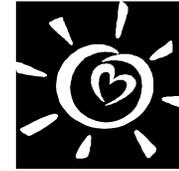


Board of Governors
Regular Meeting Minutes #289
July 30, 2020

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



L.A. Care
 HEALTH PLAN

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.	

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 Acacia Reed, *Interim Chief Operating Officer*
 Francisco Oaxaca, MBA, *Chief, Communications and Community Relations*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

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

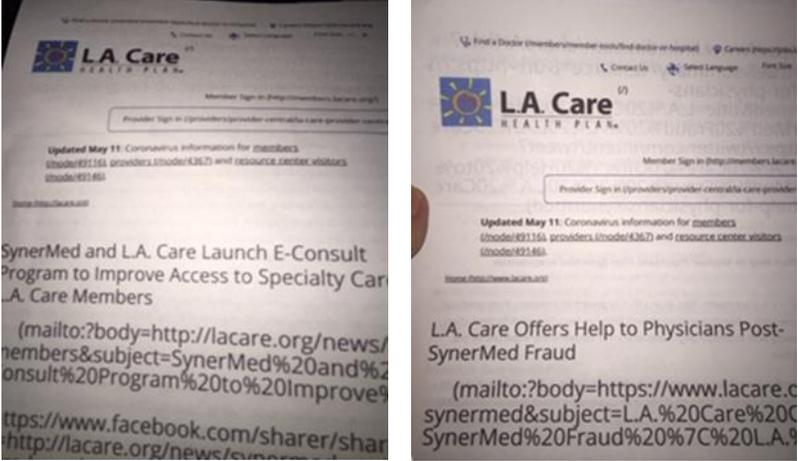
California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:07 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. 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.</p> <p>For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He announced that the meeting will be adjourned in honor and in memory of the civil rights champion U.S. Representative John Lewis, who died July 17 at age 80. Mr. Lewis’ extraordinary life offers important lessons for current generations, and today we honor his legacy of peace</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and hope, and the roadmap he gave us to follow. Chairperson De La Torre invited Supervisor Mark Ridley Thomas to provide remarks.</p> <p>Supervisor Ridley Thomas noted that there are few people we can point to in our lives that express more fundamentally the virtue of hope more than John Lewis. His humanity was deeply located in his sense of humility. John Lewis epitomized what it meant to be anti-hate. His life was about hope and aspiration to make change real, in the context of the rise of everyday people that will reverberate in such a way that will transform a nation. On <i>Bloody Sunday</i> he made that quite evident, and his journey from that point forward was simply remarkable. My interactions with him in Alabama, Georgia, Washington D.C. and Los Angeles, were all very consistent. He was a nonviolent student of our own Reverend Jim Lawson, who spoke at the funeral today, and they had a very special relationship. Speaking with Pastor Lawson last week, he said he couldn't be on a call because he had to go to Atlanta. Supervisor Ridley Thomas expressed concern about travel during a pandemic. Rev. Lawson said, "John asked me to do it". Jim Lawson is 91 years old and held forth today in a remarkable way, and he did his mentee proud. John Lewis left us with a lot, and the nation is better for it, and Supervisor Ridley Thomas said that in a personal way, he is too.</p>	
APPROVAL OF MEETING AGENDA	<p>The agenda was approved as submitted.</p>	<p>Unanimously approved by roll call. 7 AYES (Ballesteros, Booth, De La Torre, Perez, Ridley-Thomas, Roybal, and Shapiro)</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.</i></p> <p>Text message received July 29, 2020, 1:56 pm, from Carolyn Navarro <i>READ BEFORE MY PRIOR COMMENTS My dead special needs child is a crime victim because of her access to doctors and proper care being blocked by Synermed or "EHS" whatever you try to hide it behind. I know of other special needs victims, one a dead special needs man, this tells me there are 1,000s of people in Calif who have no idea they or their disabled family member are victims because they have not been contacted in spite of a DMHC order! In my estimation LA County</i></p>	

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	<p><i>, the State of Calif Public Health , DMHC services and LA Care are covering it up because of their own negligence . I intend to take steps to get this investigated federally , I don't give a care who you people think you are, you don't have the right to hide Synermed abuses from the public, I believe is purposely being kept from consumers! Carolyn Navarro 626-217-0549</i></p> <p>Augustavia J. Haydel Local Initiative Health Authority for Los Angeles County</p> <p>December 27, Page</p> <p>ATTACHMENT A</p> <p>Items to be addressed by the Plan's Corrective Action Plan</p> <p>The Corrective Action Plan shall address how the Plan does and/or will:</p> <ol style="list-style-type: none"> 1. Prevent the falsification, fabrication, or inappropriate alteration of database entries and physical records by delegated entities. 2. Identify and conduct outreach conducted to enrollees, if any, to ensure that enrollees affected by SynerMed's actions received appropriate treatment. 3. Implement live and on-site audits, systems integrity testing, and other tools methods designed to protect against fraudulent activity by delegated entities. 4. Prevent the use of undisclosed economic profiling by delegated entities. <p><i>We HAVE NOT been notified , nor are other victims , I only know because of my own investigation!</i></p> <p><i>Text message received July 28, 2020, 3:46 a.m., from Carolyn Navarro PUBLIC COMMENT(PLEASE READ THIS ONE BEFORE MY PRIOR COMMENTS) , Mr. Baackes stated there was "never an contract with Synermed" during your closed session (SAME PEOPLE AS EHS) basically gaslighting a dead autistic woman's mother (me) justifiably complaining about Synermed/EHS abuses . LA Care , had an "e Consult " arrangement with Synermed around 2009 (listed at your webpage, I printed it) which would've been a contract even if just "handshake", then another article at LA Cares site states "doctors affected by Synermed " were being assisted by LA Care so your own website states involvement with Synermed but mentions NOTHING about outreach or assistance or notifying harmed and maimed patients, even though Dept of Managed Care Mandated outreach in their corrective action signed by your lawyer , many of these victims are probably dead or were likely financially ruined by their rightful access to care being blocked. Notice I've hardly mentioned my kid , I'm talking facts about LA Care, a supposed "non profit" and fiduciary for special needs beneficiaries !</i></p>	

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	 <p><i>“No contract “ but clearly conveyed outreach to “affected doctors “</i></p> <p><i>(Three minutes expired, so the remainder of her public comments are listed at the end of these minutes.)</i></p> <p>Chairperson De La Torre emphasized that all public comments received that were not read during the meeting will be listed at the end of this meeting minutes for the record.</p> <p>Text message received July 28, 2020, 12:13 p.m., Not self-identified, Public Comment: <i>why aren't victims of Synermed being notified they were denied medical services by L.A. Care?</i></p> <p><i>(Member Vaccaro joined the meeting.)</i></p>	
<p>CONSENT AGENDA ITEMS APPROVED BY A COMMITTEE</p>	<p>There was no public comment.</p> <ul style="list-style-type: none"> Minutes of June 4, 2020 Board of Governors meeting Member Booth suggested a clarification to a statement in the minutes. Augustavia Haydel, <i>General Counsel</i>, noted that the statement was made by Dr. Seidman and staff will reach out to him for clarification. NTT American Solutions, Inc. <u>Motion FIN 100.0720</u> To authorize staff to execute a five-year contract in an amount not to exceed \$3,611,471 with NTT America Solutions Inc. for Smartnet Technical Support and to 	<p>The Consent Agenda items were unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Perez, Ridley-Thomas, Roybal, Shapiro, and Vaccaro)</p>

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	<p>co-term our Nuance Technical Support agreements for L.A. Care’s Cisco & Nuance product lines.</p> <ul style="list-style-type: none"> • Ratify elected Technical Advisory Committee Chair and Vice Chair <u>Motion TAC 100.0720</u> To ratify the election of Richard Seidman, MD, MPH as Chairperson and Hector Flores as Vice Chairperson of the Technical Advisory Committee (TAC) for a one year term. 	
<p>CHAIRPERSON’S REPORT</p>	<p>PUBLIC COMMENT: Received by telephone on July 30, 2020, at 1:23 p.m. from Elizabeth Cooper Good Afternoon Board Chair De La Torre, members of the Board Governors, Layla Gonzalez, and Hilda Perez, consumer representatives on the Board, and Chief Executive Officer John Baackes. <i>I would like to ask for a moment of silence for the late congressmen John Lewis, civil rights advocate and humanitarian, regarding health care and for being compassionate. I believe it is well deserved. On items of the agenda, first I would like to inquire that the agenda be sent out in a timely manner so we can comply with the Brown Act. I would like to speak on agenda item number 4, I would like the Board to come up with a solution to the Board seat election. And I would like to get a response from the Board Chair. Please explain why the Board would like to delay the Board Seat election.</i></p>	
<p>Nomination process for Board Member Terms ending October 31, 2020</p>	<p>Chairperson De La Torre noted that we are in the midst of a public health emergency unprecedented in our history, and we believe that L.A. Care’s members would be best served with consistent leadership through this crisis. L.A. Care nominates one member of this Board, and that is an item later on this Agenda. The other Board Members are nominated by stakeholder entities, which are named in the enabling legislation for L.A. Care. It is recommended that the Board of Governors direct staff to ask the various nominating entities to consider extending current Board member terms through December 31, 2020. If the Board is in agreement, staff will propose to the nominating entities that they consider extending current Board member terms. The nominating entities can nominate their current representatives or nominate a new representative at their discretion, in accordance with the enabling legislation.</p> <p>There was no objection and the proposal was approved by consensus. Staff will move forward with the proposal.</p>	
<p>2021 Officer Election process</p>	<p>Chairperson De La Torre noted that L.A. Care’s Bylaws provide that Officer Elections are held annually in November or as soon thereafter as possible. If nominating entities decide to</p>	

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	<p>postpone Board member appointments, staff proposes that the officer election process not occur prior to January 2021, to allow some time between the members being seated and the officer nominations. The Governance Committee will meet to discuss nominations for officers of the L.A. Care Board of Governors, and officer elections would be held at the February 2021 Board meeting.</p> <p>Member Booth asked about the length of the proposal for postponement of nominations. Augustavia Haydel, <i>General Counsel</i>, advised that staff seeks direction from the Board to advise the nominating entities that the nominations can be postponed for a few months.</p> <p>There was no objection, and staff will inform nominating entities that the nominations can be postponed at the nominating entities' discretion until January, 2021.</p> <p>Chairperson De La Torre noted that some of the nominating organizations are very busy during the pandemic, and meeting to nominate a member of the L.A. Care Board may not be a priority for the next couple of months.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>PUBLIC COMMENT Received by telephone, July 30, 2020, 1:23 p.m., from Elizabeth Cooper, RCAC 2 member. <i>Chief Executive Officer, John Baackes, under the Chief Medical Officer report please explain what L.A. Care means by "Equity Council Steering Committee" before the Board votes on this agenda item.</i></p>	
COVID-19 Update	<p>John Baackes, <i>Chief Executive Officer</i>, reported (a copy of his written report may be obtained by contacting Board Services):</p> <ul style="list-style-type: none"> • All L.A. Care employees are working remotely since the week of March 16, and have seen no diminution in productivity as measured by the speed of calls answered, claims payments, and care management obligations. • As a result of the recent spike in positive cases, hospitalizations and deaths in Los Angeles County, it was determined that staff will not be asked to return to the office prior to January 2021. The decision was made in July and announced to staff almost at the same time that the Los Angeles Unified School District announced that all learning would be conducted virtually for the coming school year. The announcement allowed employees to have some certainty over the next six months to be able to plan their personal lives as well as maintain productivity with L.A. Care. 	

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	<ul style="list-style-type: none"> • Starting in September, L.A. Care will allow employees with difficulties working remotely to start coming back to the office with a limitation of 10% of workforce to maintain physical distance, provide sanitary conditions and limit capacity in elevators. • L.A. Care will also reopen Community Resource Centers (CRC) September 1 to operate in a different manner. There will be no group classes, and most visits will be by appointment, with special arrangements for people who walk-in without an appointment. Steps have been taken to protect visitors and employees. • CRCs have been closed but staff continues to be very active during the pandemic. Staff has participated in food distribution events in the community with local community organizations. Fourteen food pantry events are currently scheduled through September. • Back to School events are combined with the food pantry events. Last week in Pomona, 1000 backpacks and 500 bags equaling 10,000 pounds of food were distributed. • L.A. Care remains active in the community. • He noted that Richard Seidman, <i>Chief Medical Officer</i>, will discuss the clinical aspects of L.A. Care's operations during the pandemic. • Mr. Baackes reported that L.A. Care maintains close contact with the provider network of physicians, physician groups, clinics and hospitals. The adoption of telemedicine as an important mode of delivering health care. Telemedicine has been embraced emphatically by providers. • The pandemic has caused a recession and resulted in a significant loss in state funding. The State of California adopted a Budget for the fiscal year that began July 31. Included in that Budget was a rate reduction for Med-Cal of 1.5%, retroactive to July 2019 and through December 2020. Marie Montgomery, <i>Chief Financial Officer</i>, will provide more information in her financial report. • It is important that, even though the State passed a Budget which did not have more draconian cuts for Medi-Cal, the Budget assumes that there will be more Federal aid that will provide funds for Medicaid in California. Currently, federal legislators cannot agree on the next Federal stimulus bill. If the Federal legislators adjourn for the August recess without a new stimulus bill, or if they pass a bill that does not include funding for Medicaid, there will be significant cuts in Medicaid beginning in January, 2021. • L.A. Care's current Medi-Cal rates will be sustained with the 1.5% reduction through the end of December 2020. It is unknown what the rate will be in January 2021. Budget planning is very difficult under these circumstances. The action that Congress takes before the August recess will directly impact L.A. Care's programs. 	

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	<ul style="list-style-type: none"> • L.A. Care has again led the drafting of a letter to California’s Federal legislative delegation on behalf of all 16 public health plans in California. The letter asks for an increase in federal medical assistance percentage (FMAP) funding to support Medi-Cal beneficiaries through the pandemic, presumptive eligibility for Medicaid enrollment and a roll-back of the Medicaid Fiscal Accountability Regulation (MFAR) which is detrimental to Medi-Cal funding. • The letter also asks for a roll-back of the public charge rule. Yesterday in New York, a Federal judge issued a stay on implementation of the new public charge rules which became effective in February. The ruling states that people in the United States legally as immigrants, and receiving COVID-specific services will not be included in the public charge calculations. • L.A. Care is gathering support from health plans across the country, and a letter was also sent to Congressional Leadership at the national level, including Speaker of the House, Nancy Pelosi, and Senate Majority Leader Mitch McConnell. • Acknowledgement of receipt of the letter was received from Speaker Pelosi’s office, thanking L.A. Care for identifying the issue. • The impact of COVID-19 pandemic will likely be long term, and the important message is that there is uncertainty in the future funding levels. 	
Equity Council Steering Committee	<p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • In response to the murder of George Floyd, there was civil unrest and reexamination of institutional racism. • As reported at the last Board Meeting, a meeting of the Health Equity Disparity Conference for COVID-19 was held as the result of work by the Health Equity Task Force established by L.A. Care over a year ago. Taking that as a foundation, L.A. Care administratively created an Equity Council Steering Committee, with three Equity Councils: <ol style="list-style-type: none"> 1. Member Equity Council 2. Provider Equity Council 3. L.A. Care Team Equity Council • The three councils will begin to look at systemic racism and issues around equality for L.A. Care’s three most important constituencies. • Mr. Baackes has asked Dr. James Kyle to serve as Chairman of the Steering Committee. • Conveners were appointed for each of the three Councils, who are all employees at L.A. Care and will lead the effort to investigate and to hear from the employees, vendors and members around these issues. 	

