

Board of Governors
Regular and Special Supplemental Meeting Minutes #287
May 7, 2020

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



Members

Hector De La Torre, <i>Chairperson</i>	Antonia Jimenez
Alvaro Ballesteros, MBA, <i>Vice Chairperson</i>	Hilda Perez
Robert H. Curry, <i>Treasurer</i> *	Honorable Mark Ridley-Thomas *
Layla Gonzalez, <i>Secretary</i>	G. Michael Roybal, MD, MPH
Stephanie Booth, MD	Ilan Shapiro, MD
Christina R. Ghaly, MD *	Nina Vaccaro, MPH
George W. Greene, Esq.	

**Absent **All via teleconference (COVID-19)*

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 Dino Kasdagly, *Chief Operating Officer*
 Alex Li, MD, *Deputy Chief Medical Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*


California Governor issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order No. 33-20, ordering all residents to stay in their homes, except for specific essential functions.

Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:05 p.m. for the regular and Special Supplemental Agendas for L.A. Care and L.A. Care Health Plan Joint Powers Authority. The L.A. Care Board of Governors regular and special supplemental meetings and the L.A. Care Health Plan Joint Powers Authority regular and special supplemental meetings were held simultaneously.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. The process for public comment is new because of the extraordinary circumstances of the pandemic and adjustments are needed to be in compliance with the Governor Newsom’s Executive Orders. You have the ability to submit your comments ahead of each item that you would like to speak on via text or email and we will read those at the appropriate time on the Agenda. As is done at the regular meeting, comments are taken before the item is discussed by the Board. Board Members have already received voice messages and written comments that were sent before the meeting. Comments that are sent during the meeting will also be read for up to three minutes. Just as at any other meeting, public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board, just as we do in regular (in person) meetings.</p>	

APPROVED

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	<p>For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you have questions about where to locate the materials, please let us know.</p> <p>He asked for a moment of silence for those who are suffering from the effects of COVID-19, including those who have tested positive for the virus and especially for the more than 100 members who have lost their lives due to this pandemic.</p>	
APPROVAL OF MEETING AGENDA	<p>The agenda was approved as submitted.</p>	<p>Unanimously approved by roll call. 8 AYES (Booth, De La Torre, Gonzalez, Jimenez, Perez, Roybal, Shapiro and Vaccaro)</p>
PUBLIC COMMENT	<p><i>Given current public health guidelines and orders, public comments received have been provided to Board Members in writing. Public comment received was read during the meeting for three minutes for each person submitting comments. Additional comments not read due to time will be printed as an addendum at the end of these minutes. Members Ballesteros and Greene joined the meeting.</i></p> <p>Text message received on April 11, 2020, 8:09 p.m., from Carolyn Navarro. Public comment for May 2020 Board Meeting , will be verified from Carolyn Navarro for crime victim daughter Vanessa : after our repeated attempts to notify the state (public health and DMHC) and LA Care about Synermeds abuses going back to 2014 we now believe the state of Calif and LA Care are hiding the harm Synermed has done to patients who have the right to know they are crime/fraud victims, both agencies are carrying on like no one was actually harmed and not accepting responsibility for their lack of oversight, especially DMHC. LA Care , the state and the county have failed victims of Synermed who have the right to know, it is discrimination because of the disabilities many of these enrollees have and their advocates not being notified. I will also be verifying my April comments I’m within in my Brown Act rights making</p> <p>Text message received on April 12, 2020, 8:53a.m., Carolyn Navarro, Add to, to be verified public comment that the state and county don’t want to acknowledge their own negligence, why would they have to when “helpless” people (such as Vanessa) can’t defend themselves? State and county don’t have a choice, Synermed abuses are an adverse event , my daughters preventable coma was adverse , it’s against the law not to tell a patient they were adversely affected and they know it! Board members are liable for LA Cares conduct.</p>	

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	<p>We were lied to and told Vanessa had to go to Pacific Alliance when they had no right to force her telling us she was “capitated” to that <i>expletive</i> hole “hospital “ as far as I’m concerned that is adverse and almost killed her then ,I intend to keep pursuing this indefinitely, Mr. Baackes even admitted to me there was a problem and nothing was done to help Vanessa even then in Nov 2015! I question Mr. Baackes’s leadership of LA Care!</p> <p>I also don’t believe LA Care really investigated what happened to Vanessa and think we were lied to!</p> <p>Mr. Baackes is not doing his job and needs to be kicked out, he knew all about Vanessa and turned a blind eye!</p> <p>It’s suggested the doctors on LA Cares board look into what was done to Vanessa and Mr. Baackes and Dr. Carter handled it! They are on the hook for LA Cares conduct!</p>  <p>I do believe state and county people are covering up the abuses and I already know who they are , I intend to paint them into a corner so they can’t just make it about me!</p> <p>I intend to report the doctors</p> <p>Text message received on April 19, 2020, 4:37 p.m., from name not stated. I located another MSO near Monterey Park and Alhambra and a person who works there states as of 2019 that non licensed people are making medical decisions about patients just like what caused Vanessa to be in a 9 day coma, it’s suggested you look at what these losers are doing to enrollees instead of doling out carte blancs allowing them to abuse dependent adults, which I bet is going on even now because of your negligence. You need to watch what is going on instead of using these people to do your “dirty work”!</p>	

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Garfield Building - May 8, 2019

THE BAD:

- Parking always full after 8:30am. Have to park in the residential area.
- Most admins consist of old doctors who should SOOO be retired.
- Most people are SUPER clicky.
- Too far away from everything to go anywhere for lunch outside the building (Only a 30 min lunch)
- HR dept tends to lag in their response time and clarity of answers on anything.
- Not for those who don't like sitting at a computer w/o music/stimuli while they work 8 hrs/day.
- Non-licensed personnel often on call to handle after-hours scenarios for those who SHOULD be licensed.
- Popular people get away with things like texting on their personal phones and listening to music on their

- time and clarity of answers on anything.
- Not for those who don't like sitting at a computer w/o music/stimuli while they work 8 hrs/day.
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	<p> </p> <p> 34 26 14 10 s Reviews Salaries Photos Jobs Q&A Inte those who SHOULD BE LICENSED. - Popular people get away with things like texting on their personal phones and listening to music on their headphones in their cubicles when everyone's been told NOT to do that multiple times from hiring to the present. - Most admin MDs try to force their preferred providers for whatever services they hear about for their members even when it doesn't make sense why. - It's cubicle work so if you use the phone a lot since many are case managers, you can be heard easily by others. - Customer service giving information to people who should get it from licensed nurse case managers too often. - IT guys don't prioritize or even care about you unless you are one of their </p> <p> Also being forwarded to DMHC that Synermed scams are still being perpetrated on disabled. </p> <p> Message received on May 7, 2020, from Elizabeth Cooper, RCAC 2 To the Chairperson, Board of Governors, and Mr. John C. Baackes. As a member of L.A. Care I would like to thank you for your motion of support for the consumer advisory committees and staff, etc. at the April 2020 Board meeting. I would appreciate if the Board would consider </p>	

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	<p>a thank you to all the providers. Doctors and health care providers, etc. for their work helping L.A. County. And I would like to thank them for providing safety and support. I would also like to thank public officials for their support. I love California and I love L.A. Care.</p> <p>Chairperson De La Torre announced that public comment period is closed. He also extended condolences to Mrs. Navarro, on his own behalf and on behalf of L.A. Care. He has a daughter who was hospitalized and moved around during her care, and was in the intensive care unit (ICU). She was in a coma. He feels very, very sorry and he extended to Mrs. Navarro and her family his deepest sympathy for the loss of her daughter. He understands that losing a child is a tragedy. He also thanked Mrs. Navarro for sharing her concerns. He asked that Mrs. Navarro please know that patient safety and access to quality health care services is our highest priority, and she can be assured that L.A. Care has implemented quality assurance processes, including peer review, credentialing and grievance and delegation oversight processes in which all member concerns, like hers, are reviewed and addressed appropriately and in accordance with applicable rules and regulations. Specifically, with respect to Mrs. Navarro’s concerns about EHS and Synermed, L.A. Care no longer contracts with EHS. Confidentiality requirements like Health Information Portability and Accountability Act (HIPAA), prevent us from commenting publicly about the care rendered to specific patients, however, at your discretion we can have members of our staff speak to you or other members about their concerns privately. Please let our Board Services staff know if there is a request to speak with an L.A. Care staff member regarding member concerns. He thanked Mrs. Navarro again for expressing her concerns. He noted that the Board hears her and appreciates her comments. He expressed his deepest sympathies, personally, and on behalf of the Board of Governors, for her loss.</p>	
<p>CONSENT AGENDA ITEMS APPROVED BY A COMMITTEE</p>	<p>The Chairperson read the items on the Consent Agenda to be considered by the Board:</p> <ul style="list-style-type: none"> • Approve April 2, 2020 meeting minutes • Revised 2020 Board of Governors Meeting Schedule <u>Motion EXE 100.0520</u> To approve the revised 2020 Board of Governors meeting schedule as submitted. • Quarterly Investment Report <u>Motion FIN 100.0520</u> To accept the Quarterly Investment Report for the quarter ending March 31, 2020, as submitted. • WEX Health Contract Amendment <u>Motion FIN 101.0520</u> 	<p>The Consent Agenda items were unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Greene, Jimenez, Perez,</p>

