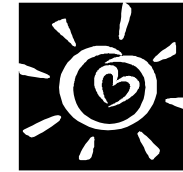


**Board of Governors**  
**Regular Meeting Minutes #292**  
**November 5, 2020**

L.A. Care Health Plan, 1055 W. 7<sup>th</sup> 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.	

\*Absent

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

**Management/Staff**

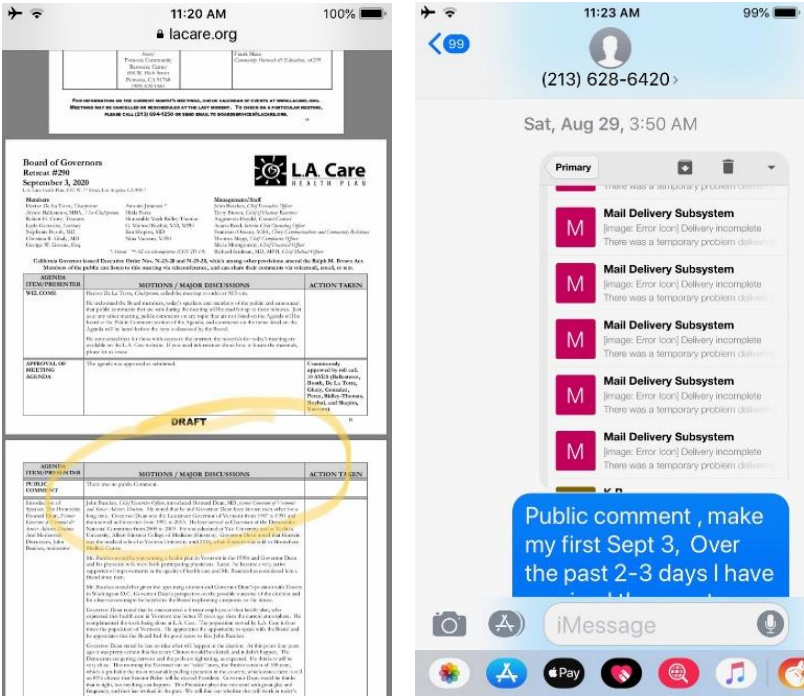
John Baackes, *Chief Executive Officer*  
 Terry Brown, *Chief of Human Resources*  
 Augustavia Haydel, *General Counsel*  
 Acacia Reed, *Interim Chief Operating Officer*  
 Francisco Oaxaca, MBA, *Chief, Communications and Community Relations*  
 Thomas Mapp, *Chief Compliance Officer*  
 Tom MacDougall,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

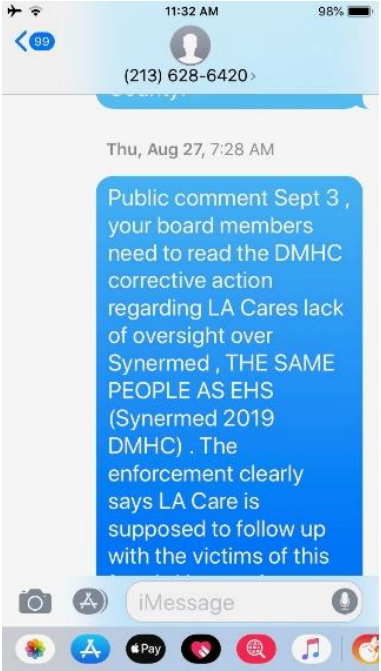
**California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>WELCOME</b></p>	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:08 p.m. for the regular meeting of L.A. Care Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors regular 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 received in writing the voice messages and written comments that were sent before the meeting. Comments sent before and during the meeting will 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>	

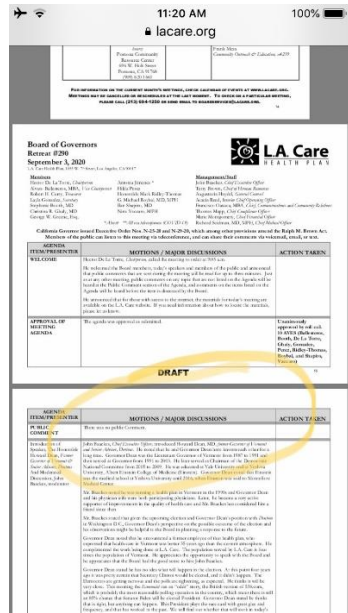
**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING AGENDA	The agenda was approved as submitted.	Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Ridley-Thomas, Roybal, Shapiro and Vaccaro)

PUBLIC COMMENT	<p>Text received on November 2, 2020 at 11:22 am, Carolyn Navarro</p> <p><i>Public comment board of governors Nov 5, I made public comments for your Sept 3 board meeting which I saved the texts for but your meeting packet states no public comment ,I documented this with a screenshot you liars !</i></p> 	
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>public comment Nov 5 board meeting , Here is proof I made a public comment for Sept 3 , I have other ones too, this one shows harassing messages to emails I sent to LA Care execs because you regular people are clueless! I'm forwarding my proof as a Brown Act complaint ! How many other public comment are you not reading ?!</i></p>  <p><i>More proof I commented for Sept 3 meeting , who else commented?!</i></p> <p><i>Why does it clearly say no public comment then?</i></p> <p><i>I saved copies and reporting it to county, my focus is it saying that not what's hidden in the minutes! You are abusing your "right " to read comments prior to meeting , my comment was listed as Sept 3 , you can't legally cherry pick what date especially when I specified Sept 3 clearly !</i></p> <p><i>Sept 3 means Sept 3 not your rewriting of that ! It says no public comment!</i></p> <p><i>You go ahead and explain yourselves to the county!</i></p> <p><i>If they were included , why do the minutes say no public comment?!</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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*Duplicate corrected Public comment November 5 board meeting If you people would give me decent explanations regarding my concerns I wouldn't keep commenting but everything about your agency tells me you're a bunch of liars , problem is your lies and negligence hurt my dead child and I keep finding more and more evidence every time I look that you are ripping off the public even now, why are you people so defensive , you're not even smart about your dishonesty ,you're stupid!*