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	<p>Mr. Baackes invited James Kyle, MD, <i>Medical Director, Quality, Quality Improvement</i>, to address the Board on the Equity Councils (<i>a copy of Dr. Kyle's presentation is available by contacting Board Services</i>).</p> <p>Dr. Kyle thanked Mr. Baackes to share the work of the Councils with the Board.</p> <ul style="list-style-type: none"> • The Councils are hoping to provide equity, so that each person has what they need and equal opportunity to attain their highest potential. • The Councils will also focus on Social Justice, which is the distribution of wealth, opportunities and privileges in our society. • The three councils will look at varying aspects of our responsibility: our members, our providers and our employees. <ul style="list-style-type: none"> ○ Member Equity Council is overseen by Marina Acosta, <i>Health Equities Program Director II</i> ○ Network and Vendor Equity Council is overseen by Acacia Reed, <i>Interim Chief Operating Officer</i> ○ Employee Equity Council is overseen by Jason Pacely, <i>Director, Center for Organizational Excellence Strategy</i> • The Steering Committee also has five members at large: Richard Seidman, MD, <i>Chief Medical Officer</i>; Doris Lai, <i>Senior Director, Accounting and Financial Services</i>; Francisco Oaxaca, <i>Chief, Communications and Community Relations</i>; Phinney Ahn, <i>Executive Director, Medi-Cal</i>; and Terry Brown, <i>Chief Human Resources Officer</i>. • It is planned to engage all employees in learning and serving to build equity. • An anonymous site will be created so concerns and issues can be gathered and addressed. • The goal of the Steering Committee is to address areas of equity, fairness and inclusion. • The Steering Committee will foster difficult conversations around race among members, providers and vendors, and employees. • He described initial pillars to improve health disparities among communities of color. <p>Member Booth commented that the word “inclusivity” is important to her in the interest of understanding more and promoting unity. She knows, for example, that sometimes others may not want her input, because of how she is perceived. However, she wants others to know she is on their side and wants to learn. We’re all in this together. She thanked the committee for the work that went into creating this Statement of Principles.</p> <p>Member Booth believes this document (the L.A. Care Health Plan Statement of Principles) accurately reflects her own thoughts and feelings as well as what she has observed of L.A. Care leaders and members of the Board of Governors.</p>	

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	<p>Member Booth has been impressed with the extent L.A. Care has already directed attention to the injustice and inequity challenges that exist in society. She believes compared to other companies, L.A. Care does a far better job addressing these issues. It's difficult to want to take credit for any progress when event after tragic event reveals how horrible the system can be. However, she hopes L.A. care recognizes some pride in its history of ongoing efforts to assess for and address these issues.</p> <p>She feels inspired by the Statement. It is the right thing to do.</p> <p>Dr. Booth offered grammatical alternatives for the final version.</p> <p>Member Perez thanked Dr. Kyle for creating this. We need to be more empathetic to the communities we serve especially the most vulnerable: low-income, with limited access to care, un- and under-insured, and the Black and Brown communities. Member Perez watches the reports from Dr. Ghaly on social media, the updated information shows the impact in the community from the pandemic. She asked if the Committee will be made more accountable by adding a consumer member? Dr. Kyle responded that at this point it is only staff on the Steering Committee. Mr. Baackes reported that he has heard from members of the L.A. Care Regional Community Advisory Committees, and he suggested that there is an opportunity to include L.A. Care members on the Member Equity Council.</p> <p>Member Gonzalez thanked Member Perez for speaking out, and she thanked Mr. Baackes for clarifying the issue. She invited Dr. Kyle to the September Executive Community Advisory Committee. Dr. Kyle indicated that he is already scheduled to attend.</p>	
Elevating the Safety Net (ESN) Scholars	<p>Mr. Baackes reported that the Elevating the Safety Net program is in full swing. The Board is aware that this program supports safety net providers in recruiting primary care and mental health providers to strengthen the safety net and improve access to care for L.A. Care members.</p> <ul style="list-style-type: none"> • To date L.A. Care has awarded 121 grants; 88 physicians have been hired. • On July 27, 29 additional grants were approved. • Another element of the program is the L.A. Care Scholars, providing medical school scholarships at the Charles Drew School of Medicine and Science, and the Geffen School at UCLA. The purpose of these scholarships are to increase the potential number of providers that will serve the safety net in Los Angeles County. • The decision about which students should receive the scholarships is in the hands of the medical schools, which are best suited to select scholarship recipients who best meet the guidelines for the scholarships and are most likely to remain in Los Angeles County. 	

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	<ul style="list-style-type: none"> • He referred to the information in the meeting materials (<i>a copy of the meeting materials can be obtained by contacting Board Services</i>) for information about the eight newest scholarship recipients, representing a diversity of ethnic and cultural backgrounds. 	
Update on Covered California	<p>Mr. Baackes reported that L.A. Care has participated in Covered California since the program began in 2014, and:</p> <ul style="list-style-type: none"> • The original Affordable Care Act included a funding mechanism for the program called Cost Sharing Reduction (CSR). • The CSR paid health plans directly for a portion of the benefits which reduced the cost for the members enrolled based on their income. • The CSR was eliminated in 2017 by Executive Order. • L.A. Care, along with other health insurers, initiated litigation on the basis that the CSR was still an obligation of the government that could not be obliterated by Executive Order. • L.A. Care was previously awarded judgment for 2017 and 2018 in the amount of \$17.5 million. • More recently, the court awarded L.A. Care \$16 million for 2019. We believe this to be the first judgment in favor of a health plan for the 2019 CSR payments. • Significantly, this lawsuit established a principle that the law could not be overridden by Executive Action. • It is expected L.A. Care's success in this lawsuit will lead to other health plans' success in their respective lawsuits. 	
Support for a new medical school being developed by the Keck Graduate Institute of Claremont Colleges	<p>Mr. Baackes reported that:</p> <ul style="list-style-type: none"> • L.A. Care received a proposal from The Keck Graduate Institute of Claremont Colleges (<i>information included in the meeting materials is available by contacting Board Services</i>). • This is a new program known as the Claremont School of Medicine at the Keck Graduate Institute, to establish a medical school program for the community medicine specialist physician, which would provide an expedited educational path at lower cost. • The Keck Graduate Institute has requested a \$5 million donation to help establish the program. The funding requested would not be for scholarships. • The Dean of the school is David Lawrence, MD, a former Chief Executive Officer of Kaiser Permanente Health Plan until 2003. Mr. Baackes worked for Dr. Lawrence when he was at a community health plan in Albany, NY, that was acquired by Kaiser Health Plan. • If approved, the funds would be issued from the Elevating the Safety Net program. 	

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	<p>Dr. Seidman commented that overall he recognized that the plans are bold, timely and not without risk. The new start up is framed as a medical school, and the funds requested represent the first steps in funding the first step toward enrolling the first students in a four-year medical school program. The \$5 million is core funding required to launch the Masters level program in Community Medicine. Their goal to open a new pathway for students, primarily students from lower income families and people of color that have traditionally been excluded in large numbers from the more traditional medical schools, even some of the medical schools that have established targeted tracks to attract students from backgrounds that are underrepresented in existing medical schools. It is planned to recruit mainly from the California State University system and from the University of La Verne. A majority of students in those two systems are from lower income families, and predominantly from families of color. This focus on that student pipeline is notable in seeking concordance, which is the term used to describe the evidence that the similarity of characteristics between the physician and patients have been shown to be very important to clinical outcomes.</p> <p>It is anticipated that the Medical School students would be recruited from the Master’s program. There would be an advantage of observing the students during the Master’s program so the best students would be accepted to the Medical School program, and produce physicians that would be grounded in community medicine, that come from the communities that they will serve, and would be supported by a rigorous medical school curriculum.</p> <p>Some notable people have been recruited to serve on the Board of Directors. They plan to disrupt and innovate in the ways both the Masters and Medical School students are trained. Online learning will be leveraged in combination with internships and the clinical rotations. Additional funding will be needed for the Medical School funding.</p> <p>Member Booth noted that this program will further L.A. Care’s goal of supporting community medicine. She supports further exploration of the request.</p> <p>Mr. Baackes commented that this is seed money to launch the program, and reflects well on L.A. Care to be a foundational contributor.</p> <p>Member Roybal asked if the initial intent of the Master’s program is to be a post-baccalaureate program that many students attend as preparation for medical school, he asked if there was any indication if the school will be allopathic or osteopathic school of medicine, and his third question was about the location of the school, as Claremont is geographically located on the edge of Los Angeles County.</p>	

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	<p>Dr. Seidman responded that post baccalaureate programs provide additional education and preparation for medical school or other graduate degrees. Graduates of the master’s program may not ultimately go to medical school. This school will seek to provide an allopathic program. One challenge this medical school might have is the lack of affiliation with a specific hospital. A nearby medical school at University of California, Riverside, is not directly affiliated with a hospital and has experienced challenges in providing opportunities for clinical training for its residency students. The location of the medical school is yet to be determined.</p> <p>Member Booth asked if the Keck School of Medicine is involved. Mr. Baackes noted that there is no affiliation with the University of Southern California.</p> <p>Member Roybal noted that an endowment was donated by the Keck family for the Keck School of Medicine at USC.</p> <p>Member Perez noted that she received a COVID-19 test, and she noted her appreciation for the different sites available to people for testing in Los Angeles County. She is happy to see another university involved in a program to provide community oriented training. She noted that her daughter was accepted to several universities and has decided to go to UCLA. With support of organizations like L.A. Care for these programs, there are opportunities available.</p> <p>Member Gonzalez noted that there seems to be risk involved in that the program may not receive funding to continue, and that there are no assurances that the students trained would remain in Los Angeles County.</p> <p>Mr. Baackes responded that it cannot be guaranteed that students from the program would remain in Los Angeles County. The program aims toward people who come from the communities that need physicians, but it would be too early to impose that condition. It is a question for the Board to consider a program that is aimed at students from safety net neighborhoods and if it is a good idea to use the Elevating the Safety Net funds for this purpose.</p> <p>Member Roybal commented that although it is seed money for a potential medical school, it is money that will invest in a master’s program that will focus on people that are interested in community health and come from the communities in which L.A. Care would like to increase access to care, and even if there is no medical school, it will make these students more attractive candidates for medical school. Because they are from the communities and have interest in serving the community, they will eventually return. He indicated that the money will be well spent in preparing students who will likely return to their community. He feels it is a</p>	

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	<p>worthwhile investment at the Master’s level, producing people that are motivated and interested, and will be good candidates for Medical school and will return to their communities.</p> <p>By consensus the Board indicated staff should continue to investigate this request and if appropriate, a recommendation will be brought to the next meeting.</p>	
3 rd Quarter FY 2019-20 Vision 2021 Progress Report	<p>Mr. Baackes referred Board Members to the report included in the meeting materials. <i>(A copy of the report may be requested by contacting Board Services.)</i></p> <p>Member Booth indicated she had questions about the report and Mr. Baackes indicated that staff will contact her.</p>	
Cal MediConnect Enrollee Advisory Committee	<p>Mr. Baackes referred Board Members to the report included in the meeting materials. <i>(A copy of the report may be requested by contacting Board Services.)</i></p>	
Grants & Sponsorship Report	<p>Mr. Baackes referred Board Members to the report included in the meeting materials. <i>(A copy of the report may be requested by contacting Board Services.)</i></p>	
	<p>Member Perez thanked Mr. Baackes for the information in his report, and she thanked staff that organized the community events where school backpacks and food were distributed: Francisco Oaxaca, Maribel Soria, Judy Hsieh, Maria Zuniga, Estella Ramos, Mario Ramos, and Margaret Coins. All of them did a great job. Member Perez has been requesting this since April, when there were only two events in Palmdale and Pomona. As a Health Promoter she was invited to participate as a volunteer and attended the event in Pomona. She plans to attend the event at LAC+USC Medical Center. Health Promoters will be at events in other areas. She mentioned that 1,000 backpacks were distributed as well as food supplies. The event ended early because there was nothing else to distribute. She asked that the amount of supplies to be distributed be increased. She noted that we are in a state of emergency and it is a totally different situation than we have seen before. A long line of people was waiting to receive the distribution and they had to be turned away.</p> <p>Member Perez commented that we are not reaching out to the community in culturally relevant ways. She said that everything is based on social media or technology. Other health plans conduct really effective technology and media outreach and she feels L.A. Care can do more. As an example, she noted that MLK Community Hospital created a character named Mia. By “clicking” on Mia, a user can get information about COVID-19, ask questions and learn about resources. She noted that besides having the technology and social media available for members, L.A. Care needs to improve it and find ways to make a connection to the community.</p>	

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	<p>She noted that even though many people have a smart phone, not many people know how to use a computer or how to log into a site. She asked if there was anything going on right now to implement and improve L.A. Care’s social media and technology outreach.</p> <p>Mr. Baackes responded that Dr. Seidman will discuss substantial outreach during his report. Member Perez thanked the staff and hopes the staff stays healthy and safe.</p>	
<p>PUBLIC COMMENT (continued from previous item)</p>	<p>PUBLIC COMMENT</p> <p>Chairperson De La Torre noted that public comment was submitted for item 2. He apologized for not having read the items previously and asked that the comments be read.</p> <p>Received on July 30, 2020 at 2:01 pm, from Andria McFerson <i>Chairperson De La Torre,</i> <i>In speaking with the community and from a personal experience there may be a quality of care issue because some healthcare providers don't provide high-quality healthcare services and may be discriminatory towards patience especially the African American community. I suggest there be a task force right here at LA Care amongst the member directly dealing with the problems in the African American community and the overall effects of the economy related to those issues so that it could be properly addressed. The Afro-American community is only 8% of LA County so of course the numbers may seem low but, per capita it is extremely high Does La Care have a system in place to monitor these issues and take the necessary measures to address them? Thanks</i></p> <p>Chairperson De La Torre noted that this was addressed in the presentation regarding equity and member input will be included.</p> <p>Received on July 30, 2020 at 2:35 pm from Andria McFerson <i>Hello Chairperson De La Torre,</i> <i>My name is Andria McFerson, Chair of RCAC 6, regarding Item #4 can you tell me the specific cut off date for RCAC's to submit information because this has not been directly addressed during the last few ECAC meetings and for clarification purposes I would like to disperse the information to the potential recipients. Due to the setbacks from the pandemic this it would be a challenge because there is a lack of direct communication between the RCAC members however, can you please give me that information and I will diligently try?</i> <i>Thank you, Andria McFerson RCA6, Executive Chair</i></p>	

