients make are never responded to, but they're in abundant communication with the workers. She has been working and volunteering for the last almost ten years, eight to ten years, as a community advocate and helping the public consumers access health care services and any other services. When you call the agencies, the response is terrible, and this is something well before and beyond COVID. She doesn't know if it's budget or staff, or a lack of concern and people just coming to the office every day and doing the bare minimum and leaving, but how do they get to a point where people who are taking advantage of the ECM programs get a response from the workers, so that they won't have to utilize additional monies to collaborate with city and county agencies. It's very frustrating. She's experienced situations where one gets frustrated and if one has a health condition and it finally gets to a point where it becomes serious, then the last resort, or the only resort, becomes 911. So her comment, her concern, is how do we resolve it? She can complain, complain, and complain. She can be of the pessimistic attitude character, but she's not ever seeing any resolution. She read today billions of dollars, millions of dollars, several hundred millions of dollars, that state of California, Newsom, is delegating and nothing seems to get done. Every day one sees the money is being allocated, but the homeless, the underserved, the non-served, the numbers increase. So, where's the help? What do they do? It's not easy she knows, but it's a major problem and it's the frustration with people taking advantage because they already feel like there's no help and there's not going to be any help.</i></p> <p>Dr. Amin understands her concern about agencies not picking up the phone. He feels there may be a misunderstanding with something that Ms. Smart said. The ECM program includes providers, nurses and social workers and case managers, and the issue that Ms. Smart raised was not about a patient calling the ECM provider and they're not picking up the phone. What she was trying to say was that the enhanced care manager, the nurses, and the social workers, are constantly</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>trying to reach out to the patient and cannot reach that patient, but that patient is able to call 911 for assistance. The fire department is getting the call from the patient, and is going out to the patient's house. There is an opportunity to connect that member or that patient back to the enhanced care manager who has been desperately trying to get in contact with them. We are trying to say that there's a magical moment there where the fire department is in the home with that member and can call up the enhanced care manager to invite them to see the patient. As a health plan, L.A. Care works to connect the enhanced care manager, the fire department and the member.</p> <p><i>Ms. Sales works with a nonprofit that has a licensed social worker and case managers. They are with Health Net, Molina, Aetna, and are in the process of contracting through the state with L.A. Care to provide the ECM program. The social workers are not responding, for whatever the case may be, to the calls that the patients are submitting to them. And that's where the frustration builds up. She may still be misinterpreting what he's said, but as a public individual, she's in agreement with Ms. Cooper that the language, this protocol is completely new to her, but the frustration is, as a public consumer, it's an ongoing thing, and it's extremely frustrating. She doesn't consider herself the smartest chick on the block, but she knows what she's experienced, and knows that it's not always the best service and the best response. And that goes across the board. That's not just the healthcare, that's all these systems that are in place that they're constantly giving these buzz names to and reorganizing and reallocating and moving here and moving there and nothing gets done. But the taxes continue to go up and the costs continue to rise, the service and the quality is worse. She's lived here her entire life. She is 65 years old and sees nothing good.</i></p> <p>Board Member De La Torre apologized that he was late and missed the presentation. He sees something good with this program. The previous CMO was approached about this program and did not pursue it. He thanked the team for doing it now. This program is common sense. It was piloted in the high desert, had significant success, and it made sense for L.A. Care because there are many members that are high need. He is thankful that we're finally doing it and its starting to yield results. It is not a panacea, it is for a certain segment of the membership, but it will reduce costs and it will improve care for those who have a myriad of needs that aren't being met. They need the support and if it can be provided for pennies on the dollar, then it makes sense on both the care side and the fiscal side. He appreciates that LACoFD for doing this program, it was their initiative and L.A. Care just piled on.</p> <p>Chairperson Ballesteros thanked Ms. Sales for bringing this up. It is good that she is involved with the RCACs, because discussion on these topics may lead to bringing ideas forward to ECAC and then to the Board.</p> <p><i>Ms. Sales noted as she said earlier, there's no result, there's no resolve, and the deficit and the activity, and when she says deficit it's for lack of a better word, she's not referring to money, but the service and the need don't get any better, it tends to get worse. She doesn't know, it's above and beyond what can happen in this room, but it's very frustrating. It's extremely frustrating.</i></p> <p>Chairperson Ballesteros suggested that she talk with Dr. Amin directly.</p> <p><i>Ms. Sales responded that it's not about being spoken to directly. It's about figuring out the powers that be. It's about figuring out how to really make and see a difference. Even yesterday she was on the phone with AT&amp;T. They transferred her to five different people and she still didn't get a result. So it's not just health care, it's overall services</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>that we're paying for, and there's no benefit. She never feels good about having to pick up the phone and call an agency with the hope that she will get an answer or a result without all the time involved. But yet every day she gets an email from Urban LA which talks about all the development and the state millions and billions of dollars that are coming this way. And there's no improvement. There's absolutely no improvement. She's lived here her entire life, in the same West Adams neighborhood for 20 years. She grew up in the Crenshaw district. She is not impressed with this city. Yet people thankfully keep coming here. But for her, if there was somewhere where she could go and feel like she's living a comfortable life, if she feels like if she has a need, it's will be given attention, there will be a result, then that's where she would be. But that's not the case. We hear the reports, it's &lt;expletive&gt;. It's not about having private conversations to express my same frustration. It's about the powers that be supervisors, politicians, presidents. It's about coming to some kind of resolve to make life better. These Jewish holidays are here and the Jewish community is afraid to celebrate the holidays. Where are we? Who are we? What have we become?