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	<p>To authorize staff to amend the contract in the amount of \$3,520,000 with WEX Health to provide Covered California Premium Billing services through December 2021 for a total contract of \$8,495,500.</p> <ul style="list-style-type: none"> TransUnion Contract Amendment <u>Motion FIN 102.0520</u> To authorize staff to amend a contract with TransUnion for the period of June 1, 2020 to May 31, 2021, to provide encounter processing services, in an amount not to exceed \$1,300,000, for a total contract amount not to exceed \$6,836,000. SAP Contract Amendment <u>Motion FIN 103.0520</u> To authorize staff to execute a contract in the amount of \$6,278,311.28 with Systems, Applications, and Products (SAP) to provide Success Factors, Human Resources Information System for the period of May 20, 2020 to May 19, 2025. Healthx Contract Amendment <u>Motion FIN 104.0520</u> To authorize staff to amend a contract with Healthx in the amount of \$2,088,000 (total contract not to exceed \$7,588,000) and extend the contact term for hosting services through February 28, 2021. <p>Member Perez asked why there are no committee meetings in July. Chairperson De La Torre noted that the committee meetings are in preparation for the Board Meetings. Since there is no Board meeting in August, committees will not meet in July. (<i>Committee meetings will resume in August in preparation for the Board Meeting in September.</i>)</p>	<p>Roybal, Shapiro and Vaccaro)</p>
<p>CHAIRPERSON'S REPORT</p>	<p>PUBLIC COMMENT</p> <p>Text message received May 7, 2020, 1:56 p.m. from Cleo Clotill Ray. How will L.A. Care address the disparities in its RCACs without Black African Americans as members on all of its committees? You can't provide equal access to medical care if we're not at the table to inform you of our needs. African Americans don't have enough Black doctors to provide the kind of service that we need. We live and die on the streets of LA everyday. At this rate will we as African Americans disappear, from lack of services, homes and health care. Thank you. Cleo Ray. The only black RCAC 5 member for the last 5 years! What about our health?</p> <p>Chairperson De La Torre thanked her for the comments. He noted that this issue has come up before, and requires volunteers to come forward to participate. He invited John Baackes, <i>Chief</i></p>	

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	<p><i>Executive Officer</i>, to add any additional comments during his CEO report. Chairperson De La Torre added that, in terms of the doctors, medical practitioners, he has spoken numerous times about the shortage, it is a problem not limited to L.A. Care, it is a problem throughout California and the United States. L.A. Care is doing everything it can to augment the students entering medical schools, through scholarship and loan repayment programs to practicing physicians, to keep physicians in California and in Los Angeles County, providing care for our members. But, he continued, we can't invent them, they have to be out there taking on the challenge themselves, and we can recruit them to serve our members.</p> <p>Chairperson De La Torre reported that at the Executive Committee meeting last week he thanked staff for their incredible work in this difficult transition. Most L.A. Care workers are now working from home, keeping track of L.A. Care's over 2 million covered members and providing services for them every single day under these extraordinary circumstances. We see in the media that people are acknowledging and praising nurses and doctors, janitors and medical assistants, who are providing care during this difficult time. He also wants to acknowledge L.A. Care staff members because they are the ones who are making sure that L.A. Care is functioning and members are getting the care that they need. L.A. Care is the "people's plan", and despite the difficult circumstances, we are trying to provide the best services we possibly can for our members. He is very, very proud of that.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p><u>PUBLIC COMMENT</u></p> <p>Telephone call (not a recorded message) received on April 29, 2020, 2:22 pm, from Elizabeth Cooper</p> <p>Thank you, Board Chairperson Mr. De La Torre and Members of the Board of Governors. I would like to thank you on my behalf and my son's behalf, regarding the issues of health care that you help address for all members and the community. In particular, I am deeply concerned about the issues of the Coronavirus and the impact it has on the African American community and people of color. My concern is about the data showing a high death rate among African Americans and people of color. I would like to see some strategy or concerns from the L.A. Care Board members. I would like to know what L.A. Care is doing to address that issue. To me this issue cries out for your concern. And finally I would like to say thank you to the Chairperson, members of the Board, and staff and also the organization for addressing health disparities. Thank you board members for giving me the opportunity to speak through public comment. And thank you to the Chief Executive Officer, John Baackes and staff. Your concern on this issue is welcome.</p>	

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	<p>Mr. Baackes commented that during the Chief Medical Officer report there will be a report on the special effort to reach out to the African American and Latino communities that are part of our membership because we recognize exactly the points that Mrs. Cooper has been making. People of color seem to have more deaths and more infections than the population as a whole. L.A. Care has the ability to help address that and there will be a report on this topic from James Kyle, MD, M.Div., <i>Medical Director, Quality Improvement</i>.</p> <p>Mr. Baackes referred to his written report in the meeting materials (<i>a copy of his report and related attachments is available by contacting Board Services</i>). He thanked everyone for attending this meeting.</p> <ul style="list-style-type: none"> • The Chairperson acknowledged earlier and it was reported at the last meeting in April that starting on March 20, within a week L.A. Care has deployed almost all staff to work from home. L.A. Care continues to have a skeleton crew of staff who come in to the office to maintain the information technology (IT) infrastructure, to open mail and to send out checks (L.A. Care still receives claims by mail and they have to be paid. L.A. Care still pays by check some providers that do not have electronic funds transfer). He complimented those staff that still come in to the office. • The important thing to note is that as a result of this redeployment of our staff and our responsibility to provide customer service and to pay providers on time and accurately all of the metrics or key business indicators are hitting highs. L.A. Care is doing extremely well with customer service, answering calls and dealing with their concerns, and in paying claims at a rapid rate. Care management staff is able to keep up with health assessments and other activities, all while working from home. • It has been noted that L.A. Care employees like working from home, and have made it quite clear that post-pandemic they would like to have more opportunity to work at home. L.A. Care is developing a post-pandemic work at home policy. • Interestingly, L.A. Care would have been reluctant to move customer service and claims to home environments because it was thought that it would be difficult to maintain production numbers, and yet it has proved wrong. L.A. Care definitely will have a totally different workplace when the pandemic passes and can begin to bring employees back into the work place. He will report more to the Board as that policy is developed. • A major health plan responsibility is to ensure that members have access to high quality providers and that those providers are financially compensated for those efforts. It has been noted in the press and as a stakeholder Board, many of the Board Members are aware that hospitals stopped taking elective procedures to make hospital bed space available for COVID-19 patients, and non COVID-19 patients were discharged as quickly and safely as possible to create bed spaces. While that was a good thing in preparing for the possibility of 	