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	<p>Mr. Baackes noted that this may be in reference to the request for feedback on the Statement of Principles. L.A. Care received feedback from 25% of the RCAC members.</p> <p>Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, noted that the deadline for the survey that was distributed to all RCAC members was early last week, and that allowed staff time to compile the data and prepare the information in time for distribution to the Board as part of the CEO's report on the next item. As Mr. Baackes stated, we received responses from 25% of the RCAC members. The survey had been distributed in Spanish and English, on line and each RCAC member received a personal letter from staff which provided a link to the survey in either language and also offered the opportunity for the survey to be administered by phone with a staff member if the RCAC member was not able or not comfortable accessing the technology needed to take the survey on line. L.A. Care made special arrangements for the Khmer-speaking members, since the survey instrument that we used was not ideal for making the survey available in their preferred language. Community Outreach and Engagement, through a Khmer interpreter, administered the survey in Khmer by phone to make sure they had access to the survey and could provide their input.</p>	
MOTIONS FOR CONSIDERATION		
<p>L.A. Care Health Plan Statement of Principles on Social Justice and Systemic Racism</p>	<p>PUBLIC COMMENT July 30, 2020 at 2:35 pm from Andria McFerson <i>Hello Chairperson Del La Torre, My name is Andria McFerson an Executive of RCAC 6.</i> <i>In regards to the Black Lives Matter Survey Monkey data...because right here at LA Care issues are being ignored due to the fact that Mark Ridley-Thomas's motion for LA Care to be more involved in the black community over a year ago and voted yes by our own board was tabled by the director of the CO&E after much effort from myself.</i> <i>The survey wast to suggestive and to foreword regardless of whether the recipients wanted remain anonymous.</i> I MYSELF REFUSE TO ENGAGE IN A SURVEY LABELED SURVEY MONEY I FEEL AS THOUGH IT IS OFFENSIVE!!! <i>What is LA Care doing with this data from this survey and will this data actually be carried out this time?</i> <i>What are some of the common issues raised by the rack members?</i> <i>What actions will la care take to address those issues?</i></p> <p>Received July 28, 2020, 3:36 p.m from Bonnie G.</p>	

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	<p><i>public Comment to be submitted at the Thursday LA Care board meeting under topic : Social Justice I am unable to email as it is painful to my conditions to use a computer keyboard . it is my right to text in the following comment :</i></p> <p>SUBJECT: SOCIAL JUSTICE ECONOMIC PROFILING</p> <p><i>I am Bonnie G. I am one of the 600k members who were defrauded by LA Care, The State of California Dept of Insurance Synermed IPA and the Doctors and Case review customer service representatives between 2014-2018. I suffer from Trigeminal Neuralgia Type 1& 2 . I was an la care member from approx may 2014 to dec 2018. During which time i suffered gravely from my disease and a another disabling rare type of meningitis. i was assigned a service rep case manager who had no experience or knowledge of my diseases . when asked for further referral you delayed, denied and negligently ignored service requests. i have hundreds of emails with two individuals begging for care because i could not speak due to my conditions . infact i could not eat , chew food , touch my lips or touch my teeth together , leave my home as the wind would trigger the nerve or even have a stand of hair fall upon my face without excruciating pain. I was trapped in my home for months unless i was willing to go through excruciating pain to leave . My fiance had to go out of pocket for thousands of dollars for care or i would have perished , you see a trigeminal neuralgia is the most painful medical condition known to the medical field. It is also known as the suicide disease as most people who are neglected care commit suicide due to the 24/7/ 365 relentless excruciating pain. I was not asking for pain medication let me be clear, pain medications were ineffective . I was also denied ant depressant medication and therapy . I was asking for referrals to doctors & testing who could care and treat me, to arrange special payment to providers who could help me surgically in what ever way possible . i lobbied these case managers but my requests fell on deaf ears . due to the delay in services i have suffered permanent disabling damages to my brain and my ability to continue to support myself.</i></p> <p><i>(Three minutes expired, so the remainder of this comment will be added to the end of these minutes.)</i></p> <p>Mr. Baackes reported that at the last meeting the Board of Governors indicated it would entertain development of a statement principles regarding institutional racism and the civil unrest since the murder of George Floyd. A process was conducted:</p> <ul style="list-style-type: none"> • A draft statement was developed internally by the Legal and Communications departments • All employees were asked to provide feedback on whether the statement reflected their sentiments and for suggestions to improve it 	

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	<ul style="list-style-type: none"> • RCAC members were asked for feedback • Received 34% response rate from the internal survey and 25% from RCAC members <p>Mr. Baackes noted that he has been criticized because of the word, “monkey”. A company called Survey Monkey was used to obtain the feedback. Survey Monkey was established in 1999 and became a publicly-traded company in 2018. L.A. Care has successfully used this application for previous surveys and felt it was the most efficient way to get feedback. He apologized if anyone was offended by the name of the company that was chosen. The company was named many years before L.A. Care conducted this survey.</p> <p>Chairperson De La Torre commented that Survey Monkey is a very commonly used service. He has seen it used in other settings in which he is involved. It’s just a goofy name for a survey system that has been around for 20 years. It has nothing to do with L.A. Care, it has nothing to do with anything except that is the name of the company, just like Google is a goofy name. He apologized to anyone who was offended, but it is a very commonly used survey tool.</p> <p>Mr. Baackes reported that the responses to the survey were reviewed by the Equity Council Steering Committee, which was tasked with synthesizing the responses received and asked to redraft the statement to reflect the input of the member representatives and L.A. Care employees.</p> <p>The Statement that is presented to the Board for consideration is a result of the work of the Equity Council Steering Committee and includes all the feedback received. Many organizations have adopted statements of this nature. Mr. Baackes noted he has been criticized for the length of this process, but it was important to include input from more than just the public relations department and the executives of the organization.</p> <p>Dr. Kyle reported that the Steering Committee for the Equity Council scrutinized the original statement to make it more broad, as well as to make it more specific. This statement was redrafted and submitted to the CEO. It was also enthusiastically vetted by the top leadership of L.A. Care for the intent and candor of the statements. Dr. Kyle called it a “living document” as it may be updated. The Steering Committee is very confident that this Statement adequately represented the approach by L.A. Care and its leadership.</p> <p>Mr. Baackes noted that it is planned to broadly communicate and distribute this Statement among RCAC members, providers, hospitals, medical groups, clinics, the Los Angeles County legislative delegations in Sacramento and Washington, D.C. It will be included with public announcements and other communications on line in social media and in print media.</p>	

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	<p>Member Booth noted that she believes the Statement and she pointed out that L.A. Care has already done a lot toward equity and she doesn't see that reflected here as well as she would like. She thinks L.A. Care does a better job than most, and everyone at L.A. Care seems to be aware of the issues, and it didn't take this particular time in history to point that out to L.A. Care. She also noted grammatical corrections.</p> <p>Member Vaccaro stated that she appreciates that time was taken to put this statement together. She asked how L.A. Care will hold itself accountable.</p> <p>Mr. Baackes indicated that the reason the Statement was reviewed by the Equity Council Steering Committee is because the activities of the Steering Committee and its three Councils are the means by which L.A. Care will be held accountable.</p> <p><u>Motion BOG 100.0720</u> To approve the L.A. Care Health Plan Statement of Principles on Social Justice and Systemic Racism.</p> <p style="text-align: center;">Statement of Principles on Social Justice and Systemic Racism</p> <p>L.A. Care and its Board of Governors (L.A. Care) stand proudly with Black, Indigenous, and all other People of Color (BIPOC) in America. We do not tolerate racism or discrimination in any form – we denounce anti-Blackness and the systemic oppression of all BIPOC in America and abroad.</p> <p>L.A. Care acknowledges the pain, anger, fear, and frustration caused by the senseless deaths of countless BIPOC and acts of discrimination toward BIPOC communities. These terrible tragedies have repeatedly exposed persistent and divisive systemic racism and inequity impacting BIPOC communities. We also stand in solidarity with our health care and safety net partners who, every day, respond to members affected by racial injustice and inequity. America's growing social justice movement tells us in no uncertain terms that we are at a pivotal moment in our history. L.A. Care has not, and will not, ignore the long unresolved issues of racism and inequity that have burdened all BIPOC communities. Actions, not words, are what is needed now. L.A. Care is committed to supporting our employees, members, providers, and the communities in which they all live - to listen to them, learn from them, and take action.</p> <p>In addition to continuing to listen and learn from our BIPOC employees, members, and providers, L.A. Care has implemented and is actively working on the following and more:</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Perez, Ridley-Thomas, Roybal, Shapiro, and Vaccaro)</p>

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	<ul style="list-style-type: none"> • an Equity Council which will focus on equity issues and topics related to our L.A. Care employees and members and our contracted provider network and vendors. • advocacy work for social justice, and including these efforts in our policy agenda. • an Equity and Resilience Initiative that will support community-based organizations working to mitigate the impact of health care inequities among racially marginalized individuals and communities. • a partnership with the Los Angeles County Commission on Human Relations. <p>While our organization cannot solve these challenges alone, we are starting with our family of employees, members, providers, and community stakeholders who have shared their perspectives now reflected in this statement. We will look internally to ensure that our own work environment is free of any racism or discrimination. Working together we can aspire to achieve an America that is truly fair, equitable, inclusive, and just - for all.</p>	
Renomination of Hector De La Torre to the L.A. Care Board of Governors (BOG 101)	<p>Alvaro Ballesteros, <i>Vice Chairperson</i>, stated that Hector De La Torre was nominated by the L.A. Care Board of Governors in September 2014 (Motion GOV 101.0914) following a selection process to fill the unexpired partial term. He was re-nominated by the Board in 2016 and his current term will end on October 31, 2020.</p> <p>Mr. De La Torre is eligible for re-nomination to the Board of Governors for a second 4-year term. If approved by the Board of Governors, the nomination of Mr. De La Torre will be sent to the Los Angeles County Board of Supervisors for a formal appointment to the term beginning November 1, 2020 and ending October 31, 2024.</p> <p><u>Motion BOG 101.0720</u> To nominate Hector De La Torre to the L.A. Care Board of Governors to a second four-year term that will end October 31, 2024, and to direct staff to forward his nomination to the LA County Board of Supervisors to request his appointment to the Board of Governors.</p> <p>Member Perez commented that Mr. De La Torre has been a great leader and she really appreciates his community side of all that he does for L.A. Care.</p> <p>Chairperson De La Torre thanked the Board Members and noted that he enjoys serving with them on this Board.</p>	<p>Unanimously approved by roll call. 9 AYES</p>
CHIEF MEDICAL OFFICER REPORT	Dr. Seidman reported: COVID-19	

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	<ul style="list-style-type: none"> • Globally over 16 million reported cases, with over 200,000 cases per day at this pace; over 650,000 deaths worldwide, with over 5,000 new deaths per day. • The greatest number of cases per day are unfortunately in the United States (US), in Brazil and India. • One of the things the World Health Organization (WHO) posted on its website yesterday as the 191st daily situation report on the COVID-19 pandemic released since January 21, 2020. • In the last several months it is increasingly concerning as focus is on the pandemic, that people are not presenting as often for routine health care or care for chronic conditions. • As much as people are taking advantage of telehealth, there is concern about routine immunization rates dropping. In particular, July 28 was World Hepatitis Day, and WHO called out concern about maternal and child transmission of hepatitis B, which is entirely preventable by the hepatitis B vaccine. • There are similar concerns in the US with the drop in routine vaccination levels and L.A. Care is conducting outreach efforts for parents to bring their young children to their primary care provider for routine immunizations. • In the US there are over 4.3 million reported COVID-19 cases, with 50-60,000 new cases per day, and a total of nearly 150,000 deaths. • While cases rose sharply since mid-June, after the Memorial Day Holiday and the nationwide protests that took place following the murder of George Floyd, the increase in contact over that weekend and during those demonstrations, coupled with a relatively rapid reopening of many businesses, we advanced through Stage 2 and into Stage 3 of the recovery effort, in retrospect more quickly than perhaps we should have. • There was a significant increase in cases and the pullback just before the July 4 holiday. • The good news is that the closing of higher risk businesses such as indoor dining, fitness centers, personal care services (barbershops, hair salons, nail salons, and tattoo parlors, etc.) we are now seeing significant flattening of the new case rate and actually a reduction in the total number hospitalized in the last couple of days in Los Angeles County. This doesn't mean we don't have a very delicate and serious situation on hand. • We are in weekly calls with the Department of Public Health and they remind the public as often as possible that the best tools we have are basic: physical distancing, masking, respiratory and hand hygiene, frequent handwashing and cleaning frequently touched surfaces. • While hospitalizations are up, they are manageable. The hospitals in L.A. Care's network are not reporting cancellation of elective procedures at this time. Hospitals retain capacity for ventilators and Intensive Care Units (ICU). Capacity varies among hospitals, and we are 	

APPROVED

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	<p>seeing that those hospitals that serve a high proportion of low income and people of color, and people on Medi-Cal, are seeing greater numbers than other hospitals in our network that do not make the same commitment to the lower income people in our communities.</p> <ul style="list-style-type: none"> • Deaths from COVID-19 are lower in the last 7 days by about 6%, and despite the prior very significant increase in cases and hospitalizations, there is clear evidence now that this is a younger age cohort than we were seeing earlier in the pandemic, when 50-60% of deaths were coming from Skilled Nursing Facilities. • Currently the common age is 18-40 years. L.A. Care’s internal data indicates the age of most commonly hospitalized member is 30-40 years. Earlier in the pandemic the common age was 55+. • In addition to improvements in treatment, there is promising news on the vaccine trials. The National Institute of Allergies and Infectious Disease and the National Institutes of Health recently launched the COVID-19 Prevention Network. This is to combine efforts to recruit volunteers to participate in large scale Stage 3 clinical trials of at least four different vaccines against COVID that have shown promising Stage 1 results. • All of these Stage 3 vaccines require two doses, one month apart. Interested adult volunteers of all ages and races can register for the trials. Registry does not commit a volunteer to participate in the trial. <i>(Those interested can contact Board Services for contact information.)</i> • The US is working on pre-purchasing vaccines for everyone in the country. • It is hoped that there will be more than one effective vaccine approved so there is more available. The Centers for Disease Control may establish a priority for those most susceptible to the disease. • The Los Angeles County Department of Public Health (DPH) has launched “Angelinos in Action”, a text messaging program to identify people who are mildly symptomatic with COVID-19 and have not or do not need to come to the attention of health care givers. DPH hopes to identify cases earlier, reach out to those cases or potential cases, provide testing, impose the appropriate isolation and quarantine for close contacts, as a strategy to help contain the outbreak. <p>L.A. Care Outreach</p> <ul style="list-style-type: none"> • Early in the pandemic, L.A. Care reached out to medically high risk members (over 250,000) with an educational campaign. • Later, a disparities outreach effort was undertaken, targeting medically high-risk and then low risk African Americans (more than 120,000 members). 	

