

Board of Governors
Regular Meeting Minutes #286
April 2, 2020

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



Members

Hector De La Torre, *Chairperson*
 Alvaro Ballesteros, MBA, *Vice Chairperson*
 Robert H. Curry, *Treasurer*
 Layla Gonzalez, *Secretary*
 Stephanie Booth, MD
 Christina R. Ghaly, MD*
 George W. Greene, Esq.

Antonia Jimenez*
 Hilda Perez
 Honorable Mark Ridley-Thomas*
 G. Michael Roybal, MD, MPH
 Ilan Shapiro, MD
 Nina Vaccaro, MPH

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

Management/Staff

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

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

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:05 p.m. for the regular and Special Supplemental Agendas for L.A. Care and L.A. Care Health Plan Joint Powers Authority. The L.A. Care Board of Governors regular and special supplemental meetings and the L.A. Care Health Plan Joint Powers Authority regular and special supplemental meetings were held simultaneously.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. The process for public comment is new because of the extraordinary circumstances. The adjustments are in compliance with the Governor Newsom’s Executive Orders.</p> <p>Public Comments on any topic not listed on the Agenda will be read at the Public Comment section of the agenda. Comments on the items listed on the agenda will be read before the Board’s consideration of the item. The Board Members have received in writing the voice messages and written comments that were sent prior to the meeting. Staff will read each comment received for up to three minutes.</p> <p>For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING AGENDA	The agenda was approved as submitted.	Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Greene, Perez, Roybal, and Vaccaro)
PUBLIC COMMENT	<p><i>Given current public health guidelines and orders, public comments received have been provided to Board Members in writing. Public comment received was read during the meeting for three minutes for each person submitting comments. Additional comments not read due to time will be printed as an addendum at the end of these minutes</i></p> <p>Text message Received March 27, 2020 4:49 am</p> <p>This is a documented public comment for board meeting from Carolyn Navarro, mother of Synermed victim Vanessa Navarro, today 3-27-2020 I observed at your website that my 6 minutes of public comment at you Feb 6 2020 board meeting are not listed at your site but you have all of your other minutes listed from the past 2 yr a least, you are also not listing the public comments of 4 or five others.</p> <p>Seeing "Achievamed " pasted onto the old Synermed site and them being located at the same address with same employees gives me good cause to believe they are the same people who repackaged themselves and it's a slap in the face of the victims I keep locating! I also saw them as co-defendants in a whistleblower lawsuit where the plaintiff says she was told to keep falsifying records AFTER the DMHC cease and decist. I intend to follow up on this regarding my Brown Act and commenting against a non profits rights. YOU are the bad people not me, I'm a mother who was and has been pushed too far and isn't taking your crap! I continue to locate victims. Out of respect for the events going on I will let up from this a bit for now but be assured the people who hurt my child ARE going to be held accountable, even if it comes down to karma or god making them accountable, god knows what people at LA Care and Synermed did, they can't hide the truth from god, on my end the investigation continues and there are going to be more people who were harmed or their families stepping forward, I'm hearing more and more horror stories that patients and their families went through just like us! As the mother of a victim I have the right to confront anyone who harmed her, her being dead doesn't make all of it okay! Your agency is just pretending to oversee care, what's really happening when someone actually gets very sick you think you get to hide. Any of the names in this suit look familiar to your staff? Are they your buddies?</p>	

