

Board of Governors
Regular Meeting Minutes #323
December 7, 2023

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



L.A. Care
 HEALTH PLAN

Members

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

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

Management

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

*Absent

** Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Alvaro Ballesteros, <i>Board Chairperson</i>, called to order the regular meeting of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors meeting at 1:00 pm. The meetings were held simultaneously.</p> <p>He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p> <p>He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment. All are welcome to provide input.</p>	
<p>APPROVAL OF MEETING AGENDA</p>	<p>The meeting Agendas were approved.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, DeLaTorre, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</p>

APPROVED

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PUBLIC COMMENTS	<p><i>Demetria Saffore commented that she has received CPAP treatment for 4 years. Every time she needs supplies, she has to chase the supplies and they're not delivered in a timely manner. It is not because of the provider, the provider submits the information for L.A. Care. But, for some reason, L.A. Care drags their feet on giving her supplies. So far, she's been a whole month without CPAP treatment to sleep at night because she doesn't have supplies. So she has all but given up on getting the treatment that L.A. Care authorized. She doesn't understand why the treatment would be authorized but L.A. Care doesn't let her have that stuff that goes with it. She feels like her concerns about this issue have fallen on deaf ears. She doesn't know what else to do. She just feels like, she's filed grievances; she's talked to just about everybody she's supposed to talk to here. It's not any better.</i></p> <p>Chairperson Ballesteros asked staff to follow up with Ms. Saffore.</p> <p><i>Ms. Saffore stated that it has gone on four years and she still has the same problem.</i></p> <p>Chairperson Ballesteros apologized.</p> <p><i>Ms. Saffore stated she is stopping treatments because she can't get the supplies.</i></p> <p>Chairperson Ballesteros apologized that this is happening. Staff are with you now.</p> <p><i>Andria McFerson commented that she knows exactly how Ms. Saffore feels. It is hard for Ms. McFerson to say it, but while she has been a member and chair unfortunately she has had four seizures during these meetings, the stress has caused a really bad feeling in her brain, not just her body. When she has seizures, hits her face, and breaks her teeth, she definitely has to see a dentist. It's a medical necessity. Due to a grave disease that she has, which is called epilepsy, she cannot get L.A. Care to approve things like that, not right away. Not while she's in pain that's causing her seizures. At night, she doesn't know whether she can sleep at night. Actually she doesn't. Maybe two hours, three hours, something like that. But because of that, she had brain surgery. And she absolutely doesn't quite understand why they don't have a voice. Her name is Andria McFerson. She got moved from RCAC 6 because she moved to another region. Mind you, there are 13 chairs that have met their tenure. So staff hand chooses what situation the co-chairs are no longer a part of. But even with that, as far as the RCACs go, they have not been able to speak. And as the Board can see, they have a voice; they have medical necessities that need to be put on the floor for the Board to speak about. But yet they are not able to meet as a RCAC. Why, she does not know. But the Board knows this; the Board knows that we have not had an opportunity to openly use Robert's Rule of Order and the Brown Act in order to bring things to the Board to talk about. These decisions are not made by ECAC, they're not made by the Board, they're made by staff. They have listening sessions; they can't even file motions on the listening sessions. She doesn't know if that's polling, she's not quite sure, but it's unethical [stet] and it's not right, and they have grave illnesses that need to be talked about.</i></p>	

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	<p>John Baackes, <i>Chief Executive Officer</i>, stated that, as previously reported, L.A. Care has been reviewing changes in the Regional Community Advisory Committees (RCACs) to comply with new state regulations that go into effect January 1, 2024. The RCACs have been meeting. The meetings are called listening sessions now because L.A. Care wants feedback from people. Meetings have been held on a regular cadence with the last of the regional meetings this month. L.A. Care is listening to the members who come to those RCAC meetings. Once those meetings are completed, the Executive Community Advisory Committee (ECAC) will consider recommendations for changes for the RCACs to comply with the new state regulations in January 2024. Changes accepted by ECAC will then come to the Board for consideration. ECAC has the authority to put a motion on the Board agenda. At that time, the Board would be able to approve what the ECAC recommends. Until then it is in discussion. There are requirements L.A. Care will have to meet in 2024 under the new state contract.</p> <p><i>Ms. McFerson noted that Mr. Baackes is awesome but there have not been RCAC meetings.</i></p> <p>Mr. Baackes offered to speak with Ms. McFerson after the meeting.</p> <p><i>Ms. McFerson asked for meetings with Robert's Rules of Order and the Brown Act. A listening session is not that.</i></p> <p>Chairperson Ballesteros noted that a report from Francisco Oaxaca, <i>Director of Communications and Community Relations</i> to the Board is expected.</p> <p>Mr. Baackes confirmed and said the report was not given today because it will go to ECAC first. The Board will hear a report from Mr. Oaxaca in February.</p> <p>Chairperson Ballesteros noted that the report is pending and the Board is waiting for the report. The discussion on this topic with RCAC members on the potential changes, additions, etc. will be brought to the Board. The Chairperson also offered to speak with Ms. McFerson during a break. He thanked her for her comments.</p> <p><i>Elizabeth Cooper wished everyone a happy holiday season. She is a little disappointed on the board book. She does not get the kind of cultural sensitivity from the staff. She reads the board book and she tries to be informed, but she did not get a board book, so she can read and see what's in the board. She asked the compliance officer and board to please take notice about making sure the public gets the board book per their request in a timely manner. She would like to say thank you to the Board members who approached her and said hello, good morning. The public make very important points and also board members. But to some of the board members, remember those of you who were elected to represent all the consumers. She encouraged them to kind of move around and just like, if she went to her congressman's office, and he saw her sitting up front and couldn't say hello to her,</i></p>	

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	<p><i>she would be very disappointed. Remember board members, there are some, she's not criticizing all. She asked board members to please say hello to your members. They are the ones who Board members represent and Board members do not sit at the table representing themselves, they represent all the members. So remember they are there at the courtesy of those persons they represent. She appreciates each and every one, but she's very sensitive as a former chair there. She would like to speak also to the board members. It is very important Mr. Chair, that the rules are followed. She is a RCAC member, she served once as a vice chair, but there's some things on the Board that she's concerned. You can make the order regarding the participation of the RCACs. It is very important because she interacts with her neighbors. She tries to interact with different cultures. She does not restrict herself to herself as an African American, but she thinks she learns more when she interacts with other people. She asked Board member to please remember they represent all the people. Those representatives who sit at that seat, remember they represent all the people, they do not represent themselves, so please say hello too. She is concerned about the ECAC to have a vote on that, on that recommendation by the Department of Managed Care, who they do not know. They have never been to a Board meeting and given us their point of view. She asked Board members to please take into consideration the RCACs because they are the ones who get out there into the community. She appreciates all of you, she also wants to congratulate Mr. Baackes for his award.</i></p> <p><i>Deaka McClain congratulated Mr. Baackes for his award; well deserved. She wants to echo her fellow colleagues that have already spoken when it comes to the situation with the new changes to the RCACs. She understands about the listening sessions, her concern is that she knows they are waiting on Francisco to come back with a report. They did get the information about what the staff is asking for and what the state is asking for. She keeps hearing it's going go to the ECAC and then it's going to come to the Board. She is kind of concerned about that. When it comes to the ECAC, are they really going to be heard? Some of the things the staff are doing. Some of us might not be agreement with what the staff is doing. Like she said, the state is one thing, we don't have a choice. She's concerned about the staff recommendations, and if ECAC votes no, and it comes back here, is that going to be enough? She doesn't want just lip service and then they don't even get a voice to make a difference like is being said.</i></p> <p>Mr. Baackes stated that he will make sure that when a decision goes to the ECAC it clearly separates the requirements in the recommended changes that would bring us into compliance with the state regulations in the new contract, and the recommendations from the staff. If ECAC does not accept the recommendations by the staff, they will not be advanced to the Board.</p>	

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<p>APPROVE CONSENT AGENDA ITEMS</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented the only reason why she's up here is to advocate for proper health care for everyone. For low income people, people who have maybe lost their jobs, for the disabled, for seniors. When she speaks on the mic about different issues, she represents her region. She represents the public, she represents Black people who may be discriminated against. She represents the undocumented, she represents doctors who may not be able to have approval for the procedures that they need to basically do to their patients in order to adhere to their necessities medically. She doesn't feel as though she is doing this to be in the way of the Board. With this motion, not giving them a public comment during this, how is it that you're going to make the decisions and have empathetic thoughts towards the decisions that are being made if you don't understand what they go through. She doesn't quite understand this motion, now, don't quote her on this. She has absolutely no idea what this motion entails. And that's another reason why this needs to be explained first. Because breaking it down in layman's terms, just going to say it like that, because you have L.A. Care members that have learning disabilities. You have L.A. Care members that are developmentally delayed. You have people like her that are on medication and she's doing the best that she can right now. She's not trying to be too direct or confrontational. She's just trying to say her name, Andria McFerson, and let, you know that she has a disability and she should have a civil right to freedom of speech. And everyone up here should have that as well, online or whatever the case may be. Even if you email, you should be able to have a right to have freedom of speech, and that can help save lives. That can help prevent different things having to do with people's health disparities. And that's why it's important to make it so that they have a voice, because it's a lot of people dying out here. She has on black right now. She has on black because her RCAC member passed away. She came right here and she wanted to speak on her particular health disparity. She felt uncomfortable when Francisco got on this mic and he polled for a vote to not have the RCACs anymore, or just to have the RCACs, but a smaller amount of people, and then also a focus group, allowing the staff to choose the topic that we speak about. She turned back around and after she turned around, she went home, tried to get information so that she can receive a specialist that should have been approved and should have prevented her death.</i></p> <p>Board Member Booth noted that if the question was about the consent agenda, it is a list of things that have already been approved by one group or another and the Board members can agree with everything that's been written and we just approve them all together so that we do not have to talk about them separately. It saves a lot of time.</p> <p>Chairperson Ballesteros indicated that public comment on the Consent Agenda should be limited to the items on the Consent Agenda. He is allowing the public comment, but it really should be limited to just those items. That is how it should be done. He suggested that further education could be done between meetings to help with understanding on public comment.</p>	