**Text received on November 4, 2020 at 11:42 am, Carolyn Navarro**  
*Public comment Nov 5, I commented for your board retreat Sept 3 meeting , I don't give a shit about your "regular meeting " you tacked on,I have followed your meetings 5 yrs now and have never seen a "regular " meeting tacked on where you just happen to note the comments and complaints of me and several other people but your board meeting they intended to comment for lists no public comment. I went ahead and made a Brown Act complaint (3 minutes expired)*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Text message received on November 4, 2020, 8:39 pm Ismael Maldonado, RCAC 2 Member  <i>LA CARE need to review their contact with san fernando valley hospitals the services at the holy cross are getting bad and olive view medical center valley press and glendale adventes and their are no MRI for oversize persons they need training on how to talk to the person who is medical-only members mission community Sherman oaks they need to be on site meeting to see how members are treated make recommendation</i></p> <p>Voice message received November 5, 1:26 pm, from Elizabeth Cooper  <i>Good afternoon,  Chairperson of the Board of Governors of L.A. Care Health Plan, members of the Board of Governors, Mr. John C. Baackes and members of the public.  I would like to thank the Board for giving me the opportunity to express my views. On behalf of myself and on behalf of my son. I would to say thank you to the people of the great state of California for voting in the national election on Tues Nov 3, 2020. Regardless of how the lection goes and I hope it goes in the way of those who would like to see affordable health care and other issues voting rights and etc. I hope the election goes in the positive way. I would like to speak on the agenda Mr. Chair. I'm crying out for concern about the virus and I hope there is some improvement for the virus covid-19. And I appreciate what L.A. Care is doing but being new back in calling I am a little stressed out, please forgive me and my comments. I would like to speak about topics because I do not have the agendas in front of me. I just hear comments. I would like to speak on agenda item that is on the Board agenda today from what I am hearing. Mr. Chair I hope that you can give me an opportunity on these comments consent items I think its amendment 3114 and 100.</i></p> <p>Voice message received November 5, 1:48 pm, from Elizabeth Cooper  <i>Good afternoon,  My name is Elizabeth Cooper. I tried to make a comment for today's meeting Agenda, Nov 5 2020. I would like to erase my call earlier because the phone cutoff. I feel it denied me my participation rights for the Board. I am not able to submit comments before 2pm. I believe to participate in the Board meeting today and for public comments. I called earlier. I would like to continue with just a few seconds. I thank you very much, I do not have access to the Board Agenda, only but was given to me earlier.</i></p>	

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	<p>Chairperson De La Torre stated that, September 3 was the meeting with the Annual Retreat. There were two separate meetings; The Retreat, which was in the morning, and the Board Meeting part, which was held after noon. Ms. Navarro’s comments and all other comments during the meeting were included in the Business meeting minutes. All comments are reflected in the Business meeting minutes. He apologized for any confusion.</p>	
<p><b>CONSENT AGENDA ITEMS APPROVED BY A COMMITTEE</b></p>	<p>Chairperson De La Torre asked John Baackes, <i>Chief Executive Officer</i>, to address the item on the second bullet. Mr. Baackes commented that both contracts are one-year extensions of L.A. Care’s contracts with the Department of Health Care Services which cover the benefits that L.A. Care is required to administer. It is only a one-year extension of these contracts.</p> <ul style="list-style-type: none"> <li>• Minutes of September 3, 2020 Board of Governors Retreat and Business Meeting</li> <li>• Ratify Contract 04-36069 Amendment 31 and approve Contract 03-75799 Amendment No. 14 between L.A. Care Health Plan and the California Department of Health Care Services. <b><u>Motion EXE 100.1120*</u></b> <b>To ratify execution of Amendment No. 31 to Contract 04-36069, and to ratify execution of Amendment A14 to Contract 03-75799, between L.A. Care Health Plan and the California Department of Health Care Services, by L.A. Care Chief Executive Officer, John Baackes.</b></li> <li>• Annual Review of Accounting &amp; Finance Services Policies <b><u>Motion FIN 100.1120</u></b> <b>To approve the revisions of the following Accounting &amp; Financial Services Policies as submitted:</b> <ul style="list-style-type: none"> <li>* AFS-002 (Capital Assets)</li> <li>* AFS-004 (Non-Travel and Other Related Expenses)</li> <li>* AFS-008 (Annual Investments)</li> <li>* AFS-025 (Tangible Net Equity)</li> <li>* AFS-027 (Travel Expenses)</li> </ul> </li> <li>• Cognizant, HCL, and Infosys Contract Amendments for IT Staff Augmentation <b><u>Motion FIN 101.1120</u></b> <b>To authorize additional spending with the following vendors: Cognizant, HCL, and Infosys, in an amount not to exceed \$3,750,000, total contracts not to exceed \$7,482,047, for consulting expenditures through September 30, 2021.</b></li> </ul>	<p><b>The Consent Agenda items were unanimously approved by roll call. 11 AYES</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>CenturyLink/Lumen Technologies Contract <b><u>Motion FIN 102.1120</u></b> To authorize staff to execute a contract in an amount not to exceed \$3,500,000 with CenturyLink/Lumen Technologies to provide Telecommunication Services for a 3-year term.</li> <li>Healthx Contract Amendment <b><u>Motion FIN 103.1120</u></b> To authorize staff to amend a contract with Healthx in the amount of \$3,509,572 (total contract not to exceed \$11,097,572) for hosting services through September 30, 2023.</li> </ul>	
<b>CHAIRPERSON'S REPORT</b>	<p>Chairperson De La Torre noted that Board Officer elections would normally occur this month. At the July Board meeting, Board members decided to postpone Board member appointments and officer elections at least to the February 2021 Board meeting, for continuity in leadership while we are in this public health emergency due to COVID-19 pandemic.</p> <p>Board Committee assignments are also postponed. He added that Board Members are welcome to speak to him about their committee assignments at any time.</p> <p>He reminded Board Members to complete the Compliance Training.</p>	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	<p>Mr. Baackes reported (<i>a copy of his written report may be obtained by contacting Board Services</i>):</p> <ul style="list-style-type: none"> <li>He announced the appointment of Acacia Reed as Chief Operating Officer of L.A. Care Health Plan. Ms. Reed has been with L.A. Care for about four years. She served as Deputy Chief Operating Officer and was asked to assume the role of <i>Interim Chief Operating Officer</i> at the beginning of August. After 90 days, she is comfortable in the role and Mr. Baackes is very pleased with the efforts she has made in those first 90 days. She has effectuated a reorganization of the operations areas that has increased transparency, accountability and efficiency. Ms. Reed has 17-18 years of experience, including her time at L.A. Care. She previously was with AmeriHealth Caritas Health Plan, where she was responsible for directing the oversight and monitoring of regulatory and contractual requirements for various government sponsored health care programs in eight states and the District of Columbia. He is delighted that she is part of the executive team.</li> </ul> <p>Ms. Reed thanked Mr. Baackes and commented that she is very excited to work with the Board Members.</p>	