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	<p>Any parent would be alarmed to see this, that you allowed weirdos to harm my child, that YOU are weirdos!</p> <p>Text message Received March 31, 2020, 4:22 am PUBLIC COMMENT, WILL BE VERIFIED PER BROWN ACT</p> <p>I question your not allowing phone comments, out of respect for the pandemic I'm going to back off a bit but I will be working on Synermed victims (who don't know they are) being informed they are victims instead of it being hidden from them, I know because of my own investigation, no one notified us.</p> <p>Per Brown Act, COMMENT</p> <p>“This is a documented message from Carolyn Navarro, mother of Synermed/crime victim Vanessa Navarro, today 3-30-2020 I observed at your website that my 6 minutes of public comment along with 3-4 others comments at you Feb 6 2020 board meeting are not listed at your site but you have all of your other minutes listed from the past 2 yr a least. I also don't see an agenda.</p> <p>I saw “Achievamed” pasted onto the old Synermed site and them being located at the same address with same employees, named as co defendants in a whistleblower lawsuit gives me good cause to believe they are the same people who repackaged themselves, it's a slap in the face of the victims I keep locating! In whistleblower lawsuit, plaintiff says she was told to keep falsifying records AFTER the DMHC cease and decist. I intend to follow up on this regarding my Brown At and commenting rights YOU are the bad people not me, I'm a mother of a crime/fraud victim, I alerted L.A. Care of the fraud and L.A. Care didn't help my child”</p> <p>Commenter not self-identified: Text message received April 1, 2020, 4:49 am All this money you were fined, what the hell is going on over there?!</p> <div style="display: flex; justify-content: space-around;"> <table border="1" data-bbox="464 1062 821 1284"> <tr> <td>Local Initiative Health Authority For L.A. County (d.b.a. : L.A. Care Health Plan)</td> <td>Letter of Agreement</td> <td>\$5,000.00</td> </tr> <tr> <td>Local Initiative Health Authority For L.A. County (d.b.a. : L.A. Care Health Plan)</td> <td>Letter of Agreement</td> <td>\$10,000.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td>\$280,000.00</td> </tr> </table> <table border="1" data-bbox="873 1062 1230 1284"> <thead> <tr> <th>Document(s)</th> <th>Action Date</th> <th>Penalty</th> <th>Related Party</th> </tr> </thead> <tbody> <tr> <td>Letter of Agreement</td> <td>02/21/2020</td> <td>\$350,000.00</td> <td>Local Initiative Health Authority For L.A. County</td> </tr> <tr> <td>Letter of Agreement</td> <td>12/17/2019</td> <td>\$350,000.00</td> <td>Health Net Community</td> </tr> </tbody> </table> </div> <p>Commenter not self-identified: Text message received April 1, 2020, 7:49 pm Your board needs to read this, it shows what LA Care and the state enabled against helpless people like Vanessa.</p> <p>https://www.docketbird.com/court-documents/United-States-of-America-et-al-v-Synermed-Inc-et-al/COMPLAINT-against-defendants-EHS-Aquisition-Group-Employee-Health-</p>	Local Initiative Health Authority For L.A. County (d.b.a. : L.A. Care Health Plan)	Letter of Agreement	\$5,000.00	Local Initiative Health Authority For L.A. County (d.b.a. : L.A. Care Health Plan)	Letter of Agreement	\$10,000.00	Total		\$280,000.00	Document(s)	Action Date	Penalty	Related Party	Letter of Agreement	02/21/2020	\$350,000.00	Local Initiative Health Authority For L.A. County	Letter of Agreement	12/17/2019	\$350,000.00	Health Net Community	
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	<p>Systems-Medical-Group-Inc-Inland-Valley-IPA-Multicultural-Medical-Group-Inc-PAMC-Inc-PAMC-Ltd-Synermed-Inc-Case-assigned-to-Judge-R-Gary-Klausner-for-all-further-proceedings-Discovery-r/cacd-2:2017-cv-08882-00001</p> <p>They should also read McMorries v. EHS / Synermed/ PAMC google it online, it shows how a special needs man died after Synermeds “cutesy” disrupting their care!</p> <p>Text message received March 31, 2020, 4:42 pm</p> <p>Public Comment from Albert Navarro, father of Vanessa Navarro: L.A. Care and the state are carrying on like no one was actually harmed by Synermeds fraud when my wife has located 20 (5 dead) victims, which means 1,000s more we don’t know about. One victim a disabled man who died horribly at the hands of the same doctor (who had big stake in Synermed) around 2016 and there is a big lawsuit now.</p> <p>We also notice your board member Dr. Ghaly is the wife of the Calif head of public health (they did nothing significant about our complaints going back to 2014) and she is a head of public health Los Angeles, they may be good people but it seems like an awful lot of power for one family across state and county and we wonder if it’s a conflict o finterest.</p> <p>Why aren’t Synermed victims being notified they are victims? I’m sure most people would be furious if they knew but they doesn’t make it okay not to tell them!</p> <p>Voice Mail received April 2, 2020, 11:43 a.m.</p> <p>This is Elizabeth Cooper, RCAC 2 member, leaving a message for the Board of Governors meeting. I am thankful for the Board’s involvement and concern for all the members and I would like to put an item on the Agenda. Please continue to support the RCACs and staff who work with the RCACs and support the RCACs and continue all the necessary support for the RCAC members who like I are continuing to be an advocate through even this crisis with those who I feel could use the information that I receive from an organization like L.A. Care. Thank you very much. You have a good CEO in Mr. Baackes and Board Chair in Mr. De La Torre. So please support the motion for the RCACs today, Thursday, March the second. Thank you.</p> <p>Chairperson De La Torre noted that the Brown Act was suspended by the Governor during this difficult time and this is the most direct way to manage public comments. Comments are in the words of the person who sent the comment. We are reading directly from what was submitted. We apologize for not being able to do this the same way as in a public meeting where we are all in the same room, and this is new for all of us. We are trying to take in all your comments and views before we take action. The Chairperson closed the general public comment period.</p>	
CONSENT AGENDA ITEMS	PUBLIC COMMENT: Voice Mail received April 2, 2020, 1:08 pm	

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<p>APPROVED BY A COMMITTEE</p>	<p>For Item 3, Rachel Rose Luckey, Chair, RCAC 4, title for identification purposes only. I know these are trying times for everyone especially the low income communities L.A. Care serves. Uncertainty abounds. Sending out stipends during the period of mandatory lockdown to RCAC members would help alleviate some of this uncertainty. Thank you for adding this item to consent. I ask for your yes vote.</p> <p>The Chairperson read the items on the Consent Agenda to be considered by the Board:</p> <ul style="list-style-type: none"> • Approve February 6, 2020 meeting minutes • California Long Term Care Education Center (CLTCEC) Contract Extension <u>Motion EXE 100.0420</u> To authorize a contract renewal in the amount of \$8,711,339 with California Long Term Care Education Center (CLTCEC) to provide education and training for In-Home Supportive Services (IHSS) providers for dual-eligible beneficiaries for the period of May 15, 2020 through May 14, 2023. • Regional Community Advisory Committee Members <u>Motion ECA 100.0420</u> To approve the following as members to the Regional Community Advisory Committee (RCAC), as reviewed by Executive Community Advisory Committee (ECAC) at its February 12, 2020 and March 11, 2020 meetings: <ul style="list-style-type: none"> ○ Dina Lucha, Consumer, RCAC 5 ○ Maria de Lourdes Flores, Consumer, RCAC 7 ○ Rita Sisowath, Consumer, RCAC 9 ○ Gisela Brigido, Consumer, RCAC 10 ○ Nereyda Ibarra, Consumer, RCAC 10 • Children’s Health Consultant Advisory Committee Members <u>Motion CHC 100.0420</u> To appoint Ilan Shapiro Strygler, MD, FAAP as member of Children’s Health Consultant Advisory Committee (CHCAC), for the Children’s Health Care Providers representative seat for the Board of Governors of L.A. Care Health Plan. 	<p>The Consent Agenda items were unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Greene, Perez, Roybal and Vaccaro)</p>
<p>CHAIRPERSON’S REPORT</p>	<p>Chairperson De La Torre thanked everyone for their patience as the Board works through this agenda and includes input from the public before the Board makes decisions.</p>	