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	<p>COVID-19 patients, in the absence of COVID-19 patients admitted for care, there was a loss of revenue for those institutions.</p> <ul style="list-style-type: none"> • For L.A. Care providers and doctors working in their offices, with the stay at home order people are reluctant to go into the doctor’s offices even though it would be considered an essential activity, and most providers are reporting cancellation of up to 50% of their normal appointment volume. This creates a deep financial problem, depending on how the provider is paid. • He reminded the Board and public that most L.A. Care providers are enrolled through delegated entities who are paid by capitation based on the population that they care for, which is unaffected by the volume of services provided. So for most L.A. Care providers, particularly primary care, capitated providers have continued to receive the same compensation as they received pre-pandemic. This provides a financial buffer that would not be there if the provider were contracted with L.A. Care on a fee-for-service basis. • The public hospitals in Los Angeles are also capitated with L.A. Care, meaning they are paid based on the number of people enrolled with the Los Angeles County Department of Health Services for primary care, and despite any diminution of a census, they have received the same compensation. • Many of L.A. Care’s other hospitals are paid on a fee-for-service basis. L.A. Care has been working on this with the Hospital Association of Southern California. He thanked Member Greene for making his staff available to meet with L.A. Care and hear their concerns about operating under the current constraints. L.A. Care must make sure that any funds that are passed on will count in L.A. Care’s medical cost base going forward. • L.A. Care has accelerated claims payments to hospitals by removing certain edits and business processes. As a result, in April L.A. Care paid out \$80 million more in claims to hospitals than it normally would. A normal claims run in a month can be between \$200 and \$240 million. L.A. Care probably paid \$300 million in April to hospitals in the provider network, and all of that will count in medical care costs to L.A. Care going forward. • For primary care providers and federally qualified health centers (FQHCs), L.A. Care has determined that even though many of them may be capitated, their practice still may be suffering because not all of the practice is in that payment methodology, so L.A. Care advanced \$21 million in pay for performance incentive payments. All L.A. Care primary care doctors receive pay for performance incentives, which are usually paid in January. Last January they received the pay for performance incentives earned in 2019. The pay for performance incentive for 2020 would be paid in January 2021. By the end of April, 2020, primary care providers received an advance on the 2020 payment equally to what they had 	

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	<p>received in 2019. With this advance payment, providers were informed that if their ultimate pay for performance earned for 2020 was higher than what was advanced, they would receive the additional amount in January 2021. If the pay for performance incentive is lower than the amount advanced, L.A. Care will let them keep the additional amount.</p> <ul style="list-style-type: none"> • The hospital claims payment of \$80 million and the \$21 million advanced to primary care providers represents over \$100 million to assist the safety net in Los Angeles County. • L.A. Care also reviewed the Community Health Investment Fund (CHIF), which supports the safety net provider network through grant funding, and has accelerated grant payments awarded in prior years for a multi-year period. Around \$7 million in CHIF funds will be advanced to clinics, community health centers and community based organizations. An additional \$6 million in CHIF grants and targeted funding for the current fiscal year has been redirected to community based organizations and clinics to support L.A. Care’s most vulnerable members. The grants will be awarded mainly to support programs that will address homelessness and food insecurity. There is a list in the CEO report describing the areas of funding. • These funding programs represent a significant step forward by L.A. Care. Providers and community service organizations are happy about L.A. Care’s assistance. L.A. Care will be ready to provide additional support if it is needed. • As a Medi-Cal managed care plan, L.A. Care relies on financial help from California in combination with the federal government, since they split the cost of Medi-Cal. • As a result of skyrocketing unemployment, L.A. Care is expecting a surge in Medi-Cal enrollment. It has been generally agreed that enrollment in Medi-Cal in California may increase by 1.5 to 3 million. If L.A. Care’s share of that increase is the same as its current market share, it could see new enrollment of between 230,000-400,000 people in the next few months. He thanked Board Member Antonia Jimenez, <i>Director, Los Angeles County Department of Public Social Services (DPSS)</i>, for alerting L.A. Care of any changes in Medi-Cal enrollment. She reported that to date, there has not been an increase in Medi-Cal applications at DPSS. It is expected that many people furloughed or laid off work may have continued health care coverage from their employer or may be considering using the Consolidated Omnibus Budget Reconciliation Act (COBRA) to continue health care coverage, before they would realize they are eligible for Medi-Cal. • Member Jimenez has previously informed Mr. Baackes that there has been a 75% increase in CalFresh applications, indicating that there is a need and a surge in Medi-Cal enrollment may be coming this summer. (CalFresh is a nutrition assistance program that can help people in low-income households purchase food by increasing their food-buying power.) 	

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	<ul style="list-style-type: none"> • There was an increase in Medi-Cal enrollment for May 1, but that is probably because the redetermination of eligibility for Medi-Cal was suspended until June 1, to continue eligibility for some who may not have completed a re-enrollment application before the deadline. • In January, Mr. Baackes reviewed proposals by the California Department of Health Services (DHCS) to improve CalAIM. Nearly all of those proposed changes have been suspended because there were huge budget implications which the state is not going to be in a position to fund. • DHCS intends to proceed with the separation of prescription drug benefits from Medi-Cal on January 1, 2021 so that the State could seek additional cost savings. L.A. Care believes this could be troublesome given the expected number of new enrollees this year, who would then be subject to changes in their prescription drug program on January 1, 2021. • L.A. Care continues to be concerned that the California budget will be negatively impacted because of the looming economic recession due to the pandemic related economic shut down. This morning the California Department of Finance issued a directive that it is expected that for the California Budget beginning July 1, there will be a \$53 billion deficit. As was discussed with Chairperson De La Torre prior to this meeting, during his term in the state legislature, the budget deficit during the last recession was between \$20-\$30 billion, so this will be a much more painful budget process, which will force an impact to Medicaid. The Governor is scheduled to release a detailed budget on May 14, which will provide a first glimpse of cuts to state programs. It is expected the cuts to Medi-Cal will be eligibility, benefits and, unfortunately, in reimbursement to providers. Mr. Baackes shares this with the Board, particularly the stakeholder Board members, to help them prepare for that issue when it comes up. • Ahead of discussions with Board Members and senior staff members, he suggested it would be prudent for L.A. Care to have a community meeting with providers to share information and gather their thoughts on how to approach this together. L.A. Care will have to figure out how to equally share the pain of cuts so that everybody can all get through this. The planning for funding cuts will need to be done even as L.A. Care experiences a surge in enrollment. • The state budget is being advanced without any of the COVID legislation that has been passed as stimulus or relief. At the federal level, four bills have been passed as economic stimulus, but none has provided long term support to keep Medicaid plans around the country solvent during the upcoming recession. The second bill included a 6.2% increase in the match under the Federal Medicaid Assistance Percentage (FMAP) for the duration of 	

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	<p>the pandemic, which is short term and wholly inadequate to cover the kind of budget deficits that were broadcast this morning.</p> <ul style="list-style-type: none"> • It is somewhat disappointing that L.A. Care’s trade associations have not been lobbying aggressively on its behalf for federal Medicaid support. • L.A. Care took the lead and garnered support from 14 other local initiative public entity health plans to sign a letter that was sent to the entire U.S. House of Representatives California Democratic delegation (which at 45 members is the largest state delegation in Congress and includes Speaker Pelosi). A copy of the letter is included in the CEO report. The letter calls for four specific things: <ol style="list-style-type: none"> 1. Increase the federal share of Medicaid spending and commit to at least a two-year period of federal Medicaid funding for states. Precedent was set in the last recession in the 2009 American Recovery and Reinvestment Act, which provided funding to the state for 27 months to keep Medicaid solvent. L.A. Care’s strategy department developed a projection that Medicaid has 71 million beneficiaries and may grow further because of unemployment to an estimated 82-94 million beneficiaries. A procurement equal to the proportion in the 2009 Act would need to be between \$168-\$192 billion in funding to sustain the Medicaid program at the state level. 2. The Medicaid Fiscal Accountability Proposed Rule (MFAR) must not be finalized during the COVID-19 crisis. MFAR which would impact the amount of supplemental funding provided to states, particularly California. Reductions that would result from MFAR could unquestionably mean cuts in Medicaid program enrollment and covered services. L.A. Care objected to this rule because it would have a detrimental effect on hospitals and it is a disaster during a pandemic. L.A. Care requested that the rule be postponed indefinitely until we get to a more stable financial situation. 3. Deem presumptive eligibility (PE) for enrollment for Medi-Cal applicants. The usual time frame for an application for Medi-Cal is 30-60 days. During a pandemic, people need access to care for testing or treatment. 4. Halt changes to the public charge rules that make immigrants who receive non-cash public benefits, such as Medicaid, food assistance and housing assistance potentially ineligible for green cards and visas. Not surprisingly, the changes have created an environment of fear throughout immigrant communities already wary of accessing health care coverage. People should not be discouraged from seeking care during a pandemic. • The letter that was sent to the California delegation in the House of Representatives last month is now being distributed nationally to Medicaid managed care plans to encourage broad support for these four important matters. This is being done because the national 	