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	<ul style="list-style-type: none"> • The next focused outreach effort involved American Indian, Alaskan Native and Pacific Islander members, followed by a Latinx campaign (over 75,000 members). • The outreach attempted live contact with members. About one-third were reached by live calls. A wellness check was conducted, followed by an offer to assist with any needs. • A relatively small percentage asked to contact another call center agent for additional services (about 3-5 % of each targeted group). • By far the most commonly needed resource (over 90% of those asking for additional resources) was food. As discussed earlier, food insecurity has been pervasive among our membership, in order to qualify for Medi-Cal the members are poor, and their situation is made that much worse by the pandemic and significant loss of jobs. • Using the L.A. Care Community Resource platform, members were connected to resources in the community. As L.A. Care becomes aware of new resources, information is added to the platform within 24-48 hours. <p>Dr. Seidman acknowledged Ms. Perez’ comments regarding L.A. Care’s social medial outreach. A live call may not be the best culturally competent way to reach all members, and L.A. Care will explore other ways to communicate effectively with members.</p> <p>Dr. Seidman noted that the ‘flu season’ is coming up and everyone should get a vaccine. L.A. Care is working with DPH on messaging for COVID-19 prevention and ‘flu’ vaccination.</p> <p>Dr. Seidman noted there has been a persistent problem in supplies and access to laboratory testing during the pandemic. This has been a significant issue nationwide, statewide, and in Los Angeles County. DPH and DHS established testing sites in LA County. There are now over 80 testing sites in the City and County of Los Angeles. Many of the community clinics are sponsoring community test sites, and the number of daily tests has risen dramatically, up to over 20,000 tests daily.</p> <p>There is still not enough access to testing. There is an LA County Community Lab Reference Guide, which is available to L.A. Care’s contracted Independent Physician Associations (IPA). IPAs are responsible for the cost of a majority of lab testing for L.A. Care’s members. In addition, L.A. Care is supporting the providers and members by adding lab contracts for extra capacity for COVID lab testing.</p> <p>Los Angeles County Medical Association and the California Medical Association hosted a personal protective equipment (PPE) distribution event for solo and small group physician practices yesterday in Los Angeles. Physicians did not need to be a member of LACMA or CMA to receive PPE, including gowns, gloves, masks and face shields. L.A. Care communicated with providers about the availability of PPE.</p>	

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	<p>Member Perez thanked Dr. Seidman for listening to members and for L.A. Care’s effort and hard work. She asked if the calls to 250,000 members were live or recorded?</p> <p>Dr. Seidman responded that the first outreach calls to 250,000 high risk members were done with recordings, with a call back number for people who had questions. Subsequently, L.A. Care conducted live calls for the disparities campaign, which reached about 1/3 of several hundred thousand members targeted.</p> <p>Member Perez asked about personal protective equipment (PPE) for members. She noted Supervisors participated in distributing PPE to community. She asked if we contacted city councils to establish partnership to offer to members or communities in general?</p> <p>Dr. Seidman responded that L.A. Care will continue to look for partners in the community to assure members have access and comply with health orders.</p> <p>Ms. Perez noted that outreach needs improvement. L.A. Care is not really reaching out to members on social media. Dr. Shapiro has become the face of Alta Med on social media, with several videos available on line. She noted that providing information in this way really reaches the members. She believes that L.A. Care should work on this type of communication. Dr. Seidman responded that he looks forward to working with Communications on outreach programs.</p> <p>Mr. Baackes noted that Alta Med is a participating provider with L.A. Care, so the outreach done by Alta Med and other affiliated organizations also reaches L.A. Care members. He thanked Dr. Shapiro for the prevention and educational outreach.</p> <p>Member Gonzalez asked about the younger age in COVID infections and availability of hospital space and ventilators. Dr. Seidman noted that the younger age of people in the current outbreaks is due to several aspects of lifestyle and behavior. There is adequate hospital bed and ventilator availability and there are plans in place in the event of a surge in hospitalizations. He predicted status quo for next weeks until see where it is going. The positivity rate of testing is coming down.</p> <p>Member Ballesteros asked about high death rate in NY.</p> <p>Dr. Seidman noted there are multiple contributors and all the information is not yet known. There were very high infection rates early in the pandemic that overwhelmed the NY system before we knew much about the virus. By mid-June when Los Angeles County experienced a surge in cases, hospitals were better prepared.</p>	

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	<p>Member Booth noted that a higher viral load may have impacted the course of the infections, as NY is much more densely populated than other areas.</p> <p>Chairperson De La Torre thanked Dr. Seidman for his report, and he thanked all L.A. Care staff and Supervisor Ridley-Thomas for collaborating on the COVID testing locations.</p>	
ADVISORY COMMITTEE REPORTS		
<p>Executive Community Advisory Committee</p>	<p>PUBLIC COMMENT Received July 30, 2020 at 3:58 pm from Andria McFerson <i>Hello Chairperson De La Torre, Item# 8 if not already discussed then place this under #Item 13 My name is Andria McFerson Chair of RCAC 6 That is horrible to state that we were given this information about the BOG Chair election because I was NEVER CALLED ONCE AGAIN SHOWING RETALIATORY HARRASSMENT BY THE DIRECTOR OF THE CO&E DEPT. PLEASE GIVE ME AN EQUAL CHANCE TO RECEIVE AN EQUAL CUT OFF DATE LIKE EVERYONE ELSE THIS IS SAD!!! NO ONE CALLED ME AND THE CUT OFF DATE WAS NOT OPENLY DISCUSSED DURING THE ECAC AND NOT AGREED WITHIN THE ECAC IS NOT AN AUTHORITARIAN REGIME!!! PLEASE RESPECT THE BROWN ACT and ROBERTS RULE OF ORDER! I also want to reiterate from my previous comments made to ECAC and the Board that I feel the Members voice has been lost during the ECAC and Board meetings, and I feel the purpose of why the RCACs were created may have been lost as well. RCAC 6 previous motion was inadvertently tabled, even though I requested during the motion at the ECAC for follow up information about a possible gift card. My motion was not posted on the agenda even under old business. There was no response during the last meeting even though I commented during old business and repeated the same request? We need to know how feasible the motion to raise the stipend could be at LA Care especially during these trying times when there are food banks but no transportation for seniors, the disabled and relative low-income with no transportation. The advisory members who individually sign up for the disbursements of the food gift cards for are some of our committees members who have given so much but are starving during times this gift card dispersed the same way as the food banks is life saving.</i></p>	

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	<p><i>All lives matter but Black lives are being completely ignored especially the kne who speak up!</i> <i>Chairperson Del La Torre, how can we improve this social injustice and can we make the announcement of the BOG seat cut of date known first and openly discussed publically before the ECAC members?</i></p> <p>Chairperson De La Torre indicated that the postponement discussed earlier today applies to the outside nominating entities and does not apply to anything internal.</p> <p>Francisco Oaxaca noted that there is an election process for two of the Board Members. Because of the pandemic and health officer orders, the ECAC meetings have been held virtually and RCAC meetings have not been held. The discussions around the election process are focused on whether there is a way to hold an election. The intent has been to provide each candidate with the opportunity to attend RCAC meetings, speak to members in person and answer questions from members. There has been discussion about how the process could be carried out and ensure equal and equitable level of participation by RCAC members in a virtual meeting format. At this time, it does not appear that RCAC meetings can provide equitable access for all members. The election of two members to the Board remains in process, and no decision has been made by ECAC on the future status of the election process. Applications may still be submitted as ECAC has not closed the nominations. The intent is that the current Board members will continue in their positions until the election process can proceed.</p> <p>Member Gonzalez thanked RCAC members participating in the Board Meeting. She reported that ECAC met on July 8 on a videoconference:</p> <ul style="list-style-type: none"> • Mr. Baackes reported on the State budget, which was passed with no cuts, although it is still contingent upon the federal government approving more funding during the pandemic. He stressed the importance of people submitting their Medi-Cal redetermination paperwork. Although the State suspended redetermination requirements, the paperwork will still be required in September and not filing will close the case and could adversely affect coverage. • Dr. Seidman reported that L.A. Care is seeing more hospitalizations due to COVID-19, but a decline in deaths. He explained that the ages of people affected has shifted to people between the ages of 18-40. He explained the county is reinforcing the stay-at-home order. He explained that there are still ICU beds and ventilators available at hospitals. He explained that the County has committed \$400,000 to help communities with low access to testing, high mortality rates and higher case rates. He asked people to avoid the 3C's: crowds, closed spaces, and close contact. He urged people to continue to mask themselves when going out in public. He explained that studies are clear that a simple facial covering helps prevent the spread of infection. Hilda Perez, Member Representative, asked that he 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>give a report on telehealth services. He explained that L.A. Care offers Teledoc services, a telehealth that allows patients to be able to speak to doctors either by video or by phone. He stated that 90% of the visits were by phone only and 10% were by video call. He reported that the Nurse Advice line usage also increased by 2.5 times and Teledoc increased 50 times as much.</p> <ul style="list-style-type: none"> • Priti Thanki, <i>Local Government Advisor II, Government Affairs</i>, provided an update about the DACA court decision. She explained that the decision to stop DACA without adequate notice and the manner that it was executed was not legal, but it could be done by other means. • Mr. Oaxaca reported that L.A. Care plans to restart RCAC meetings in August. ECAC will meet again in September. Information about Board meetings will be sent to RCAC members. The Community Resource Centers are undergoing construction and there are three centers: East LA, Lynwood and Palmdale, that will reopen as Community Resource Centers hopefully in September. Construction of the new Metro LA site is scheduled to finish in September and work on locations in Norwalk, Wilmington and El Monte is in progress. A search for a new site for the Inglewood location is underway as well. In his report he listed Food Bank Distributions and Back to School events, and Hilda Perez said that she attended a few in Pomona and Pacoima. More events are scheduled in communities throughout the county. <p>Member Perez offered condolences to all who have lost a loved one due to the COVID-19 virus. She thanked L.A. Care on behalf of the membership who expressed their concerns about providing a stipend during the pandemic for all of the RCAC members. She mentioned that Mr. Oaxaca responded to her email request and she thanked him for his efforts. She is willing to work with him and with Marketing staff to talk about ideas and to reach out to other agencies that are also part of the efforts so that we can grow together. She will pursue the suggestion that she made to Dr. Kyle to make the Equity Council more accountable by adding consumer members. She thanked the members that have commented and participated in the virtual meetings. Community Outreach and Engagement (COE) and Information Technology staff have put a lot of effort into the virtual meeting arrangements. Members have expressed their concerns, especially for those who are elderly and disabled. Many members in RCAC 1, 5 and 9 are elderly or disabled members. Many of them do not know how to connect with technology. It is difficult for them, they don't have access to a computer, they don't know how to navigate the site on their smartphones. She stated that she would like find a way to deliver information to them and enable them to participate in everything despite the current situation. She invited members to try to learn to participate in the new meeting format so they can receive</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>information. She noted it has been discussed that until the ECAC meeting, members did not receive reports on motions and decisions made by the Board of Governors or ECAC as they did when RCAC meetings were held in person. These could be posted on the website or sent by email. She applauds that COE staff has reached out to all the RCAC members to ask about the best ways to communicate. She would also like to see a more personal approach with a courtesy call to members to determine any needs and help connect them to resources. She thanked Kristina Chung, <i>Community Outreach Field Specialist II</i>, for connecting with the Health Promoters by email by sending information that can be shared with the community where they live and with all the communities that are in need. She would like to see more virtual sharing of information about health issues. Health Promoters had been focused on encouraging members to get screened for breast cancer, colon cancer and cervical cancer. Statistics show that members are not getting their colonoscopies during the pandemic because of the recommendation to not go directly to the doctor or clinic. Members should reach out to their doctor and follow the instructions. Other organizations, like the Consulado Mexicano Ventanilla de Salud partnered with the Department of Mental Health. Many of the Health Promoters participate in webinars and workshops through social media. Health Promoters are more than volunteers at a health fair or other events like a food pantry or school supply distribution. They play an active role in educating the community.</p>	
<p>Children’s Health Consultant Advisory Committee</p>	<p>Dr. Seidman reported that the members of the Children’s Health Consultant Advisory Committee met on June 26. He provided an update about COVID-19 and information about L.A. Care’s outreach activities to members who are at high-risk of infection. He also provided information about L.A. Care’s Quality Improvement initiatives to promote preventive services for women and children during the pandemic, promoting the availability of telehealth visits and assisting with scheduling appointments through the Healthy Pregnancy and Healthy Mom Program. L.A. Care is also working on increasing the rates of vaccines for children 2 years of age or younger through social media campaigns.</p>	
<p>BOARD COMMITTEE REPORTS</p>		
<p>Executive Committee</p>	<p>The Executive Committee met on June 22. <i>(A copy of the meeting minutes may be requested by contacting Board Services.)</i> Actions taken at that meeting were brought to the Board meeting today.</p>	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> • The California legislature has reconvened after taking a few weeks off due to the pandemic. • There are four weeks left in the current session; it is a very compressed session. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Some ad hoc rules were added. Members were asked to drop non-COVID related bills. This has caused problems between the Assembly and the Senate. • L.A. Care staff is monitoring the remaining bills. • Mr. Baackes mentioned the State Budget earlier in this meeting, and if there is no additional federal funding there will be additional cuts to the State Budget. • A new tax on those earning \$1million or more was introduced and will require 2/3rds vote by both houses and will be retroactive to January 2020. <p>Member Booth asked about the bill for expanding scope of practice. Ms. Compartore noted that that legislation is not moving forward, as it is not COVID related. She offered that this topic could be raised at a future meeting when the Board discusses the policy agenda for 2021. Member Booth asked how SB852 relates to the Governor’s plan with respect to prescription medication for Medi-Cal Patients. Ms. Compartore noted this bill is part of Governor’s proposal for more contracting for generic prescription drugs and implements price negotiation for prescription drugs.</p> <p>Member Booth asked about the stated intent to manufacture prescription drugs.</p> <p>Ms. Compartore noted that no other state has done that.</p> <p>Member Booth stated that she likes the bill because it recognizes a need to better understand pharmaceutical cost, calls for research of medication prices, and research around the difficulties patients have purchasing medication. She does not believe that having the State of California become responsible for manufacturing medications is a good use of limited resources. The manufacture of medications for patients seems like a pretty simple process but a plan for a project like that is far more complex if you actually expect California to enable L.A. Care to provide the best possible system for health care for our patients, that health care needs to take into consideration every subsequent step including all the way down to where the patient actually takes the medication and hopefully their health has improved. There are a lot of pitfalls so that any financial savings enjoyed by the State would be forfeited if it resulted in harm to patient health.</p> <p>Chairperson De La Torre noted that the constitutional deadline is the last day in August for the Legislature to be in session. Legislators can call for a special session on a specific topic, and there is a push for a special session on COVID related items.</p>	
Finance & Budget Committee	The Finance & Budget Committee met on June 22. <i>(A copy of the meeting minutes may be requested by contacting Board Services.)</i> The Committee approved a contract with Imagenet to provide claims processing and adjudication services, which does not require full Board approval.	