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CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, referred to his written report in the meeting materials (<i>a copy of his report is available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • Health plan operations: On March 11, L.A. Care determined the need to move staff to alternative locations in anticipation of a potential lockdown, which did happen. A test was run on March 13, for all employees with software on their computers that allows them to work remotely. The test was a success and employees began to work from home the following Monday. Virtually everyone is working from their own home now. Information Technology staff worked over the weekend to acquire and begin distributing equipment to staff, including screens, cable and keyboard. It was a massive effort. A command center was established to keep the network of almost 2,000 people connected. • The most important aspect is that all key business indicators, including customer service, payment of claims and care management, are being met. L.A. Care did not miss a day of paying claims and left no phone calls unanswered. • The outcome of this, based on the feedback received from employees, is that they like working from home, and post-pandemic L.A. Care will have to come up with a more liberal working from home policy, which will be developed and brought to the Board in due course. • L.A. Care’s mission is to provide access to high quality care for vulnerable populations and to support the safety net that serves them. At a time like this, an important role is to keep funds flowing to the providers. Keeping claims payments supports the providers and enables them to continue serving L.A. Care members. Richard Seidman, MD, <i>Chief Medical Officer</i>, will report on the clinical aspects of this and how it affects both hospitals and physicians in terms of their meeting member needs, and what L.A. Care is doing to support them. • One concern is the financial stability of the safety net. Preparation for the pandemic has substantially affected providers. Hospitals have stopped elective admissions and they have moved patients ready for discharge as quickly and safely as possible to create bed capacity. There is currently sufficient bed capacity for patients presenting with COVID-19, including ICU. There is some concern that the Antelope Valley will reach bed capacity sooner than other areas. Dr. Seidman will provide more information in his report. Because the hospitals are not generating claims at this time, they are not getting paid, although a few hospitals are on capitation arrangements. Hospitals are looking for financial relief, and L.A. Care is working with hospital trade associations to develop a consistent and equitable policy to provide funding to meet the needs of hospitals in a manner that allows L.A. Care to report the financial support as a medical expense to state officials. Marie Montgomery, <i>Chief</i> 	

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	<p><i>Financial Officer</i>, has been asked to develop a policy to achieve the advancement of funds in the most responsible way possible. L.A. Care is working with local health initiatives across California toward a responsible solution to this problem. Some funding will go to hospitals as a result of the federal stimulus package that was approved this week but the amount and timing of distribution of those funds is not certain. L.A. Care is seeking to fill the current gaps in funding for hospitals and clinics in the absence of definitive information about stimulus funding. Appointments at clinics have dramatically fallen off as telephone consultations have greatly increased as people stay at home. The stimulus package did include provisions for payment of claims for telephone consultations, and it is hoped that this added benefit is an improvement in care and comfort for the patient and will be made permanent after the emergency is over. It is hoped to have this implemented next week.</p> <ul style="list-style-type: none"> • The stimulus package did not include funding for health plans. There will be a need for an additional package. L.A. Care is leading an effort through America’s Health Insurance Plans, a national trade association, to ensure that a new package includes funding to keep Medicaid solvent in the looming economic turndown. As the country moves into an economic recession, state revenues will decline, and expenses will be reduced. Looking back at the stimulus package during 2009, America’s Resource and Recovery Act, \$200 billion of the total \$800 billion stimulus package was provided to states to keep the Medicaid programs going. L.A. Care is advocating that the next federal package includes similar funding. • Governor Newsom and the administration have been accessible and responsive to a myriad of requests, in particular with respect to health care. The state has acquired the <i>USNS Mercy</i> hospital ship and leased St. Vincent Hospital for overflow patients. These are bold moves and present some challenges, particularly for Los Angeles County in staffing St. Vincent Hospital. L.A. Care has offered to assist with that. • Although it has not yet been announced, it seems clear that the state will need to postpone its latest Medicaid waiver project, California Advancing & Innovating Medi-Cal (CalAIM), to implement many new programs for Medicaid in California which would require additional state funding. The state finance department is now operating on an emergency budget which excludes funding for CalAIM. Mr. Baackes has directed staff to discontinue working on CalAIM related tasks. It is expected that California will request an emergency waiver provision from the Centers for Medicare and Medicaid to continue the current federal waiver program for another year, postponing the proposed new programs. • L.A. Care is also monitoring and advising California representatives that if CalAIM is postponed, a new prescription drug program also needs to be postponed because of the current environment. 	

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Government Affairs	<ul style="list-style-type: none"> In answer to Ms. Cooper’s public comment, it was decided to keep stipend payments for advisory committee members during the pandemic. <p>Mr. Baackes asked Cherie Compartore, <i>Senior Manager, Government Affairs</i>, for an update. Ms. Compartore reported:</p> <ul style="list-style-type: none"> California’s legislature has recessed until April 13, and is likely to remain in recess until May or June. It is unclear how the legislative process will unfold once they return to session. Legislative leadership has requested members to prioritize their legislation and only high priority bills will be forwarded this year. It is not clear which legislators will remove their bills from consideration. California’s finance department released a memo instructing all departments to evaluate changes in the budget. It is expected the Governor will propose a bare bones budget for consideration in June. It is anticipated the proposal for health care coverage for the undocumented will not happen this year but could be included in the January 2021 Budget. Government Affairs is working with the Compliance Department team reviewing updates from state regulators. Compliance staff is following up to ensure that L.A. Care complies with all updates. 	
Community Health Investment Fund (CHIF) Summary for FY 2018-19 Grants & Sponsorships Reports	<p>Written reports were included in the meeting packet for review (<i>a copy of the reports are available by contacting Board Services</i>).</p> <p>Mr. Baackes noted a written annual report is included in the meeting materials for CHIF grants. The report includes information about prior years for current multi-year grants. A report is also included for sponsorships. No Board action is required for these informational reports.</p> <p>Mr. Baackes has asked staff to develop a plan for the balance of this year’s grants and sponsorships to make sure funds are used to support organizations most affected by the COVID-19 public health emergency.</p> <p>Member Booth suggested that the pharmacy carve out may not be feasible even without the current public health emergency. Mr. Baackes noted that L.A. Care is working with other health plans to assess the feasibility of the proposed pharmacy carve out, and when a report is developed he will work with other health plan CEOs to include her point for consideration.</p> <p>Member Shapiro thanked Mr. Baackes for his report and his leadership. He asked about development of tools that can be used by providers for health screening and triage.</p> <p>Mr. Baackes responded that L.A. Care is reaching out with care management. Dr. Seidman commented that it will be part of his report, and L.A. Care is reaching out too many members</p>	