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	<p>trade association is going about this in a different way which is based on technical issues rather than the broader social aspects of the pandemic and the recession and how those affect people accessing care.</p> <ul style="list-style-type: none"> • There was a Supreme Court decision in late April, in favor of health insurance plans which are owed \$12 billion under the Affordable Care Act's (ACA) risk corridor program, which was a part of the ACA that protected insurers against adverse selection. The risk corridor program was suspended arbitrarily by the current administration, a lawsuit was filed, and the Supreme Court has now ruled against the government. It is not known when payment will be made. L.A. Care's portion of this is about \$25 million. This is important because the Supreme Court is facing another case, which was discussed before, Texas vs. Azar, wherein some state Attorneys General sued for the ACA to be unconstitutional because in 2017 the mandatory coverage tax penalty was removed. This current ruling may be a harbinger that the Texas vs. Azar case will not succeed. The media reported this week that Attorney General Barr advised the administration to pull this back because it was not a good idea during a pandemic, but his advice was ignored, and it was announced this morning that the case will move forward. It will be heard by the Supreme Court but no decision is expected prior to the election in November, and probably not until 2021. • L.A. Care operates with a delegated model, where it contracts with delegated entities like independent practice associations (IPAs) and medical groups, which then take care of services like care management and utilization management. L.A. Care has endeavored, for a number of years, to increase the size of the direct network, where L.A. Care does not rely on third party entities, which requires that L.A. Care develop the ability to conduct the services that have been delegated. Dino Kasdagly, <i>Chief Operating Officer</i>, has reported on this process, which is coming along nicely. L.A. Care has made a decisive change with one group, Heritage, an IPA that has four subsidiaries, one of which is Regal. Regal has voluntarily agreed to reduce its footprint with L.A. Care. On April 1, 41,000 former Heritage members that had a primary care doctor who was also affiliated with another medical group, were transferred from Regal and placed with other medical groups, retaining their primary care doctor. This has lowered the number of members enrolled with Heritage. L.A. Care has had compliance issues with Heritage in the past. On June 1 and July 1, two groups of members totaling 15,000 will be moved. These members have primary care physicians who do not have affiliation with another medical group. Those doctors have agreed to directly contract with L.A. Care. It seems that L.A. Care is reaching a tipping point to increase providers in the directly 	

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	<p>contracted network. Other providers are enquiring about direct network enrollment with L.A. Care.</p> <ul style="list-style-type: none"> • To address the public comment earlier about the composition of the Regional Community Advisory Committee (RCAC), it is a continuing problem to get volunteers who reflect the diversity of the geographic region of the RCAC. It is not for lack of trying but for lack of volunteers willing to join the RCAC. L.A. Care will be looking at more aggressive ways to bring volunteers into the RCACs. There is plenty of opportunity to bring in more volunteers. He asked RCAC members to have volunteers call L.A. Care if they want to join a RCAC. • L.A. Care has continued work on the Elevating the Safety Net (ESN) through the COVID-19 pandemic and Mr. Baackes is happy to report that 11 additional grants were awarded and 5 physicians were added. There is now a total of 120 grants awarded to clinics and private practices to bring new primary care physicians in to the community, and 79 physicians have been hired, credentialed and are in practice in Los Angeles County. Additionally, 4 more grants have been made for medical school loan repayment. The objective is to keep the safety net vibrant and to enable safety net providers to compete with other networks for the limited providers available. <p>Member Perez noted that the ESN program addresses the concern expressed about the lack of African American physicians. She asked if there were plans to involve other universities with this program. With regard to the lack of brown and black physicians, she noted that the Chairperson De La Torre had indicated this is also a nationwide issue. She has raised the issue of diversity and representation of the RCAC members to the Executive Community Advisory Committee (ECAC) and to this Board many times in the past. She has also met with Francisco Oaxaca, <i>Senior Director, Communications Community Outreach and Education, Communications</i>, and with Auleria Eakins, Ed, <i>Manager, Community Outreach and Education</i>, and Idalia De La Torre, <i>Supervisor, Field Specialists, Community Outreach and Engagement</i>. Ms. Perez noted that her term is about to end, and not enough progress has been made with RCAC membership. She is glad to hear that L.A. Care will be more aggressive in recruiting more members because it works both ways, it is not only the members reaching out to the community. Members need guidance and help to recruit people. Whatever L.A. Care is doing now is not working. She would like to see more inclusiveness and people really willing to participate in the committee meetings. She would also like to hear ideas from the members so we can make it more attractive. Looking at the L.A. Care Facebook page to see what L.A. Care is telling the community. She sees that there are only one or two likes, and she would like to see more. There are different ways to reach out to the</p>	

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	<p>community and she finds this a very useful way to do it. She noted that the California Endowment released a paper on April 28 that said that young black Americans over presented when it comes to deaths from COVID-19. Inequality is not only in jobs but it is harmful to the community. She lives in Lynwood, and her community is made up of African American and Hispanic people. She would like to get rid of the denominator of race and provide support to people who are vulnerable and need help. She believes L.A. Care can do better in regard to this. She apologized if she took too much time but this is her only time to speak out. For example, regarding the Family Resource Centers (FRCs), she sees a lot of work to do. On May 1, there was a food drive through in Palmdale in partnership with Partners for Health. L.A. Care and the FRC staff participated in the event. There was another community event in Pomona in partnership with Sowing Seeds for Life. She would like to see if this could be done with all the FRCs. She will go and do it. She sees Supervisor Hilda Solis providing help everywhere. L.A. Care can do that too. We can show our membership that L.A. Care is for members and by members. It is in L.A. Care's best interest that members have food on the table and that they are healthy.</p> <p>Mr. Baackes thanked Member Perez for the comment. He agreed that once the pandemic is behind us, L.A. Care can increase efforts to recruit members to the RCACs to make sure that they represent their communities. One place to direct recruitment efforts is in the FRCs or the Community Resource Centers (CRCs). People who come to the CRCs already have an interest in the health plan and L.A. Care could be doing more to ask people using the CRCs if they would like to be part of the RCACs. Mr. Baackes mentioned that the 16 scholars in the ESN scholarship program that have been awarded scholarships to medical school are all people of color, and most are women. That was not a requirement for the program. L.A. Care did ask the medical schools that selected the scholars to select scholars that are appropriate for the communities in which they will serve. Mr. Baackes stated that he was part of the Palmdale food distribution event and the people there were representative of the local community. The Pomona event was organized in the community and L.A. Care came forward to participate. He also noted that one of the grants in the CHIF motion today is for grants for meals to be provided to 750 homebound L.A. Care members and support for Project Angel Food to feed 150 people for a year who are otherwise homebound and cannot get out and shop for themselves or prepare their own meals. L.A. Care is doing a lot and he is glad it is being recognized. L.A. Care will do more if it can.</p> <p>Member Perez noted that Assemblyman Tom Lackey, Senator Scott Wilk and Steve Hofbauer, Mayor of Palmdale were at the Palmdale FRC. She asked why L.A. Care is not working with City Councils and Los Angeles County Service Planning Area (SPA) representatives. Mr.</p>	

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	<p>Baackes responded that he would speak to Mr. Oaxaca about this. The manager of the Palmdale FRC helped organize the event because she knows and works with the community. He will follow up on her suggestion.</p> <p>Member Perez then noted that L.A. Care has worked with Project Angel Food for two years. She would like to see information showing their coverage area, and if there is any other agency doing the same thing so L.A. Care can look at more options spread over more area and reaching more people.</p> <p>Mr. Baackes responded that the new proposed grant for meals for 750 L.A. Care members uses a different agency (he did not have the name of the other agency). The Project Angel Food grant support is proposed because there was a waiting list for assistance and there are 75 L.A. Care members in the program. The other project which involves food is a study by the state to see if meals delivered for people with congestive heart failure will reduce hospitalizations. For this state study, L.A. Care provided funds so that Project Angel Food could meet the requirements of the program to deliver the meals in a refrigerated truck, but L.A. Care is not paying for the meals for that state study. He emphasized that L.A. Care is trying to spread its support around and is working with more than two agencies. He stated that it is a matter of finding good partners and spreading what resources L.A. Care has as far as possible.</p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, added that L.A. Care has staff dedicated to identifying resources to assist members with non-medical needs including income, food and housing. The information about available resources is on the L.A. Care community link. Mr. Baackes indicated that the community link is seeing a big increase in use and more than 50% of the inquiries are related to food security issues. The community link helps people find resources that they can access.</p> <p>Member Jimenez reported that in April CalFresh applications increased 179% over those in March. She also mentioned that Medi-Cal patients who have not completed and returned the redetermination forms by June 1 will have their benefits terminated. Mr. Baackes reported that he has informed L.A. Care staff of the June 1 deadline so they can reach out to those members affected.</p> <p>Member Ballesteros asked Mr. Baackes how members are reaching out regarding food insecurity. He offered to assist with coordinating a response to food insecurities among health center CEOs.</p>	