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	<ul style="list-style-type: none"> <li>• Mr. Baackes noted that this will be Supervisor Ridley Thomas' last Board Meeting as he was elected to the Los Angeles City Council on Tuesday. Mr. Baackes thanked Supervisor Ridley-Thomas for his support while a member of the Board.</li> <li>• Mr. Baackes reported to L.A. Care staff that on Monday, a Federal District Court Judge in Illinois, ruled that the Public Charge rules put into effect in February 2021 making it more difficult for people to advance in citizenship even though already legally here, were stopped. The Judge ruled that the Public Charge rules were not in effect until various appeals are heard. The next day, a Federal Appeals Court Judge ruled the other way. So now the Public Charge rules are in effect. Some stakeholder Board Members who represent clinics that take care of a lot of people in this status, can report to you that the rule has had a chilling effect on people's willingness to come in for health services. Mr. Baackes thinks that any barriers of any kind to obtaining health care services are unconscionable during a pandemic. L.A. Care took a strong position when the rule was proposed and will continue to oppose it.</li> <li>• L.A. Care is trying to effectuate change even during this uncertain time. L.A. Care has reported an operating loss for the last fiscal year, with a final report to be made at the December meeting.</li> <li>• The Board approved a budget with an operating loss for the current fiscal year that began October 1. The L.A. Care Leadership Team sees this as a challenge to do better than the forecast.</li> <li>• Many uncertainties remain, the largest of which is a lack of rates for January 1, 2021. Preliminary rates were issued that are subject to change. Final rates are expected to be available in December.</li> <li>• In the meantime, there are several areas of focus within the organization to try to improve on the financial results forecast in the budget. <ul style="list-style-type: none"> <li>○ All departments were asked to adhere to a vacancy rate that was built into the Budget. Normally, L.A. Care experiences employee turnover of about 14-15% per year. The Budget has a target vacancy rate of 4%. All operations are being reviewed at L.A. Care for mission critical activities.</li> <li>○ There are initiatives underway to reduce medical expense without compromising care to our members. Much of the opportunity is in contracting.</li> <li>○ L.A. Care will seek opportunities to improve provider contracting, including moving some contracts to capitation arrangements with full risk for providers.</li> </ul> </li> <li>• The leadership team will set targets, dates and amounts to track progress and move forward as efficiently as possible.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• L.A. Care is also focused on the impact of COVID-19 on members in ways other than access to health care. L.A. Care has participated in over 24 food pantries either in the community or at the Community Resource Centers (CRCs) in cooperation with agencies that are normally doing food distribution. L.A. Care’s assistance is with logistics, publicity and volunteers. Mr. Baackes observed that in attending some of these events, he felt disheartened that when the food runs out, there are still families in line. The issue of food insecurity is very vivid in our communities for our neighbors and for members affected by COVID both in illness and by having their jobs undermined.</li> <li>• L.A. Care is campaigning hard to get members to avail themselves of the flu shot. The biggest concern, shared by many Board Members, is that if there is significant caseload in this flu season, it will require hospital space that is needed while people are still suffering from COVID-19. Increasing the vaccination rate for flu will hopefully relieve stress on the health care facilities. L.A. Care is now sponsoring drive through flu clinics and has already provided over 7,000 inoculations. Another drive through flu clinic is scheduled at the Inglewood CRC on November 7.</li> <li>• L.A. Care reopened the CRCs in late September/early October. This provides an access point for members, continues health education programs in virtual format. It also shows that we can live up to the COVID-19 suggested rules of wearing masks, physically distance, use hand sanitizers and wash hands frequently, even with the pandemic. Wonderful feedback has been received from members and staff.</li> <li>• Mr. Baackes thanked Supervisor Ridley-Thomas for his service on the Board and invited him to speak.</li> </ul> <p>Supervisor Ridley Thomas thanked Mr. Baackes, and he complimented Mr. Baackes for his contributions. He stated that Mr. Baackes is one of the best, if not the best CEO that any such entity could have. He says that without fear of contradiction. Supervisor Ridley Thomas noted that by now, it is well established that he is not gratuitous in his compliments, and therefore this should be taken for what it is. He addressed the Board Chairperson and Board Members in saying that L.A. Care has made its mark and will continue to do so, and should count on him as he transitions to the City, to be a supporter and advocate, and one who will seek to interpret the efficacy of the work of L.A. Care. He is sure L.A. Care will find ways to collaborate, because that is what allies do. We support each other, for the common good and for the greater good. He thanked all for the opportunity to serve.</p> <p>Mr. Baackes thanked Supervisor Ridley-Thomas and congratulated him on election to the City Council.</p>	

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	<p>Supervisor Ridley Thomas noted that L.A. Care is in good hands with Antonia Jimenez. He also stated that his successor for Supervisor is fabulous – she understands health issues.</p> <p>Member Jimenez commented that she would like to provide L.A. Care with information about how members can call the Los Angeles County Department of Public Social Services, which can now take CalFresh and Medi-Cal applications over the phone. She added there is technology to capture a telephonic signature, and an 80% same day approval rate has been achieved. Mr. Baackes thanked her for the offer and noted that L.A. Care will be happy to disseminate the information at the CRCs and through the member call center.</p> <p>Member Perez thanked Mr. Baackes and L.A. Care for the flu shot clinics. She has participated in the events and will be at the Inglewood CRC this Saturday as a volunteer health promoter. She thanked Supervisor Ridley-Thomas for everything he does for her community, and for his years of dedication and truly community commitment. As part of this community, she thanked him for this. She noted that she looks forward to continuing to work with him in his new position. She is sure that his heart and passion will continue to serve the community. With regard to the announcement by Member Jimenez, Member Perez asked the staff to disseminate the information for the members and for the RCAC members as well. RCAC members continue to tell her they don't get information first-hand, and this is important information that might help them realize that there's no redetermination at the moment and if they want to apply, they might even get approved on the very same day.</p> <p>Member Jimenez clarified that there is redetermination for CalFresh and CalWORKs, but not for MediCal.</p> <p>Chairperson De La Torre noted that he has worked with Supervisor Ridley-Thomas for over 16 years in various capacities in Sacramento and Los Angeles. Supervisor Ridley-Thomas is always a go-to person to get things done and he is absolutely committed to the community. Supervisor Ridley-Thomas has been phenomenal at L.A. Care and he looks forward to however their paths will cross with him at the Los Angeles City Council. He thanked Supervisor Ridley-Thomas and noted it is an honor to work with him over and over again in myriad capacities. There will be many ways to work together.</p>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>• He thanked Supervisor Ridley-Thomas and congratulated him on the election to the Los Angeles City Council. Dr. Seidman expressed he has enjoyed being able to have the benefit of having Supervisor Ridley-Thomas on the Board and he has appreciated his comments</li> </ul>	