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	<p><i>Elizabeth Cooper thanked Deaka McClain for her comments that were well noted. Regarding TTECAC 100 and 101, she's concerned about what you just spoke about, the ECAC will make the decision. How can they make a decision when they do not come back to the people they represent. She has seen all too often as she's gone to the ECAC meetings, there's no feedback from the chairs to the members and this is a very important issue regarding the ECAC. None of the members interact. Sometimes you can't even get them to say hello to you. How are you going to get him to do that? She noticed how friendly and professional you all are to the members. Why hand it to the ECAC, because she's concerned that you stated that ECAC will vote on these issues and the RCAC members have not ratified the Chairs. They do not have input, how is the RCACs going to make a decision if the ECAC representing each RCAC, 11 RCACs, do not come back to the members. This is bad. The Board needs to do something about them. She respects each and every Board Member as professionals. She respects the ECAC too, but let's face it the RCACs stand for the people, those who they represent and if they're not representing the people, how can they come and give you all a vote? And also, she would like to say, why didn't the Department of Managed Care come and give public hearing. Because they are making the decision and never met us. They're doing a fantastic job as the RCACs. She's sure some board members and Mr. Baackes know we try. So, this is her point. So, let the ECAC come back to the people first.</i></p> <p><i>(Board Member Greene joined the meeting.)</i></p> <p>Board Member Booth noted a correction to FIN 101 to remove the reference to AFS 004 in the motion language.</p> <ul style="list-style-type: none"> • November 2, 2023 Board of Governors Meeting Minutes • Nomination for Charitable Organizations for donated Board Stipends (BOG 100) • Quarterly Investment Reports (FIN 100) • Annual Review of Accounting and Finance Policies: (FIN 101) <ul style="list-style-type: none"> ○ AFS-002 (Capital Assets) ○ AFS-027 (Travel Expenses), and ○ AFS-029 (Annual Budgets and Board of Governors Oversight) • Revision of Accounting and Finance Policy AFS-006 (Authorization and Approval Limits) (FIN 102) • InfoCrossing Contract Amendment to support regulatory enrollment requirements (FIN 103) • Infosys, Ltd. Contract Amendment to provide Quality Assurance services (FIN 104) • North Star Alliances, LLC Contract to provide event planning, logistics, staffing and execution services and community relations support (FIN 105) 	<p>Unanimously approved by roll call with amendment for FIN 101. 11 AYES (Ballesteros, Booth, DeLaTorre, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</p>

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	<ul style="list-style-type: none"> • Ratify the elected Chairperson and Vice Chairperson of the Technical Advisory Committee (TAC 100) • Ratify the selection by RCAC members of new and continuing members of the Temporary Transitional Executive Community Advisory Committee (TTECA 100) • Ratify the elected Chairperson and Vice Chairperson of the Temporary Transitional Executive Community Advisory Committee (TTECA 101) 	
CHAIRPERSON'S REPORT	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper stated that the Chairperson has done a fantastic job and she appreciates his greetings each time he comes in. She is concerned that there seems to be a lack of consideration; maybe it's her feeling. Is there a lack of consideration regarding the members, regarding what the public says? Because that's very important. Sometimes they may not say it right. She looks at how the votes go, and does anybody care about these motions. Does anybody study, look at it? She's speaking for the consumer. She sits here as a public person, and really appreciates all of the Board. But does anybody think about what the public thinks? Does anybody concern from the board members? Any input? The members come here with deep issues and deep concerns. She would like the Board members to make sure that the members are considered. The Chairperson does a wonderful job and she really appreciates the Board. What do you all care what we, the public, think? She knows they sit at the Board, but sometimes they bring up issues that might not be on the agenda and it's very important to each and every one of the Board members. The hospital association, many years ago when she was the vice chair, they supported that. They didn't look at it because it was a hospital, but does the Board care about what they think when they sit here? It's so important. They come here, and she respects each of the Board members and she respects ECAC. But please consider they might not say the right thing, but long as they say it, it is very important.</i></p> <p>Chair Ballesteros responded that he cares and he knows that his colleagues around the table care deeply, about what members and what the public feels and what they need. He will make a commitment to meet with members next month so he can understand any challenges that you may be having with putting things on the agenda, or getting things talked about. He made a commitment to come out and meet with the group and see, at least what he can try to do to alleviate some of that feeling. He wants everybody that is here to know that all Board members care very deeply about all of the members and the communities that L.A. Care serves.</p> <p><i>Andria McFerson commented that Chair DeLaTorre filed a motion EXE 100.0418, presented at the Board, March 28, 2018. This entitled how basically, the Executive Committee would allocate \$30 million annually. Don't quote her, but she thought it said annually for five years and she would like an update on some of the work that has been done focusing on the low income community this year and ever since actually, 2018. That would be great. Now</i></p>	

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	<p><i>during this pandemic and after, there was a high rate of death. During the next ECAC meeting and all of our RCAC meetings, it should have gave them an opportunity to tell their story and to let you guys know how important it is to make sure that they talk about the COVID 19 challenges that they faced. The negative effect of it, the chronic conditions after, which they were not healthy. They want to know what was the budget and where did that budget go as far as the ECACs getting out to the community, talking to the community, peer on peer access to all events, and different things like that. That would have been great. Peer on peer communication get the public to speak their own story. Due to the fact that there are people, stakeholders, that have been through exactly what they've been through so they know how to speak to them directly. But, with this motion, she's completely confused. She asked for an update on this. If they had all of this money, why is it that they were not able to have their RCACs. She doesn't quite understand that. And for some strange reason, it's been listening sessions. During a listening session, she was in ECAC at the time, Francisco said how he wanted to change things and make it so that the RCACs were smaller and there were focus groups. She raised her hand to speak as a chair. Victor basically told her that she could not even make a comment during a listening session or they would call security. Imagine that. They need a voice. She asked, please allow them to have a voice. Her name is Andrew McFerson. (Ms. McFerson gave personal contact information that is not included in the minutes). She asked that people get in contact with her.</i></p> <p>Mr. Baackes responded that the motion referenced was authorization to move a certain amount of L.A. Care's unassigned reserves into a special board designated fund labeled, "Elevating the Safety Net." A report on the disbursement of that funding was provided at the September Board meeting. L.A. Care subsequently asked the Board to set aside another \$50 million, so we could keep that fund going for another five years. The fund has provided medical school scholarships, grants to bring new primary care doctors into the safety net provider network, and medical school debt relief to retain safety net providers. Elevating the Safety Net has paid for training of 6,000 in home support service workers and a number of other workforce development programs. That was the intent of that that fund.</p> <p>Chairperson Ballesteros reported that the Patient Care Foundation of Los Angeles County, the charitable arm of the Los Angeles County Medical Association, awarded Mr. Baackes its Healthcare Champion of the Year Award. Mr. Baackes was honored for his role in helping to get the first increase in Medi-Cal funding in 25 years. Mr. Baackes recognized that Medi-Cal reimbursement rates had to increase to keep physicians in the Los Angeles County Safety Net, providers who serve L.A. Care members. Recognizing that there would be a greater impact if all healthcare sectors worked together, he brought together doctors, hospitals, clinics and health plans to lead discussions that ultimately led to the increased Medi-Cal funding. The award was announced during the Patient Care Foundation's 11th Annual Healthcare Awards.</p>	

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	<p>Congratulations to John Baackes for the recognition of his hard work and for a job well done in getting the Medi-Cal increase.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper congratulated Mr. Baackes for his outstanding achievement. She believes in diversity of issues, which he has done. Without the doctors and those who will provide this service wouldn't exist. So, her sincere thank you to the Board for giving Mr. Baackes that opportunity to have such an outstanding award. So she would like to thank you because without care providers, without the money for the providers, some of these services were not exist. So in order to be nice, she would like to make that comment now.</i></p> <p><i>Andria McFerson just wants to take the time out to say, thank you. If you would allow her to thank John Bacckes. He is an awesome guy that has made it so that they have had an opportunity to have programs to receive better care. But with that being said, it's time to move on to the next step. People here right now are going through it health wise. So, regardless of whether we have all of these programs to implement better health care, there are still people dying, people having brain surgery, people not being able to breathe at night, people dying of things like cancer and a lot of other things as well. They need to be able to have a voice to speak about these things, because these programs may exist but how will we have a strategical plan in order to adhere to people's necessities? By them being able to have freedom of speech, have the RCACs, have people that come in and have been doing this for years. They've been doing this for so long. They helped L.A. Care grow into the largest public insurance company in the nation. Before all of this. All they are asking for is a voice so that they can come and talk about different things having to do with their neighbors, their friends, families, and themselves. She can't do anything but give Mr. Baackes props, and she appreciates him. If you would open up your hearts and know that they're not here just to be confrontational or play victims. They're here to make sure that you know exactly what to do next in order to make sure that you can help save their lives; preventative care. That's important. So how can they do so without making it look like they are people out on the street begging for change, calling people over the phone for months, for years, making it so that you please, please approve their medical necessities. Its preventative care and you can do better preventative care by knowing exactly what we go through. They need to have a voice. They need their RCACs back.</i></p> <p><i>Deaka McClain congratulated Mr. Baackes. She also wants to say, thank you. When she calls on him, he's there. Just recently, he came to support her in an award that she won. She appreciates that and the donation for the students, she appreciates that. When you continue to advocate, she brought this up before, repetition is important, you're advocating for the funding for medical doctors, that's wonderful. But as you're advocating, can we please advocate for the services that are up under Medi-Cal. If there is not access for all. When it comes to differences between Medicare or Medi-Cal, you don't give the same</i></p>	

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	<p><i>benefits. She's one of them - she doesn't get the same benefits. She doesn't get the extra money that she needs for supplements that she's going to pay out of her pocket. The other situation is right now she needs a durable equipment wheelchair. The big bulky electric wheelchairs that her therapist recommends does not meet her needs. She found one that is a smaller, and lightweight, but they're not going to pay for it. Because they don't feel it fits their criteria. That's just an example, there's many other people going through the same thing. There's certain things that they pay for and certain things that they're not going to pay for, and we need those things that they're not going to pay for. If you can help advocate, continue to advocate on things like that, that would be greatly appreciated. Thank you.</i></p> <p>Mr. Baackes thanked everyone for the recognition from the Los Angeles County Medical Association. He noted that the recognition and the public comments made highlighted that the resources for Medi-Cal are not equivalent to Medicare or commercial insurance, and that contributes to health disparities for Medi-Cal beneficiaries L.A. Care serves. The effort to increase funding was aimed at making sure there are enough providers participating in the system. Keeping doctors involved in the health care safety net is critical if we are going to have access so we can deliver those services. What we have accomplished is just the beginning, there's a lot more that needs to be done and that certainly includes the issues around equal benefit access that Ms. McClain talked about. The work is not done and he has really enjoyed being part of this process, and he will continue to look for opportunities to advance the greater agenda.</p> <p>The Medi-Cal eligibility redetermination has completed six months of the 12-month process. Every Medi-Cal beneficiary will be reviewed for eligibility. For the first six months, L.A. Care has a net loss of 186,000 members, about 6.8% of the Medi-Cal members enrolled when the redetermination process started in July. L.A. Care had forecast a loss of about 13%. At the moment, L.A. Care is not exceeding the expected disenrollment. A new tool was provided by the California Department of Health Care Services (DHCS). In November, DHCS provided the anniversary dates for all Medi-Cal beneficiaries, and L.A. Care can direct outreach more effectively. In the past, without knowing those dates, all of the promotional work about eligibility redetermination was general announcements. The data was shared with provider groups. The providers can be the best ally for eligibility redetermination, because they see the patients and are a trusted resource. We think that a great many of the people who are losing coverage are people that have moved, because of the low volume of calls to the customer service center related to the redetermination process. It was expected that people would be deleted from the roles erroneously or because they failed to send in the redetermination package, and that they would then discover they lost coverage when they went to fill a prescription or went for an appointment. The number of calls is under 1,000 a month, less than 2% of total call volume. A great number of the people that are being removed have moved out</p>	