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	<p>Mr. Baackes suggested working with Member Vaccaro at Community Clinics Association of Los Angeles County. Member Vaccaro welcomed the involvement and invited Mr. Baackes to reach out to her directly.</p> <p>Member Booth stated that she has been trying to get involved with companies that use serum to mix with antibodies and would like assistance with this. She has noted that donation agencies are not operating due to the pandemic. Mr. Baackes thanked her for the suggestion and noted that L.A. Care hosted a Red Cross donation event and another is scheduled. Dr. Seidman offered to assist Dr. Booth outside the meeting.</p> <p>Terry Brown, <i>Chief Human Resources Officer</i> confirmed that another Red Cross blood drive event will be held in June at L.A. Care.</p>	
COVID-19 Update	<p><u>PUBLIC COMMENT</u></p> <p>Received by Text on May 7, 2020, 2:33 p.m. from Andria McFerson</p> <p>My name is Andria McFerson I'm speaking as a public member of L.A. Care. While the BoG is addressing disparities I asked that L.A. Care allow future Emerging Strategies posted to involve not only celebrities but our own L.A. Care committees and community members. WE should join Public Services regarding prevention awareness education and overall Outreach to our own communities. Please allow us to practice what a lot of us already have many years of experience doing which is speaking to our own members like how the celebrities appointed to this task would. We could also join the phone call method posted to the members with updates and other information that adheres to the necessities of the members regarding the covid-19 virus. Also data of the high risk demographic states that Latinos and African Americans are the two most highrisk cases so instead of the Outreach Expanding to include ONE Community or race please involved the African American community due to that same high risk factor.</p> <p>Andria McFerson, Executive chair/Public Member, RCAC 6</p> <p>Received via email on May 7, 2020, 2:16 p.m. from Andria McFerson</p> <p>As a member of each committee I need a chance or the freedom to speak and to talk about issues for many reasons because of 501 c (3), my civil rights, the freedom of speech and also my Ada Title 1 through 5 as a disabled person. This is all to benefit not only Services LA Care renders but also to save lives. However when I try to speak during a public meeting following proper protocol to do so, all the rights mentioned above has been violated by staff members at La care only a few members specifically by hindering my right to speak publicly for better access to care. Please refer to a write up I received while trying to talk about ADA title 4 rights for the disabled to have better access to the information and resources posted online. I got shut down the minute I started to speak by staff member during a public meeting when I was called on to</p>	

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	<p>speaking about the topic at hand. Also I know of two other members who were written up by Francisco Oaxaca and all three of us have something in common. Black people are being shut out of a lot of things please investigate his actions and the validity of my harassment claim. I ask for justice and a formal apology. I do have the recording of the meeting that happened on September 11, 2019.</p> <p>The COVID-19 update was included in the Chief Executive Officer's report above.</p>	
<p>2nd Quarter FY 2019-20 Vision 2021 Progress Report</p>	<p>Mr. Baackes referred Board Members to the report included in the meeting materials. <i>(Copy of the report may be requested by contacting Board Services.)</i></p> <p>Member Booth commented that this is a huge step in aligning all the pieces of our fractured health care system to improve health care for low income and vulnerable communities. L.A. Care has made wonderful progress creating ways to support and partner with health care providers. This Vision 2021 Progress report does a great job of organizing all the tasks related to providers in a way that demonstrates L.A. Care's progress in support of the providers. Having this expressly articulated as a priority, anybody who reads the progress report will conclude that partnering with health care providers is a serious endeavor at L.A. Care. She added this demonstrates that L.A. Care is a forward-looking health plan focusing on consensus-building and doing what is right. Member Booth believes the alignment L.A. Care is creating will be crucial to pulling together all parts of our fractured health-care system; this will not only improve health care for low income and vulnerable communities. L.A. Care will continue to lead health care in a direction that will work for America.</p> <p>Mr. Baackes thanked Member Booth for her diligence in reviewing and suggesting improvements to the Vision 2021 report.</p>	
<p>Grants & Sponsorship Report</p>	<p>Mr. Baackes referred Board Members to the report included in the meeting materials. <i>(Copy of the report may be requested by contacting Board Services.)</i></p>	
COMMITTEE REPORTS		
<p><i>From the Supplemental Special Meeting Agenda</i></p> <p>Technical Advisory Committee Report</p>	<p><u>PUBLIC COMMENT</u></p> <p>Text message received May 7, 2020, 3:59 p.m. from Andria McFerson, RCAC 6 Chair, Hi my name is Andria McFerson I'm a disabled LA Care member who hasn't been able to use my insurance subsidy with LA Care to cover my co-pays & for certain medications that the doctor deems an epilepsy medical necessity. 1st of all, my bill regarding my dental work after having a seizure on the concrete and hitting my face. When the tooth pain caused even more seizures LA</p>	

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	<p>Care insurance should covered the Medical Necessity Dental Care. But it dosent! Even if it's just covering the subsidized cost it could help save someone's life and avoid more brain damage. The overall tactics in this time of need should be expedited to avoid major situations like mine. Because over a week ago it took an insurmountable amount of time to get my medication approved that the brain specialist made a requirement and once it was I had a seizure in the middle of the street while going to go pick it up from the pharmacy. In this day and time of need LA Care needs to have more expedited methods for overall access to medication. Especially medication deemed as a medical necessity! Imagine how many more people like me, who are out suffering in these crucial times? This is important information for LA Care to be informed about to take heed to....</p> <p>Dr. Seidman reported that the Technical Advisory Committee (TAC) met on May 4.</p> <ul style="list-style-type: none"> • Mr. Baackes reported on L.A. Care’s COVID-19’s activities as he did earlier today. • He reported on what L.A. Care is doing to help reach out to members, particularly those at high risk of infection. L.A. Care staff conducted targeted telephonic outreach to over 250,000 members to inform them that they may be in a high-risk group, provide guidance, and refer to resources. • Dr. Seidman reported on remote resources that are available to all members such as the nurse advice line, mail order pharmacy services, Teledoc which was launched in January, and the Community Link online resource platform. • James Kyle, MD, Medical Director, <i>Quality Improvement</i>, gave a presentation on the racial disparity for COVID-19 infections and mortality in Los Angeles County and how L.A. Care is addressing this issue. He will be presenting on that topic in a few moments. • Dr. Seidman was elected as Chair of the committee and Hector Flores, MD, was elected as Vice-Chair. 	
<p>Addressing Disparities</p>	<p>Dr. Seidman introduced Dr. Kyle who reported on a committee that L.A. Care formed in response to health disparities recognized among communities of color that arose in the pandemic. The internal team includes Thomas Mapp, <i>Compliance Officer</i>, and Alex Li, MD, <i>Deputy Chief Medical Officer</i>, and others. Dr. Kyle report on highlights of some of the activities to date.</p> <p>Dr. Kyle noted that L.A. Care is responding to COVID-19 health disparities that became evident on the local and national levels (<i>a copy of his presentation is available by contacting Board Services</i>).</p>	

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	<ul style="list-style-type: none"> • In response to the mounting evidence on the national and local level, L.A. Care leadership moved quickly to address the racial disparity for COVID-19 infections and mortality in LA County. • L.A. Care has partnered with The California Endowment, the L.A. County Department of Public Health, the City of Los Angeles and local health care leaders collecting member data and observing County data. • Key leaders within L.A. Care have also volunteered to develop a plan to address this challenge. L.A. Care is developing a social media and radio campaign to reach “young invincibles” with tailored messages regarding prevention. L.A. Care is also looking to recruit entertainers and celebrities as spokespersons to produce public service announcements for L.A. Care. • There is planning for a virtual town hall with key community and political leaders to discuss a wider approach to COVID-19 racial disparity and to take action to limit the spread of the virus. • L.A. Care is looking to implement the Oakland model of reverse 911 calls and extensive neighborhood testing. The Customer Service Center (CSC) will make live calls to 32,000 high risk African American members and 110,000 low risk members, as well as identifying high risk members of the Hispanic community and conducting outreach in that community. • As of May 5, 2020, L.A. Care data showed: <ul style="list-style-type: none"> - 1,768 total confirmed cases - 847 members hospitalized - 101 reported deaths • Data from a number of L.A. Care sources including health information exchange (HIE), encounters, Costas Lab Data, QNXT, Compliance Reporting (including Plan Partner, participating provider groups (PPG), internal utilization management (UM), and CSC) • L.A. Care is collaborating with L.A. County Department of Public Health modeling and data sharing to monitor the spread of COVID-19. • L.A. Care has identified 18,276 high risk Latino members (disabled and diabetic) • L.A. County data as of April 26, 2020, is 19,516 confirmed cases: <ul style="list-style-type: none"> Latinos - 114 cases/per 100,000 African Americans - 102 cases/per 100,000 Whites - 78 cases/per 100,000 Asians - 73 cases/per 100,000 American Indian/Alaska Native - 50 cases/per 100,000 • Based on the data, L.A. Care is expanding its outreach to include the Latino community. The outreach will begin next week and will expand to others beyond that. 	