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	<p>and contributions and wished him the best on his new role on the City Council. Dr. Seidman is a born and bred Angelino and he is glad to have him continue his career.</p> <ul style="list-style-type: none"> <li>• The World Health Organization (WHO) is now reporting on COVID-19 weekly. On November 1 WHO reported over 46 million cases and 1.2 million deaths worldwide. Unfortunately, the rate of the pandemic is accelerating and a couple of weeks ago a landmark was crossed with over 2 million new cases. The latest report is more than 3.3 million new cases.</li> <li>• Unfortunately, in the European region overtook the Americas and is contributing over half of the global new cases in recent weeks and an increased death rate of over 22%. France, Italy and the United Kingdom have the highest rates of new cases. There has been retrenchment and return to strict lockdowns in Europe. Europe and the Americas each have had over 17,000 deaths in the past week.</li> <li>• There are decreases in cases and deaths in Southeast Asia, largely driven by the current downturn in cases and deaths in India, although there is still a large number of cases there.</li> <li>• For the past month, the United States, India and France remain at the top the list of countries contributing the most cases worldwide.</li> <li>• Periodically, WHO publishes focused reports as new information is learned about the pandemic. The most recent focused report was on the age distribution of morbidity and mortality over the past months of the pandemic. Data on 18 million people from more than 120 countries was analyzed. The proportion of cases in younger populations continues to increase. Early on in the pandemic, rates in the 65+ age cohort contributed more than 40% of all cases. As cases in younger populations have increased, that 65+ cohort now contributes about 15% of all the more recent infections.</li> <li>• The worldwide experience in deaths is showing an increased death rate in the 25-64-year-old age cohort. Early on this age cohort contributed about 10% of deaths worldwide. That number increased to about 30% and has now stabilized at about 25%. That corresponds with the decrease in deaths in the 65+ age cohort. Early on here in the US we saw the devastating impact on the skilled nursing facilities and other institution facilities such as jails, where the 65+ age group had contributed over 90% of deaths, and that has now come down to about 75%.</li> <li>• Notably, for children 0-4 years of age and from 5 to 14 years of age, collectively, are representing only 0.2% of all the deaths worldwide.</li> <li>• Another thing that's become increasingly clear is that while most people recover within two to six weeks, there is an increasing report of people with longer-term effects. Some have referred to this as the long-hauler syndrome. Data suggests that most people still do get</li> </ul>	

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	<p>better over time, but because this is a new virus we continue to learn more about it, how to best identify lingering symptoms, how to best treat and support patients toward their eventual recovery.</p> <ul style="list-style-type: none"> <li>• Notably males and females get COVID-19 at about the same rate, but men represent about 59% of total deaths.</li> <li>• In the United States, there are 51% more cases than in the previous 14-day period and a 21% increase in deaths. A milestone was crossed yesterday with more than 100,000 cases in the previous 24 hours.</li> <li>• There continue to be negative societal effects of the pandemic. There is a disproportionate impact on the elderly and low income populations. There are the devastating effects of the economy and individual effects of unemployment and poverty. There are increasing rates of child abuse and domestic violence, anxiety, depression and unfortunately, also in suicide.</li> <li>• A newer finding seen more often now is the disproportionate impact on women who are working from home and are too often challenged by not only doing their jobs from home but also supervising children who are not yet back to school. These multiple challenges are driving more women from the workforce.</li> <li>• There is an ongoing challenge in providing telehealth, and increasing challenges for the low income populations with an increased focus on social determinants such as food and housing.</li> <li>• In Los Angeles County, the Department of Public Health reported over 1,800 new cases yesterday, a number that matches the earlier peaks from earlier in the summer. We are still seeing a decreased death rate, and hope that persists, but it is often a lagging indicator. Unfortunately, we may see deaths catch up with increasing case rates and hospitalizations</li> <li>• Los Angeles County remains in Tier 1, according to the California Blueprint for a Healthier Economy. The adjusted case rate improved from 8 per 100,000 cases to 7.5. It is able to go down because its adjusted relative to the amount of testing conducted on a per capita basis. The testing rate has increased over the past month. Where Los Angeles County was at a rate of around 12,000 per day it has gone up to 16,000 per day over the past week, and that helps adjust the case rate for the Blueprint. To move to the next Tier, cases must get below 7 per 100,000. Los Angeles County does not meet the criteria for testing positivity rate at 4%. But in the hardest hit quartile on the state's health places index the testing positivity rate is 6.8%; more than 50% higher than the county wide rate. Los Angeles County is investing additional resources in those areas, to increase access to testing, isolation and quarantine support and outreach and education support.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Public health officials reiterate the effectiveness and necessity of the basic health precautions that Mr. Baackes mentioned earlier.</li> <li>• L.A. Care has provided more flu vaccines this year in our first two clinics than in all of last year. It is hoped there will be low flu seasons than was experienced last year.</li> <li>• For the COVID-19 vaccine, there are four trials in the stage three safety trials. A fifth is supposed to be launched later this month. Two of the four ongoing trials are on hold in the United States due to some safety concerns. Both on hold temporarily in the U.S. have continued in trials in other countries. The U.S. has signed deals with all four of the stage three manufacturers to mass produce 100 million or more doses of each manufacturer's vaccine.</li> <li>• Two of those manufacturers, Moderna and Pfizer, are testing messenger RNA vaccines. Neither has cracked their code yet and are waiting for enough people to get infected with COVID to figure out the relative effectiveness. Their eight-week period to observe for complications will come up in mid-November.</li> <li>• The best predictions for when a vaccine will be licensed for at least emergency use authorization would be late 2020 or early 2021. There would still be challenges to overcome in distribution of a vaccine. If we can get to a licensed vaccine by the first quarter of 2021 it would still be an historic accomplishment to have achieved in a year since the virus was identified.</li> <li>• Until that point, he encouraged everyone to wear a mask, socially distance, and use good judgement in deciding how to celebrate the holidays.</li> </ul> <p>Member Shapiro thanked Dr. Seidman for report, and asked if any planning is underway for education and distribution of a potential vaccine. Dr. Seidman responded that there is still a lot that is not worked out on the distribution. He read this morning that the federal authorities have contracted with McKesson on planning for distribution. But Pfizer has opted out of using McKesson's distribution and is working on a process for just in time shipping from the manufacturing site to providers to deliver the vaccine. There are significant challenges in the cold chain, as the MRNA vaccines are not stable but need to be stored at low temperatures. California has submitted a distribution plan to the Centers for Disease Control (CDC) and the state's distribution plan leverages the county departments of public health, pharmacies and community clinics and all vaccine distribution for children's providers. The logistics for distribution have not been completely worked out. L.A. Care would like to leverage existing distribution and testing infrastructure to test and immunize together.</p>	