</i></p> <p><i>Reginald Fagan Okay thank you for this opportunity. And I'm listening to Ms. Cooper and this lady right here. And kind of in the same spirit, it's almost like you have to consider possibly a lawsuit or going to a state agency to file some type of grievances on another level because you got all these systems and they sound real good, and this just think tank right here. He's checking everybody's credentials and there are heavy people here. But it's still like the lady's saying here, it's the spirit of mediocracy. People doing just enough. He's in a housing program that L.A. Care put him through. But when we talk about social determinants of health, it's a big gap there. L.A. Care has an allergy program. For the last six months, he's been trying to get the pulmonologists to just fill out the form. Six months. A community worker wrote the provider up because every time the form would be faxed, a week later, they called to get the application back and they never acknowledged getting it. This went on about five times. Meanwhile, he's in a place that's just covered with mold, dust and everything else. Talking about social determinants of health, you have a housing component, you have an adaptive organization that deals with coming out, modification, and it just seems like at some point a community worker would say, wait a minute, this provider dropped the ball and let's try to get somebody out there to do an evaluation because we don't want our member in a contaminated facility. But it just seems like it's the hardest thing. So he's sitting back thinking does he call Sacramento? Does he get an attorney? Because he's tired of playing. And so he understands Ms. Cooper's spirit, do they have to sue to get attention. He grew up here. He'll be 67 in two months, he's a LA product. He grew up in Los Angeles, California and is proud of it. He is disappointed in the mediocre attitude. He wants all of you to go back and figure out how to take that extra mile. Go that extra mile. Don't just be concerned to do just the minimum. Because what they're all trying to say is they need you folks, our leadership, to step up and do more. He asked to please forgive him because he doesn't mean to come here, talking in such a manner as disrespectful, but he's tired. At 66 years old he has something to offer to his community and he doesn't want to be stuck. He wants to be well.</i></p> <p>Mr. Baackes responded to Mr. Fagan, the same frustration he is talking about, L.A. Care experiences as an organization trying to work with other organizations. He has heard talk about collaboration over and over again because as a health plan, L.A. Care cannot solve all the issues or address all the social determinants of health. And it shows in how L.A. Care is exercising CalAIM. L.A. Care has 85 contractors working on CalAIM. There are more contractors providing Community Support services. And there are opportunities to use some of the money that's coming through CalAIM working with other city and county agencies. Getting through the years of bureaucratic silos is very difficult. Mr. Baackes doesn't accept mediocrity, and L.A. Care is working very hard to break down the barriers. Proposition 35 is collaboration.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>He suggested that people read about it and figure out how to vote. It came about because everybody got on the same page and put forward a solution that they think will solve a lot of issues. He understands exactly what they are saying and he asked them not to think the comments have fallen on deaf ears.</p> <p>Board Member Booth asked about Proposition 35. Mr. Baackes noted that Proposition 35 is about an existing tax that has been around since 2009 and lapsed for one year in 2022. The tax is on managed care organizations, it is called the MCO tax. The tax collected is eligible for matching funds from the federal government. In the past, the matching funds have gone into the State's general fund. The proposition would require that the substantial matching funds go to support supplemental reimbursement for providers to participate in Medi-Cal. This is an attempt to close the gap of reimbursement between what a provider receives for Medi-Cal and the amount received for Medicare. Right now Medi-Cal is the lowest reimbursement and the desire is to bring Medi-Cal closer to Medicare.</p> <p><i>Elizabeth Cooper commented for the future RCAC members, there's a culture issue there she feels, that she hopes that the Board can address through evaluation. She hopes that the evaluation would include consumer issues and not just those who sit on a different Board. Make sure that the Board gets input, whether it is a list of questions to the RCAC members about what they appreciate and that can be brought before the ECAC. Because other than that, they do not have representation. We have participation, but no member has asked the RCACs, nor the ECAC. There's no objection to the RCACs. She appreciates all the committees that work on their behalf, and she appreciates Board members, but there is a deficit and she thinks that's where making sure that a list of concerns that the members would like to see in the new CEO, and also how they can give input rather than output.</i></p> <p>The Joint Powers Authority Board of Directors meeting adjourned at 3:47 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:48 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>October 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>● Plan Partner Rates</li> <li>● Provider Rates</li> <li>● DHCS Rates</li> <li>● Plan Partner Services Agreement</li> </ul>	

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

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

1) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220075422)

2) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220074758)

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

1) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02659

2) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV15865

3) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV33996

4) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV22700

5) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV25633

6) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. and Norris 23STCV25875

7) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV21495

8) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV20537


9) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV13310

10) *University of Southern California on behalf of its Keck Hospital of USC, on behalf of its USC Verdugo Hills Hospital, and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV13333

11) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV17654

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	12) <i>University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County</i> , L.A.S.C. Case No. 22STCV02072	
<b>RECONVENE IN OPEN SESSION</b>	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 5:28 pm. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 5:28 pm.	

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

APPROVED BY:  
DocuSigned by:  
  
PDF074516A9349A  
John G. Raffoul, *Board Secretary*  
Date Signed 11/14/2024 | 8:09 AM PST

**APPROVED**