

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – June 10, 2020

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, <i>RCAC 1 Chair</i> ***                      Estela Lara, <i>RCAC 2 Chair</i> ***                      Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i> ***                      Silvia Poz, <i>RCAC 4 Chair</i> ***                      Maria Sanchez, <i>RCAC 5 Chair</i> ***                      Andria McFerson, <i>RCAC 6 Chair</i> ***                      Maria E Nunez, <i>RCAC 6 Vice-Chair</i> ***                      Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i> ***                      Ana Romo, <i>RCAC 8 Chair</i> ***                      Tonya Byrd, <i>RCAC 9 Chair</i> ***                      Damares O Hernández de Cordero, <i>RCAC 10 Chair</i> ***                      Maria Angel Refugio, <i>RCAC 11 Chair</i> ***                      Lluvia Salazar, <i>At-Large Member</i> ***                      Deaka McClain, <i>At Large Member</i> ***</p> <p>* <i>Excused Absent</i>    ** <i>Absent</i>                      *** <i>Via teleconference</i></p>	<p>Eduardo Kogan, <i>Interpreter</i>                      Ruth Nuno, <i>Interpreter</i></p>	<p>Hilda Pérez, <i>Member, Board of Governors</i> ***                      Layla Delgado, <i>Advocate, Board of Governors</i> ***                      John Baackes, <i>Chief Executive Office, L.A. Care</i>                      Shavonne Caldwell, <i>Community Outreach Liaison, CO&amp;E</i>                      Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>                      Auleria Eakins, <i>Manager, CO&amp;E</i>                      Hilda Herrera, <i>Community Outreach Liaison CO&amp;E</i>                      Dania Jacob, <i>Department Assistant, CO&amp;E</i>                      Nicole Justo, <i>Community Outreach Liaison, CO&amp;E</i>                      Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i>                      Candace Nafissi, <i>Communications and Community Relations Specialist III, Communications Department</i>                      Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>                      Cindy Pozos, <i>Community Outreach Liaison, CO&amp;E</i>                      Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&amp;E Center</i>                      Victor Rodriquez, <i>Board Specialist, Board Services</i>                      Kristina Chung, <i>Community Outreach Field Specialist, CO&amp;E</i></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Cynthia Contreas-Wood, <i>ECAC Vice Chair</i>, called the meeting to order at 1:12 P.M. She advised committee members that all votes and comments will be taken by roll call.</p> <p>Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>, advised members that due to time restrictions not everyone will be able to speak on each agenda item.</p>	

<p><b>APPROVE MEETING AGENDA</b></p>	<p>Ms. Contreas-Wood noted that she will be running the meeting instead of Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i>.</p> <p>The Agenda for today’s meeting was approved as amended.</p>	<p><b>Approved unanimously. 12 AYES, (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, Nunez, Poz, Refugio, Russel, Salazar, Sanchez, and Vazquez)</b></p>
<p><b>APPROVE MEETING MINUTES</b></p>	<p>Ms. Contreas-Wood, noted that on page 5, the name “Tanya” should be corrected to “Tonya”.</p> <p>The March 11, 2020 meeting minutes were approved as amended.</p>	<p><b>Approved unanimously. 12 AYES</b></p>
<p><b>STANDING ITEMS</b></p>		
<p><b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b></p>	<p>John Baackes, <i>Chief Executive Officer</i>, provided an update on COVID-19. <i>(A copy of the presentation can be obtained from CO&amp;E.)</i></p> <ul style="list-style-type: none"> <li>• All L.A. Care staff began working from home at the end of March. He noted that productivity has not been declined and has increased in some areas.</li> <li>• L.A. County had sufficient hospital beds to accommodate the increase due to the pandemic. It left many hospitals with a big hole in their revenue picture. People staying home due to the Stay at Home Order dropped doctor appointments, but providers did see an increase of telehealth visits.</li> </ul> <p><u>May Revise</u> Governor Newsom released a revision to his Fiscal Year 2020-21 budget on May 14, 2020. The “May Revise” is an update to the budget plan that he released back in January. It contains new estimates of revenues, spending, and reserves based on current economic forecasts and priorities.</p> <p>The May Revise sets the stage for the next month of negotiations with the Legislature. The Legislature will review the proposal, offer changes or suggestions, and work to approve a budget by June 15. The Legislature must pass a balanced budget and send it to the Governor by midnight on June 15<sup>th</sup> for his action.</p> <p>The May Revise shows the harsh reality and impact of the COVID-19 pandemic on California. The 2020 unemployment rate is projected to be 18% and personal income is projected to decline by 9% in 2020. The May Revise proposes cuts in virtually every area of the state government, including devastating cuts to health care, public benefits,</p>	

and In-Home Supportive Services. (*Only programs directly fighting the pandemic will see budget increases.*)