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	<p>with a message to highlight guidance from public health to stay at home, asking members to call the doctor's office or nurse advice line before leaving home. A new benefit offered since January 1 is telephonic access to virtual care through <i>Teledoc</i>. Los Angeles County has also released contact information to members and providers for COVID-19 testing.</p> <p>Member Roybal asked what plans are being made to assure patients who are transferred to temporary care facilities to make sure they know that their care is covered. Dr. Seidman explained the details of care on the <i>Mercy</i> and at the convention center. L.A. Care understands that there will be no charges for care provided on <i>Mercy</i>. Information about care at other temporary emergency facilities is still being formulated. L.A. Care will continue to work with other health care organizations in seeking information about transfers and disseminate it to members.</p> <p>Mr. Baackes added that no Medi-Cal patient will be charged for COVID-19 related care. L.A. Care is still seeking information on coverage for L.A. Care's commercial products, CalMediConnect, PASC and L.A. Care Covered.</p> <p>Member Perez thanked Member Roybal for his question. She asked about safety net providers and community clinics providing services for un- or under-insured people. She thanked Ms. Cooper and Ms. Luckey for advocating for L.A. Care members. She also thanked Mr. Baackes for sending stipends to members during this period of mandatory lockdown. She noted that at the Executive Committee meeting it was mentioned that L.A. Care donated personal protective equipment (PPE) for health workers.</p> <p>Mr. Baackes reported that L.A. Care asked suppliers for PPE and was able to procure 3,000 masks for JWCH clinic healthcare workers. Member Ballesteros thanked L.A. Care for the equipment for use by healthcare workers.</p> <p>Member Perez noted also that on March 23 on the Facebook page it was written that L.A. Care provided hand sanitizer for the Housing for Health (H4H) and more than 21 community clinics.</p> <p>Mr. Baackes noted that L.A. Care contributed hand sanitizer to where it is needed most. Community Clinics are open to vulnerable patients. There has been a decline in appointments but there are a lot of phone calls to the clinics. He asked Member Vaccaro to comment, as he does not believe access has changed, and the clinics are open for those who visit.</p> <p>Member Vaccaro confirmed that access has not diminished, but the way patients and community members access care has changed a little bit and varies from one clinic to another. Some clinics report not seeing people in the clinic, and at some clinics patients are triaged outside the facilities to determine which patients need to be seen inside. Clinics are using</p>	

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	<p>telephonic appointments and telehealth tools for virtual visits with a provider. Clinics encourage patients scheduled for routine appointments to postpone the visit, and are asking healthy patients to stay home for now and have a telephonic visit if needed. Regarding PPE, Member Vaccaro indicated there is still quite a need, as clinics continue to see patients in person. The Los Angeles County Clinic Association is working with Los Angeles County Emergency Management System to get supplies, and a large shipment was received and distributed among clinics. Supplies vary among clinics and there is still a need for more equipment.</p> <p>Mr. Baackes noted that L.A. Care is preparing for an influx of newly eligible members as a result of the pending economic depression, with 6 million unemployment filings in the past week, doubling the 3 million filed during the prior week. Many are likely to be eligible for Medi-Cal, and it is critical to maintain funding for Medi-Cal and for Covered California. Enrollment for Covered California remains open. L.A. Care is working with hotel and restaurant worker union to help them apply.</p> <p>Chairperson De La Torre stated that it is clear there will be a wave of people newly-qualified for Medicaid. He asked if anything had changed at the federal level that may include barriers to enrollment.</p> <p>Mr. Baackes responded that L.A. Care is working on adding provisions in the next COVID-19 relief bill for presumptive eligibility for all to be included, to make it easier for people to gain health coverage and access health care as easily as possible.</p> <p>Chairperson De La Torre noted that he assumes that L.A. Care is working with Los Angeles County.</p> <p>Mr. Baackes replied that L.A. Care is working with Los Angeles County, and he indicated that Phinney Ahn, <i>Executive Director of Medi-Cal</i>, is assisting in releasing the backlog of people whose Medi-Cal coverage was placed on hold for redetermination of eligibility for benefits. Last month there were 124,000 people on hold. These are people who didn't complete the redetermination of eligibility paperwork on time, and their benefits are usually eventually reinstated. That is a top priority to accelerate the on hold process to restore coverage for these members.</p> <p>Member Gonzalez noted that COVID-19 is affecting Seniors and People with Disabilities. L.A. Care has focused on the social determinants of health. She thanked Dr. Seidman for the efforts to reach out to check on high risk patients and asked if L.A. Care is checking to be sure they have critical supplies, especially access for grocery delivery or other services for food supplies.</p>	