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	<p>Member Booth asked if L.A. Care has looked at data for compliance with social distancing. She has good friends who are Mexican, and they do not adhere to the guidelines. She wondered if this might be cultural and if there is any information about that.</p> <p>Dr. Kyle responded that L.A. Care is convinced that there are cultural issues as to compliance with the safer at home guidelines. A number are not just cultural, but stem from necessity. In the Latino and African American communities there are a number of people who are self-employed, under-employed or who are working in jobs that are not considered non-essential, so in order to earn their living they have to leave their home and go out. Compliance with social distancing guidelines becomes more difficult when people are out in the service type jobs. They have to go out to support their families and working from home is not an option for them. There are a lot of things to evaluate. This is part of why L.A. Care is planning Town Hall events, and will bring in people who are closer to these communities, community based organizations and their leaders, and converse with the leaders in these communities to determine how best to message and take into account factors such as culture and ethnicity, history and other factors that may play into this. The reason is not only compliance, but also addressing already existing underlying health disparities in these communities. COVID-19 has shined a brighter light in these communities where people are not as healthy because there were so many underlying medical conditions that have made these people more vulnerable to infection and death.</p> <p>Member Shapiro commented that he agrees completely with the assessment and added that a majority of Hispanics and communities of color are suffering and it is a reflection of social determinants of health (SDoH) that we have been fighting for the last couple of decades. More than a cultural aspect in Mexico and other countries, the reality is that they are already suffering and the health systems are saturated. It is trending similar to Italy, the things that are happening in Tijuana and Mexico City, and shortly it will happen in Guadalajara, it is coming everywhere. The reality on the ground is gruesome and horrible. The majority on both sides of the border are very concerned about what is happening. Understanding the SDoH is important, and social distancing is the only tool we have to protect ourselves.</p> <p>Chairperson De La Torre noted that a significant number of Latinos in Los Angeles County are not spending time in Mexico and would have no reason to know what is going on there. Mexico did not start implementing some of the controls in urban areas that we have, shelter in place, etc., until about two weeks ago. Mexico is way behind the United States in issuing public health safety guidelines and they are having trouble getting people to comply. There is a delay in Mexico. For those that do have interaction with relatives in Mexico, or maybe they themselves go back and forth (across the border), among that population, there may be those</p>	

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	<p>who did not understand the differences between the two countries. But a great majority of the population are not connected to Mexico and do not know what is going on there. What those people do here is more to Member Shapiro’s and Dr. Kyle’s point that it is the SDoH leading them to have more risk in this pandemic than other communities.</p> <p>Member Perez advocated for creating a task force to address the current pandemic situation for vulnerable communities and to seek long term solutions. She mentioned in particular mental health issues. <i>(Much of Member Perez’s comment was not recorded due to technical problems.)</i></p> <p>Dr. Seidman noted that L.A. Care has many activities addressing her concerns, but more can always be done because these are such difficult issues. Dr. Seidman offered to present to the Board a report on the SDoH task force, health equity committee and work being planned for FRC/CRCs.</p> <p>Member Booth noted that Dr. Seidman offered to provide a report for the Compliance & Quality Committee and that could be brought to the Board. She noted improvement in statistics for the pandemic is encouraging but it is important to address the problems going forward.</p> <p>Member Gonzalez noted that it is really easy for us to say you have to practice social distancing and wear a mask. When a family needs food, the mask is the last thing on one’s mind. If we are going to address the issue and ask people to follow social distancing and wear masks, we need to find ways to supply people with what they need.</p> <p>Chairperson De La Torre commented that this is a nationwide challenge and we will keep addressing it. Input from the Board is important, and he asked Board Members to contact Mr. Baackes and Dr. Seidman so issues can be incorporated into what L.A. Care is doing.</p> <p>Mr. Baackes noted that Dr. Seidman leads a group of health plan medical directors and members of the departments of public health in Los Angeles County every week to address collective issues. The issue of personal protective equipment (PPE), testing and access has come up, and supplying PPE is a challenge for the entire community. The group of medical directors is trying to address this on a community basis. L.A. Care is trying to help find a way to address this.</p>	
Executive Committee	The Executive Committee met on April 27 <i>(a copy of the minutes can be obtained by contacting Board Services).</i>	
Government Affairs Update	<p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • Implementation of the CalAIM program has been postponed indefinitely. 	

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	<ul style="list-style-type: none"> • The state will continue to implement a carve out of pharmacy benefits for Medi-Cal. • California state budget proposals rolled out this morning and will take weeks to sort out. • The annual Governor’s May Revise of the budget is due out May 14, and will provide a first look at potential cuts to the budget. L.A. Care will be working with providers and hospitals to determine ways to address the expected reduction in funds. • The state legislature is back in session, but will work on legislation only related to COVID and the state budget <p>Chair De La Torre noted that legislative committee chairs were told to go through all of the bills in front of them and decide on which bills will be heard. Another culling process will happen when bills come out of committee. So two filtrations before bills come to the floor of either house, and probably less than 1/3 of the bills will survive. The state budget must be approved by mid-June.</p> <p>Mr. Baackes added that L.A. Care will be in high gear to get the U.S. Congress to pass a relief bill that will provide support for Medi-Cal through the expected economic recession, not just through the pandemic. Federal support for Medicaid (Medi-Cal in California) will be critical particularly with state budget cuts looming.</p>	
<p>Authorization of Expenditures for COVID-19 Related Program Funding</p>	<p><i>Members Roybal, Vaccaro and Shapiro may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion and vote on this motion.</i></p> <p><i>(Member Greene left the meeting.)</i></p> <p>Mr. Baackes summarized a motion to execute contracts and grants with entities not yet selected in an amount not to exceed \$6 million. Funds will come from uncommitted Community Health Investment Fund (CHIF) funds, Strengthening Clinic Operations and Patient Experience (S.C.O.P.E) funds, and sponsorship funds. In addition, L.A. Care would like to request that the Chief Executive Officer be granted the authority to approve grants that will exceed the current \$150,000 limit approval per grantee. The proposed grants will fund:</p> <ul style="list-style-type: none"> • Up to 75 additional recuperative care beds for L.A. Care members • Phones, tents, and hygiene kits for up to 1,000 individuals experiencing homelessness to support social distancing and to stay in touch with their providers • Testing and telehealth support for members and other individuals in interim housing settings • Legal aid for community members facing eviction • Meal deliveries for up to 750 homebound members • Grants for safety net clinics serving high-need populations in support of COVID-19 efforts 	

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	<p>Member Perez asked about the application process for organizations to receive funding, and about reporting and monitoring of the grants. Mr. Baackes indicated that there is an application process for all CHIF grants and all requirements for reporting will apply to these grants. The Board receives a quarterly report on all grants made.</p> <p>Member Booth asked about a time limit for this authorization. Mr. Baackes suggested refreshing this at end of the current fiscal year on September 30.</p> <p>Member Perez asked about list of grant recipients for last three years. Staff will provide the information.</p> <p><u>Motion BOG 100.0520</u> To delegate authority for the Chief Executive Officer for:</p> <ol style="list-style-type: none"> 1. Expenditure of \$6 million for COVID-19 related services for our most vulnerable members and community members. 2. Redirection of budgeted Community Health Investment Fund (CHIF) funds, Strengthening Clinic Operations and Patient Experience (S.C.O.P.E) funds, and sponsorship funds for this purpose. 3. Approval of contracts and grants that will exceed the current \$150,000 limit approval per grantee. 	<p>Unanimously approved by roll call. 6 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Jimenez, and Perez), 3 ABSTENTIONS (Roybal, Shapiro, Vaccaro)</p>
<p>Authorization of Expenditures for Existing Programs under the Elevating the Safety Net (ESN) Initiative</p>	<p><i>Member Perez may have financial interests in other programs and as such she refrained from discussion and vote on the Elevating Community Health program.</i></p> <p><i>(Members Jimenez and Shapiro left the meeting.)</i></p> <p>On January 28, 2019, the Executive Committee approved motion EXE B.0119 authorizing an expenditure up to \$18,200,000 in remaining funds for Elevating the Safety Net for existing programs, including the Provider Loan Repayment Program, Physician Recruitment Program and medical school scholarships. On April 2, 2020, the Executive Committee authorized a contract renewal (EXE 100.0420) in the amount of \$8,711,339 with California Long Term Care Education Center (CLTCEC) to provide education and training for In-Home Supportive Services (IHSS) providers for dual-eligible beneficiaries for the period of May 15, 2020 through May 14, 2023.</p> <p>Provider Loan Repayment Program (PLRP) To continue the success of the program, the review committee would like to maintain support to providers being awarded PLRP funds and request an additional \$6 million to continue loan</p>	





AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>repayment assistance to providers through the end of the fiscal year. The program is currently administered by Uncommon Good. The program has been successful with providing loan debt relief to nearly 50 providers since inception of the program, and up to 20 providers have applied and are awaiting funds to be approved for the program.</p> <p>Elevating Community Health The Elevating Community Health program currently consists of the Community Health Worker (CHW) training program approved last year by the Executive Committee. L.A. Care would like to expand this program to include other workforce development projects and training programs as part of a larger initiative to support non-clinical professionals in our network.</p> <p>L.A. Care would like to add In Home Support Services (IHSS) Home Care Integration Training Program to the existing L.A. Care program with California Long-Term Care Education Center (CLTCEC) to align the work to equip our non-clinical professionals with the tools and skills to serve members and work with providers.</p> <p>The work and training will continue under ESN with the current success of both programs. To date, 47 CHWs have successfully completed the training program as part of two groups of the CHW training program, and almost 2, 500 caregivers have graduated from the CLTCEC since the program launched in 2017.</p> <p>Member Gonzalez thanked Dr. Seidman for finding supplies for the recent graduates of the CLTCEC program. Dr. Seidman responded that he was glad to help out.</p> <p>Member Booth commented that she thinks they are a clinical arm of the care that patients receive and she thinks it is perfectly reasonable to include them and she supports having the program under Elevating Community Health.</p> <p>Mr. Baackes added that the CLTCEC program is now attracting national attention for its innovation and direct relationship between a managed care health plan and the work force that is caring for members. L.A. Care staff has been asked to present information about the program at various forums and conferences. L.A. Care is proud of this program and plans to expand the program for a couple of years and train 2500 more caregivers.</p> <p><u>Motion EXE 101.0520</u> To delegate authority to the Chief Executive Officer to: 1. Authorize expenditures of up to \$6 million to continue awarding providers in the Provider Loan Repayment Program, currently managed by Uncommon Good.</p>	<p>Approved by roll call. 6 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Roybal, and Vaccaro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2. Approve and authorize integrating the California Long-Term Care Education Center (CLTCEC) IHSS+ Home Care Integration Training Program under Elevating the Safety Net in the FY 2020-21.</p>	<p>ABSTENTION (Perez).</p>
<p>Finance & Budget Committee</p>	<p>The Finance & Budget Committee met on April 27 (<i>a copy of the minutes can be obtained by contacting Board Services</i>).</p>	
<p>Chief Financial Officer Report Financial Report for March 2020</p>	<p>(<i>Member Greene rejoined the meeting.</i>)</p> <p>Ms. Montgomery presented the highlights of the March 2020 financial reports included in the meeting materials. (<i>A copy of the report can be obtained by contacting Board Services</i>):</p> <p><u>Membership</u> Membership for the month is 2,146,643, favorable by 2,700 members; 14,379 member months unfavorable for the year versus the forecast. Membership is likely to increase significantly due to higher unemployment claims. The 4+8 forecast was done prior to the COVID-19 pandemic. The forecast assumed a 3.5% decrease in membership for Plan Partners and a 2.5% decrease for MCLA, with the exception of the enrollment expected to get from the expansion of coverage to undocumented young adults beginning in March, and the increase expected from our updated auto-assignment rate. Commercial is higher than forecast by approximately 3,300 members. There is a slight drop in membership for L.A. Care Covered (LACC) in March, but still ahead of the forecast for the year. An upward trend in membership is expected for the remainder of the year.</p> <p><u>Consolidated Financial Performance</u> The net deficit for March 2020 is \$9.8 million, bringing us to a net surplus of \$45.8 million year to date, \$19 million unfavorable to the forecast.</p> <p>Pharmacy expenses are unfavorable to the forecast by almost \$13 million, \$10 million year to date. This was due to lifting the “refill too soon” edit, given the regulatory guidance to relax this edit. L.A. Care changed that to a soft edit, which means that the pharmacist can override the edit without calling L.A. Care or the prescriber if the patient provides a reason for needing a refill earlier than the limit. Some medications are being filled at higher rates.</p> <p>The capitation deduct true-up is unfavorable at \$10 million, retroactive to July 2019.</p> <p>L.A. Care experienced very high paid claims at \$240 million for March 2020 due to accelerating payments to assist providers. As a result, L.A. Care has higher than forecast claims for months</p>	

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	<p>prior to March. For March 2020, staff is factoring in the impact of COVID-19 on elective medical procedures. Year to date it is slightly unfavorable to the forecast which is the net of higher prior periods and a lower March. The elective medical procedures are beginning to occur recently at the same time L.A. Care has accelerated claim payments.</p> <p>Member Booth asked about costs for telehealth services. Ms. Montgomery confirmed that costs have increased as telehealth use has increased and she can report on that at a future meeting. Ms. Montgomery noted that telehealth is not as significant a cost as increased emergency room visits. Dr. Seidman added that what L.A. Care pays for telehealth is relatively limited relative to the care provided in L.A. Care’s contracted network. Most primary care providers are capitated, so their reimbursement may not change whether the care is provided in person or virtual. Specialists offering telehealth services are paid predominantly by the independent physician associations (IPA). There is a lot of care that has converted to telehealth, but L.A. Care’s cost for urgent care services is a relatively small portion of that. Since January, when telehealth went “live”, there were about 2,000 tests. This is important because it means that those members received care when they otherwise may not have been able to, but that is a small number when compared to all of the visits for L.A. Care’s one million members (two million if we include members enrolled through Plan Partners).</p> <p>The administrative expenses are \$700,000 favorable to budget. The non-operating revenue is \$1.5 million unfavorable due to unrealized losses on investments. The unrealized gain position decreased from a \$12.4 million gain to a \$7.4 million gain.</p> <p><u>Operating Margin by Segment</u> Overall medical care ratio (MCR) is 93.6% versus a forecast of 93.2%, higher than forecast due to the unfavorable \$18 million variance. TANF/MCE MCR is behind the forecast driven by the \$10 million capitation deduct true up discussed earlier.</p> <p><u>Key Financial Ratios</u> Working Capital and Tangible Net Equity are ahead of benchmarks. Cash liquidity is fine, and cash to claims ratio is below the target due to the In Home Supportive Services (IHSS) program changes. The cash to claims ratio will not fully recover until the IHSS balances with the Department of Healthcare Services are settled.</p> <p><u>Motion FIN 105.0520</u> To accept the Financial Report as submitted, for March 2020, as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Greene, Jimenez, Perez, Roybal, Shapiro and Vaccaro)</p>

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Monthly Investments Transactions Report	<p>Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Committee member review. <i>(A copy of the report can be obtained by contacting Board Services).</i></p> <p>Total value of investments is \$1.5 billion. This includes funds invested with the government pooled funds. L.A. Care has approximately \$72 million invested with the statewide Local Agency Investment Fund and approximately \$106 million invested with the Los Angeles County Pooled Investment Fund.</p>	
Change Healthcare Contract	<p>Mr. Kasdagly informed the Board that Change Healthcare is one of two L.A. Care claims clearinghouses which process claims submitted by providers. The motion is for a new five-year contract totaling \$8.1 million (\$1.6 million/year). Change Healthcare will be retiring the current solution that L.A. Care uses and will replace it with a new solution. Currently L.A. Care uses Advanced Claiming, and will move to Payer Conductivity Services (PCS). PCS will continue to provide electronic claims submissions, eligibility validation, and claims status. It will add pre-adjudicated claims validation, so it will add edits at the clearinghouse to make the claims process simpler and more efficient. L.A. Care will be able to have electronic attachments available. It is justifiably a sole source as we have been working with them for years and they are a very good partner in claims submission. They have a detailed understanding of L.A. Care's business operations. It is important to note the support for current advanced claiming solution diminishes at the end of this year so L.A. Care does not have a choice but to move forward. Funds for this contract are already budgeted.</p> <p><u>Motion FIN 106.0520</u> To authorize staff to execute a contract with Change Healthcare for the period of May 2020 to May 2025, for claims electronic data interchange services, in an amount not to exceed \$8,100,000.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Greene, Jimenez, Perez, Roybal, Shapiro and Vaccaro)</p>
Toney Healthcare Consulting Contract Amendment	<p>Dr. Seidman summarized the motion summary included in the materials for this meeting to extend a contract with Toney that provides staff augmentation primarily for care management functions. The contract term is from June 2020 to the end of this calendar year at a cost of \$2.3 million. Last April a notice of noncompliance was issued based on findings by the Centers for Medicare and Medicaid Services (CMS) in the CalMediConnect program. L.A. Care determined that the care management activities would be de-delegated for that delegated provider. L.A. Care acquired 16 full time equivalent positions and one supervisor for this work. The new contract amount for this request is a \$383,000 per month rate. This contract will bridge staffing requirements through the transition of the care management functions back to the delegated provider.</p>	