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	<p>Member Booth asked if L.A. Care is developing educational material to educate people on the vaccine to let people know it is being tested and people will be more likely to accept it when it is available. Dr. Seidman reported that two of the highlights in the state vaccine distribution plan are safety and equity. The state will assemble a panel of national experts to independently review the safety data for any vaccine that is approved by the FDA. The state is also determined to develop recommendations for priorities in the distribution of the vaccine. L.A. Care will ensure that its highest risk members will be prioritized and will encourage vaccination. There may be challenges in getting people to accept vaccination.</p> <p>Member Curry added that the refrigeration units that provide the intensity of measurement are difficult to acquire. He suggested that lead times in acquisition of the refrigeration units be considered in the planning. He has been advised that the initial target population will include front line workers, physicians, first responders, and fragile at-risk institutional patients. Records need to be maintained to complete the vaccine cycle, which may include two doses for effectiveness. It will be necessary to track the vaccine to be sure both doses are administered. Dr. Seidman agreed the cold storage challenges represent huge issues.</p>	
4 <sup>th</sup> Quarter Strategic Vision report FY 2019-20	Chairperson De La Torre reported that the report is available in the meeting materials.	
Grants & Sponsorship Report	Chairperson De La Torre reported that the report is available in the meeting materials.	
<b>ADVISORY COMMITTEE REPORTS</b>		
Executive Community Advisory Committee	<p><b>PUBLIC COMMENT:</b>  <i>Hello Chairperson De La Torre  My name is Andria McFerson and chair of RCAC 6 and I appreciate the BOG listening to my previous suggestion to distribute necessities like hand sanitizers and food gift card for those low-income people of LA county suffering through this tragedy.  Thank you, Andria McFerson, ECAC/RCAC 6  aintnolimit01@yahoo.com, (213) 864-3418</i></p> <p>Member Gonzalez began the report but due to audio difficulties, Member Perez continued the report:</p> <ul style="list-style-type: none"> <li>• Member Perez thanked all the RCAC members and public who participated.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• ECAC met on September 9 and October 14 (<i>A copy of the approved meeting minutes may be obtained by contacting CO&amp;E.</i>)</li> </ul> <p>On September 9:</p> <ul style="list-style-type: none"> <li>• Mr. Baackes gave the following updates: <ul style="list-style-type: none"> <li>- A deficit Budget was adopted by the Board at the September 3 meeting.</li> <li>- He informed the committee about the suspension of the Medi-Cal redetermination process. As member Jimenez reported earlier, there is currently no redetermination process for Medi-Cal but there is for CalWORKs and CalFresh.</li> <li>- He advised the committee about the State’s changes for administration of prescription drug program.</li> </ul> </li> <li>• Dr. Seidman provided an update on the COVID-19 pandemic in L.A. County. He announced a new outreach campaign meant to target 18-24-year-old young adults and essential workers to remind them about the risk of COVID-19.</li> <li>• Francisco Oaxaca, <i>Chief Communications and Community Relations Officer</i>, reported: <ul style="list-style-type: none"> <li>- He announced that he will focus more on the expansion of the resource center partnership with Blue Shield Promise Health Plan and its strategic direction while continuing oversight of the other business units, now including Provider Communications.</li> <li>- Auleria Eakins, Ed. D, MPA, <i>Manager, CO&amp;E</i>, will now be representing the department on all activities related to ECAC and the RCACs.</li> <li>- To date, the CRCs held seven successful back to school events distributing nearly 9,000 backpacks through the CRC network. The CRC’s also hosted 32 food pantry events in collaboration with local community based organizations. L.A. Care proudly served 5588 families.</li> </ul> </li> <li>• James Kyle, MD, M.Div., <i>Medical Director for Quality</i>, announced the creation of the Equity Council Steering Committee. The committee consists of three separate councils each consisting of either members, providers or staff. The committees will focus assisting L.A. Care learn how it can promote health equity and social justice across a broad spectrum.</li> <li>• Rachel Martinez, RN, <i>Quality Management Nurse Specialist, Quality Improvement Department</i>, gave a presentation on Preventive Health Guidelines to Stay Healthy during the COVID-19 pandemic.</li> </ul> <p>On October 14:</p> <ul style="list-style-type: none"> <li>• Mr. Baackes reported the collapse of the new federal stimulus bill and its impact on resources for Medi-Cal. He advised that funds for benefits such as speech therapy and</li> </ul>	

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	<p>occupational therapy could be removed from the State budget unless more funding becomes available.</p> <ul style="list-style-type: none"> <li>• Dr. Kyle gave an update on the Consumer Equity Council. The Council members will advise L.A. Care’s internal Member Equity Council.</li> <li>• Dr. Seidman presented the Chief Medical Officer report, and he updated us earlier today.</li> <li>• Dr. Eakins gave the following updates: <ul style="list-style-type: none"> <li>- As part of L.A. Care’s Fight the Flu campaign, the CRC’s are offering flu shot clinics from October through November—dates, times, and locations of all scheduled flu shot clinics were shared with RCAC members and on social media.</li> <li>- The reopening of the CRC’s began on October 1. An appointment must be made to get services.</li> </ul> </li> <li>• Sinthu Sathia Kumar, MPH, <i>Quality Management, Project Manager II</i>, gave a presentation on Breast Cancer Screening Awareness. She spoke about the importance of timely mammogram screenings and provided screening age guidelines. October was Breast Cancer Awareness month.</li> <li>• Christian Escobedo, <i>Managed Care Pharmacy Resident II (ALD), Pharmacy</i>, gave a presentation on Flu Vaccines and shared L.A. Care’s Fight the Flu video. He advised that all flu shots are provided at no cost to L.A. Care members and shared the L.A. Care Flu shot event schedule.</li> </ul> <p>Member Perez asked for an explanation about the Equity council. Mr. Baackes invited members of the steering committee to respond. Member Perez asked how the Equity Council will work, what its duties will be and who is choosing the members and who the members will be that are part of the councils. Members have asked her these questions and she would like to ask staff to answer their questions. Dr. Seidman clarified that her question is about the Member Equity Council rather than the employee council.</p> <p>Mr. Oaxaca responded that there is a Steering Committee that oversees the work of three councils. One council is focusing on issues of equity related to L.A. Care members, one is focusing on equity in how L.A. Care relates to providers and vendors, and a third council is focusing on internal equity issues. The member equity issues council will work with a separate group made up of health plan members. Auleria Eakins, <i>Manager, CO&amp;E</i>, will present information at the next ECAC meeting about the process to identify the members who will be invited to serve on the member group and details about what will be expected of them.</p> <p>All RCAC members were considered in an effort to identify members that would reflect the diversity of membership and to provide an opportunity for members who may want to be more</p>	



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	<p>engaged but have not served in leadership roles in the past to offer meaningful participation for them so they can develop leadership skills.</p> <p>Dr. Kyle will present more information at the December Board and ECAC meetings.</p>	
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	<p>The Executive Committee met on September 28 and October 26, 2020. <i>(A copy of the approved meeting minutes may be obtained by contacting Board Services.)</i> The Committee reviewed and approved the revisions to the Policy for Facilities Services Policy &amp; Procedure FS-010 Injury and Illness Prevention Program (IIPP). This motion does not require full Board approval.</p>	
Government Affairs Update	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <p>Earlier this week, California, Maine, Maryland, and Minnesota filed another lawsuit regarding Deferred Action for Childhood Arrivals (DACA), stating that the federal administration is ignoring the law and Supreme Court ruling by curtailing eligibility for the DACA program. As previously reported to the Board, the Court ruled earlier this year that President Trump acted illegally in 2017 by repealing the DACA program because there was no stated rational basis and no consideration on the impact it would have on the 700,000 immigrants nationwide (220,000 Californians) who relied on the program. The Trump Administration was ordered in June to restore DACA to its previous status and to accept new applications. But that never happened.</p> <p>The Secretary of Homeland Security said no new applications would be accepted and current DACA participants could renew for only one year instead of the two years as was previously allowed. Government Affairs will continue to report on progress of the lawsuit.</p> <p>Government Affairs will report on election impacts at the December Board Meeting.</p> <p>Member Booth thanked Ms. Compartore for her reports and the work she does. It is remarkable that she reviews such a large amount of information and provides such concise reports. Each time Member Booth asks her a question she provides a clear response and follows up with updates. Member Booth appreciates Ms. Compartore's valuable support.</p>	
Community Health Investment Fund (CHIF) Priorities FY 2020-21	<p><i>Members may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion of those issues identified below. In order to expedite the process, such members' vote on this motion reflects a vote concerning the entire motion excluding those items for which the member is abstaining, as identified:</i></p> <ul style="list-style-type: none"> <li>• <i>Members Ballesteros, Shapiro and Vaccaro, section 2</i></li> <li>• <i>Members Ballesteros, Shapiro, Vaccaro and Roybal, sections 3 and 4 together.</i></li> </ul>	