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	<p>Mr. Baackes noted that Project Angel Food (PAF) is overwhelmed and volunteers are not able to be on premises, so they aren't able to keep up with demand at this time. Los Angeles Food Bank is still able to have volunteers. L.A. Care is actively seeking other agencies that can accept new clients. PAF is still supporting those enrolled before the COVID-19 emergency.</p> <p>Dr. Seidman indicated that L.A. Care is contacting CalMediConnect members by telephone and through direct mailing, asking them to call regarding questions or other needs. For high risk member outreach, all members have access to LA Community Link, a community resource platform. LA Community Link began last July, and in the last few weeks queries through that platform have increased fivefold, with queries for food increasing the most. The platform is being used in substantial numbers, although exact data on serving the needs is not available. Other needs are being addressed by the care management team to identify additional resources available for a variety of needs. Work is also being done to get information to all L.A. Care members more broadly to connect members with resources to meet their needs.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Dr. Seidman referred to his written report included in the meeting materials <i>(a copy of his report is available by contacting Board Services)</i>. Attended RCAC 8, recognize the staff supporting the</p> <p>Dr. Seidman stated that he first wrote the report on March 7. At that time there were only 13 cases in Los Angeles County and not yet any known community transmission. China still accounted for more than 80% of the cases and 90% of the deaths in the world due to COVID-19. The World Health Organization (WHO) declared a global pandemic on March 11.</p> <p>L.A. Care rapidly moved staff out to work remotely and continues to maintain core operations for call center, claims processing, utilization management and care management.</p> <p>WHO now reports 896,000 COVID-19 cases but other news outlets are reporting more than 1 million cases and 45,000 deaths worldwide. In the United States more than 200,000 cases and 4,500 deaths. In Los Angeles County more than 4,000 cases and 78 deaths.</p> <p>Dr. Seidman mentioned some major initiatives going at this time. Lots of messages are being sent to providers and members aligned with federal, state and local public health departments.</p> <p>He thanked Member Vaccaro for sharing how care has been transformed in community clinics, and he noted that it is the same throughout much of the contracted provider network. Telephone visits with and without video aids are helping to meet the needs of members. The demand for nurse advice line and telehealth visits has increased more than two-fold. L.A. Care's vendors are working very hard to increase the number of professionals able to supplement provider services. Regulators have enabled the use of out of state licensed professionals.</p>	

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	<p>L.A. Care has been reaching out to high risk members to connect members with social needs through LA Community Link.</p> <p>Dr. Roybal noted that he has patients on hydroxychloroquine for rheumatologic disorders who are concerned about availability. He asked about messaging health plan members about availability of the medication. Dr. Seidman responded that there are controls on the quantity limits of these medications, as there was an increase in demand due to publicity. He assured the Board members that health plan members with a previous prescription will have their medication refilled. New prescriptions have a 14-day limit. He will pass along the suggestion for a member communication for this to the Pharmacy Department.</p> <p>Member Perez thanked Dr. Seidman and the Marketing Department for their efforts in reaching out to members. She has researched social media and resource for others asking her about COVID-19. She refers members to L.A. Care media for information. L.A. Care has good places like the nurse advice line and telehealth for members to get reliable information. Dr. Seidman noted that at the suggestion of Member Perez, the communications department helped him record a member information video which will be available soon.</p>	
COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	<p>Attended RCAC 8, recognize the staff supporting the</p> <p>Board Member Perez thanked the RCAC members who were able to join the call today.</p> <p>ECAC met on March 11.</p> <ul style="list-style-type: none"> • Mr. Baackes reported that 1,000 young undocumented adults enrolled in Medi-Cal after the Medi-Cal expansion. This is despite the Public Charge Rule taking effect which is very encouraging. • Francisco Oaxaca, <i>Senior Director of Communications and Community Relations</i>, reported on: <ul style="list-style-type: none"> ○ L.A. Care Sponsorship events for March 2020. ○ Upcoming presentations at ECAC (Denti-Cal, Call the Car, Lead Screening, and on newly reinstated Medi-Cal Benefits in 2020) ○ Current referral and authorization process to obtain an upright walker. • Jackie Tham, <i>Director, Customer Solution Center</i>, reported on L.A. Care member transportation costs for January 2020. There were 11,699 no shows for January, which total \$84,600. The number of no shows has lowered every day thanks to L.A. Care's remediation efforts which include daily appointment reminders by text and by phone call, the launch of the Call the Car Go mobile app, and Health Navigator Outreach campaign. She reminded members that as they have rights they also have responsibilities. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Marina Acosta, MPH, Program Director of Health Equity, presented information to the committee on Health Equity and Social Determinants of Health, outlining the steps L.A. Care is taking to address health equity, such as having a diverse provider network to meet L.A. Care member's needs, providing interpreting services and translation services, and continuing to expand the Elevating the Safety Net Program. <p>Member Gonzalez thanked L.A. Care for continuing the stipends for the advisory committee members and for all that it is doing during the pandemic.</p> <p>PUBLIC COMMENT Text message received April 2, 2020, 3:12 pm Andria McFerson ECAC Chair RCAC 6, Agenda item 7. For future meetings I ask to consider the Zoom app so that all staff and BOG members can be involved with audiovisual participation. That would then not question their presence throughout the meeting. i.e. while approving motions. We may be able to allow RCAC members who can download the Zoom app on their phone or computer also without breaking interruption of people exiting and joining the RCAC meetings as well. If there are members that don't have access to the app each meeting will still be over the phone but will be muted until they ask to make a comment during the meeting. The staff liaison will have direct access to that member through earphones. Which means those members will still have complete verbal audio freedom when they request to make comments of course. I ask for proper consent to make these an agenda item if necessary to implement this opportunity. If necessary by ADHOC practice first of course. Thank you.</p>	
Executive and Finance & Budget Committee Reports	<p>The Executive Committee met on February 23 and March 23 (<i>a copy of the minutes can be obtained by contacting Board Services</i>).</p> <p>The Finance & Budget Committee met on February 23 (<i>a copy of the minutes can be obtained by contacting Board Services</i>).</p>	
Board Delegation for COVID-19 Actions (EXE 101)	<p>Augustavia Haydel, General Counsel, summarized a proposed motion which was discussed by the Executive Committee on March 23. The motion includes possible actions that may be taken under this authority, and includes provisions to continue payment of stipends to advisory committee members.</p> <p><u>Motion EXE 101.0420</u> A) Public health orders and guidelines have been issued, promoting social distancing and other actions to prevent the spread of the coronavirus (COVID-19-19). This motion will delegate to the Board Chairperson, Chief Executive Officer and Chief</p>	