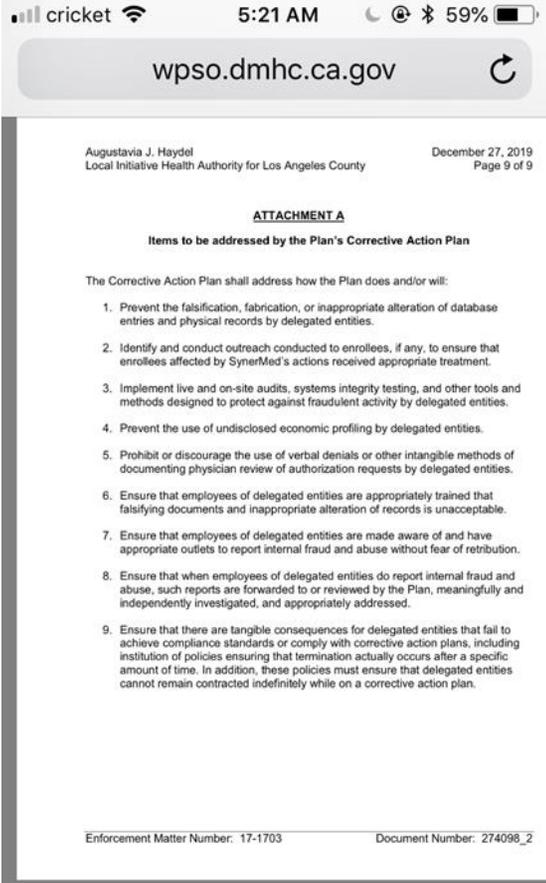
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Chief Financial Officer Report</p> <p>Financial Report for March 2020</p>	<p>Ms. Montgomery provided an update on financial performance for May 2020. <i>(A copy of her presentation may be requested by contacting Board Services.)</i></p> <ul style="list-style-type: none"> • Membership in May was 2,189,554, favorable to the forecast by 39,955 members, with 52,390 favorable for the year versus the forecast. With the recent significant increase in unemployment, L.A. Care expects to see significant increases in membership. The suspension of the redetermination process by the State is what has been driving the favorability in membership in recent months. L.A. Care has not yet seen increases related to new applications for Medi-Cal. • Net surplus for the month of May is \$9 million, \$10 million favorable to the forecast. Year to date net surplus is \$97 million, \$44 million favorable to the forecast on a year to date basis. The favorability for the month is driven primarily by a \$25 million Coordinated Care Initiative (CCI) Duals risk share adjustment retroactive to 2014 through 2016. • Reported claims for May is \$217 million, which is \$21 million unfavorable to the forecast. Since March, L.A. Care has factored into the financial results an estimated impact of deferred elective procedures as hospitals sought to free bed space amid the COVID 19 pandemic. However, in May, claims payments did not decrease as much as anticipated, which led to an increase in the reserve estimate for prior months. Year to date, fee for service (FFS) claims are unfavorable to forecast by approximately \$3.5 million. L.A. Care will continue to monitor claims patterns and reserve estimates. • Ms. Montgomery noted a 1.5% rate reduction is projected for June revenue. <p>Mr. Baackes continued the financial report:</p> <ul style="list-style-type: none"> • Overall Medical Care Ratio (MCR) is 93.1% vs 93.7% forecast due to the retroactive Coordinated Care Initiative contract amendment for risk share adjustment. MCR would have been 93.5% overall without the adjustment. MCR for each line of business are equal or ahead of forecast. • The administrative ratio was 5.4%, equal to the forecast and staff will closely monitor these expenses. Working Capital and Tangible Net Equity ratios are ahead of benchmarks, while the cash to claims ratio is below the target. The cash to claims ratio will not fully recover until the In-Home Support Services (IHSS) balances with the Department of Health Care Services (DHCS) is settled. <p><u>Motion FIN 101.0720</u> To accept the Financial Report for May 2020, as submitted.</p>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Perez, Roybal, Shapiro, and Vaccaro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Monthly Investments Transactions Report	<p>Mr. Baackes 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> As of May 31, 2020, L.A. Care’s total investment market value was \$1.6 billion</p> <ul style="list-style-type: none"> • \$1.3 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$72 million in Local Agency Investment Fund • \$176 million in Los Angeles County Pooled Investment Fund 	
Audit Committee	<p>Member Ballesteros reported that the Audit Committee met on July 22 to discuss the Deloitte & Touche Audit Plan for FY 2019-20. A copy of the committee meeting minutes may be requested from Board Services.</p> <ul style="list-style-type: none"> • The Board previously delegated authority to the Audit Committee for overseeing the work of the external independent financial audit firm. • At the May 29 meeting, the Audit Committee approved staff’s recommendation to continue engagement with Deloitte. • Rosie Procopio, <i>Managing Director and Lead Client Service Provider</i>, and Angelica Kocharova, <i>Audit Sr. Manager</i>, Deloitte & Touche, presented the Audit Plan for FY 2019-20. (A copy of the plan may be requested by contacting Board Services.) • Deloitte identified key areas of risk in the audit, namely: 1) IBNR reserve valuation, 2) revenue retroactive adjustment, and 3) risk related to potential management override of controls (an AICPA audit Standard). • The audit will focus on: 1) an assessment of the risk of material misstatement, 2) any significant changes to the business or level of transactions, 3) key accounting estimates and a retrospective look-back of management’s prior year estimates, and 4) knowledge of the industry and trends affecting L.A. Care. 	
PUBLIC COMMENT	<p>PUBLIC COMMENTS</p> <p>Received July 30, 2020, at 4:39 pm, from Andria McFerson <i>My name is Andria McFerson Chair of RCAC 6 Chairperson Del La Torre can you please address the topic about equally calling the RCAC members about fair access to the BOG seat campaign? Because I have already talked to many RCAC members including myself just now after the announcement during today's item #6 and they never received a call for any</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>opportunities to submit their application for the BOG seat. Mr. Mark Ridley-Thomas is the supervisor of our region and also seat on the board so can you have him address this lack of equality within our RCAC's...BOG seat campaign? Also can Mr. Ridley-Thomas please address how his own motion for LA Care to reach out to the Afro-American community was completely ignored within the CO&E dept??? There is a open racial injustice right here please address this? Chairperson De La Torre indicated that the election of two Board members by the RCAC members is delayed until RCAC meetings can take place throughout Los Angeles County. This does not disenfranchise anyone. We will wait for the opportunity for candidates to communicate with RCAC members. This is completely appropriate in this situation.</i></p> <p><i>Received by text July 30, 2020, at 2:34 pm from Demetria Saffore My comment for the Board , I'm a RCAC #1 member and I am having trouble getting my supplies for my cpap machine. My Pulmonary Doctor ordered supplies for my cpap machine back on June 24th and I have not received them yet. Why does it take so long to get treatment for my sleep apnea? I was told by your costumer service rep , who refused to give me his name , that I could not talk to a health navigator because I filed a grievance. Can someone tell me if this is true? My comment on item #6 I would like to see L. A. Care to eradicate the systemic racism that is taking place within their body in order for the statement of social justice to have any validity. Just so you know, that I have been bullied by a staff member and several council members on your watch during council meetings that has not been addressed at all. The bullying took place because of the way I look and the color of my skin. I'm Demetria Saffore.</i></p> <p><i>Received by telephone on July 30, 2020, 1:44 pm This is Elizabeth Cooper again for the public comment at the end. I would respectfully ask the Board to look into and inquire regarding public comment and public participation on the Agenda so that members can be informed about what's on the agenda. and they can speak on the agenda. I appreciate all the members on the Board respectfully and our Chief Executive Officer</i></p> <p><i>Received July 28, 2020, 3:46 a.m., from Carolyn Navarro PUBLIC COMMENT , if I repeat myself , it is because you don't post your agenda or packet in a timely manner so I have to try to recall everything I said already!</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>PUBLIC COMMENT , I just read your last minute agenda packet publications , as stated , you were helping doctors “affected by Synermed “ so you stated a relationship yourself but nothing anywhere is mentioned about notifying or assisting patients who were harmed , who you are well aware of, regardless of how you try to distance yourself denying a contract. I’m annoyed that people have no idea their care was purposely blocked under your lack of oversight! You can argue all day about who they called themselves but what I don’t like your agency is carrying on like no one was injured . I approached you in 2014 telling you something illegal was going on , I wasn’t sure what they called themselves with all their names they listed and you treated us like trash instead of taking it seriously ! Yes, other HMOs were fined but I’m talking about YOU and the corrective action mandating you identify and contact affected enrollees , I don’t believed you’ve done that and have used these confusing ties between Synermed/EHS to justify not notifying victims ! The DMHC determined in their investigation that they were basically the same people!</i></p> <p><i>PUBLIC COMMENT, This is from the enforcement action from DMHC that shows they were the same people, show this to your board instead of confusing them and gaslighting the mother of a victim! This enforcement (google DMHC Synermed 2019) says to contact victims and no victim I’ve located had ever been told they were affected! See pg</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Augustavia J. Haydel Local Initiative Health Authority for Los Angeles County</p> <p style="text-align: right;">Decem</p> <p>SynerMed operated EHS as though it was actually EHS.</p> <p>From approximately 2006 through January 7, 2018, SynerMed and EHS op substantially the same entity. The board of directors for SynerMed and EHS identical, and both corporate headquarters occupied the same physical add Furthermore, James Mason (Mason), SynerMed's Chief Executive Officer a attorney-in-fact, directed the day-to-day operations of both EHS and SynerMed, virtually no oversight, and SynerMed employees acted on behalf of EHS wh performing their assigned administrative duties throughout this timeframe.</p> <p>At the time this investigation was opened, EHS employed no individuals. It r SynerMed to perform the claims, credentialing and utilization management I which EHS had contracted with the Plans. EHS maintained no independent systems where its medical records and health data were maintained, stored controlled. Instead, SynerMed maintained, stored, and controlled all EHS m health data. SynerMed managed all of EHS' financial operations, including, limited to, financial reporting to regulators, and payments to EHS medical di Mason, as EHS' attorney-in-fact, screened, interviewed, and hired the medi on behalf of EHS.</p> <p>SynerMed failed to send notifications approving, modifying, or denyin for authorization to enrollees, in violation of Health and Safety Code s 1367.01, subdivision (h)(3), then falsified documents during audits to r appear as though it had actually sent notifications.</p> <p>Under Health and Safety Code section 1367.01, subdivision (h)(3), decision delay, or modify requested health care services must be communicated to ti within two business days of the decision.</p> <p>The Department's investigation determined that SynerMed did not send tho Notice of Action letters for denied or modified treatment authorization requ enrollees and their providers. The failure to provide these notifications is a barrier to enrollees' ability to timely obtain care, appeal a denial, or take oth address their health needs. This problem was systemic and is believed to h started due to a lack of staffing. Over time, it appears the failure to send the became a part of SynerMed's routine course of business.</p> <p>Compounding this violation were the steps that SynerMed took to conceal it send these notices in compliance with statutory timeliness requirements. As</p> <p><i>The summary of my complaint is, people have the right to be notified they are crime/ fraud victims REGARDLESS of who you claim they called themselves when you are perfectly aware people who have the right to know they are victims who have no idea just how badly their rights were affected and it wasn't just a few people! Lives were destroyed and you people think you have no duty to divulge that deliberate fraud was perpetrated against them! Keep lying , I'm ready for you! 626-217-0549 for any victim seeing this!</i></p> <p><i>#2 in corrective action clearly mandates LA Care identify affected enrollees , you people are acting like no one was really affected when on my own I've located victims , so you aren't adhering to this corrective action!</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p><i>(Three minutes expired)</i></p> <p>Chairperson De La Torre noted that although three minutes expired the entire comments received will be printed at the end of the minutes for this meeting. Attachments are also included in the minutes.</p>	
ADJOURN TO CLOSED SESSION	<p>Ms. Haydel 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 5:37 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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, Technology, Business Plan Estimated date of public disclosure: <i>July 2022</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 – EXISTING LITIGATION Pursuant Section 54956.9(d)(1) of Ralph M. Brown Act LogistiCare Solutions, LLC v. L.A. Care (AAA Case No. 01-20-0003)</p> <p>CONFERENCE WITH LEGAL COUNSEL –PENDING LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (4) of Ralph M. Brown Act</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d) (4) 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, Technology, Business Plan Estimated date of public disclosure: <i>July 2022</i></p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p>	
RECONVENE IN OPEN SESSION	<p>The Board reconvened in open session at 6:15 p.m.</p> <p>Board provided direction to staff to initiate a lawsuit, if appropriate. Once legal action formally commenced, additional information will be provided upon request in accordance and consistent with the Brown Act.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 6:17 p.m.	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III*

Victor Rodriguez, *Board Specialist II*

APPROVED BY:

DocuSigned by:



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Layla Gonzalez, *Board Secretary*

Date Signed 9/28/2020

APPROVED

Below are public comments that were not read during the meeting:

Received July 28, 2020, 3:36 p.m from Bonnie G.

(continued from comments under L.A. Care Health Plan Statement of Principles on Social Justice and Systemic Racism above)

Someone one must be held accountable .

two individuals one doctor and one nurse case manager are still working for Achievamed who denied me services nuerologost Dr Hamza who put me through excruciating painful procedures not related to my disease so that he could bill for Multiple Sclerosis DX rather than my real DX Trigeminal Neuralgia & Barbie Baker case manager is still employed as a case manager and she played a big part in denying my services , she was supervising at the time. . michelle sanchez is first getting her nursing lisc. but no longer employed to my knowledge by Achievamed .

why are you allowing these providers to continue providing care in the la care platform when they are clearly not trained nor informed on disabling conditions . These same people are continuing the practice of denying care based on economic conditions . Only the worst doctors are approved by LA Care and there is one hospital for 600k members. Why were LA care members never notified of the fraud that was being committed and the economic profiling of members to approve care when the IPA was misappropriation patient funds. Your own board meetings show that Synermed was sued and removed by the state of CA Dept of Insurance but meeting minutes show that instead . Synermed changed their name to Achievamed in order to continue to defraud 600k Angelenos who are on the LACare insurance plan . How does LA intend to right the wrongs committed on your members , those like myself who have been permanently disabled , or in some know cases of death to patients at the negligence of LA Care?

Bonnie G

Text June 10, 2020, 10:53 a.m. Andria McFerson, for Consent Agenda-Meeting Minutes

*Meeting Minutes Correction on my comment and potential minutes on Agenda ITEM #11 during the last BOG meeting on June 4, 2020 I said my motion resource guide motion *ECA-A.0417* was filed on 9/7/18 when the motion was filed on 9/13/17 Thanks Andria McFerson ECAC/RCAC 6 Chair*

Text Received July 28, 2020, 10:56 a.m. Bonnie G For Motion for Consideration

public Comment to be submitted at the Thursday LA Care board meeting under topic : Social Justice I am unable to email as it is painful to my conditions to use a computer keyboard . it is my right to text in the following comment :

SUBJECT: SOCIAL JUSTICE ECONOMIC PROFILING

I am Bonnie G. I am one of the 600k members who were defrauded by LA Care, The State of California Dept of Insurance Synermed IPA and the Doctors and Case review customer service representatives between 2014-2018. I suffer from Trigeminal Neuralgia Type 1& 2 . I was an la care member from approx may 2014 to dec 2018. During which time i suffered gravely from my disease and a another disabling rare type of meningitis. i was assigned a service rep case manager who had no experience or knowledge of my diseases . when asked for further referral you delayed, denied and negligently ignored service requests. i have hundreds of emails with two individuals begging for care because i could not speak due to my conditions . infact i could not eat , chew food , touch my lips or touch my teeth together , leave my home as the wind would trigger the nerve or even have a stand of hair fall upon my face without excruciating pain. I was trapped in my home for months unless i was willing to go through excruciating pain to leave . My fiance had to go out of pocket for thousands of dollars for care or i would have perished , you see a trigeminal neuralgia is the most painful medical

condition known to the medical field. It is also known as the suicide disease as most people who are neglected care commit suicide due to the 24/7/ 365 relentless excruciating pain. I was not asking for pain medication let me be clear, pain medications were ineffective . I was also denied ant depressant medication and therapy . I was asking for referrals to doctors & testing who could care and treat me, to arrange special payment to providers who could help me surgically in what ever way possible . i lobbied these case managers but my requests fell on deaf ears . due to the delay in services i have suffered permanent disabling damages to my brain and my ability to continue to support myself. Someone one must be held accountable .

two individuals one doctor and one nurse case manager are still working for Achievamed who denied me services nuerologost Dr Hamza who put me through excruciating painful procedures not related to my disease so that he could bill for Multiple Sclerosis DX rather than my real DX Trigeminal Neuralgia & Barbie Baker case manager is still employed as a case manager and she played a big part in denying my services , she was supervising at the time. . michelle sanchez is first getting her nursing lisc. but no longer employed to my knowledge by Achievamed .