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	<p>Chairperson De La Torre noted that Board Members received a revised version of the motion prior to the meeting. He reviewed the changes (in red font below) on pages 222 and 223 of the meeting packet.</p> <p>The issue statement was amended as follows: Funding will align with the following CHIF priorities:</p> <ol style="list-style-type: none"> <li>1. Support the health care safety net to address the COVID-19 pandemic and racial inequities</li> <li>2. Address social determinants of health that result in inequities, including housing and food insecurity</li> <li>3. Empower and invest in organizations that address systemic racism related to health and the healthcare safety net</li> </ol> <p>The last paragraph of the background section was amended: All grant approvals will include discussions with the Senior Director of Strategic Planning and CEO. Staff will solicit applications, convene a review committee composed of internal staff and community experts, administratively select the grantees, and annually report active grants to the Board. Upon approval, a grant agreement will be delivered to the grantee outlining responsibilities and accountability to perform according to agreed objectives, and progress will be reported to the Board annually. These processes and approvals are consistent with policy 602 as noted in the attached memo.</p> <p>Chairperson De La Torre noted that the motion language was also changed.</p> <p>Roland Palencia, <i>Director, Community Benefits</i>, summarized the motion and memo outlining the recommended priorities for the Community Health Investment Fund for fiscal year 2020-2021. He noted that in light of the economic effects of the COVID-19 pandemic, staff is recommending a two-phased approach. The first phase will include ongoing multi-year commitments such as \$4 million to Brilliant Corners, and the remaining \$6 million will be considered in the second phase approach. The funding of \$6 million will be on hold for now, and the Chief Executive Officer will assess the financial situation in the second quarter to determine whether to release the funds.</p> <p>Member Booth commented that this is one of the ways that L.A. Care demonstrates flexibility and agility. This is a quick move to respond to newly revealed needs. She stated that this addresses inequity and promotes change. Each statement in the motion is relevant to working toward more equity, a more equitable distribution of health care and trying to right the wrongs. She believes that this does a very good job of meeting the CHIF goals; it also aligns nicely with the L.A. Care mission and vision.</p>	

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	<p>Member Perez thanked staff for providing information that is requested. She feels the responsibility to ask questions to be sure the money allocated by the motion is used to benefit the community and the health plan. It is her intention as a member representative, because this is taxpayer’s money, and we have a fiduciary responsibility in allocating it. She thanked staff for the information and for always making sure that the recipients are doing what they are supposed to be doing.</p> <p>Mr. Baackes views the CHIF as a way to express L.A. Care’s broader goals to integrate social services into health care. Serving as many Medi-Cal members as we do – the enrollment has never been higher as we approach 2.3 million with 2,150,000 of those are Medi-Cal beneficiaries. Most are entitled to receive other social services, about which Member Jimenez is well-aware. CHIF is a way to strengthen the clinics and DHS and their ability, as the core of the safety net of providers, to do their jobs as best as possible. L.A. Care also funds work on housing and hunger, which contribute greatly to a person’s health status and ability to deal with disease. Ultimately, L.A. Care is trying to develop ways to deliver a whole set of services that are integrated, in a way they are not integrated today. Some are demonstration projects from which we collect data, and we try to use the data to influence policy makers, regulators and legislators to recognize other ways of doing things. He appreciates the support in continuing this fund even during this difficult financial time and in granting discretionary authority to make a decision in January after we see what the income situation is with Medi-Cal.</p> <p><b><u>Motion EXE 101.1120</u></b></p> <p><b>To approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2020-21 allocation of up to \$10 million as follows:</b></p> <p><b>(1) Fund the last installment of \$4.0 million, out of a \$20 million five-year commitment, for Brilliant Corners, in partnership with the Los Angeles County Department of Health Services’ Flexible Housing Subsidy Pool fund, to provide housing for up to 300 homeless individuals including L.A. Care members. These funds support the goals of the Whole Person Care initiative under the California Medi-Cal waiver.</b></p> <p><b>(2) Fund small grants of up to a total of \$100,000 in the first phase of CHIF released funds, including supporting organizations such as the Southern California Grantmakers.</b></p> <p><b>(3) Delegate authority to the CEO to assess the financial situation and approve up to \$6.0 million of CHIF funding in the following three priority categories:</b></p> <p><b>(i) fund the health care safety net to address the COVID-19 pandemic and racial inequities,</b></p> <p><b>(ii) address social determinants of health that result in inequities, including housing and food insecurity, and</b></p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Roybal, Shapiro and Vaccaro), with abstentions as noted.</p>

**APPROVED**

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	<p><b>(iii) empower and invest in organizations that address systemic racism related to health and the healthcare safety net.</b></p> <p><b>(4) Grant delegated authority to the CEO to approve grants of up to \$250,000 per grant through September 30, 2021. This authority will allow L.A. Care to potentially make larger grants in response to COVID-19 related needs. All other policies and approvals related to grant making investments will remain in place.</b></p>	
<p>Elevating the Safety Net: Community Health Workers and Health Careers Internship programs</p>	<p><i>Members Ballesteros, Shapiro and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion of paragraph 1 of the motion. In order to expedite the process, such members' vote on this motion reflects a vote concerning the entire motion excluding those items for which the members are abstaining, Provider Recruitment Program and Residency Support Program.</i></p> <p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, summarized the motion for the Elevating the Safety Net (ESN) program which goes further in the health care work force pipeline and targets college students and recent graduates. A partnership with Health Career Connection (HCC) and our clinic partners to bring an internship program under the ESN umbrella. The program will support 30 interns over three years for a total of 90 interns to serve in the clinics and at L.A. Care. Interns will receive a stipend and other resources from HCC as they continue their education and career in health care. HCC has a good track record for retaining people in the safety net environment. A second program proposed in the motion will support a third cohort for the training program and potentially an evaluation.</p> <p>Mr. Baackes commented that this program is important work to support the safety net. It is making a huge contribution to build the health care work force. There is no other health plan investing to this extent. This will pay off in the future when we have a robust health care community in Los Angeles to serve the members.</p> <p>Member Booth was happy to get a report from the community health worker program, and she thinks they did a good job summarizing their work. She was a little disappointed in the Claremont Courier article that referred to starting the medical school and did not include information about the integrated master of science in community medicine and doctor of medicine. It seemed like a great opportunity to show LA Care's interest in supporting a program such as this. It emphasizes Community Medicine and plans to seek candidates for this degree from the local communities that could benefit greatly from this specialized knowledge.</p> <p>Mr. Baackes noted that L.A. Care was not involved in the writing of the article. He announced that Dr. Seidman has been invited to join the Board of Directors of the new organization at Claremont College. Dr. Seidman thanked Member Booth for her comment. He believes the</p>	