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	<p>of Los Angeles County or no longer eligible because their income is above 138% of federal poverty level. Those members, about 20,000, have been automatically enrolled in L.A. Care Covered at the Silver tier. L.A. Care has the lowest cost premium at the Silver tier. L.A. Care does not have the member data such as an active telephone number, and all those members have 60 days to confirm enrollment. Linda Greenfield, <i>Chief Products Officer</i>, and her team in Products are working very diligently to make sure all of those people are contacted and given the opportunity to confirm enrollment. About 7,000 people have elected to take coverage under Covered California. L.A. Care is also in open enrollment for Covered California and is receiving new enrollment. L.A. Care Covered currently has about 137,000 members and expects that number will go up as enrollment extends through the end of January 2024. About 40% of the people that are actively renewed have been determined through the exparte process to have met the eligibility criteria. Those beneficiaries receive a letter that they are qualified for another year and no action was required on their part. L.A. Care would like to see that increased and DHCS is working to make that happen, so that the process is not as onerous for the beneficiaries.</p> <p>The State of California, through our contract for Medi-Cal and Medicare managed care, is increasing the number of metrics for a variety of issues related to quality and disparities. The number of metrics by which health plans are being measured has increased. In addition, the amount of the financial sanctions connected with those measures is increasing. His opinion on increasing the number of metrics and imposing greater financial sanctions is not going to provide health plans with an incentive the health plans do not already have to do the best job possible. The new metrics have been applied to the auto assignment calculation. When people apply for Medi-Cal in Los Angeles County, they are asked to select whether they want to be in L.A. Care or Health Net. About 40% of the people consistently do not make a selection. The algorithm used to automatically assign people to a health plan used to be built on about four different quality metrics, and now uses 12 metrics. L.A. Care was getting 59% of the auto assignment and Health Net was getting the balance. Beginning in 2024, L.A. Care's share will go down to 53%. L.A. Care is evaluating those 12 metrics and how the decision was made to lower the assigned portion. It is somewhat of a mystery. Sameer Amin, <i>Chief Medical Officer</i>, will comment in his report how these various metrics are being used in other ways to measure health plan performance.</p> <p>At the last board meeting, there was a question about L.A. Care's relationship with hospitals, given that about a year ago the Hospital Association of Southern California (HASC) called our attention about a number of problems that their members were experiencing. L.A. Care has been working with individual contracted hospitals and through a HASC work group. The last meeting of the year was held with the HASC work group on Monday. He asked Acacia Reed, <i>Chief Operating Officer</i>, who represented L.A. Care at that meeting to report. Ms. Reed stated that</p>	

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	<p>at the last quarterly meeting with HASC and L.A. Care contracted hospitals, about five contracted hospitals attended. Usually the group goes over a number of items related to health services utilization, health services claims payments with claims, and network updates. The conversation in the meeting last week was one of the best that we have ever had. It was commented that there have been significant improvements across the board, the representatives acknowledged the significant work done with utilization management, and that they've seen improvement in their claim payment cycles and from L.A. Care. They are also excited about our reinvigorated joint operations meetings, and are looking forward to the conversations in 2024. It was an excellent conversation.</p>	
<ul style="list-style-type: none"> L.A. Care Medicare Plus Enrollee Advisory Committee Meeting Summary 	<p><i>Mr. Baackes referred Board Members to the written meeting summary included in the meeting materials.</i></p> <p>There was a mandatory contractual change in receiving consumer input for Medicare Plus, a dual special needs plan.</p>	
<ul style="list-style-type: none"> Monthly Grants and Sponsorships Reports 	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p><i>(Board Member Ghaly joined the meeting.)</i></p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that the Attorney General's office has finalized the title and wording for the managed care organization (MCO) tax that is slated to be on the November 2024 ballot. L.A. Care is not advocating for a position on the initiative. This is only an informational update.</p> <p>The California Legislative Analyst Office released budget projections for the current budget year 2023-24 and 2024-25. It started out as a \$58 billion estimated loss and went up to \$68 billion loss. This will actually be the largest loss since 2008. There is about \$37 billion in California's rainy day reserve. Of that, \$23 billion is held aside for specific purposes and there are subgroups. There is \$900 million for Medi-Cal managed care and CalWORKs training. There is also a significant amount of money for education. That will help soften the blow. However, the projection is for significant budget challenges over the next two years. The reason they could not provide really good estimate until a couple days ago is because California allowed tax payments to be delayed until November and it took a while for the updated estimates to be calculated. The next legislative cycle is going to be very chaotic and there are likely to be many competing interest groups. The legislators will have competing priorities with less funding. It will be a challenge for the legislature to pass new programs. It is also an election year, and there</p>	

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	<p>are many ballot initiatives. The existing programs will likely be funded and new programs might receive one time funding. She will keep the board updated throughout the year.</p> <p>The federal legislature passed a continuing funding resolution with unusual expiration dates for some programs on January 19 and other programs on February 2. After the holidays, Congress will renew federal budget discussions.</p> <p>Board Member and Supervisor Solis congratulated Mr. Baackes on his award. He made Herculean effort in Sacramento and got so many people to help support the expansion of funding for a much-needed Medi-Cal program. She also congratulated him on the latest report regarding work with the hospital association. She is very pleased to hear the reports. She thinks things are moving in the right direction. She noted that there was no discussion of COVID vaccinations, given the recent uptick in health statistics for COVID. She asked what is being done to help encourage providers to make the vaccination accessible. She sees high rates in her district among communities that do not have access and may not have funds to pay for these vaccinations. Mr. Baackes noted that vaccinations are covered for Medi-Cal beneficiaries. In the past, access to vaccines was documented.</p> <p>He invited Dr. Amin to comment. Dr. Amin reported that a major issue is not around access but more around vaccine hesitancy. With the rollout of the new booster shots, the uptake rate has been poor. One of the main reasons is concern and fear associated with the vaccine, dating back to 2020. L.A. Care encourages providers and has a number of campaigns to encourage members to get the booster shots. It has been an uphill battle. L.A. Care just went through a number of efforts at the Community Resource Centers (CRCs) to vaccinate people for the flu. There were lengthy discussions about the fear of RSV, the flu and COVID hitting all at the same time. L.A. Care is working hard through its quality improvement department, to get people vaccinated and is providing as much education, much of it in the CRCs. Some of it is around misinformation that needs to get past.</p> <p>Mr. Baackes added that when the COVID vaccine became available, L.A. Care and other health plans were incentivized to get as many people vaccinated as possible. L.A. Care never achieved more than 70% for Medi-Cal members, and it was not due to access as much as it was hesitancy. He invited Alex Li, MD, <i>Chief Equity Officer</i>, to comment.</p> <p>Dr. Li agreed that access may not be the main issue, but vaccine misinformation is an issue. As Dr. Amin mentioned, L.A. Care is sending information to members about the flu, RSV and COVID in December. L.A. Care is working closely with colleagues at Los Angeles County Department of Public Health. L.A. Care recently held a special forum on vaccine misinformation with Dr. Muntu Davis and other experts. Supervisor Solis is very concerned that immigrant or other than English-speaking, Asian American and Pacific Islander and other</p>	

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	<p>communities are not getting appropriate information. She wonders how we navigate that. That is one of her concerns. Sometimes it is not about television, it is about radio in reaching these ethnic groups. Dr. Li responded that L.A. Care did quite a bit of that during the pandemic but is not planning to do it at this point, but will explore it. He thanked her for the suggestion.</p> <p>Mr. Baackes noted that members use social media more than one might think and L.A. Care is doing a lot of messaging through social media. He will take her suggestion under advisement for those particular groups mentioned that might need special attention.</p> <p>Supervisor Solis noted that she is concerned about disenrollment in relation to the Medi-Cal renewals and expansion. Recently, she met with a group of federally qualified health clinics (FQHCs) in the First District. She asked about collaborating with FQHCs to make sure they have timely access to data about disenrollment so they can reach out to those impacted members. Mr. Baackes responded that in November, L.A. Care received a list of the remaining people and their renewal dates. L.A. Care will disperse that to the providers. The names are first matched with the providers to get it out to the correct location.</p> <p>Mr. Baackes invited Phinney Ahn, <i>Executive Director for Medi-Cal</i>, to comment. Ms. Ahn reported that in addition to the data received very recently of the accurate renewal months for members and sharing that with providers, understanding that they most likely are trusted partners to their patients, we are also getting data from DHCS on a monthly basis. This is all Medi-Cal members who are receiving a renewal packet in the mail. These members have to take action to keep their Medi-Cal coverage. L.A. Care is also pushing that data out to providers as soon as it's received and letting them know actions that they can take to reach out to their own patients. Key and consistent messaging is very important to let them know that their patients need to take action to stay covered. L.A. Care has collaborated in the past with Community Clinic Association of Los Angeles County (CCALAC) outreach and eligibility roundtable. L.A. Care will make a repeat visit to hear directly from the clinics how they are dealing with the data and any other challenges that they are experiencing. Supervisor Solis thanked the Chairperson and the staff for the information.</p> <p>Board Member Vaccaro noted there is an additional access barrier with Medi-Cal patients that would like to be vaccinated at their primary care provider health center. There is a challenge in that the vaccines are covered for children under the Vaccines for Children program. That is not the case for adults 19 years of age or older. If the visit is considered a prospective payment system (PPS) eligible visit, it is not anything that the health centers are reimbursed for so there is a lot of hesitancy on the health center side to purchase these vaccines, because it is a financial loss as vaccines are supposed to be included as a part of the PPS rate. Many rates have not been reset in many years. Patients are being sent to pharmacies to get access to the COVID vaccine and that is very problematic. Supervisor Solis thanked her for the clarification, and</p>	

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	<p>noted that is why she is very concerned. Supervisor Solis offered to speak with Board Member Vaccaro offline about any ideas to remedy the challenges. Mr. Baackes offered that L.A. Care would explore this. The carve out of prescription drugs also muddies the issue about who is responsible for what. L.A. Care will take that under advisement and report back and take actions between now and the next meeting if there are any opportunities.</p> <p>Chairperson Ballesteros commented that the FQHCs received specific federal money to help with COVID vaccines for uninsured patients. The health centers have funding for individuals that do not currently have Medi-Cal. L.A. Care should develop a strategy to let the public know that the uninsured can get a vaccine at a community health center. They are limited, but they are there.</p>	
<p>CHIEF MEDICAL OFFICER</p>	<p><i>(Vice Chairperson Shapiro presided as Chairperson Ballesteros left the meeting.)</i></p> <p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she is learning Spanish and is open to anything, she is open to all voices no matter what. We need to be able to make sure that we have a voice for people who feel a lot of different disparities, not just health wise. Domestic violence victims, victims of child sexual abuse. The peer on peer, eye to eye contact that they can have would help a lot of people, including herself. She just thinks that topics like an abuser who can isolate you from your friends and family, continuously mistreating you, or treat you as though they are privileged and make it as though you cannot make your own decisions and you are a liability, it can hurt. It hurts not to communicate. She has been through it. And one feels as though speaking up for oneself, or speaking about different things that are going on and even positive wants that one has could be too combative. And sometimes these things make one feel hurt. And it could cause psychosis; it can cause a whole lot of different things having to do with one's health. So that's why she feels that first hand you've seen it, by us not being able to speak up and speak out for disparities that we had and bring up different situations that we've been through in order to help the community. Public meetings, having to do with the RCACs and what they have been through and what they would like to give to the community. She feels that Francisco Oaxaca has taken their right for freedom of speech and that has deterred a lot of RCAC members from actually speaking out, they see what we go through, the people who speak at this mic, every single meeting. He has told three black women that they cannot speak when they had the floor to speak and one white woman. They have a right to speak. They do not have any sort of freedom of speech anymore without the RCACs. Please allow them to keep the RCACs and please allow them to tell their story and give back to the community.</i></p> <p><i>Elizabeth Cooper asked that the CMO speak about prejudice when people might have communicable diseases. She would also like to inquire, she read in the daily LA Times</i></p>	