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	<p>Member Booth noted that the Finance & Budget Committee asked for additional information regarding the cost of this motion.</p> <p>Member Gonzalez asked about the number of staff included in this motion. Dr. Seidman clarified that the motion provides for 17 staff members.</p> <p><u>Motion FIN 107.0520</u> To authorize an amendment extending the current contract with Toney Health Care Consulting through December 31, 2020, for care management and utilization management services, in an amount not to exceed \$2,300,000, for a total contract not to exceed \$5,800,000.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Greene, Jimenez, Perez, Roybal, Shapiro and Vaccaro), 1 ABSTENTION (Gonzalez)</p>
<p>PUBLIC COMMENT</p>	<p>Email received May 7, 2020, Ana Rodriguez, RCAC 2 member, Me gustaria comentar en apoyo a la comunidad abarcar todas las areas y aqui en el Valle de San Fernando contactar. Los concejales Nury Martinez, Monica Rodriguez, senador Herzberg. Ya que ellos conocen muy bien nuestras areas de necesidad y aqui en el valle especialmente en el east, hay una gran necesidad alimentaria en esta epoca de pandemia. I would like to comment in support of the community to cover all areas and here in the San Fernando Valley, contact Councilmembers Nury Martinez, Monica Rodriguez, Senator Herzberg. Since they know our areas of need very well and here in the valley especially in the east, there is a great food need in this time of pandemic.</p> <p>Text message received May 4, 2020, 3:26 a.m., from Carolyn Navarro All of this is my public comment, pursuant to the Brown Act. I also notice my words are not correctly noted when I addressed the Board in Feb, I said I may have part the part about the amount Pacific Alliance was fined by the OIG wrong, I never said I HAD it ALL wrong (everything I said)! At one point I saw Achievamed listed as “Synermed DOB as Achievamed” (that doesn’t state a “different” company and then I see them as co defendants in a lawsuit, same people working there, same location, they should NEVER be allowed access to a patient or their Medi Cal info again!</p> <p>Text message received May 4, 2020, 9:15 a.m., from Carolyn Navarro This is proof you initiated a grievance process regarding the abuses against my disabled adult daughter and then turned a blind eye to the abuses, this is part of public comment and will be verified, I will pursue legal action if I’m not allowed my right to comment about the abuses against my child which I believe L.A. Care has covered up! Each and every comment is pursuant to Brown Act.</p>	

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	<p>-----Original Message----- From: Webmaster <W@lacare.org> To: 'netsicle@aol.com' <netsicle@aol.com> Cc: Rebecca Cristerna <rcristerna@lacare.org>; Maribel Ferrer <MFerrer@lacare.org> Sent: Fri, Mar 28, 2014 09:43 AM Subject: RE: Edited Timeline</p> <p>Good morning, Mrs. Navarro,</p> <p>L.A. Care is in receipt of your email and timeline. Per your request, I have forwarded your timeline and concerns to our Executive Services office.</p> <p>I am the Senior Member Advocate with L.A. Care and will be working with you to address your concerns. I will call you later today to further discuss. I will re-read your timeline before contacting you. I really hope things are better for your daughter now.</p> <p>Mabel</p> <div data-bbox="520 812 1197 1079">  <p>Mabel Ponce Senior Member Advocate Member Services Department</p> <hr/> <p>L.A. Care L.A. Care Health Plan 1055 West 7th Street, 10th Floor • Los Angeles, CA 90017 213.694.1250 x. 4551 • mponce@lacare.org • www.lacare.org</p> <hr/> <p>   Join Our Millen Member Group</p> </div> <p>From: netsicle@aol.com [mailto:netsicle@aol.com] Sent: Friday, March 28, 2014 6:08 AM To: netsicle@aol.com; Webmaster Subject: Re: Edited Timeline</p> <p>Proof mentioned in last message.</p> <p>Text Message Received May 6, 2020, 10:16 a.m. from Carolyn Navarro Public comment, I also believe you brushed aside the harm to Vanessa and other victims because of an improper, biased relationship with Care 1st which has carried over into the improper merger between them and Blue Shield who continues Care 1sts abuses , poor service</p>	

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	<p>and I do believe Synermed people are still involved with LA Care and haven't faced "tangible " consequences as stated in DMHC enforcement action . All comments will be documented , you can't cherry pick what consumers and victims state. Carolyn Navarro</p> <p>Public comment , LA Care has assisted the doctors harmed by Synermed but is not notifying victims or their guardians of Synermed abuses and is carrying on like no one was actually harmed or died when I'm guess 1,000s in LA County were harmed. I actually spoke to Washington DC about this 2 days ago , they want to hear about it, the fact that patients were adversely affected and are not being told , Vanessa being on a coma caused by Synermeds abuses is an adverse event but I've never been notified , I did my own investigation, I believe people at LA Care have broken the law , board members are civilly and criminally liable for LA Cares conduct.</p> <p>More of 3 MINUTE comment , I don't believe LA Care did an investigation or peer review regarding Vanessa , I believe LA Care lied to us and wanted to cover up the abuses going on. I know you can't comment on individual patients but as a mother I CAN!</p> <p>Email received May 7, 2020, 2:42 p.m. from Estela Lara, Chair, RCAC 2 This public comment is from Estela Lara, Chair RCAC 2, San Fernando Valley. Thank you to CEO John Baackes, Board of Governors and Community Outreach and Engagement department for approving the continuation of RCAC committee stipends. Our members depend on these funds to assist with their food security. It is essential and vital to access nutritious food for their families during this pandemic crisis.</p> <p>Email received May 7, 2020, 4:30 p.m., Fresia Paz, Vice Chair, RCAC 10 Fresia Paz, RCAC 10 Vice-Chair. Is it possible that LA Care can contract with a fashion designer or house, to make cloth face masks for their RCAC members and workers? Is it possible to provide sample hand sanitizers or rubbing alcohol to the RCAC members? If so, it can be distributed through the Family Resource Center for the RCAC members. Also, food bags through the FRC's is a good idea and the RCAC members, that can help out to build the bags for the community. Thank you.</p> <p>Chairperson De La Torre noted that L.A. Care could do this with hand sanitizer. Mr. Baackes added that he will ask staff to look into it. L.A. Care will be preparing for employees to return to the office when guidance to that has been provided by the public health officials. As L.A. Care seeks to procure those supplies it can add sufficient additional supplies for RCAC members.</p> <p>Chairperson De La Torre announced that the Joint Powers Authority meetings are adjourned.</p>	

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	Member Perez thanked all the members that provided comment for this meeting. She thanked Dr. Seidman for restarting the TAC.	
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. She announced that John Baackes is the designated representative for labor negotiations for All L.A. Care Employees. The Board adjourned to closed session at 4:42 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <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>May 2022</i></p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(n)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act: Name of Case: Local Initiative Health Authority for Los Angeles County v. United States, Case No. 1:17-cv-1542-TCW (U.S. Court of Federal Claims)</p> <p><i>From the Supplemental Special Agenda</i></p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: John Baackes Unrepresented Employee: All L.A. Care Employees</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act One Potential Case</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan</p>	

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	Estimated date of public disclosure: <i>May 2022</i> CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of the Ralph M. Brown At One Potential Case	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:59 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 6:00 p.m.	

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

APPROVED BY:

 Layla Gonzalez, *Board Secretary*
 Date Signed _____

All public comments received were read at the meeting .

APPROVED