The May Revise estimates a budget shortfall of \$54.3 billion. Governor Newsom is proposing a budget with \$14 billion in cuts that will occur if additional federal funds are not received by July 1, 2020. These cuts are called “triggers” and will go into effect automatically if the federal government does not provide enough funding. It is likely that many of the Governor’s Medi-Cal cuts will be rejected by the Legislature and result in closed door negotiations with the Governor, budget leadership, Senate Pro Tem, and the Speaker.

- The May Revise assumes that Medi-Cal caseload will peak at 14.5 million or about 2 million above what the caseload would have been without the COVID-19 pandemic.
- The May Revise delays the California Advancing and Innovating Medi-Cal (CalAIM) initiative. This initiative was designed to transform the Medi-Cal program. Instead, the state will ask CMS to extend the current 1115 Waiver for one year.
- It eliminates the proposal from January that expanded full-scope Medi-Cal to undocumented individuals over 65 (Health4Elders).
- It eliminates the 2019 Budget Act expansion of Medi-Cal Aged and Disabled program for individuals with incomes between 123% and 138% of the federal poverty level. This program was supposed to have started in January 2020, but was postponed to August 2020. Now it is proposed to be eliminated.
- It eliminates the Medicare Part B Disregard. This program would have stopped seniors and people with disabilities from losing access to free Medi-Cal because of a confusing Medi-Cal rule that creates changes in income calculations, even when a person’s actual income has not changed.

Russel Mahler, *RCAC 1 Chair*, noted that the letter that was distributed stated that they can lobby to their lawmakers. He would like to know how. Mr. Baackes responded that he can forward the letter to ECAC members so they can send it.

Estela Lara, *RCAC 2 Chair*, thanked Mr. Baackes for his report, and stated that she will be sending that letter as soon as she gets it.

Andria McFerson, *RCAC 6 Chair*, noted that she made a comment about more interactions with ECAC and RCAC and the community. She would like to reach out for proper resources for the pandemic. She would like to know how she can physically reach out to the community. She would like to be able to reach out directly. She asked how can members be more involved during the pandemic. This is for people who can participate. She wanted to know if the letter can be sent to the RCACs.

	<p>Mr. Baackes responded that the letter can be sent out to all RCAC members. He noted that letter is also available on the website. James Kyle, MD, MDiv, Director, Quality, and his staff organized a COVID-19 Summit. They focused on the health disparities in the African American community caused by COVID-19. One hundred and fifty Community Based Organizations to participated in the event. Mr. Baackes added he will ask Dr. Kyle to address this topic later in the meeting.</p> <p><u>PUBLIC COMMENT</u> <i>(All public comments were submitted via text, email, or voicemail.)</i>  <b>Public comment submitted by Elizabeth Cooper, RCAC 2 Member</b>  <i>Thank you Mr. Baackes for providing the update, and to the Board for approving the motion that provides support to all RCAC members. In addition, Mr. Baackes, how would the May Revise directly impact L.A. Cares membership and what would you offer as a suggestion to members who are impacted by these changes?</i></p> <p>Mr. Baackes responded that L.A. Care currently does not have a definitive answer on what the cuts are going to be. The legislature has not voted on the Governor’s proposal. If Federal Aid does not materialize then L.A. Care will have to deal with cuts. He can’t comment on the impact on members until it is finalized.</p> <p><b>Public comment submitted by Ismael Maldonado, RCAC 2 Member</b>  <i>Mr. Baakes, in regards to The Brown Act I went to la care website and it gave today ECAC meeting on the website only the address and phone number to the meeting location but no way how the LA Care member are not allowing them to put public comment cloud relate to a Brown act volition this cloud be an illegal meeting.</i></p> <p>Mr. Baackes responded that L.A. Care goes to great lengths to adhere to the Brown Act. He noted that materials was distributed that states that the Governor suspended some provisions in the Brown Act. He will have legal look into this matter.</p>	
<p><b>UPDATE FROM CHIEF MEDICAL OFFICER</b></p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, provided updates on COVID-19 Pandemic. <i>(A copy of the presentation can be obtained from CO&amp;E).</i></p> <ul style="list-style-type: none"> <li>• Globally– More than 7 million cases (+136,000) and 400,000 deaths <ul style="list-style-type: none"> <li>- Improving in Europe, but worsening worldwide</li> </ul> </li> <li>• United States has nearly 2 million cases and over 110,000 deaths</li> <li>• Los Angeles <ul style="list-style-type: none"> <li>- 64,644 Cases (+823)/2655 Deaths (+10) – Nearly half of the cases and more</li> </ul> </li> </ul>	