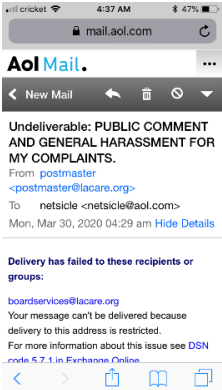
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Medical Officer of L.A. Care the authority to act urgently and prudently to enhance or safeguard the health and safety of members of the public, Board, Advisory Committees, health plan and staff. Such actions shall take into account the Centers for Disease Control and other public health recommendations. Potential actions could include:</p> <ol style="list-style-type: none"> 1) Postponing, updating locations or rescheduling meetings of the Board and its committees, including advisory committees; 2) Providing Board members with written reports from the Chief Executive Officer, Chief Medical Officer and Chief Financial Officer to update Board members in months when a Board meeting is postponed or cancelled; 3) Temporarily delegating final approval of financial statements to the Finance & Budget Committee; and 4) Such other actions related to Board operations as may be prudent for the health and safety of all. <p>B) The Board incorporates the findings made in the body of the motion and further finds that public purpose is served in continuing to support the unique role and continued work of the various members of L.A. Care’s Community Advisory Committees (CACs) and Health Promoter programs by continuing to fund and pay the stipends its volunteer leaders would normally get as a part of their service on these committees, as outlined in the body of this motion. Additionally, L.A. Care’s Chief Executive Officer or designee, is delegated authority to determine when the circumstances would no longer support provision of the stipends outside the routine qualifying events and meetings.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Greene, Perez, Shapiro, Roybal and Vaccaro)</p>
<p>Revisions to Human Resources Policy HR-114 (Paid Time Off) (EXE 102)</p>	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized a motion for revised Human Resources Policy & Procedure HR-114 (Paid Time Off) (PTO) for employees impacted by the public health emergency for COVID-19. The motion was approved by the Executive Committee. Since the Executive Committee meeting clarifications have been added.</p> <p><u>Motion EXE 102.0420</u></p> <ol style="list-style-type: none"> 1) To approve the Human Resources Policy & Procedure HR-114 as presented; and, 2) In approving HR-114, concerning emergency PTO related to COVID-19-19, the Board makes the following findings: <ol style="list-style-type: none"> a) the federal Family First Coronavirus Response Act (P.L. 116-120) (FFCRA) requires L.A. Care to provide emergency paid sick leave benefits to employees who are unable to work for the same and substantially similar reasons as those provided for under the emergency PTO provisions of HR-114, and the 	<p>Unanimously approved by roll call. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>emergency PTO is provided in lieu of, not in addition to, the FFCRA-required emergency paid sick leave;</p> <p>b) granting emergency PTO during COVID-19-19 emergency serves a public purpose by encouraging sick employees to remain home, thereby reducing the public's and other employees' potential exposure to, and the risk of further spread of, the novel coronavirus;</p> <p>c) granting emergency PTO is necessary to mitigate the potentially severe financial impact on employees who would otherwise suffer a loss of income if they are unable to work as a result of COVID-19-19 impacts on them or their family members;</p> <p>d) following the directives of federal, state and local authorities by participating in activities to limit the spread of COVID-19-19, serves the public purpose of mitigating the potential spread within the community and the impact on the healthcare system; and</p> <p>To approve delegated authority to the CEO (or designee) to make future revisions, including substantive ones, to HR-114 or related policies, for the purpose of complying, aligning or implementing applicable federal, state or local laws.</p>	
<p>Chief Financial Officer Report</p> <p>Financial Reports for January & February 2020</p>	<p>Ms. Montgomery presented the highlights of the February 2020 financial reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services):</i></p> <p>Membership</p> <ul style="list-style-type: none"> • Total membership in February was 2,124,222, 63,000 members unfavorable to the budget, and approximately 147,000 member months unfavorable to the budget on a year to date basis. • The budget assumed flat growth with the exception of an increase in enrollment for recently eligible undocumented young adults beginning in January. The start for that enrollment is now March versus January. • LACC enrollment at 86,000 is slightly ahead of budget expectations; a special enrollment period remains open due to the public health emergency and rise in unemployment. • Higher percentage of enrollment in the Bronze metal tier increases the estimated risk adjustment payable for LACC <p>Financial Reports</p> <ul style="list-style-type: none"> • Net surplus for February was \$15.6 million, and \$55.6 million on a year to date basis which is \$5.5 million unfavorable to the budget. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Revenue is higher than budget due to retroactive rate increases received in December that continue to carry forward. • Staff continues to configure systems for payments for new programs through Proposition 56. • Healthcare costs unfavorable for fee-for-service (FFS) claims of \$74 million, with \$56 million for Skilled Nursing Facilities (SNF) claims. L.A. Care received 2018-19 retroactive fee schedule increase for SNF services later than typical, and paid those claims through new QNXT system for the first time. L.A. Care is paying 2019-20 retroactive fee schedule increase for SNF claims more timely now that QNXT is configured. • Administration expenses favorable to budget by \$3.3 million. • Non-operating revenue for February is favorable by \$6 million. <p>Member Roybal asked if there is concern about receiving payments from the state. Ms. Montgomery responded that it is expected that payments will continue as scheduled through the current state fiscal year.</p> <p>Mr. Baackes noted that reserves are important and L.A. Care needs to be cautious in support for providers over and above paying claims. The reserves will allow L.A. Care to continue meeting contractual obligations if there was a slowdown in state payments. Ms. Montgomery added that the L.A. Care portfolio is very liquid, which will help as the market experiences volatility.</p> <ul style="list-style-type: none"> • The medical cost ratio (MCR) is higher than budget for Plan Partners, as the Plan Partner capitation is higher because Federally Qualified Health Clinics (FQHC) and Cost Based Reimbursement Clinics (CBRC) do not participate in all the Proposition 56 programs. • For Seniors and People with Disabilities (SPD) and Coordinated Care Initiative (CCI) programs, higher SNF claims impact the MCR. The MCR is better than budget for Temporary Assistance to Needy Families (TANF) and Medi-Cal Expansion (MCE) programs as the retroactive rate changes have a favorable impact. • CalMediConnect MCR is higher than the budget due to CY 2019 negative rate adjustment and RAF negative adjustment in January. • Overall the MCR was 93.3 versus a budget of 92.5 percent. <p>Member Booth asked about finding information for RAF. Ms. Montgomery offered to send her information.</p> <ul style="list-style-type: none"> • Key financial ratios for working capital and tangible net equity are positive. Cash to claims is slightly below target. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Forecast Update</p> <ul style="list-style-type: none"> • Year-end membership is forecasted to be 2,159,682, approximately 46,000 members unfavorable to the budget, and 474,000 member months unfavorable to budget for the year. • Forecast assumed a 3.5% decrease in membership by year-end for Plan Partners and 2.5% decrease for MCLA. This is based on trend from previous six months of this year. • Those losses are partially offset by following items <ul style="list-style-type: none"> ○ MCE Undocumented Young Adults: Original estimate of 25,000 members has been reduced to 8,000 members beginning in March and spread out over following six months ○ Auto-Assignment Rate: The auto-assignment rate increased from 53% to 76%. Forecast assumes 5,000 additional members each month allocated across all categories of aid for Plan Partners and MCLA. • CMC forecast was lowered by 8.5% versus the budget. • LACC forecast assumes 80,000 average membership for remainder of year. • Projections for membership may be affected by the COVID-19 public health emergency. <p>Ms. Montgomery noted that the 4+8 forecast was done before COVID-19 and estimates for impacts were not included.