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	<p><i>newspaper, the flu and all is on the rise and hospitalization is increasing for many. She asked what he recommends. As a parent of a developmentally disabled son, is there anything the doctor can do by focusing on those population. She knows it's a small number in L.A. Care. Sometimes she has to be his spokesperson, but you do have consumers who are developmentally challenged as part of L.A. Care plan. When people say what's going on, what's going on about their privacy and all, but the hospitalizations is increasing now, she read it in the paper, flus and all. What do you tell parents or what do you tell the members and how can the Board set aside a special meeting, a special taskforce for the developmentally challenged. She said thank you for your service, because right now. And another thing she forgot to mention is the doctors of the county hospitals are hopefully Supervisor Solis is here, the doctors who do such a tremendous job, and she heard that some of them might be going on strike. Please support them because without the doctors, when we get sick, what are we going to do? And there has been a report about the doctors, the challenges they're facing, particularly in the county hospital, which will affect L.A. Care members too, because they are part of the county health clinics. She asked Dr. Amin to speak about these issues. She knows he cannot speak about the strike, that's not the purpose, but the lack of support they would have, and she thinks each person needs to be interested in that. She's interested in broad issues, but also interested in family issues.</i></p> <p>Vice Chairperson Shapiro responded that the community health workers have been doing an amazing job in the community to make sure that community members get services from colon cancer screenings to other efforts by L.A. Care to communicate preventive measures.</p> <p>Dr. Amin addressed the comments regarding the viruses rampant throughout the county and the increasing number of hospitalizations; we can get everybody vaccinated and work to cut through the misinformation through the providers' offices to get people vaccinated, not only for COVID but also for flu. This will help deter the rise in these cases. He noted that the misinformation expands even beyond vaccinations, and gets into the treatment of these as well. There are people who have a number of strange home remedies as well as thoughts regarding antibiotics as treatments for viruses. It is important to understand that these are mostly viral illnesses in the community now, and there are antivirals available that can be prescribed to cut the course, particularly for the flu. Probably the most effective treatment is actually good hygiene - make sure to wash your hands and cover your mouth when you cough, a public health announcement that everybody has to go wash their hands and be vaccinated.</p> <p>He referenced Mr. Baackes' comments about the auto assignment methodology and the Medi-Cal Accountability Set (MCAS) measures. These are a number of quality measures contractually required by California Department of Health Care Services (DHCS) that health plans are tracking to perform particularly well in moving the quality of care for members. Over time,</p>	

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those few measures have expanded dramatically. *(A copy of the presentation can be obtained by contacting Board Services.)*

Priority Measures Medi-Cal

Quality Withhold Measures CY 2024	Auto-Assignment (Medi-Cal Only)	MCAS MY 2023 (Sanctions/Penalties)
Child and Adolescent Well-Care Visits (WCV)	Child and Adolescent Well-Care Visits (WCV)	Child and Adolescent Well-Care Visits (WCV)
Childhood Immunization Status—Combination 10 (CIS-10)	Childhood Immunization Status—Combination 10 (CIS-10)	Childhood Immunization Status—Combination 10 (CIS-10)
Hemoglobin A1c Control for Patients With Diabetes (HBD)	Hemoglobin A1c Control for Patients With Diabetes (HBD)	Hemoglobin A1c Control for Patients With Diabetes (HBD)
Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure (CBP)
Immunizations for Adolescents: Combination 2 (IMA-2)	Immunizations for Adolescents: Combination 2 (IMA-2)	Immunizations for Adolescents (IMA)
Prenatal and Postpartum Care: Postpartum Care (PPC-Post)	Prenatal and Postpartum Care: Postpartum Care (PPC-Post)	Prenatal and Postpartum Care: Postpartum Care (PPC-Post)
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
Well Child Visits in the first 30 Months of Life-Well-Child Visits for age 15 months-30 (W30B)	Well Child Visits in the first 30 Months of Life-Well-Child Visits for age 15 months-30 (W30B)	Well Child Visits in the first 30 Months of Life-Well-Child Visits for age 15 months-30 (W30B)
Well Child Visits in the first 15 months of Life-Well-Child Visits in the first 15 months (W30A)	Well Child Visits in the first 30 Months of Life-Well-Child Visits in the first 15 months (W30A)	Well Child Visits in the first 15 months of Life-Well-Child Visits in the first 15 months (W30A)
CAHPS—Getting Needed Care: Adult & Getting Needed Care: Child	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Follow-Up After Emergency Department Visit for Mental Illness (FUM)
CAHPS—Getting Timely Care: Adult & Getting Timely Care: Child	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Follow-Up After Emergency Department Visit for Substance Use (FUA)
	CAHPS—Getting Needed Care: Adult & Getting Needed Care: Child	Asthma Medication Ratio (AMR)
	CAHPS—Getting Timely Care: Adult & Getting Timely Care: Child	Breast Cancer Screening (BCS)
	Depression Screening and Follow-Up for Adolescents and Adults (DSF)	Cervical Cancer Screening (CCS)
		Chlamydia Screening in Women (CHL)
		Developmental Screening (DEV)
		Lead Screening in Children (LSC)
		Topical Fluoride Varnish (TFL-CH)

Colors denote how many Medi-Cal Programs the measures intersect: QW, MCAS, Auto AA
 Orange across three penalty programs
 Blue across two penalty programs
 Green = 1 appear only once

Dr. Amin reported that the measures in the column all the way on the right have expanded from the initial group to a much larger set of 18 measures. The 18 measures have become not only goals to improve quality, but also have become a method by which the regulators can impose financial sanctions. Sanctions levied against a health plan remove funds that the health plan could better use to improve quality. The four core measures used to determine auto assignment have increased to a larger set of 12 measures. In addition, there is now a quality withhold determined from the same MCAS measures which affects revenue. One measure that starts looking poor can hit the health plan in three different ways: through the quality withhold, the auto assignment, and through sanctions.

On L.A. Care’s DSNP and exchange lines of business, there is another set of required accountability measures.

Priority Measures DSNP & LACC

DSNP STARS Part C MY 2023	LACC QTI MY 2023
Diabetes Care – Blood Sugar Controlled	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9)
Controlling Blood Pressure	Controlling High Blood Pressure (CBP)
Colorectal Cancer Screening	Childhood Immunization Status – Combination 10 (CIS-10)
CAHPS: Getting Needed Care	Colorectal Cancer Screening (COL)
CAHPS: Getting Appointments and Care Quickly	
Breast Cancer Screening	
Annual Flu Vaccine	
Monitoring Physical Activity	
Special Needs Plan (SNP) Care Management	
Care for Older Adults – Medication Review	
Care for Older Adults – Pain Assessment	
Osteoporosis Management in Women who had a Fracture	
Diabetes Care – Eye Exam	
Reducing the Risk of Falling	
Improving Bladder Control	
Medication Reconciliation Post-Discharge	
Plan AE- Cause Readmissions	
Statin Therapy for Patients with Cardiovascular Disease	
Transitions of Care	
Follow up after Emergency Department Visit for People with Multiple High Risk Chronic Conditions	
CAHPS: Rating of Health Care Quality	
CAHPS: Rating of Health Plan	
Care Coordination	

Colors denote how many programs the measures intersects e.g. QW/MCAS, Auto AA, QTI, D-SNP etc.
 Lavender= across five penalty programs (5)
 Grey= across five penalty programs (4)
 Orange= across three penalty programs (3)
 Blue= across two penalty programs (2)
 Green =1 appear only once (1)

L.A. Care wants to improve the quality of care for members. The question is if we can perform well on 42 things at the same time. Would it be better to select 3, 4, 6, or maybe even 10 that plans could do even better? Mr. Baackes and Dr. Amin have spoken about this with Mary Watanabe, *Director, Department of Managed Health Care (DMHC)* and have spoken with representatives at DHCS. Dr. Amin has a meeting scheduled to talk about the administrative burden for providers on the quality measures.

L.A. Care was told in March that the methodology used to assess quality through MCAS would change. The 18 measures would be placed in five different domains. Those care domains are child and adolescent preventative health, reproductive health, behavioral health, chronic diseases and cancer prevention. Among the five domains, health plans would be ranked against state and regional measures to assess if the plans were performing at the minimum performance level. L.A. Care was congratulated at that time for excellent performance. L.A. Care was one of

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	<p>the few plans in the green tier and was told at that time that there would not be any sanctions associated with this because again LA Care was in the highest tier and performing well.</p> <p>On November 28, the methodology changed. L.A. Care was told that the assessment for quality would be separated from the sanctions. In the new rating, L.A. Care was still in the green tier, which was renamed Tier 1 and ratings would now be based on national ranking, instead of state ranking. When that change was implemented, six of L.A. Care's quality measures fell below the minimum performance level, and L.A. Care would now be subject to a sanction. It was assumed the amount of the sanction would be relatively small, since L.A. Care quality was doing well from a quality perspective. However, the methodology being used to calculate the sanction is actually much less dependent upon the severity of the shortfall from minimum performance levels. The most important factor in the equation that now determines the amount of the sanction is how many members are in a health plan. L.A. Care has 2.9 million members enrolled, and that is going to increase the sanction dramatically; it is actually one of the most impactful factors in the equation. The sanction was relatively large, and L.A. Care will discuss it with DHCS at a meeting scheduled on December 19.</p> <p>There is an ever-expanding number of quality metrics that L.A. Care is tracking, and L.A. Care is dedicated to improving quality for members. There is overlap among all of the quality metrics across lines of business. L.A. Care is moving toward a focus on those items and has included them in the enterprise goals. L.A. Care is actively talking with provider groups about the quality measures. L.A. Care is moving them into delegation oversight metrics and the quality measures are discussed constantly in joint operating meetings. He is very confident that L.A. Care will continue to do well, but disappointed that sanctions will be levied.</p> <p>Dr. Amin referred to the written CMO Report in the meeting materials, which includes a summary of the activities in each department in Health Services.</p> <p>Mr. Baackes emphasized a point made by Dr. Amin that is important to the larger issue of compensation and burnout. All of these quality measures trickle down to work that must be done by the providers, as they must collect the data to support L.A. Care's quality performance. Many providers tell L.A. Care that they do not have time to do this. There are providers that are dependent on a number of visits to generate income. Those providers do not have time to do all of this. L.A. Care is trying to bring this to the attention of regulators. Are we accomplishing what we need to accomplish by throwing on more measures, if there is not additional compensation provided to gather the data for those measures? Additionally, Dr. Amin noted that the plan is being asked to ensure that 100% of members receive and accept the treatment dictated by the MCAS measures. Though some people will decline, they still will be counted in the denominator. The health plan will be sanctioned for not having the procedures done. Therefore, beyond the sanctions themselves, there are questions regarding the intent.</p>	