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	<p>confusion is that the Medical School is often highlighted. He agrees that the Master’s of Science in Community Medicine two-year program to turn out masters level trained professionals that may not go to the new Medical School being started. The goal of the two-year program is that the graduates are well-trained to enter the workforce, and some may go on to the Medical School. There are two distinct parts that fit together nicely and are a strategic combination. The additional detail may be more than the reporter wanted to convey, but skipping the gateway Master’s in Community Medicine is an important missing detail. Dr. Booth indicated that she would impress upon the school that it is important to include that information. Dr. Seidman confirmed that L.A. Care’s funding was for the two-year Master’s in Community Medicine program and not for startup of the medical school.</p> <p>Mr. Baackes thanked Member Booth. He noted that there are no experts in print media and we cannot expect that media will reflect information correctly, although L.A. Care is very careful in the press releases it provides.</p> <p>Member Curry feels that L.A. Care could follow up on the article to clarify the information. Mr. Baackes indicated that the communications department could draft a message.</p> <p>Member Vaccaro recognized and thanked Mr. Baackes for his leadership in developing ESN. This is an incredibly valuable program for workforce pipeline for health centers in LA County. HCC is a program she is familiar with which gives young people interested in a career in health care direct experience in working in a health center. There are many diverse opportunities for them to work in the community health care field. The health centers will be thrilled to have scholarships to bring these students into their clinics. Mr. Baackes thanked her and expressed that he is incredibly proud of the ESN program.</p> <p><b><u>Motion EXE 102.1120:</u></b></p> <ol style="list-style-type: none"> <li><b>1. Authorize an expenditure of up to \$800,000 to establish the ESN Health Careers Internship program.</b></li> <li><b>2. Approve and authorize expenditure of up to \$400,000 for Cohort 3 and evaluation of Elevating Community Health (ECH) training program for Community Health Workers (CHW).</b></li> </ol>	<p><b>Unanimously approved by roll call. 8 AYES [Ballesteros, Booth, De La Torre, Gonzalez, Greene, Perez, Roybal and Vaccaro (with abstentions as noted)]</b></p>
<p>Nomination for Charitable Organizations for donated Board Stipends</p>	<p>Augustavia Haydel, <i>General Counsel</i>, informed Board Members that:</p> <ul style="list-style-type: none"> <li>• Annually, there are two charitable organizations that can equally share in the donation of stipends by Board Members.</li> <li>• Board members are asked to nominate organizations to receive donated board members’ stipends by November 15.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Staff will randomly select two of those nominees for designating board stipends and will submit a motion for consideration at the December 2020 board meeting.</li> </ul>	
<b>Finance &amp; Budget Committee</b>	<p>Member Curry, <i>Treasurer</i>, reported that the Finance &amp; Budget Committee met on September 28 and October 26, 2020. <i>(A copy of the approved meeting minutes may be requested by contacting Board Services.)</i></p> <ul style="list-style-type: none"> <li>On September 28, the Committee approved the contract with Spinnaker Support, LLC, for Technical Support Services for L.A. Care's Oracle software products in an amount not to exceed \$1,955,931 through November 10, 2023. That motion does not require full Board approval.</li> <li>On October 26, the Committee reviewed and approved the motions that were approved earlier today on the Consent Agenda.</li> </ul>	
Chief Financial Officer Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported on financial results for August 2020 and will provide information on the September 2020 results:</p> <ul style="list-style-type: none"> <li>Recent financial pressures and uncertainties.</li> <li>Membership increase to 2.2 million.</li> <li>LACC open enrollment is underway. L.A. Care has a positive price position to retain members and attract new members.</li> <li>\$36 million surplus for August, \$66 million favorable to forecast, due to early receipt of CCI calendar year 2020 rates received earlier than usual</li> <li>L.A. Care is accruing a receivable in the COVID risk corridor that was put in place in conjunction with a 1.5% cut, resulting in a \$19 million favorable for the month and \$109 million favorable to the forecast.</li> <li>For September, there are three large items: claims reserve that is being assessed by auditors, an estimate for the CCI member reconciliation issue which was identified as a risk to revenue in the budget, and thirdly, a COVID risk corridor which has not been finalized.</li> <li>September 2020 financial results will be brought to the Finance &amp; Budget committee in November and to the Board in December.</li> <li>Overall medical cost ratio is positive.</li> </ul> <p>Member Curry asked about reserve amounts for the three large items and expected results. Ms. Montgomery indicated that L.A. Care has accrued about \$62 million as a conservative measure in light of the potential CCI member reconciliation. L.A. Care continues to work with other health plans and DHCS on this very complicated issue.</p>	

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	<p>Mr. Baackes commented that this is an example of the difficulty for Medi-Cal managed care plans. This is a tremendously disruptive process that goes back to 2014. There is no direction from Centers for Medicare and Medicaid Services (CMS). Misclassification of enrolled members will have an effect on rate development after that. Changes should be prospective and not retrospective. The result of reclassifying these members is very complicated. Ms. Montgomery agreed and noted that it is a matter of putting the right information so that DHCS understands the implications. Mr. Baackes invited suggestions for approaching legislative representatives about this issue. Chairperson De La Torre responded that health care is perhaps the least understood issue among legislators. It is difficult to gain support for health care related issues.</p> <p>Member Curry commented that regulators should not apply retroactive rate adjustments. He suggested there should be a time limit of two or three years for retroactive adjustments. It is unfair and inappropriate for health plans and health care service providers.</p> <p>Member Booth asked if the adjustment could be more than \$62 million. Ms. Montgomery responded that it is not likely to be more than \$62 million, and it is hoped that the regulators will be reasonable. Mr. Curry commented that it is appalling and the magnitude of their calculations is refutable and not supportable.</p> <p>Ms. Montgomery continued her report:</p> <ul style="list-style-type: none"> <li>• The financial ratios are favorable but a reconciliation of the IHSS rates is needed to reach a final cash to claims ratio.</li> <li>• The CCI rate reconciliation may affect the ratios.</li> <li>• L.A. Care has sufficient reserves to absorb the projected deficits for fiscal years 2019-2020 and 2020-2021.</li> </ul> <p><b><u>Motion FIN 105.0920</u></b>  <b>To accept the Financial Report for August 2020, as submitted.</b></p>	<p><b>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Greene, Perez, Roybal and Vaccaro)</b></p>
<p>Monthly Investments Transactions Report</p>	<p>Ms. Montgomery referred to the investment transactions report included in the meeting materials. (<i>A copy of the report can be obtained by contacting Board Services</i>). As of August 31, 2020, L.A. Care's total investment market value was \$1.5 billion</p> <ul style="list-style-type: none"> <li>• \$1.2 billion managed by Payden &amp; Rygel</li> <li>• \$73 million in Local Agency Investment Fund</li> <li>• \$202 million in Los Angeles County Pooled Investment Fund</li> </ul>	