</p> <ul style="list-style-type: none"> • There is a decrease in expected net surplus. • Overall, a net surplus of \$72 million is expected for the updated forecast, which is \$81 million lower than the budget. • This decrease is driven by operating margin and updated estimates for Skilled Nursing Facility expenses. The net impact to operating margin includes \$60 million unfavorable impact due to higher institutional rates and membership net of favorable CCI revenue. • Other unfavorable impacts include approximately \$10 million due to lower member month volume and \$8 million adjustment for the deceased member audit. • Operating expenses are higher than budget due to additional vendor fees for higher overpayment recoveries. • Non-operating expenses are higher due to lower investment income and higher projected grant spending. • Effects of COVID-19 health crisis is the biggest risk, evaluation of the potential impact is underway. <p><u>Motion EXE 103.0420</u> To accept the Financial Report as submitted, for January and February 2020, as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Monthly Investments Transactions Report</p>	<p>Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Committee member review. <i>(A copy of the report can be obtained by contacting Board Services).</i></p>	
<p>Compliance & Quality Committee</p>	<p>Public Comment Text message received March 30, 10:52 a.m. Carolyn Navarro Public comment board meeting (will be verified stated at meeting per Brown Act). Agenda item compliance or general comment. Doctors are being assisted by L.A. Care regarding Synermed fraud that LA Care failed to pay attention to when there were many red flags but patients who have no idea Synermed harmed them are not being notified and probably 98% have no idea Synermed blocked their access to doctors. DMHC mandated outreach to affected patients. I will be verifying my comments received and stated at meeting. I have never received any notification about Synermed, I know because of my own investigation. Why aren't phone comments being allowed? In this day and age there is nothing keeping LA Care from having them. I believe it's being done to block and control comments. I will be following up on all of this and reporting your nonprofit status.</p> <p>I got this message after emailing a public comment, I believe your trying to block comments and complaints! You are blocking public comments, harassing commenters with these threatening auto messages</p> <p>This bounced back</p>  <p>Ms. Haydel noted that the issue of the delivery report has been reported to L.A. Care's IT department and they are reviewing it.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson De La Torre stated that L.A. Care has received the messages sent for public comment and has read them at today’s meeting. Under the adapted meeting organization that we are using due to the COVID-19 emergency, and in compliance with Governor Newsom’s suspension of some of the Brown Act provisions, the L.A. Care Board is taking comments from the public and reading them into the record at the Board meeting as we would take them in a regular public meeting where we were all in the same room.</p> <p>Member Booth, <i>Committee Chairperson</i>, reported that the Committee met on March 19. (<i>Minutes are available by contacting Board Services.</i>)</p> <p>At today’s meeting the Board discussed L.A. Care’s living work plan for the COVID-19 pandemic, and that topic was also discussed at the Compliance Committee meeting. She stated that L.A. Care demonstrated excellent teamwork. Leadership’s plan was quickly adopted and proactively protects L.A. Care employees and business operations. Dr. Booth noted that she used the word “living” as the plan is likely to be updated to reflect rapid changes in information about COVID-19 and in rapidly changing recommendations for dealing with this pandemic.</p> <p>She reported that the Committee discussed the new tele-health service, which became effective on January 1, 2020. She noted this was very important because the purpose of the service is to improve access to care for members when their primary care physician is not available. She added that L.A. Care hopes members use the service so members won’t have to go to the emergency department or an urgent care facility unless it is necessary.</p> <p>The Committee reviewed the 2019 Quality Improvement (QI) Program Evaluation and the 2020 QI Program Description and Work Plan. Dr. Booth thanked all the Committee members for reviewing all this information, especially the QI Program 2020 document. She noted it was quite a bit more cumbersome this year due to additional information required for inclusion in the document this year - and likely going forward.</p> <p>Finally, Dr. Booth shared her appreciation for the great work L.A. Care leadership did in taking on the challenge of the pandemic and working so quickly to make sure L.A. Care employees and customers would stay as healthy as possible during the pandemic. She stated that they deserve kudos for their work to date and for all their ongoing efforts.</p>	
PUBLIC COMMENT	<p>Text message received April 2, 2020, 3:26 p.m. Item 10 – Public Comment Rachael Rose Luckey, <i>Vice Chair, RCAC 4</i>, title for identification purposes only, commented that the 14-day limit of chloroquine and hydroxychloroquine would force COVID-19</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>vulnerable consumers to venture out of their homes every other week and puts them at risk. Please reconsider this new limitation. Thank you.</p> <p>Dr. Seidman noted that these medications are required by some members for other conditions. The 14-day limit is for new prescriptions. He reminded members that they can use the mail order pharmacy option, which may not be best for everyone. Members can get pharmaceutical supply by mail and not have to go to a pharmacy. If changes to a prescription are needed, or for acute needs, a member may still need to go to a pharmacy. Mr. Baackes commented that he thought Dr. Seidman made it clear in his report that current prescriptions will not be limited.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>Ms. Haydel announced the following items to be discussed in closed session. The Board adjourned to closed session at 4:42 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <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>April 2022</i></p> <p><i>The following item is from the L.A. Care Health Plan Joint Powers Authority Board of Directors Meeting Agenda:</i></p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of the Ralph M. Brown At One Potential Case</p> <p><i>The L.A. Care Health Plan Joint Powers Authority Board of Directors meeting was adjourned. The L.A. Care Board of Governors meeting continued with the following items:</i></p> <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</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Agency Negotiator: Hector De La Torre Unrepresented Employee: Chief Executive Officer	
RECONVENE IN OPEN SESSION	<i>(Members Curry, Greene and Shapiro left the meeting.)</i> The Board reconvened in open session at 5:36 p.m. There was no report from closed session.	
Consideration of Chief Executive Officer's Compensation, Employment Agreement and Amendment to Retirement Plan	At the request of Chairperson De La Torre, Ms. Haydel read a motion from the Board: <u>Motion BOG 102.0420</u> To approve the payment of the following compensation amounts and the extension of the employment agreement for Chief Executive Officer, John Baackes: 1. An extension of Mr. Baackes' employment agreement for two years thru March 22, 2022; 2. A salary increase of 8% of base salary for a total base salary of approximately \$646,300.00; 3. A performance based incentive for the performance period of March 23, 2019 thru March 22, 2020 of 50%; and 4. To a) approve the amendment of the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan to continue the current annual allocations for the Chief Executive Officer for the period from March 23, 2020 to March 22, 2022, and b) authorize and direct the Chair of the Board to execute appropriate amendments to those Plans and the employment agreement. Chairperson De La Torre thanked the board and congratulated Mr. Baackes.	Unanimously approved by roll call. 7 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Perez, Roybal and Vaccaro)
ADJOURNMENT	The meeting was adjourned at 5:42 p.m.	