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	<p>The focus should be on putting money into the system to improve care for those who want and need it.</p> <p>Board Member Ghaly commented that the public hospitals in California have been struggling with some of the same things described here for decades. There are scores of metrics that public hospitals are responsible for reporting on data for which there is no legal authority to obtain. In addition, public hospitals are responsible for reporting compliance with measures that discount the role of patient choice and patient autonomy, and the right to make decisions about one's own life. Public hospitals are penalized if women choose not to breastfeed and instead feed their babies with formula. She asked if there are opportunities for the health plans and the public hospitals to collaborate on telling some of these stories in an advocacy agenda with state regulators. In so many situations, while she trusts that the intent is good, the manner in which some of these programs are implemented really flies in the face of what patients want and need, and distract attention from making investments in the system in a way that would enhance patient experience, enhance access, and ultimately enhance the quality of care provided.</p> <p>Dr. Amin agrees, and he noted that Mr. Baackes been very successful in moving the provider community, the hospitals and a number of other collaborators to get the MCO tax reinstated and increase reimbursements. The next step there is to address the burden on the provider community. There is opportunity here for collaborators to gather in front of the decision makers for discussion. Mr. Baackes endorsed the suggestion as he learned during this past year the power of collaboration.</p>	
<p>MOTIONS FOR CONSIDERATION</p>	<p><i>(Chairperson Ballesteros rejoined the meeting.)</i></p> <p>Tom MacDougall, <i>Chief Information Officer</i>, summarized two motions</p> <ul style="list-style-type: none"> • BOG 101.1223 is for a replacement appeals and grievance system, for \$2,699,000 with Hyland and Kirkworks, the vendors selected after an RFP process. The contract would be three years; <u>Motion BOG 101.1223</u> To authorize staff to execute a contract with Hyland (i3/Kiriworks) in an amount not exceed \$2,699,118 to provide Appeals & Grievances (A&G) services and QNXT FAX Ingestion/Hyland Intelligent Document Processing platform for the period of January 1, 2024 to December 31, 2026. • BOG 102.1223 is for a contract with SAP America for cloud services, licensing and support to track budgeting, forecasting, and financial disbursements. It will include Ariba, a contract management system, for a total of \$4,146,000, also for a three-year term. <u>Motion BOG 102.1223</u> 	<p>BOG 101 and BOG 102 were unanimously approved by roll call. 12 AYES (Ballesteros, Booth, DeLaTorre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</p>

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	<p>To authorize staff to amend contracts to increase funds in the amount of \$4,146,200 for a new total not to exceed amount of \$12,334,568 with SAP America to provide cloud services through December 31, 2026.</p> <p>Augustavia Haydel, <i>General Counsel</i>, summarized two motions:</p> <ul style="list-style-type: none"> • BOG 103.1223 presents for consideration amendments to the Plan Partner Services Agreements (PPSA). The amendments concern delegation standards for the National Committee for Quality Assurance. She introduced Shirley Perez, <i>Quality Improvement Project Manager</i>. Ms. Perez reviewed the PPSA. Amendments for Blue Shield Promise Health Plan (Amendment No. 58) and Kaiser Foundation Health Plan (Amendment No. 47). The amendment for Anthem Blue Cross is pending. <p>Board Member Booth asked about 2024 requirements, which were not included. Nadia Grochowski, <i>Associate Counsel</i>, noted that the updates to PPSAs are usually retroactive, due to the lengthy nature of negotiations with Plan Partners.</p> <p><u>Motion BOG 103.1223</u> To approve Amendment No. 57 and Amendment No. 46 to the Plan Partner Services Agreements which update the 2022 National Committee for Quality Assurance delegation standards for Blue Shield Promise Health Plan and Kaiser Foundation Health Plan, respectively, and to authorize the Chief Executive Officer, or his designate, to execute such amendments and to authorize staff to make non-substantive revisions to the amendments.</p> <ul style="list-style-type: none"> • BOG 104.1223 is to approve the Department of Healthcare Services (DHCS) 2024 Contract. Ms. Ahn presented information about the updates in the DHCS 2024 Contract (<i>a copy of the presentation can be obtained by contacting Board Services</i>). She highlighted major changes in the contract. DHCS proposes to transform Medi-Cal managed care through multiple channels, introducing a new mix of high-quality managed care plans available to members through re-procurement of commercial managed care plans, a new single plan model and expansion of the county organized health system model in 17 California counties, and a direct contract with Kaiser Foundation Health Plan. She reviewed the ongoing investments in vision/priorities and major themes for 2024. The 2024 Contract changes include: <ul style="list-style-type: none"> ○ Increased references to plan’s accountability for oversight, training, and monitoring of delegated entities ○ Newly defined terms to include subcontractor, downstream subcontractor, fully-delegated subcontractor, and partially-delegated subcontractor ○ More plan transparency to include posting of content on website (e.g., compliance program, CAPs, QI/health equity activities, selected P&Ps, delegation model) 	<p>Motion BOG 103 was unanimously approved by roll call. 12 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<ul style="list-style-type: none"> ○ Inclusion of CalAIM requirements (e.g., ECM, CS, PHM) ○ Community Reinvestment Plan for plan and delegates ○ Development of a detailed delegation reporting and compliance plan ○ More specific requirements for: <ul style="list-style-type: none"> ▪ MOUs with third parties ▪ Structure and duties of Community Advisory Committees ▪ Quality and health equity activities including NCQA health equity accreditation ▪ Emergency preparedness planning <p>Board Member Booth asked about the possibility that the federal agencies would approve the new provisions. Ms. Ahn responded that it would likely be approved.</p> <p>Board Member Vazquez asked (<i>her comments were made in Spanish, and these minutes reflect the English translation by a professional interpreter at the meeting</i>), on behalf of members how this would directly affect members and how members will be informed about the changes. Ms. Ahn suggested that members would see increased quality and access, and additionally members would experience increased transparency. The contract increases the health plan’s accountability for the services delivered to members. Health Plans will be required to post additional information publicly so it is available to members and to the community. Board Member Vazquez asked if there would be more access on different platforms, including the use of text messages to send information to members. Ms. Ahn asked for clarification on the type of information. Board Member Vazquez indicated any information about changes in Medi-Cal benefits. Ms. Ahn responded that L.A. Care sends information about benefit changes to all members annually, including vaccination information and COVID updates. L.A. Care’s product team is constantly exploring ways to communicate with members, including new technologies such as text and email messages. The information will always be available on L.A. Care’s website (www.lacare.org). L.A. Care will continue to explore new ways to communicate effectively.</p> <p><u>Motion BOG 104.1223</u> To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute the 2024 Medi-Cal Contract 23-30232, between L.A. Care Health Plan and the California Department of Health Care Services.</p>	<p>Motion BOG 104 was unanimously approved by roll call. 12 AYES</p>								
<p>BOARD OFFICER ELECTIONS</p>	<p><i>(Board Member Roybal presided for this item.)</i></p> <p>Board Member Roybal announced nominations for each office:</p> <table border="1" data-bbox="443 1360 1549 1505"> <thead> <tr> <th data-bbox="443 1360 709 1433">Chairperson</th> <th data-bbox="709 1360 1005 1433">Vice Chairperson</th> <th data-bbox="1005 1360 1325 1433">Treasurer</th> <th data-bbox="1325 1360 1549 1433">Secretary</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 1433 709 1505">Ballesteros Booth</td> <td data-bbox="709 1433 1005 1505">Booth Gonzalez</td> <td data-bbox="1005 1433 1325 1505">Booth Raffoul</td> <td data-bbox="1325 1433 1549 1505">Raffoul Vazquez</td> </tr> </tbody> </table>	Chairperson	Vice Chairperson	Treasurer	Secretary	Ballesteros Booth	Booth Gonzalez	Booth Raffoul	Raffoul Vazquez	<p>A motion to close nominations was unanimously approved by roll call.</p>
Chairperson	Vice Chairperson	Treasurer	Secretary							
Ballesteros Booth	Booth Gonzalez	Booth Raffoul	Raffoul Vazquez							

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN								
		Shapiro			<p>12 AYES</p> <p>Approved by roll call votes for each office <i>(for a detailed list of votes, contact Board Services).</i></p>								
<p>Linda Merkens, <i>Senior Manager, Board Services</i>, announced there are 12 Board Members present and voting, so 7 affirmative votes are required for election to office.</p> <p>Board Member Raffoul withdrew from consideration as Treasurer.</p> <p>The Board elected the following officers:</p> <table border="0" data-bbox="499 383 1087 522"> <tr> <td>Chairperson</td> <td>Alvaro Ballesteros, MBA</td> </tr> <tr> <td>Vice Chairperson</td> <td>Ilan Shapiro, MD</td> </tr> <tr> <td>Treasurer</td> <td>Stephanie Booth, MD</td> </tr> <tr> <td>Secretary</td> <td>John Raffoul</td> </tr> </table>						Chairperson	Alvaro Ballesteros, MBA	Vice Chairperson	Ilan Shapiro, MD	Treasurer	Stephanie Booth, MD	Secretary	John Raffoul
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ADVISORY COMMITTEE REPORT													
<p>Executive Community Advisory Committee (ECAC)</p>	<p><i>Chairperson Ballesteros resumed his role as presider for the meeting.</i></p> <p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she knows the Board is tired of her commenting; she's tired too. She has a disparity, a health disparity, but also it affects her mentally and not a lot of people go through it, but with her, those mental disparities cause seizures. But she is still here today. She shouldn't have to fight to have freedom of speech. She thinks it's important to have a RCAC meeting and ECAC meeting. The listening sessions are giving them information on what the staff wants to do with them and how, of course, the government, stakeholders should do this and that, and that's great. Hilda Solis knows this. They have stakeholders with the county, and they can't do anything but honor what the state mandates. But the staff can't mandate anything. The RCAC members should not be forced to have listening sessions on what the staff wants us to change it to, unless members actually vote to have the staff recommend different things. The RCACs have not been able to vote on that, the ECAC has not been able to vote on that. So why are we having these listening sessions? She doesn't know. She believes Robert's Rules of Order, Brown Act, and all other things having to do with the freedom of speech, has been violated. She needs the Board to take the time out to just listen, take the time out to know that during these ECAC meetings members have not had an opportunity to file a motion towards whether they wanted to approve any sort of staff recommendations. She is uncomfortable in knowing that. Layla is a great person, but staff has recommended a whole lot of other things as well. Staff said that the person nominating me was invalid. Linda Merkens told the person that was nominating her, she believe this is what she said, that basically she couldn't nominate her and it is an organization. And that organization represents her; it represents women, black people, low-income people and different things like that. So it is a valid organization. Also, she had a member nominate her, Ms. Cooper. She had two separate people nominating her, but when she spoke about that during the ECAC meeting, not only was she</i></p>												