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Bonnie G

Email Received July 30, 2020 at 5:18 pm from Estela Lara for Agenda Item #13

- 1. Please arrange more events with food pantries throughout LA County, involving all RCACs.*
 - 2. Is it possible to provide members with a care package with face coverings, gloves and sanitizing wipes? It is a practical step for member safety.*
 - 3. Dr. Shapiro has become the Star on Univision (Spanish-language network) in the nation. It is wonderful that he is a medical professional to communities of color and in particular to the LatinX community. He presents accurate medical information on television that our communities can rely upon.*
- Thank you for your consideration.*

Email Received July 30, 2020 at 1:51 pm from Andria McFerson for Agenda Item 4

Hello Chairperson De La Torre,

My name is Andria McFerson, Chair of RCAC 6, regarding Item #4 can you tell me the specific cut off date for RCAC's to submit information because this has not been directly addressed during the last few ECAC meetings and for clarification purposes I would like to disperse the information to the potential recipients. Due to the setbacks from the pandemic this it would be a challenge because there is a lack of direct communication between the RCAC members however, can you please give me that information and I will diligently try?

Thank you,

*Andria McFerson RCA6
Executive Chair*

Public Comment Voice message received July 30, 2020 at 11:06 am On behalf of Jonathan Cooper

Good morning, this call is made on behalf of Jonathan Cooper, L.A. Care member, with his knowledge for today's, Thursday, July 30, 2020, L.A. Care Board meeting. To the Chairperson of the Board of Governors, Board Members, two consumer members of the LA Care Board of Governors for consumer members of L.A. Care, and to Mr. John C. Baackes, on behalf of Jonathan Cooper, who endorsed this statement. He would like to first bring a moment of silence for the late Congressman John L. Lewis, civil rights and advocate for people's rights, the people, for justice and freedom for all people, including health care, health care voting rights, civil rights for immigrants and so many others. His lifetime in support of sacrifice in the state of Alabama. And he would like the board to honor and take notice of the sacrifices that Congressman Lewis and others have made for social justice, particularly for health care which is very vital. With so many people, and particularly people of color dying of the virus. So please take notice, members of the Board of Governors and the CEO, for justice and fairness so Congressman Lewis' values will always be a part of health care, in particular L.A. Care Health Plan with its diverse population. Thank you.

Text received June 6, 2020, 4:12 a.m. Carolyn Navarro, from 626 413-0199

Public comment July board meeting: Why aren't LA Care enrollees and former enrollees living or dead who are victims of Synermed/EHS fraud being told that their healthcare rights and due process were violated, many know nothing about it but suffered harm? Vanessas, my daughter also had private info breached and she was special needs. LA Care, state health services, LA County and Dept of Managed Care have no right to not adequately notify enrollees and general public. LA Care has a fiduciary duty, instead they're focused on best interest of Centene /Health Net investors when LA Care is reaping non profit benefits on backs of disabled people, pretending they are concerned about enrollees, like my dead autistic child and discriminating, going back to 2008, they boast providing special needs assistance but wouldn't help my child when I pointed out Synermed/EHS blocked her care, instead they ostracized us for pointing it out, I believe because people at LA Care and probably LA County knew! I'm curious what has actually happened when people have actually gotten very sick with LA Care!

In know what happened when my kid got sick and it's disgusting! Carolyn Navarro 626-217-0549 bohindy@gmail.com

Text received June 6, 2020 11:18 a.m. Carolyn Navarro

Public comment July 2020, when my comments were read for me improperly and a word was changed from subpoena to "suspended" I immediately pointed it out during June meeting that I was misquoted and it was not properly remedied so I reported it as a Brown Act violation. I don't think the person reading my comment did it on purpose but it affirms that people have the right to call in their own comment in their own words rather than have someone read for them. Because of all the typing there can be typos that take away from the message and it all goes back to LA Care not really wanting people to talk about their abuses. This also makes me question the integrity of the people handling your meetings and comments, especially after I was actually told I couldn't comment in January and have voicemails that back that up! Carolyn Navarro 626 217 0549 bohindy@gmail.com

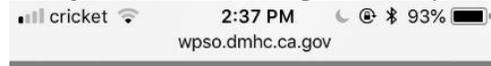
Public Comment

Text June 6, 2020, 5:28 p.m. Carolyn Navarro

Also, at the end of last meeting, I think I heard a person state you already addressed the issues I brought up but you have not answered my questions, the fact that you don't answer them affirms L.A. Care is not transparent or serving the best interest of enrollees, you people are serving your best interests.

Public Comment

Text June 7, 2020, 2:45 p.m. Carolyn Navarro



Augustavia J. Haydel
Local Initiative Health Authority for Los Angeles County

December 27, 2019
Page 9 of 9

ATTACHMENT A

Items to be addressed by the Plan's Corrective Action Plan

The Corrective Action Plan shall address how the Plan does and/or will:

1. Prevent the falsification, fabrication, or inappropriate alteration of database entries and physical records by delegated entities.
2. Identify and conduct outreach conducted to enrollees, if any, to ensure that enrollees affected by SynerMed's actions received appropriate treatment.
3. Implement live and on-site audits, systems integrity testing, and other tools and methods designed to protect against fraudulent activity by delegated entities.
4. Prevent the use of undisclosed economic profiling by delegated entities.
5. Prohibit or discourage the use of verbal denials or other intangible methods of documenting physician review of authorization requests by delegated entities.
6. Ensure that employees of delegated entities are appropriately trained that falsifying documents and inappropriate alteration of records is unacceptable.
7. Ensure that employees of delegated entities are made aware of and have appropriate outlets to report internal fraud and abuse without fear of retribution.
8. Ensure that when employees of delegated entities do report internal fraud and abuse, such reports are forwarded to or reviewed by the Plan, meaningfully and independently investigated, and appropriately addressed.
9. Ensure that there are tangible consequences for delegated entities that fail to achieve compliance standards or comply with corrective action plans, including institution of policies ensuring that termination actually occurs after a specific amount of time. In addition, these policies must ensure that delegated entities cannot remain contracted indefinitely while on a corrective action plan.

Enforcement Matter Number: 17-1703

Document Number: 274098_2

Public comment : DMHC corrective action plan signed by LA Care attorney stating that enrollees be contacted about being Synermed fraud victims, I have never been contacted nor have other victims I've spoken to. Also states "tangible " consequences for Synermed bozos when I believe these people have been rewarded by LA Care!

Read attachment with corrective action!

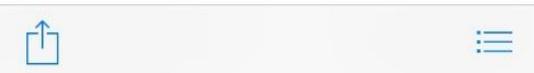
APPROVED

ATTACHMENT A

Items to be addressed by the Plan's Corrective Action Plan

The Corrective Action Plan shall address how the Plan does and/or will:

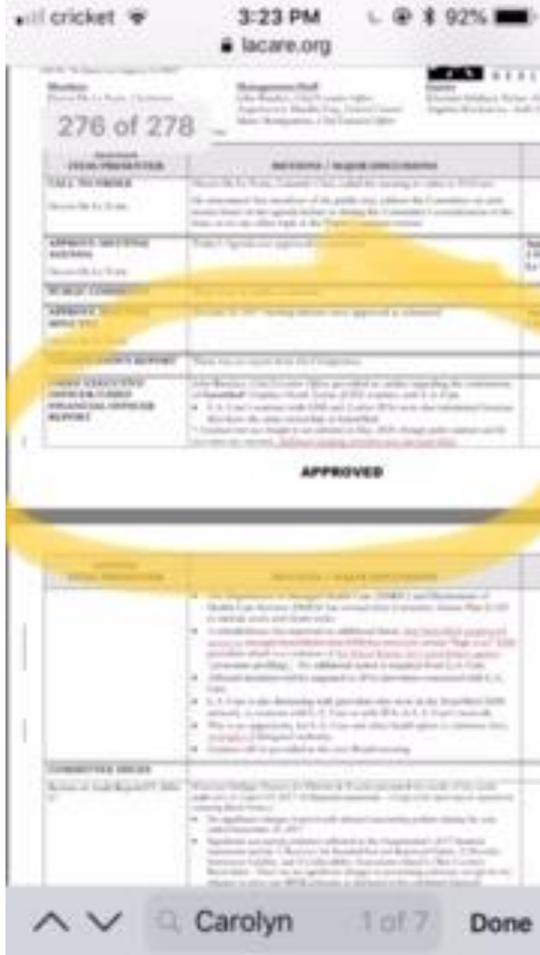
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DMHC Corrective action Plan: I don't believe enrollees affected by Synermed have been contacted nor do I believe Synermed people are out of the picture!

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Text June 8, 2020, 3:34 p.m. Carolyn Navarro

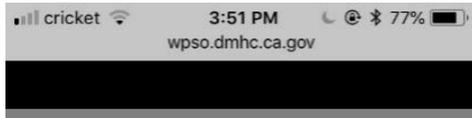


Public comment July 2020 to Mr. Baackes, see attachment, it doesn't matter if you call them EHS or Synermed, you assume I won't read this, you know perfectly well they were the same people and EHS wasn't even a real company , you made your remark that there was never a contract with them solely to discredit my comment about the harm they did to enrollees as if calling them a different name makes LA Care less negligent. The DMHC mandated that you contact enrollees affected by Synermed or "EHS" about the fraud against their healthcare and I don't believe LA Care has contacted them! The fact that you would change the record to make yourself look more credible makes you look like an idiot!

See attachment. Your own altering of your records states you HAD a contract with what was confirmed to be a bogus company (EHS), that's stated in the DMHC enforcement sent to your attorney, you changed your record after a mother of a Synermed victim makes a public comment . EHS didn't even have employees , that's how much due diligence you used making sure enrollees were safe and the

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people who were assigned to their “care”! I’m waiting for the next pure comical lie! It’s like a bunch of good ol boys who cheated all through school decided to run your company and Centene / Health Net , the cheating only gets you so far, you liars! 😊 Your answer to the harm and discrimination against enrollees is to argue about the name of the perpetrators, that because YOU are perpetrators! I’ve done my best not to type too much but this is so ridiculous that I no longer care!



Augustavia J. Haydel December 27, 2019
Local Initiative Health Authority for Los Angeles County Page 2 of 9

SynerMed operated EHS as though it was actually EHS.

From approximately 2006 through January 7, 2018, SynerMed and EHS operated as substantially the same entity. The board of directors for SynerMed and EHS were nearly identical, and both corporate headquarters occupied the same physical address. Furthermore, James Mason (Mason), SynerMed’s Chief Executive Officer and EHS attorney-in-fact, directed the day-to-day operations of both entities, exercised with virtually no oversight, and SynerMed employees acted on behalf of EHS when performing their assigned administrative duties throughout this timeframe.

At the time this investigation was opened, EHS employed no individuals. It relied on SynerMed to perform the claims, credentialing and utilization management functions for which EHS had contracted with the Plans. EHS maintained no independent information systems where its medical records and health data were maintained, stored, and controlled. Instead, SynerMed maintained, stored, and controlled all EHS medical and health data. SynerMed managed all of EHS’ financial operations, including, but not limited to, financial reporting to regulators, and payments to EHS medical directors. Mason, as EHS’ attorney-in-fact, screened, interviewed, and hired the medical directors on behalf of EHS.

SynerMed failed to send notifications approving, modifying, or denying requests for authorization to enrollees, in violation of Health and Safety Code section 1367.01, subdivision (h)(3), then falsified documents during audits to make it appear as though it had actually sent notifications.

Under Health and Safety Code section 1367.01, subdivision (h)(3), decisions to deny, delay, or modify requested health care services must be communicated to the enrollee within two business days of the decision.

The Department’s investigation determined that SynerMed did not send thousands of Notice of Action letters for denied or modified treatment authorization requests to enrollees and their providers. The failure to provide these notifications is a significant barrier to enrollees’ ability to timely obtain care, appeal a denial, or take other action to address their health needs. This problem was systemic and is believed to have initially started due to a lack of staffing. Over time, it appears the failure to send these notices became a part of SynerMed’s routine course of business.

Compounding this violation were the steps that SynerMed took to conceal its failure to send these notices in compliance with statutory timeliness requirements. As admitted by SynerMed staff, documents were falsified and altered during health plan and Department audits for the purpose of making it appear that EHS was compliant with Knox-Keene Act requirements.

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Enforcement Matter Number: 17-1703 Document Number: 274098_2

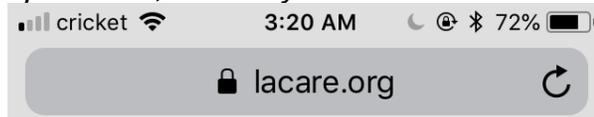
Enforcement sent by DMHC to your lawyer specifying what went on with Synermed/EHS. I tell you horrible things done to my child and other people and you argue about the name of the company!

*Public Comment
Text June 9, 2020, 2:34 a.m. Carolyn Navarro*

*Article on your own pg showing a “contract “
with Synermed, doesn’t mention EHS the same people, all very confusing for enrollees , just the way you all like it!*

APPROVED

I printed it , in case you edit or delete it!



BOARD OF GOVERNORS
Finance & Budget Committee
Meeting Minutes – January 24, 2018
1855 W. 7th Street, Los Angeles, CA 90071

L.A. Care HEALTH PLAN

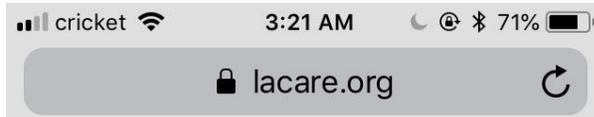
Members
Mark Gamble, *Chairperson*
Alvaro Baltesteros, MBA
Louise McCarthy *
Hilda Perez
Kimberly Uyeda, MD

Management/Staff
John Baackes, *Chief Executive Officer* **
Terry Brown, *Chief Human Resources Officer*
Augustina J. Haydel, Esq., *General Counsel*
Dino Kozlowski, *Chief Operating Officer*
Marie Montgomery, *Chief Financial Officer*
Richard Seidman, MD, *Chief Medical Officer*

*Absent ** Via Teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Mark Gamble	Mark Gamble, <i>Committee Chairperson</i> , called the meeting to order at 1:02 p.m. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee's consideration of the item, or on any other topic at the Public Comment section. Laurie Garcia, <i>Autism Blue Cross</i> and Avanti Wadh, <i>#Health</i> , if introduced themselves.	
APPROVE MEETING AGENDA Mark Gamble	The Agenda for today's meeting was approved.	Approved unanimously, 4 AYES (Baltesteros, Gamble, Perez, and Uyeda)
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES Mark Gamble	The minutes of the November 15, 2017 meeting were approved as presented. <i>Member Baackes is a new member of the Committee and was not present at the November 15, 2017 meeting and is abstained from voting.</i>	Approved unanimously, 3 AYES (Gamble, Perez, and Uyeda) 1 ABSTENTION (Baackes)
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	

APPROVED



BOARD OF GOVERNORS
Finance & Budget Committee
Meeting Minutes – January 24, 2018
1855 W. 7th Street, Los Angeles, CA 90071

L.A. Care HEALTH PLAN

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CHAIRPERSON'S REPORT	There was no report from the Chairperson.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, <i>Chief Executive Officer</i> , provided an update on the contract termination with SynerMed as reported at the December 7, 2017 Board meeting. <ul style="list-style-type: none"> L.A. Care's contract with EHS and two other IPAs were terminated because they have the same ownership as SynerMed. The Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) revised the corrective action plan (CAP) to include a request to health plans to cease all activity with EHS. A whistleblower has reported additional fraud involving limiting access to certain "high-cost" providers from the provider network by EHS. No additional action is required from L.A. Care. Affected members will be migrated to IPAs/providers with good quality scores that are contracted with L.A. Care. L.A. Care is also discussing with providers who were in the SynerMed/EHS network, to contract with L.A. Care or with IPAs in L.A. Care's network. This is an opportunity for L.A. Care and other health plans to reinforce the importance of diligence in oversight of providers that is delegated by the plan to other entities. 	
COMMITTEE ITEMS	Marie Montgomery, <i>Chief Financial Officer</i> , referred to the Financial Report for fiscal year end 2016-17. <ul style="list-style-type: none"> Adjustments were made to reduce L.A. Care's unpaid claims reserve by \$9.2 million, or approximately 2% of the total reserves. The adjusted surplus for the full fiscal year was approximately \$153 million. The Audit Committee met on January 22 and approved the audited financial report for FY 2016-17 (a copy of the report can be obtained by contacting Board Services). 	