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<b>Compliance &amp; Quality Committee</b>	<p>Stephanie Booth, MD, <i>Committee Chairperson</i>, reported that the Committee met on September 17. <i>(A copy of the approved meeting minutes may be obtained by contacting Board Services.)</i></p> <ul style="list-style-type: none"> <li>• Dr. Seidman gave the September 2020 Chief Medical Officer report, and he provided an update earlier in this meeting.</li> <li>• Maria Casias, RN, BSN, MPH, <i>Director, Quality Improvement Accreditation, Quality Improvement</i>, gave a presentation on L.A. Care’s Timely Access to Care 2019 Survey Results. Findings, such as inconsistencies and reporting oversight in the 2018 survey, have been addressed and remediated in the measurement year 2019 templates and reporting.</li> <li>• Noah Paley, <i>Chief of Staff</i>, and Acacia Reed, <i>Chief Operating Officer</i>, provided information on L.A. Care’s Direct Network Administration. Mr. Paley reported that L.A. Care has around 220 active primary care providers (PCPs) in the direct network and more than 23,000 Medical members assigned to these PCPs. As part of building and growing the direct network, L.A. Care is accountable for network development and maintenance. L.A. Care formed a Steering committee and workgroup that include subject matter experts across the organization to optimize performance. The workgroup is taking the delineated and prioritized issues, identifying the root causes of problems and proposing process and system configuration remediation. This will help enhance performance of all functions.</li> <li>• Thomas Mapp, <i>Chief Compliance Officer</i>, and Sylvona Boler, <i>Senior Manager, Risk Management, Compliance</i>, presented a Chief Compliance Officer report. Ms. Boler provided an update regarding Provider Terminations. On May 11, 2020, L.A. Care received a notice of non-compliance from the Department of Health Care Services (DHCS), regarding untimely notification to DHCS of provider terminations. L.A. Care is disputing two of the four alleged incidents. Compliance will work with Provider Network Management to determine the best course of action, In creating a process change that will allow DHCS to receive accurate and timely notifications of provider terminations. Then, DHCS will respond to L.A. Care on how they intend to manage the results of the requested process changes.</li> <li>• Lisa Marie Golden, <i>Director, Customer Solution Center Appeals and Grievances</i>, presented information about Appeals &amp; Grievance Department quantitative and qualitative analysis of member complaints for L.A. Care’s lines of business.</li> </ul>	
<b>PUBLIC COMMENT</b>	<p><b>Text submitted Nov 5 by Anonymous</b>  <i>Comment for all 11-5-2020 meetings. DMHC ordered L.A. Care follow up with L.A. Care victims, why aren't you doing so.</i></p>	



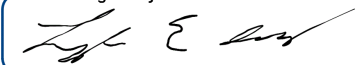
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Text submitted November 5, 2020 at 2pm by Carolyn Navarro  <i>I just entered access code and # and was told the # did not work  Public comment Also I note Spanish speakers have toll free numbers but non Spanish have to call toll numbers and I'm reporting it !</i></p> <p><i>I entered the info to listen to Meeting and I'm being told my access code is wrong when I hit pound as stated to do  Public comment Also why should and English speaker make a toll call but Spanish speaker gets a toll free number .  All of this is being reported pursuant to Brown Act , I entered # as instructed and was told I can't access the meeting !</i></p> <p>Text submitted November 5, 2020 at 2:11 pm by Carolyn Navarro  <i>Give me a PIN number if I can't access with the # as I've been instructed  Public comment, it is 2:14 Nov 5 and I called into the board meeting to listen and I entered the access code and # as instructed and was told it was invalid ,this will be reported pursuant to Brown Act!  I'm able to hear the Spanish meeting , did you forget to block me on that number?  All of this is being reported I'm calling DA office!  Public comment I can hear the Spanish (I understand some Spanish) meeting just fine are you profiling people racially, blocking "non Spanish" people?</i></p>	

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	<p><i>public comment just spoke on the phone with the DA about why I have to call toll numbers but Spanish do not and was asked to submit a written complaint which I'm doing ! We're my comments read?</i></p> <p><i>Why a toll free number for Spanish and not English?</i> <i>I reported that to the DA</i></p> <p><i>Last comment relevant to racial equity</i> <i>Public comments are compliance and quality related as in how come I have to pay to call you meeting but a Spanish speaker does not?</i> <i>Public comment compliance racial equity , see attachment In Feb 2020 your meeting listed a toll free number for English speakers but no does not, a few months back I had to call a 415 ( near San Francisco) to listen up your board meeting , why is that ?</i> <i>Why a 415 area code call for an English speaker (3 minutes expired)</i></p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<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 4:39 pm.</p> <p><b>CONTRACT RATES</b> Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning new Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>November 2022</i></p> <p><b>CONFERENCE WITH REAL PROPERTY NEGOTIATORS</b> Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 2864 W. Imperial Highway, Inglewood, CA Agency Negotiator: John Baackes Negotiating Parties: Upside Crenshaw Holding, LLC, c/o Newmark Merrill Companies Negotiator: Darren Bovard Under Negotiation: Price and Terms of Payment</p>	

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	<p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: John Baackes Unrepresented Employee: All L.A. Care Employees</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d) (4) of Ralph M. Brown Act Three Potential Case</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Board reconvened in open session at 5:33 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting was adjourned at 5:34 p.m.</p>	

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

APPROVED BY:

DocuSigned by:  
  
C4E76ECABA5B4B0...  
 Layla Gonzalez, *Board Secretary*  
 Date Signed 12/4/2020 | 1:23 PM PST

Public comments not read at the meeting are included below:

**Text received on November 4, 2020 at 11:42 am, Carolyn Navarro**

*(continued from Public Comment above) regarding this “regular” meeting I believe to confuse public commenters and keep their comments from being read in front of “big shots” you’re trying to impress!*

**Text received on November 4, 2020 at 2:48 pm, Carolyn Navarro**

*PS if there’s an “extra” meeting Nov 5 I’m commenting for both*

**APPROVED**

Text received on November 4, 2020 at 2:48 pm, Carolyn Navarro (continued from above)

*it feels like a deterrent to English speakers calling !*

*I made a compliance comment about the Spanish speakers getting free calls*

*Item 10*

*I can hear them talking while my comment is being read , very unprofessional*

*Public comment , a lot of people will still be deterred thinking it's a toll call*

*What if they call from a phone booth and don't have a phone!?*

*There are still payphones throughout Los Angeles , I just looked it up and they can be used free with a toll free number ‘*