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>not able to speak, the mic was ripped away from her. Her friend, Layla said that she'd just stay chair, and we don't have to talk about it. At least that's how she felt. There's absolutely no way that they shouldn't have had a valid opportunity to speak on it as ECAC, as RCAC members, and make it so that she had an equal opportunity and there was no discrimination.</i></p> <p><i>Elizabeth Cooper inquired about item 9. She attends most ECAC meetings. She would like to address that some of the changes, in as much as RCACs are not meeting. The two consumer representatives on the Board go around and talk directly to members of the RCACs, so issues that need to be should be addressed. She knows its new two elected representatives. They must and should be responsible to talk to the members, not sit on the Board. Before they take a position, a non-position, she would like to address that they should come before the RCACs, just like you members of the Board who represent different entities, you talk to your members and you get a consensus of how they feel about the issue. That's what she would recommend to the two newly elected members of the committee. So, we the public who come here and the two board consumers, we the public who come here, maybe they can get input on how members feel, and they can address some of the issues. That's very important. She wants the two consumer members to please take notice of her comment, because they are going through some challenges now, it has not been voted on by the Board of Governors. So, until that motion is approved by the Board of Governors, no action can be taken. She hopes she's correct, Chairperson. She thinks the Board has not made a motion yet. It's important to have good relationships with the two consumer representatives. That they take input from their members, not just those who they are close to, but feel the members out. When some of these questions come on, just like other members of the Board, when you go before your organizations, you do get input from your members from your organization, where does their feedback? So she would like the same. So the two board representatives who represent the consumers, they need to come there and when they take a position, take all positions in consideration.</i></p> <p>Board Member Vazquez, <i>Consumer Representative</i>, reported [Board Member Vazquez spoke in the Spanish language, and her remarks are written as translated into English.] TTECAC met on November 8, 2023.</p> <p>She thanked members that attended the TTECAC in person and those present today.</p> <ol style="list-style-type: none"> 1. Roger Rabaja (R1) 2. Ana Rodriguez (R2) 3. Elizabeth Cooper (R2) 4. Silvia Poz (R4) 5. Joyce Sales (R6) 6. Deaka McClain (R9) 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>7. Damares Hernandez de Cordero (R10) 8. Andria McFerson 9. Demetria Saffore 10. Russel Mahler</p> <p>Mr. Baackes, gave his report with an update on the Medi-Cal eligibility redetermination process.</p> <p>Mr. Francisco Oaxaca, <i>Chief Communications and Community Relations</i>, gave an update on the events at CRCs. The West Los Angeles and Panorama City CRCs will open in early 2024. He reported that 10 centers had COVID vaccination events. He stated that the CRCs are helping Medi-Cal beneficiaries with the redetermination process and have helped 2000 individuals that had questions or needed to enroll in Medi-Cal. He provided a matrix of staff proposed and State mandated changes as well as information from DHCS with the changes that need to be made by 2024.</p> <p>Board Member Gonzalez, <i>Consumer Advocate</i>, reported that Brigitte Bailey, MPH, CHES, <i>Supervisor, Quality Improvement</i>, presented information about the At-Home Test Kit Initiative. This is a collaboration with Walgreens and iXlayer for members of the Medicare Plus and Covered California plans to receive testing kits for fecal colorectal cancer screening, A1-C, and Urine-albumin Creatinine ratio testing. Ms. Bailey asked for feedback regarding this initiative from the members. The ECAC members were very interested in a follow-up presentation on the outcomes of this initiative.</p> <p>TTECAC passed a motion for to ratify the current members. She thanked Board Members for approving the motion. On behalf of members, she thanked Mr. Baackes and staff for distributing a holiday stipend to members.</p> <p>Board Member Vazquez expressed gratitude, on behalf of members, for the stipends. She added that members are concerned about what is going to happen to them in terms of the RCAC structure. She is also grateful, as a community member who uses public transportation; she understands the difficulty with outreach. She appreciates the work with different ethnic groups, Hispanic, African American, and other communities. She thanked the Board for this effort. She appreciates all the members at the meeting providing feedback. She wished Happy Holidays to everyone.</p>	
Children’s Health Consultant Advisory Committee	<p>Tara Ficek, <i>Chairperson</i>, reported that the members of the Children’s Health Consultant Advisory Committee met on December 5 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • Dr. Amin presented the CMO report with highlights focused on utilization, cross-functional collaboration, specifically California Children’s Services, and work underway to ensure that kids with complex medical needs are connected with the services they need. Additionally, 	

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	<p>the committee discussed the DHCS all plan letter for memorandums of understanding (MOUs) and reviewed status of current MOUs completed and those in progress.</p> <ul style="list-style-type: none"> • Dr. Li led a discussion on a recent Roundtable hosted by L.A. Care Health Plan and Children’s Hospital Los Angeles, to identify actionable solutions to children’s health disparities in Los Angeles County. CHCAC members offered insight on partnerships, additional organizations and countywide efforts, such as LAUSD’s community schools, that could further benefit this work. The children's disparities roundtable will result in the development of summary briefs and position papers that can be shared with key stakeholders, including Los Angeles County officials, Board offices, Departments and other systems of care serving children and their families. • Dr. Li and Cathy Mechsner, <i>Manager, Practice Transformation Programs</i>, gave an update on the DHCS Equity Practice Transformation Grant. Discussion centered around suggestions on how to maximize this opportunity to broadly enhance L.A. Care’s approach and infrastructure. 	
<p>Technical Advisory Committee</p>	<p>Dr. Li reported that the Technical Advisory Committee (TAC) met on November 9.</p> <ul style="list-style-type: none"> • Dr. Li was elected Chair and Dr. Paul Chung from Kaiser was elected Vice Chair of the committee. • Dr. Li gave a Chief Health Equity Officer update. • The committee reviewed a draft TAC Charter and will provide feedback to staff before it is finalized and considered for approval in January. • Phinney Ahn, <i>Executive Director Medi-Cal</i>, and Karla Romero, <i>Director, Medi-Cal Product Management</i>, provided an update on Medi-Cal Redeterminations. Discussion focused on improving member engagement and reflect on past engagement. • Jordan Limperis, <i>Data Scientist, Advanced Analytics Lab</i> and Brandon Shelton, <i>Senior Director, Advanced Analytics Lab</i>, reported on the use of Geo-Spatial Resources to Identify and Target L.A. Care Social Service Needs. The aim is to identify and target social service needs for members in their respective communities. We believe that this tool will provide additional resources to focus on and drive down social barriers to good health. • Marina Acosta, <i>Manager, Health Equity</i>, updated the committee about the Health Equity Impact Assessment Tool. L.A. Care seeks to pilot the assessment tool to provide information on the impact of projects on the target audience as well as identify health disparities or inequities that we need to address as well as how to better evaluate the programs. This has worked effectively in other organizations and we have actually curated the pilot to seven questions. This is a very useful tool. 	
<p>BOARD COMMITTEE REPORTS</p>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Executive Committee	<p>PUBLIC COMMENT <i>Elizabeth Cooper asked about the Employee Annual Incentive Program.</i></p> <p>Mr. Baackes responded that L.A. Care has had an Annual Incentive Program for years as a way for employees to earn an incentive bonus payment based on enterprise goals and personal goals. The enterprise goals make up 60% of the incentive and the personal goals make up 40%. It's a very important part of the overall compensation program.</p> <p><i>Elizabeth Cooper thanked employees for this year for working. She doesn't happen to always agree with Mr. Baackes, but some employees have been tremendous. She would like to thank all the employees whether she agrees or disagrees. Sometimes you have some fantastic employees. She would like to acknowledge two people, and would they please stand, Ms. Baker and Ms. Chung. She invited the rest of L.A. Care's employees to stand so they won't be angry. She would like to thank them. But she doesn't agree sometimes with policies and hopes they work better with the members, and they deserve an incentive. One thing, Mr. Baackes, because they don't want a turkey, they want some money.</i></p> <p><i>Andria McFerson, for herself and RCAC 5. She has a question: will there be some sort of protocol having to do with how employees annual incentive programs, are there surveys, anonymous surveys, for the committee to submit to let people know how satisfied members are with the Outreach and Engagement department or any other department for that matter? Whether it be trying to get members' medication approved, whether it be something having to do with all of the different things that help members to receive some sort of coverage for the health disparities that we go through? Is there a survey, a locked box that is anonymous that we can put our information in, in order to make sure that whatever employee has an incentive is gained by someone who they are supposed to service? That would be great. L.A. Care is the largest public insurance company in the nation. And if you work for a public health care insurance, you should be evaluated by the public that you serve in order to have some sort of incentive, and not be hand chosen or anything like that. We do have people who are reluctant to have a voice. They've seen how she is treated. They see that the words that come out of her mouth are for the most part uneventful. When she has great suggestions, they are followed through. Some of them are actually, and she appreciates that. The resource guide, yeah she's bringing that back up again, because that's helped a lot of people. Not only has she spoke about it here, she publicly speaks about different things, having to do with the resource guide and people have nothing but positive comments to say about it. But with that being said, Francisco Oaxaca basically said that people can dial 2 1 1. And when he said that we were going to just probably give back to what, the shelters for the homeless? She had had a motion on the floor basically so that L.A. Care can help the homeless. But Oaxaca basically said that has nothing to do with health care.</i></p>	