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

APPROVED BY:

Layla Gonzalez, *Board Secretary*
Date Signed _____

APPROVED

Following are additional Public Comments received but not read during the meeting due to time constraints.

Voice Message received March 30, 2020, 12:48 p.m.:

My name is Carolynn Narvarro and I made a public comment in February and I'm noting that you have not posted the public comments, nor in your Agenda do you specify what is being discussed at this meeting so how can anybody make a public comment tying in to your agenda. I don't see it listed on this Agenda that you put on line that a person can make a public comment.

Also, nothing I've said was improper. This in fact happened: that Synermed, you got fined because of Synermed. Because of your poor oversight over them. So I've said nothing improper. So I'm wondering why you are not posting my comments in your minutes.

I have another comment I'm thinking. I'm going to call back with my other comment. Thank you.

Voice message received March 30, 2020 at 12:54 p.m.:

Yes, this is Carolyn Navarro and I have a public comment: why aren't Synermed's victims being notified by L.A. Care that they are Synermed's victims? We had no idea about this until we investigated ourselves. But we have never received any notification that our daughter is a crime victim. In my estimation my daughter is a crime and fraud victim on the part of Synermed.

My other issue is I sent a public comment email to your office and it bounced back from this board services email, it bounced back stating that this email of yours is restricted access. So how is it that somebody can make a comment, a public comment, but your email bounces back stating it is restricted access to your email. All of this is alarming to me and I find it to be a Brown Act issue. And I've already contacted the public integrity unit in Los Angeles regarding my concerns that you are not posting your minutes and then you are also not posting your Agenda. I don't see any of your topics in your Agenda. So how can anybody email you a comment. I realize this pandemic is going on but I still do have my concerns regarding what happened to my daughter and I do have the right to make public comments regarding this.

Thank you.

Text message received March 31, 2020, 4:40 pm

Public comment from Carolyn Navarro, Dr. Carter dismissed my complaints when I was proven correct regarding Synermeds fraud, if L.A. Care would've listened to our acusations against Synermed they would've found out what they were doing to patiends, instead they treated us like we were lying, then later on in 2019 L.A. Care is fined \$650,000 for Synermed and not acting on grievances, that money could pay for a lot of medical care or training for doctors, that money should come out of L.A. Care executives pay checks or "compensation", compensation for not doing their jobs!