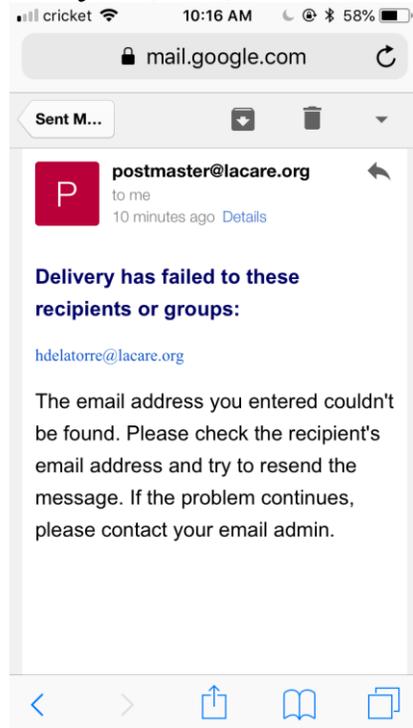
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Wow , committee (where the public never actually comments) Meeting notes from Jan 24, 2018 with Baackes stating Synermed contract again , are you going to edit that also ? I'll be watching! I don't have to buy fiction , I can be entertained just reading your garbage!

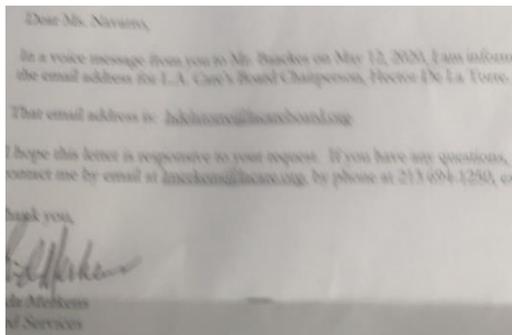
APPROVED

Text Jun 9, 2020, 10:19 a.m. Carolyn Navarro



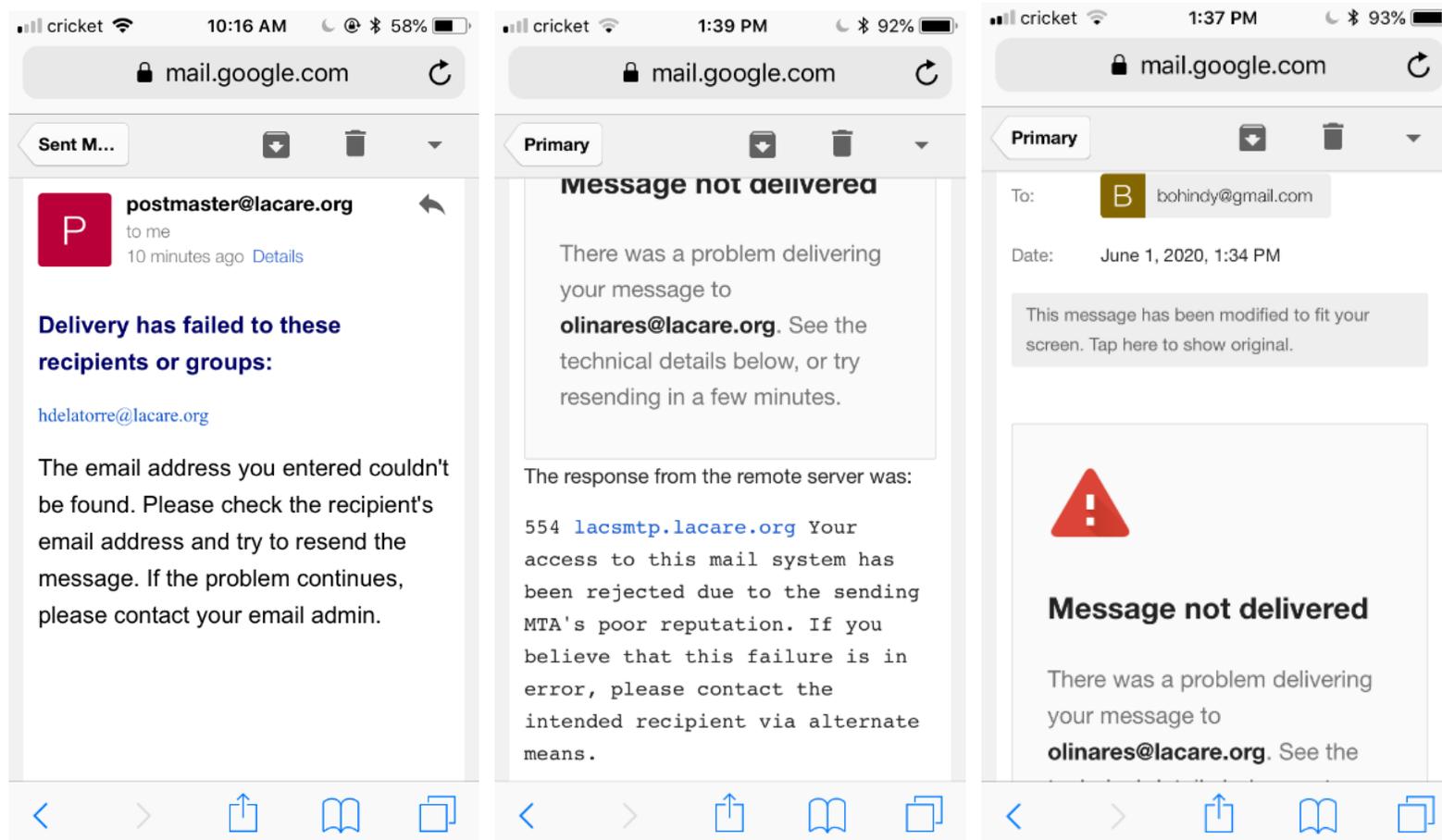
I was sent a letter by Ms. Merkins inviting me to message Mr. De La Torre showing his email . Stop inboxing this trash, I saw another public commenter complaining about these spam accusations emails when they tried to public comment!

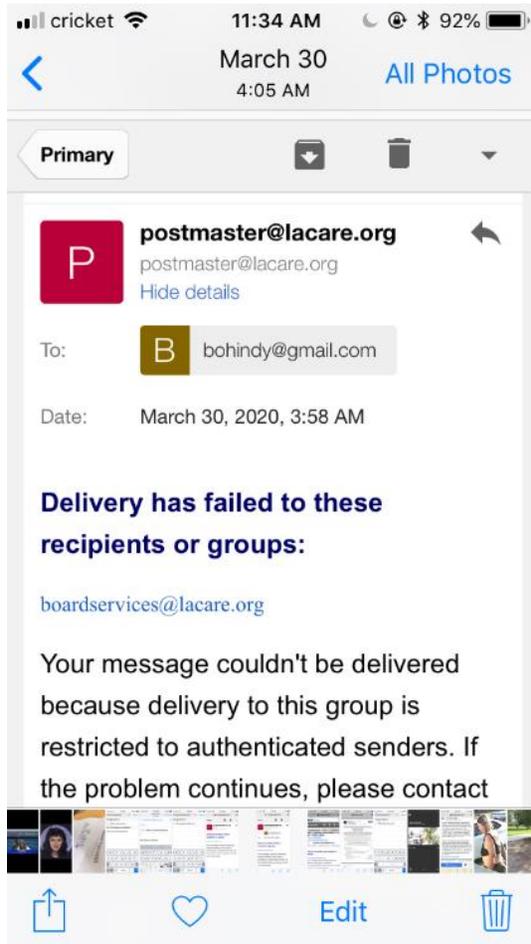
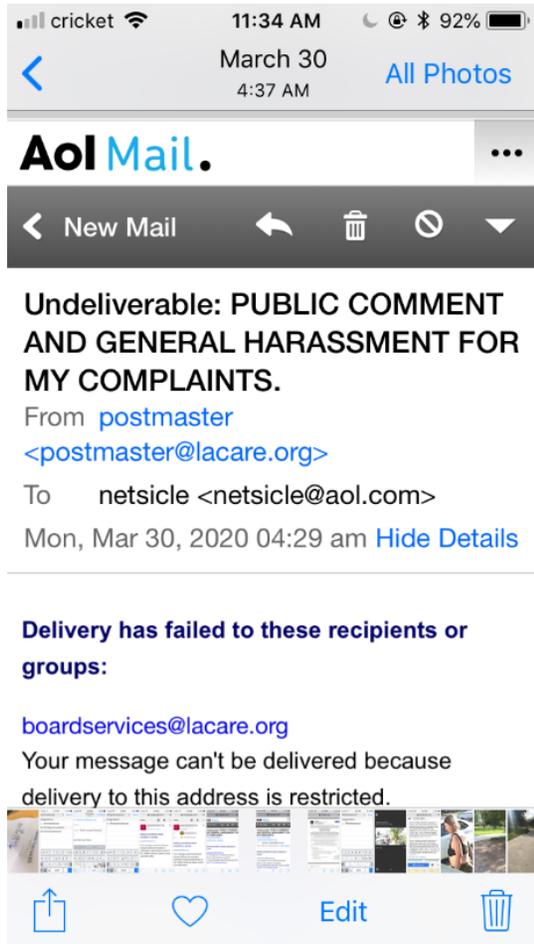
Public comment; I'm sick of dealing with you people but I'm going to keep going on my child's behalf and on behalf of other victims ! 626-217-0549 bohindy@gmail.com



I'm going to go ahead and forward these harassing bounce messages to my existing Brown Act complaint ! How many other enrollees are getting this trash when they air grievances?

Public Comment Text June 9, 2020, 12:11 p.m. Carolyn Navarro





If you would deal with complaints to begin with people wouldn't be resorting to inboxing your "executives " or more like entitled ! Entitleds

Augustavia J. Haydel
Local Initiative Health Authority for Los Angeles County

December 27, 2019
Page 9 of 9

ATTACHMENT A

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Public comment ,See attachment of state order. 22 people I know of (5 dead , two I knew personally) have not been contacted but the Dept of Managed Care ordered LA Care to contact them, no one has contacted me, I only know because I investigated this. And your CEO stated "no contract with Synermed" in response to my account or abuses against my autistic daughter , stating a contract with EHS (the same people) knowing full well what I'm talking about as if stating a different name changes the facts that people are dead because of LA Care's negligence allowing Synermed/EHS to fester for years while also doing your e commerce ! A good way to justify not notifying "Synermed " victims is to say it was an EHS contract when Synermed/ EHS were the same people! 1000s of affected people have the right to know they are fraud victims as mandated by the DMHC , your attorney signed the order and this public comment will be verified !

Keep lying , other victims and I are ready for you!

I get told how “sorry” you are about my kid being dead but you don’t formally notify me or other victims, when you know full well there are victims!

Public Comment Text June 11, 2020, 6:57 a.m. Carolyn Navarro

You people are hiding and distorting facts to your own board members and the public !

Public Comment Text June 11, 2020, 11:01 a.m.

Edit, no business telling people to call in a message or text a comment when they have the right to call in live

Public Comment Text June 16, 2020, 2:51 pm. Carolyn Navarro

Since I have your text , please tell your spokesperson on tv today to wear a mask properly instead his nose protruding over the top, he’s spreading germs .

Public Comment Text June 16, 2020, 4:23 p.m. Carolyn Navarro



Text June 20, 2020, 1:02 pm Carolyn Navarro

Public Comment. Wow, looks like at least 2 of your MSOs are owned / managed by the same people (I saved screenshots in case there’s a mad scramble to adjust anything) . According to patients both are abusive and suck , so just like Synermed you’re not paying attention/ignoring it but it course get your dedicated “case managers “ involved to further drag things out and confuse people while to get your free lunches on the backs of disabled people and ultimately deny access to care!

Wow , edit that three of them so far with ties to each other, all while you and your “advocates” act surprised and concerned while lying to Consumers and even your own board members.

June 21, 2020, 10:45 am

Public comment, stop lying to your own board members. Board members , you are being lied to and so is the public!

Public comment Board members and LA Care “management” , some of YOU are LYING trash, I no more care about what you think than I care about dog crap on a sidewalk, I step around it!

Text June 21, 1:24 pm Carolyn Navarro

BOARD OF GOVERNORS Finance & Budget Committee Meeting Minutes - January 24, 2018		
MEMBERS Mark Gamble, Chairman Alvaro Robinson, MHA Louise McCarthy HBA Perry Katheryn Lovick, MD	MANAGEMENT/STAFF John Baackes, Chief Executive Officer ** Terry Brown, Chief Human Resources Officer Stephanie J. Herold, Esq., General Counsel Dino K. Kouloughi, Chief Operating Officer Marie Montgomery, Chief Financial Officer Richard Sedlitz, MD, Chief Medical Officer	
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Mark Gamble	Mark Gamble, Committee Chairman, called the meeting to order at 1:02 pm. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee's consideration of the item, or on any other topic at the Public Comment session. Laurie Garcia, Author Blue Cross and Avanti Wahe, of Health, Inc. introduced themselves.	
APPROVE MEETING AGENDA Mark Gamble	The Agenda for today's meeting was approved.	Approved unanimously. 4 AYES (Robinson, Gamble, Perry, and Lovick)
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES Mark Gamble	The minutes of the November 13, 2017 meeting were approved as presented. Marie Montgomery is a new member of the Committee and was not present at the November 13, 2017 meeting and is abstained from voting.	Approved unanimously. 3 AYES (Gamble, Perry, and Lovick) 1 ABSTENTION (Robinson)
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
APPROVED		
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, Chief Executive Officer, provided an update on the contract negotiation with SynerMed as reported at the December 7, 2017 Board meeting. • L.A. Care's contract with EHS and two other IPAs were terminated because they have the same ownership as SynerMed. • The Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) revised the corrective action plan (CAP) to include a request to health plans to cease all activity with EHS. • A which-clause has requested additional financial reporting limiting access to certain financial information from the provider network by EHS. No additional action is required from L.A. Care. • Affiliated members will be notified in IPAs dependent on what update occurs that are consistent with L.A. Care. • L.A. Care is also discussing with previous service as the SynerMed/EHS network, to continue with L.A. Care as well as with IPAs in L.A. Care's service network. • This is an opportunity for L.A. Care and other health plans to reinforce the importance of alignment to coverage of providers that is delegated by the plan to other entities.	
COMMITTEE ITEMS	Marie Montgomery, Chief Financial Officer, advised to the Finance Report for fiscal year end 2016-17. • Adjustments were made to reduce L.A. Care's unpaid claims reserve by \$12 million, or approximately 2% of the total reserves. • The adjusted surplus for the full fiscal year was approximately \$131 million. • The Audit Committee met on January 22 and approved the audited financial report for	

7:30 PM

AFTER I
COMPLAIN

regarding my Brown Act and commenting against a non profits rights. YOU are the bad people not me, I'm a mother who was and has been pushed too far and isn't taking your crap!
https://en.m.wikipedia.org/wiki/Brown_Act
(Photos of L.A. Care Board pg today 3-20-2020)
If Achievemed it so krodher they should welcome my questions, I called them and asked if they serve Blue Shields "promise plan" and the agent refused to tell me acted. Defensive, I asked promise plan if they use Achievemed and they would not tell me, that doesn't sound like companies with a fiduciary / ethical duty to Medi-Cal recipients.