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	<p><i>But yet, will he be evaluated by them? To make it so that they have all of the different things having to do with Outreach and Engagement and the opportunity to speak up and speak out about what's necessary.</i></p> <p>Chairperson Ballesteros reported the Executive Committee met on November 15. <i>(Approved meeting minutes can be obtained by contacting Board Services and will be available on the L.A. Care website.)</i></p>	
<ul style="list-style-type: none"> • Employee Annual Incentive Program FY 2022-23 	<p>Terry Brown, <i>Chief of Human Resources</i>, summarized EXE 100.1223, a motion to request approval from the Board to distribute an amount not to exceed \$10.12 million for the Employee Annual Incentive Program. This is in the approved budget for incentive payments for 1,982 employees.</p> <p>Board Member Booth asked Mr. Brown to tell the Board about how it was decided that employees would receive a bonus. Mr. Brown responded that the annual bonus is comprised of two components: 60% of the incentive through the achievement of enterprise goals and 40% through the achievement of individual goals that are set at the beginning of the year with the employee's direct manager. Managers help employees develop individual goals from the enterprise goals, which are focused on metrics related to a variety of operational and other measures. Board Member Booth asked if member grievances would affect the amount of the incentive payment to an employee. Mr. Brown noted that an employee that receives a rating of <i>does not meet</i> on their annual performance review is excluded from the bonus payments.</p> <p>Board Member Gonzalez noted there has been a lot of employee turnover and asked if the total incentive amount is based on the number of current employees and how L.A. Care handles the unearned incentive payments when an employee has left L.A. Care. Mr. Brown responded that the motion is written as "not to exceed" the total amount. L.A. Care retains funds not used for the incentive. An employee that might have been eligible for the incentive, but is not employed by L.A. Care on the date of the incentive payment does not receive that incentive. An employee must have been employed prior to July 1, 2023 to receive the incentive payment. Employees hired prior to July 1 but after the beginning of the fiscal year receive a prorated incentive payment for the time they have been employed. Mr. Baackes commented that L.A. Care has not had a lot of turnover but has expanded staff. As of this morning, L.A. Care's turnover rate is remarkably low at 13.5%. This speaks to a stabilization of employees and engagement by employees. They want to be at L.A. Care.</p> <p>Board Member Vazquez asked [<i>Board Member Vazquez spoke in Spanish, and her remarks are written as translated into English</i>] if the amount of money the employees receive is the same or do employees receive different amounts? Mr. Brown responded that the amount varies as a percentage of salary and by employment category, and is paid according to the individual performance rating.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Booth commented that nothing is perfect, but the employees at L.A. Care do a really good job, and a bonus is a good way to let them know that. She is very happy to vote for the incentive payment.</p> <p><u>Motion EXE 100.1223</u> To authorize the disbursement of funds not to exceed \$10.12 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care’s FY 2022-23 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.</p> <p>Following approval of the motion, Chairperson Ballesteros commented that he hopes the employees know how much the Board appreciates their hard work. Mr. Baackes noted that he sends messages to employees on a frequent basis and he will be sure to report this tomorrow as a unanimous vote by the Board as an expression of the Board’s gratitude for the staff’s service.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, DeLaTorre, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</p>
<p>Finance & Budget Committee</p>	<p>PUBLIC COMMENT <i>Andria McFerson, RCAC 5, asked that the Finance and Budget Committee have some sort of motion or some sort of discussion on how members can get out to the community more, and speak and have peer on peer outreach to have eye to eye contact at all of different events that adhere to the necessities of people who need healthcare. We have different topics like undocumented not knowing that they have coverage. There is a more of an open dialogue for people with a peer on peer eye-to-eye type of conversation. They're totally willing to do it. They have information that the Board members are discussing on the agenda, and just different things like that, having to do with outside contractors actually going to the events and just different things like that. She thinks that outside contractors won't be effective enough to people who actually need that eye-to-eye contact. And they have a lot of experience. They've been doing this for a long time, and it's important to them to advocate. Can the Board have some sort of discussion about the financial budget, giving them an opportunity to have some money to their committees to make decisions having to do with outreach to the community? That would be great. She doesn't feel like that's too much to ask. If anything, could you just take the time out to speak with the Supervisors? Hilda Solis is here. There's a lot of different events that she is a part of. She's not asking for this wide array of different events that are out there in the community. Events that are right there in front of us, with other organizations, or with the County. That would be great. That would be a great opportunity to help people know that they can have a redetermination, and the different places that they can go in order to do so. A broad array of different topics that would help. And they're willing to volunteer to do so.</i></p> <p>Stephanie Booth, MD, <i>Committee Chairperson</i>, reported that the Committee met on November 15. <i>(Contact Board Services to obtain a copy of approved meeting minutes.)</i></p>	

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	<ul style="list-style-type: none"> • The Committee approved a contract with Safety Net Connect to provide a direct electronic interface with 47 contracted hospitals through the eConnect platform, which does not require approval by the Board. • The Committee reviewed and approved motions at the meeting that were approved earlier today on the Consent Agenda. • The Committee received written Quarterly and Annual reports for Internal Policy requirements and investment transactions, which are also included in today’s Board meeting materials. 	
Chief Financial Officer Report	<p>Afzal Shah, <i>Chief Financial Officer</i>, reported on the unaudited September 2023 Financial Performance report (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u> September 2023 membership was 2.9 million members, 43,000 favorable to the forecast. Year to date (YTD) there were 34.2 million member months, over 83,000 favorable to the forecast. The favorability is driven by lower than expected disenrollment and higher than expected enrollment experience in August, especially for Medi-Cal. Month over month, membership dropped approximately 1%, which is in line with the forecast assumptions.</p> <p><u>Financial Performance</u> For the month of September 2023, net surplus was \$92 million when adjusted for Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP). There were large variances in revenue and healthcare costs, primarily due to two reasons: one is the Proposition 56 risk corridor calculations, retro to the bridge period 2019-20. The net impact of that adjustment was -\$23.4 million, but there were big changes, -\$172.5 million revenue, \$149 million health care cost (HCC). The Department of Healthcare Services (DHCS) clarified that the risk corridor included the administrative portion of the rating component and the wrong administrative portion was used for one of the components. Offsetting that revenue reduction was an update to the Unsatisfactory Immigration Status (UIS) members back to January. Actual UIS and Satisfactory Immigration Status (SIS) members were used in September and those were also passed through to L.A. Care’s plan partners. The second was in healthcare cost expenses, where the incurred claims were favorable by \$41 million and included about \$32 million in claims settlements and \$18 million in COVID testing.</p> <p>The fiscal year finished with \$473 million surplus when adjusted for HHIP and IPP. This is one of the best results L.A. Care has had in a very long time. Operating margin was favorable by \$214 million, driven mostly by incurred claims favorable to the forecast by \$96 million. Other favorable items included CBAS, ECM, MOT risk corridors and LTC. Offsetting those favorable items were capitation deduct items, pharmacy claims and provider incentives.</p>	

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	<p><u>Consolidated Financial Performance – Six Year Trend</u> An historical six-year trend of L.A. Care’s financial performance shows that over the six-year period, the weighted average of 1.7% net surplus margin, under the 2% underwriting target that DHCS applies to health plan rates.</p> <p>Board Member Shapiro asked about the rates of re-enrollment and new enrollment for L.A. Care members. Mr. Shah responded that starting in July 2023, L.A. Care was losing less members than anticipated and new enrollment was higher than expected. Mr. Baackes responded that there now is a category in the enrollment reports for prior affiliation and he will get that number for Board Member Shapiro. There are not many members released (about 4%) from the on hold status in the redetermination process. The prior affiliation reported could be years old. Mr. Baackes indicated that there are many people who qualify for Medi-Cal but may not have enrolled yet.</p> <p>Board Member Raffoul asked about factors affecting the positive variance of \$188 million in health care expenses. Mr. Shah indicated the main reason is the incurred claims experience was more positive than forecast. It is difficult to project the claims experience for new members. L.A. Care estimated potential claims consistent with DHCS projections for expected costs. The actual costs were lower than DHCS projected. Mr. Baackes noted that the bolus of new members in January were due to moving fee for services (FFS) Medi-Cal members into managed care.</p> <p><u>Consolidated Financial Performance – Actuals vs. Budget</u> The original surplus of \$80 million increased to our final surplus of \$566 million. L.A. Care received more revenue than expected, health care costs were higher than expected.</p> <p><u>Variance Walk – Budget vs. Actual</u> Key drivers of the variance were in updates to risk programs, which can drive revenue and costs significantly. The Prop 56, ECM and MOT risk corridors, are among the drivers, with Prop 56 by far being the largest driver of changes for revenue as well as cost.</p> <p><u>Operating Margin by Segment</u> Medi-Cal was slightly ahead of the 9+3 Forecast and aligned with Mercer's assumption of 92% Medical Care Ratio. The key item to note is improved performance for health care cost. This is the last month that Cal MediConnect will be reported separately. It will be reported in the total number starting next year. Duals Special Needs Plan (DSNP), LACC and PASC as forecast.</p> <p><u>Key Financial Ratios</u> The Medical Care Ratio was 91.6% (excluding HHIP/IPP). The administrative ratio was 4.8%, slightly higher than the 9+3 forecast (excluding HHIP/IPP), but on par with the 3+9 forecast which was a better view of actual spend.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Cash to claims is favorable in September because L.A. Care received \$953 million in directed payments but only paid out \$564 million in September. The remaining \$334 million was paid in October 2023. L.A. Care was also overpaid \$110 million in August capitation, which hit the September cash. If adjusted, cash to claims would be 0.73. September 2023 Fund Balance was \$1.73 billion, which represents 736% of Tangible Net Equity. For September 2023, L.A. Care had enough cash to cover operating expenses for 107 days, which included the items in the cash to claims ratio. Without those items, the days of cash on-hand would be 88 days.</p> <p><u>Tangible Net Equity and Days of Cash on Hand</u> The September fund balance was \$736 million and the number of days' cash on hand is 107. Excluding the directed payments and the overpayment noted above, the number of days' cash on hand would be 88.</p> <p><u>Motion FIN 107.1223</u> To accept the Financial Reports for September 2023, as submitted.</p>	<p>Unanimously approved by roll call. 9 AYES (Booth, DeLaTorre, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a <i>copy of the reports can be obtained by contacting Board Services</i>). This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of September 30, 2023 was \$3.3 billion, without the directed payment funds and the overpayment referenced above; the balance would be \$2.2 billion.</p> <ul style="list-style-type: none"> \$2 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$35 million in Local Agency Investment Fund \$79 million in Los Angeles County Pooled Investment Fund 	
<ul style="list-style-type: none"> Quarterly/Annual Internal Policy Reports 	<p>Mr. Shah referred to the reports included in the meeting materials with information on expenditures for business and travel related expenses incurred and for vendor contracts and purchases over \$250,000.</p> <p>Board Member Vazquez asked about an investment reported for Anheuser Busch, which does not reflect L.A. Care's mission to improve health care and access. Mr. Shah responded that L.A. Care holds mostly short-term investments. He will review her suggestion with the investment firms.</p> <p>Supervisor Solis asked for a report on any other investments of this type and what the L.A. Care policy is. Mr. Shah responded that investments are aligned with L.A. Care's current policy. That policy can be updated for specific types of investments.</p> <p>Board Member De La Torre asked if L.A. Care has an Environmental, Social and Governance (ESG) standard for investments. Augustavia Haydel, <i>General Counsel</i>, responded that one has not been adopted, but the Board could consider it. Mr. De La Torre noted that it is not unusual</p>	

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	and many organizations have adopted ESG standards. He recommended that L.A. Care consider transitioning to an ESG standard.	
Compliance & Quality Committee	<p><i>(Vice Chairperson Shapiro left the meeting.)</i></p> <p>PUBLIC COMMENT</p> <p><i>Andria McFerson, RCAC 5, commented that as far as compliance and quality committee, she would ask that someone represent them and if there was any way that they could have Francisco Oaxaca investigated. She's not quite sure whether that has anything to do with quality and compliance, but please forgive her if it doesn't. There's been a lot of discrimination. There's been a lot of inability to speak up and speak out and have public speech. She thinks it's important that they bring that up and they do something about it. She doesn't know. Someone told her that he's under investigation for sexual harassment. She doesn't know. She has absolutely no idea. But what she does know is that the Board is all they have, the only thing they have in order to represent them and make it so that this man stops doing the harassment that he's done. That he formally apologizes to Ms. Cooper. You know, it just takes the time out to allow us to have their RCACs and not make it so that the staff is making all of their decisions. How did they use their budget and were they able to make it so that they can do outreach having to do with that peer on peer outreach? She thinks it's important that quality and compliance actually investigates the budget that we had for the fiscal year and make it so that they understand while we understand, as the public, and as the RCACs, that the money was allocated properly, and if we did not have any money as RCACs to do events, and just different things like that, let us know that as well. She's not being combative, she's not being confrontational, and she's not calling anyone out as if they did something wrong. She has a question and she thinks it's important to ask these things so that they can have a proper voice. And the RCAC members, and all the other advisory committees that have something to do with public members don't feel reluctant to speak up and speak out because it's uneventful. Compliance and quality committee, she has absolutely no idea whether it has anything to do with that. But she thinks it's an important topic to allow them to have a voice, and Francisco needs to be investigated. She thinks that there's absolutely no way that they wouldn't be able to have that done unless the Board makes that decision.</i></p> <p><i>Elizabeth Cooper doesn't know what the role is compliance. She have had very little time to do that. She inquired, what does compliance do.</i></p> <p>Todd Gower, <i>Interim Chief Compliance Officer</i>, responded that the role of Compliance is focusing on L.A. Care's compliance with regulations, the contracts with state and federal agencies, along with any grievance activity, operational activities related to governance of appeals and grievances, compliance will do a deeper dive of monitoring and auditing. Our focus is to</p>	