than half of deaths in California

- Metrics to Guide Reopening

- Hospitalizations decreased by 4% (3-day average has not increased over the past 14 days)
- Deaths decreased by 15% (7-day average has not increased over the past 14 days)
  - 20% decrease in deaths in communities with the highest levels of poverty
- Personal Protective Equipment and Contact Tracing capacity ok
- Lab Testing Capacity slightly below the goal of 15,000 tests per day

COVID-19 Status	Total Cases
Expired	295
Recovered	4,173

L.A. Care COVID-19 Response Highlights

- Collaborating with other Medi-Cal Plans and the Department of Public Health
- Call Center Data Collection and Frequently Asked Questions
- Member and Provider Communications
- Resource Team and Community Link
- Nurse Advice Line and Telehealth – Increased Utilization
- High Risk Member Outreach
- Disparities Outreach
- Health Equity Agenda

Ana Romo, *RCAC 8 Chair*, asked Dr. Seidman if he believes the stay at home and other precautions are working. Dr. Seidman responded “yes, they do work”, part of the protocol is reminders or basic precaution and complying with the stay at home order. He sees increasing opportunity for getting out and about. He noted that physical distancing is the most powerful tool and has absolutely has reduced the transition of the virus. We must all do what we can do to comply and wear facial coverings.

PUBLIC COMMENT

**Public comment submitted by Elizabeth Cooper, *RCAC 2 Member***

*Thank you Dr. Siedman for your input and for your support during the Covid-19 crisis, but I'm deeply concerned that members may be affected by Covid-*

	<p><i>19 and also disappointed that the RCAC members were not able to participate in the COVID-19 Disparities Summit and I hope that you will work closely with CO&amp;E in the future to get this information out to the members and to the community</i></p> <p><b>Public comment submitted by Ismael Maldonado, RCAC 2 Member</b>  <i>Dr. Seidman, what is LA CARE doing for the homeless population that live in cars or on the Street is LA Care doing something like with LA CITY Homeless team or LA County homeless team to help them with a mask outreaching to them along the side with both LA City and LA County</i></p> <p>Dr. Seidman responded that L.A. Care gave additional funding to homeless agencies to increase the availability of temporary shelter. This includes assistance to L.A. Care members who are homeless and other vulnerable members.</p>	
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**OLD BUSINESS**

<p><b>L.A. CARE’S HIGH RISK MEMBER OUTREACH AND TARGETED CAMPAIGNS TO ADDRESS HEALTH DISPARITIES</b></p>	<p>James Kyle, MD, MDiv, Medical Director for Quality Improvement Department, presented information about Health Disparities during the COVID-19 Pandemic (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <ul style="list-style-type: none"> <li>• In response to the mounting evidence on the national and local level, L.A. Care leadership moved quickly to address the racial disparity for COVID-19 infections and mortality in Los Angeles County.</li> <li>• L.A. Care has partnered with The California Endowment, the Los Angeles County Department of Public Health, the City of Los Angeles and local healthcare leaders.</li> <li>• L.A. Care is collecting member data and observing County data.</li> <li>• Key leaders within L.A. Care have also volunteered to develop a plan to address this challenge.</li> </ul> <p>Emerging Strategy</p> <ul style="list-style-type: none"> <li>• L.A. Care is developing a social media and radio campaign to reach young invincible with tailored messages regarding prevention. L.A. Care is also looking to recruit entertainers and celebrities to produce public service announcement on L.A. Care’s behalf.</li> <li>• On June 4, L.A. Care partnered with The California Endowment and the LA County Department of Public Health to host a COVID-19 Disparity Leadership Summit virtually with key community and political leaders to discuss a wider approach to COVID-19 racial disparity.</li> <li>• L.A. Care’s Customer Service Center has made live calls to 32,000 high risk and 110,000 low risk African American members.</li> </ul>	
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- Additional outreach calls will be made to the Latinx and API/AI communities in the next few weeks.