Chair De La Torre Hector noted that L.A. Care is not those entities.
John Baackes, Chief Executive Officer, noted that L.A. Care never had a contract with SynerMed. L.A. Care Plan Partner Care 1* (later renamed Blue Shield Promise Health Plan) had some L.A. Care members who had selected primary care physicians that used SynerMed as a management services organization (MSO).

TING The minutes of the February 24, 2020 Executive Committee and the Finance & Budget Committee meetings were approved, as submitted.

APPROVED

Augustavia J. Haydel
Local Initiative Health Authority for Los Angeles County

December 27, 2019
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ATTACHMENT A

Items to be addressed by the Plan's Corrective Action Plan

The Corrective Action Plan shall address how the Plan does and/or will:

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7. Ensure that employees of delegated entities are made aware of and have appropriate outlets to report internal fraud and abuse without fear of retribution.
8. Ensure that when employees of delegated entities do report internal fraud and abuse, such reports are forwarded to or reviewed by the Plan, meaningfully and independently investigated, and appropriately addressed.
9. Ensure that there are tangible consequences for delegated entities that fail to achieve compliance standards or comply with corrective action plans, including

Public comment : WTF does Baackes mean ? Synermed and EHS are the same people , it's suggested board members and public look into this and ask him what he's doing discrediting the mother of a dead woman who was harmed because of Synermed/EHS along with most likely 1000s of people and these people are not being notified they are victims as MANDATED by the Dept of Managed Care?

Just because a victim is dead or forced to disenroll (like we were) doesn't make it justified to not notify the victim or their conservator or next of kin!

Text June 22, 12:36 pm Carolyn Navarro

Public comment , You use these abusive MSOs to block people from getting services but make yourselves look like your doing due diligence by having "advocates" , but all these advocates do is further disrupt and delay care and then accuse the patients of not following up when the advocates don't return calls ! That's what you really do with taxpayer money!

June 22, 12:45 pm Carolyn Navarro

(Text from L.A. Care to Ms. Navarro: We have received comments Saturday, yesterday and today. Please indicate what meeting these comments are for. Thank you

Response from Ms. Navarro: July

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Text June 24, 2020, 10:30 a.m. Carolyn Navarro

PUBLIC COMMENT JULY: I'm talking with other Synermed victims and just remembered another issue, I told your office in 2014 that the "doctor" who harmed my autistic child and went on to kill a patient was possibly improperly using drugs , he always had long sleeves on and acted erratic and like alcoholics I've known , I don't believe you did a damned thing about investigating that!

Text June 24, 2020, 10:30 a.m. Carolyn Navarro

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Text June 25, 2020, 11:26 a.m. Carolyn Navarro

PUBLIC COMMENT I believe LA Care has neglected and enabled harm against special needs people for years, even your "advocates" aren't doing their jobs!

Text July 6, 2020, 4:36 a.m. Carolyn Navarro

PUBLIC COMMENT My Daughter Vanessa was discriminated and retaliated against as a Latina autistic woman after we told you something illegal was going on with Synermed or "EHS" (SAME ENTITY) in 2014 when she had the right to assistance after being abused as a patient but instead we were argued with and LA Cares agents just stupidly believes whatever lie Synermed/EHS people say. Synermed and EHS were the same people, you know that perfectly well , don't lie about it! I know of 3 special needs victims besides Vanessa , I intend to locate more victims . I'm alarmed that licensed Doctors and lawyers at LA Cares board think they can brush off abuses against disabled people and not inform their family/guardians of fraud that caused harm and death.

Text July 7, 2020, 6:17 a.m. Carolyn Navarro

PUBLIC COMMENT I'm very disturbed to now keep getting letters from LA Care! I couldn't get a phone call or email returned in 2014 when my daughter was ill and you treated us like shit for telling your what a Synermed was doing to people and now my accusations are verified in 2019 by Dept of Managed Cares investigation where they fined you \$350,000, if I had gotten help I believe she'd still possibly would be alive ! Your agency has no business having non profit status, Blue Shield has already had controversy as a non profit! You're now co branding with them and continue abuses against patients who overwhelmingly complain about both of your services , you are a waste of taxpayer money. You have no right to block people from calling in their own comments. My number for other victims is 626-217-0549

Text July 7, 2020, 8:35 p.m. Carolyn Navarro

LA Care allowed economic profiling how can they be non profit?!

Text July 11, 2020, 10:50 a.m. Carolyn Navarro

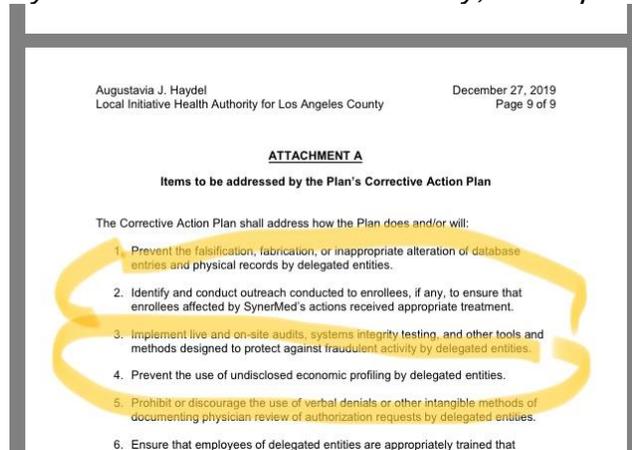
Public Comment: has LA Care submitted ALL follow up corrective actions to managed care regarding their negligent handling of EHS aka Synermeds abuses . My daughter being abused in and of itself is relevant and I have never received ANY notification that my child was maliciously denied access to proper care! I only know because of my own investigation. It's suggested your board members

actually read the DMHC outcome (Synermed 2019 DMHC CA) and the corrective actions mandated INSTEAD of just taking Baackes or his entourage at their word! Look up United States v. Synermed to see what really went on, much worse than DMHCs account !

Read this , that is of you are capable of reading!

<https://www.docketbird.com/court-documents/United-States-of-America-et-al-v-Synermed-Inc-et-al/COMPLAINT-against-defendants-EHS-Aquisition-Group-Employee-Health-Systems-Medical-Group-Inc-Inland-Valley-IPA-Multicultral-Medical-Group-Inc-PAMC-Inc-PAMC-Ltd-Synermed-Inc-Case-assigned-to-Judge-R-Gary-Klausner-for-all-further-proceedings-Discovery-r/cacd-2:2017-cv-08882-00001>

Synermed/EHS were same entity, not separate as claimed !



We have never been notified of Synermed\EHS (same people) abuses , tells me 1000s of people have never been notified .

I doubt the MSOs LA Care is using are really adequately being watched for economics profiling !

The attachment with corrective action from DMHC clearly state to IDENTIFY victims , including special needs victims families instead of deciding they have no rights!

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Corrective action states "tangible consequences" for MSOs, etc, I believe these people have been slapped on the wrist and even rewarded for their misconduct! Carolyn Navarro 626-217-0549

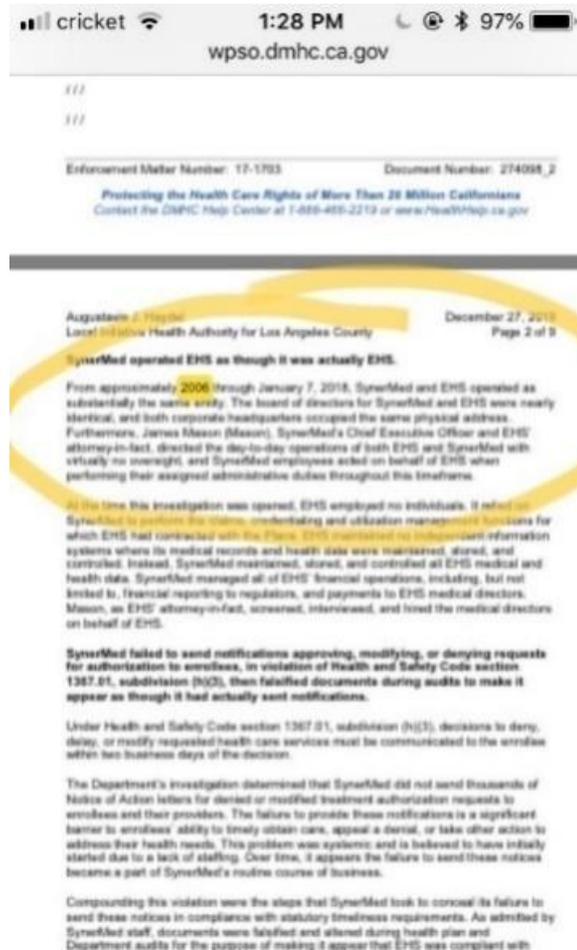
Email to multiple addresses July 11, 2020, 11:05 a.m. Carolyn Navarro

Public Comment (to LA Care board services) : has LA Care submitted/adhered to ALL follow up corrective actions to managed care regarding their negligent handling of EHS aka Synermeds (SAME PEOPLE) abuses ? My daughter being abused in and of itself is relevant and I have never received ANY notification that my child was maliciously denied access to proper care (her personal info also data breached oddly) ! I only know (about EHS/Synermed) because of my own investigation. It's suggested your board members actually read the DMHC outcome (Synermed 2019 DMHC CA) and the corrective actions mandated INSTEAD of just taking Baackes or his entourage at their word! Look up United States v. Synermed to see what really went on, much worse than DMHCs account ! Carolyn Navarro representing victims

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Text July 13, 2020, 1:33 p.m. Carolyn Navarro

Enforcement from Managed Care clearly states SynerMed/EHS were same entity going back to 2006 over 10 yrs before they were finally confirmed to be abusing enrollees, including special needs people, there is NO WAY it only affected a few or no people, anyone who actually believes that is stupid!



Text July 13, 2020, 3:54 pm Carolyn Navarro

No way I believe people at LA Care had no idea that dependent adults were being harmed , you people disgust me!

Text July 24, 2020, 4:18 p.m. Carolyn Navarro

Why isn't the agenda posted so people can at least listen even though your blocking them from commenting live so you can sift through their comments in advance, doesn't seem like a transparent non profit , seems like a scam!

Text July 28, 2020, 10:17 am Carolyn Navarro

It's suggested that before your board members dismiss my comments they actually read about what was done to patients , look up United States v. Synermed, what went on is much worse than the DMHC report which is bad enough!

<https://www.docketbird.com/court-documents/United-States-of-America-et-al-v-Synermed-Inc-et-al/COMPLAINT-against-defendants-EHS-Aquisition-Group-Employee-Health-Systems-Medical-Group-Inc-Inland-Valley-IPA-Multicultral-Medical-Group-Inc-PAMC-Inc-PAMC-Ltd-Synermed-Inc-Case-assigned-to-Judge-R-Gary-Klausner-for-all-further-proceedings-Discovery-r/cacd-2:2017-cv-08882-00001>

People were actually harmed and died, stop acting like that's not the case!

Text July 28 12:04 pm Carolyn Navarro

Odd how your "board leaders " respond defensively about contracts knowing full well 1,000s of beneficiaries were harmed by Synermed/EHS or whatever other names you want to hide them behind , you're setting such an example for your medical students regarding telling a patient that there was adverse harm !

Text July 28 8:29 pm Carolyn Navarro

Managed care states EHS and Synermed same people and that LA Care is supposed to contact affected enrollees, even ones forced to get off LA Care for their own health and safety. See attachments!

SynerMed operated EHS as though it was actually EHS.

From approximately 2006 through January 7, 2018, SynerMed and EHS operated as substantially the same entity. The board of directors for SynerMed and EHS were nearly identical, and both corporate headquarters occupied the same physical address. Furthermore, James Mason (Mason), SynerMed's Chief Executive Officer and EHS' attorney-in-fact, directed the day-to-day operations of both EHS and SynerMed with virtually no oversight, and SynerMed employees acted on behalf of EHS when performing their assigned administrative duties throughout this timeframe.

At the time this investigation was opened, EHS employed no individuals. It relied on SynerMed to perform the claims, credentialing and utilization management functions for which EHS had contracted with the Plans. EHS maintained no independent information systems where its medical records and health data were maintained, stored, and controlled. Instead, SynerMed maintained, stored, and controlled all EHS medical and health data. SynerMed managed all of EHS' financial operations, including, but not limited to, financial reporting to regulators, and payments to EHS medical directors. Mason, as EHS' attorney-in-fact, screened, interviewed, and hired the medical directors on behalf of EHS.

SynerMed failed to send notifications approving, modifying, or denying requests for authorization to enrollees, in violation of Health and Safety Code section 1367.01, subdivision (h)(3), then falsified documents during audits to make it appear as though it had actually sent notifications.

Under Health and Safety Code section 1367.01, subdivision (h)(3), decisions to deny, delay, or modify requested health care services must be communicated to the enrollee within two business days of the decision.

The Department's investigation determined that SynerMed did not send thousands of Notice of Action letters for denied or modified treatment authorization requests to enrollees and their providers. The failure to provide these notifications is a significant barrier to enrollees' ability to timely obtain care, appeal a denial, or take other action to address their health needs. This problem was systemic and is believed to have initially started due to a lack of staffing. Over time, it appears the failure to send these notices became a part of SynerMed's routine course of business.

Compounding this violation were the steps that SynerMed took to conceal its failure to send these notices in compliance with statutory timeliness requirements. As admitted by SynerMed staff, documents were falsified and altered during health plan and Department audits for the purpose of making it appear that EHS was compliant with Knox-Keene Act requirements.

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Enforcement action against LA Care regarding Synermed

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Stop lying

Text July 29 9:43 am Carolyn Navarro

If I was able to comment live I would have a decent grasp on what I've said so far , instead I'm typing it and then the minutes aren't posted in a timely manner so I have to sit and try to recall what was possibly posted . The only reason you're not allowing live comment is to control what people say and you're using the pandemic as justification when you were not allowing live comment prior to it, I was able to call in and live comment just fine in 2015-16!

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Text July 30 9:40 am Carolyn Navarro

Why is LA Care ignoring a Dept of Managed Care corrective order that they contact victims of Synermed, it was determined EHS and Synermed were /are the SAME PEOPLE, shut up with the lies about that, it's a good way to make of sound like LA Care had no involvement with Synermed but it's also a LIE!

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Quit LYING to your own board members and the public!

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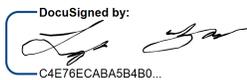
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ldelgado@lacareboard.org

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Electronic Record and Signature Disclosure:

Accepted: 9/28/2020 9:57:31 AM

ID: c7dde3ff-de24-4a25-a74f-90efdf981004

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Status

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Agent Delivery Events

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Intermediary Delivery Events

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Status

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Carbon Copy Events

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Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

9/21/2020 12:31:55 PM

Certified Delivered

Security Checked

9/28/2020 9:57:32 AM

Signing Complete

Security Checked

9/28/2020 10:44:52 AM

Completed

Security Checked

9/28/2020 10:44:52 AM

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Status

Timestamps

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How to contact L.A. Care - Bulk Send:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to agallegos@lacare.org and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify L.A. Care - Bulk Send as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by L.A. Care - Bulk Send during the course of my relationship with you.