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	<p>monitor the effectiveness of controls within the organization. Comments made earlier today have been noted.</p> <p><i>Ms. Cooper asked if they will give the results</i></p> <p>Mr. Gower responded that Compliance staff would follow up.</p> <p><i>Ms. Cooper commented that's a very important committee of L.A. Care, and she thinks it's very important that those who have complaints. Do bring it to the proper source. She feels that if there's complaints, there should be resolutions to keep L.A. Care compliant.</i></p> <p>Mr. Gower responded that complaints will be substantiated and then followed up.</p> <p><i>Ms. Cooper asked to provide public comments on the closed session items, and the Chairperson encouraged her to continue. She's looking at all the litigation and resolutions and all. She asked if some of that money, is it possible that the Chief Executive Officer and the Board can do something about cutting down on the litigation? That's money that could go for the operation of L.A. Care for the services members have. She thinks it's so important if there's resolution to some of these issues there. Let's keep it out of the court in an L.A. Care Board resolution. She's looking at all the litigation, pending litigation and discussion. That doesn't mean it's in the court because it's litigation, but the Members can benefit if there's less money being spent for litigation and can go for paying for services that the consumers receive. That's her point. If you have to litigate, you have to do what is necessary For resolution, but she was just making a public comment. The one final thing, she knows its public comment, but she wants to thank each and every one of you all here for listening too, whether you agree or disagree. She wants to thank each Board member here. She just wants to wish them, on behalf of her disabled son, thank them for being a L.A. Care member, and may God bless each and every one of you.</i></p> <p>Chairperson Ballesteros thanked Ms. Cooper and wished the same for her and her son.</p> <p>Committee Chairperson Stephanie Booth reported that the Compliance & Quality Committee met on November 16 (<i>approved meeting minutes can be obtained by contacting Board Services</i>).</p> <p>Mr. Gower and the Compliance Department presented the Chief Compliance Officer report.</p> <ul style="list-style-type: none"> • Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, gave an issues inventory update. Two issues were closed. One critical issues was related to Timely Payment of Claims and Interest. L.A. Care is analyzing how to implement DHCS All Plan Letter (APL) 23-020 "Requirement for Timely Payment of Claims" for Medi-Cal managed care plans (MCP). It states that timely claim payment to providers for covered services to 	

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	<p>MCP members must be made within 30 days of receipt of clean claims. The Plan was concerned with DHCS's timing, which is in conflict with both federal and state regulation of 45 days. DHCS has revised the APL and no longer requires interest payment as of 31st day.</p> <ul style="list-style-type: none"> • Dr. Amin gave the Chief Medical Officer report. He gave a report earlier today. • Edward Sheen, MD, gave a Quality Oversight Committee (QOC) Update. • Linda Carberry and Brigitte Bailey presented Member Experience Survey Results. A total of 652 (16.42% of those who were sent the survey) adults completed the survey and 740 (15.14% of those who were sent the survey) children completed the survey. L.A. Care achieved better results than it had in the prior year. • Elaine Sadocchi-Smith gave a report on Population Health Management (PHM). L.A. Care's PHM strategy addresses the following: <ul style="list-style-type: none"> • NCQA's PHM standards and requirements (2023 survey complete) • How L.A. Care provides services to members through a holistic patient-centered model of care engaging members regardless of where the member lies on the health continuum. • The continuum of coordinated, comprehensive care using evidence-based practice guidelines to improve members' outcomes and quality of life • Management of PHM Index for Enterprise with goals for all lines of business across the continuum of care • Meeting requirements for Initial Health Appointment (IHA), and Annual Cognitive Health Assessment (ACHA) • CalAIM PHM Program to ensure all program requirements are met • Cathy Mechsner gave a presentation on Transform LA and Provider Engagement Efforts. Transform L.A. is a value added technical assistance program focusing on practice-centered, transformation, data-driven quality improvement, workflow redesign, practice coach/facilitator model and is modeled after the successful Transforming Clinical Practice Initiative (TCPI). <p>The members of the Compliance & Quality committee and the staff are working very hard to make it so the information the Board gets is more concise and important. They are working on getting some educational activities going so that instead of hearing pieces of problems or small parts problems on which we feel like we were doing well, the Board can get a better overall idea of what Compliance and Quality does and how well they do it. Because she has looked into both departments in a deep dive. They do a lot of work and it's well done, and every effort is being made to make L.A. Care a better performing organization She thanked everybody.</p>	

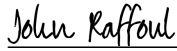
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Provider Relations Advisory Committee	<p>John Raffoul reported that the Committee met on December 6 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> • There were discussions about progress on issues affecting providers, and although there remain some issues with denials and claims processing, there is a feeling that it is moving in the right direction. Everybody felt that we're making a lot of good progress, and we're confident the issues will be resolved • There was a motion to extend committee membership opportunity for consumer or promotora and for a clinician from a federally qualified health center (FQHC). • There were discussions about the changing regulatory environment and potential effects on providers and health plans related to quality measures. There was discussion about the CalAIM, Enhanced Care Management and the confusion caused by a lack of information and data for providers about the new programs in Medi-Cal. <p>Board Member Booth commented that she is on the committee, and wanted to deeply thank Mr. Baackes. This is another example of his effort to get all provider elements on the same page, and present a united front instead of being broken into small groups. So things are fixed rather than pointing fingers. That's going to be the thing that saves healthcare, that gives health care a much better name, and makes us able to provide for our patients what we want to provide - high quality care they need.</p> <p>Board Member Vaccaro noted she had made a request at a prior meeting that the committee consider including a physician from a health center or FQHC because there appeared to be an underrepresentation of community clinics and overrepresentation of the hospitals. She is curious if there is any update that you can provide. Board Member Raffoul responded that he reported the Committee's discussion on that topic. There is one FQHC representative on the Committee and a motion was approved to add another physician from an FQHC as well. Mr. Baackes indicated that L.A. Care would be contacting Ms. Vaccaro for nominations.</p>	
PUBLIC COMMENT on Closed Session Items	<p><i>Joyce Sales and Deaka McClain had unfortunately left the meeting.</i></p> <p><i>Russel Mahler, RCAC 4, would like to say that he thinks it's stressful that members haven't had a chance to come together as RCACs again, especially for the spring conferences and our RCACs period. As RCACs they need a voice, they need to keep seeing each other, not just going on a hiatus, not being able to speak with these so called listening sessions. That just doesn't work. They need more people to speak. They need to have the RCACs continue without having a hiatus. He has a friend up in the Antelope Valley Who had two kids that passed away under L.A. Care's watch. One had Valley Fever, and he was dumped from Columbia Regional all the way to Las Vegas without his parents, without his mom's permission. And about a week later, he passed away. And he thinks it's wrong, and that L.A. Care should look into a lot of things, because a lot of things are going on unnoticed through L.A. Care.</i></p> <p>Mr. Baackes responded that staff would contact Russel to get information.</p>	

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	<p><i>Demetria Saffore commented that in light of the concerns about Francisco, she wants to understand when somebody's under investigation, is it recommended that they be on administrative leave until that's resolved?</i></p> <p>Mr. Baackes stated that investigations are not discussed, whether an employee is under investigation or not, we do not discuss that.</p> <p><i>Ms. Saffore stated that it was in the minutes from ECAC.</i></p> <p>Mr. Baackes stated he is not aware that it was in the minutes, and if it was, it was in there erroneously. We do not discuss investigations of employees, period. Chairperson Ballesteros asked if she had any other comments.</p> <p><i>Ms. Saffore said no and she stepped away from the public comment podium.</i></p> <p><i>Andria McFerson commented that she is not sure what specificity of the comment that she'll make according to the item on the agenda, but what she does want to say is that there's absolutely no way that someone who has mental disparities, who has physical disparities like her should go without having dental work if they have a subsidy as far as L.A. Care goes. If she has a seizure and her teeth fall out of her mouth, she should be able to have some sort of services because of the pain that causes more seizures. There's absolutely no way that the people who even spoke to her are not even getting covered. So why is there this disparity that we have in order to receive covered services, having to do with dental work. She doesn't know. But is there anyone that can contact her, please? And let her know if there is, due to medical necessity, that she receives some sort of dental work done to her mouth? Another thing she wanted to say was basically there's absolutely a great opportunity, because she knows she spoke about the RCACs not being able to be out there and do things, but the health promoters have had an opportunity to do public outreach. So it's not like we're not able to do so, but we need to have a broad array of different people who went through different health disparities, and a lot of different things having to do with mental health, to also be able to freely go out and if they are able to mentally or physically go there, they should be able to speak to the public as well during events. She thinks it's very important. Her having a disability, it's almost like, when the doctor said that she could not work anymore, this gives her validation and knowing that she can do something for the community. She worked two jobs all her life, and she just wanted to be able to get up and do something helpful. The health promoter program has allowed her to do that. We need to broaden that array of community outreach with our RCACs and with more health promoters. And by the way, her sitting at that table, it's almost like her standing up against Francisco Oaxaca. Because at the last ECAC, he didn't even say hello. He said, with a boot on her leg, because she broke both her toes, he said, you can't sit at the disabled table. Knowing that she has seizures. And when she has a seizure, she lays her head on the table. He said that to another member, too, with an oxygen machine, with her oxygen machine right there in front of her on the table. We felt very uncomfortable around him. How can we speak on that and put a formal complaint out and then receive some sort of information having to do with our comments?</i></p> <p>Chairperson Ballesteros commented that personnel issues are not discussed at the board. The individuals here that have oversight heard your comments. He informed her that L.A. Care would contact her about the dental care. He noted that there are several community health centers that provide dental care. He does not know what the particular issue is that that she or others may need help with. He offered to assist her in finding the care she needs.</p>	

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	<p><i>Ms. McFerson provided contact information. She is totally open to any communication, open communication from anyone.</i></p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>Chairperson Ballesteros thanked the members that came to the meeting and wished everyone a very nice holiday season; be safe.</p> <p>The Joint Powers Authority Board of Directors meeting adjourned at 4:45 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:45 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>November 2025</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>HRRP Garland LLC v. Local Initiative Health Authority for Los Angeles County</i> (Los Angeles Superior Court, Case no. 21stcv47250)</p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 1200 West 7th Street, Los Angeles Agency Negotiator: John Baackes Negotiating Parties: City of Los Angeles, Municipal Facilities Committee and Rising Realty Partners, HRRP Garland, LLC. Under Negotiation: Price, Terms of Payment</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</p>	

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	<p>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 6:42 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 6:42 pm.	

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

APPROVED BY:
DocuSigned by:

DDF074615A9849A
John G. Raffoul, *Board Secretary*
Date Signed 2/7/2024 | 12:22 PM PST