#### COVID-19 L.A. Care Data

- As of June 2, 2020, L.A. Care data showed:
  - 4533 total confirmed cases
  - 1802 members hospitalized
  - 255 reported deaths
  - County wide: 55,968 Cases, with 2,384 reported deaths.
- Data from a number of L.A. Care sources including HIE, Encounters, Costas Lab Data, QNXT, Compliance Reporting (including Plan Partner, PPG, Internal UM, and CSC)
- L.A. Care is collaborating with L.A. County Department of Public Health modeling and data sharing as the spread of COVID-19 is monitored.

#### High Risk Demographics

- L.A. Care has identified 18,276 high risk Latino members (disabled & diabetic)
- Los Angeles County Data as of April 26, 2020 there are 19,516 Confirmed Cases
  - Latinos 114 cases/100,000
  - African Americans 102 cases/100,000
  - Whites 78 cases/100,000
  - Asians 73 cases/100,000
  - American Native 50 cases/100,000
- Based on the data L.A. Care is expanding its outreach to include the Latino community

Maria Angel Refugio, *RCAC 11 Chair*, asked if L.A. Care has any plans for a potential COVID-19 issue on combatting COVID-19 cases. Dr. Kyle responded that L.A. Care has seen the last wave. Awaiting additional deaths and cases in the last few minutes. L.A. Care is trying to help people avoid getting other people infected. On the positive side is the shelter in place and employers should avoid putting employees at risk.

Mr. Mahler asked if members will be getting more updates as time goes on or will he give this information so they can share with others. Dr. Kyle responded that more information will be provided as the summer progresses.

Ms. Lara thanked Dr. Kyle for his presentation. She noted that language can sometimes be a barrier when reaching out to members. She asked if disparities would be addressed by ethnicity. Dr. Kyle responded that disparities need to be looked by ethnicity. L.A. Care needs to tailor its approach to each community by ethnicity and even by neighborhood.

	<p>Ms. McFerson stated that she has not seen L.A. Care do anything in regards to access to care. She has been getting feedback from people stating this. She noted that there are many people in her community who do not have access to masks or gloves. She was asked recently by someone if she can go to the store and make purchases on their behalf, because they did not have a masks. Dr. Kyle responded that ECAC and RCAC have a better understanding of what is going on in their community. He stated he would be more than happy to provide those resources to her so she can inform people in her community. He will make sure that they are invited to the next summit.</p> <p><u>PUBLIC COMMENT</u>  <b>Public comment submitted by Elizabeth Cooper, RCAC Member</b>  <i>Please refer to my comments made to Dr. Siedman. Thank you.</i></p> <p>Dr. Kyle Responded that he was under the impression that RCAC members had been invited to the COVID-19 summit, but he will make sure they are invited in the future.</p>	
<p><b>DISCUSSION OF PROPOSED RESOLUTION BY THE L.A. CARE BOARD OF GOVERNORS SUPPORTING RACIAL JUSTICE, FAIRNESS, AND EQUALITY</b></p>	<p>Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>, led a discussion on the Proposed Resolution by the L.A. Care Board of Governors Supporting Racial Justice, Fairness, and Equality.</p> <p>He stated that a letter will be circulated to all RCAC members to review and provide input on a resolution that will be sent to the Board for approval. L.A. Care is looking to get feedback from RCAC members. This is a chance to ensure that L.A. Care has captured the right message and it is being expressed properly.</p> <p>Ms. Vazquez stated that this is also an opportunity to express ourselves. Latinos have not had their rights honored. She added that Latinos have suffered in a different way. This is a new platform to be able to take into consideration the health disparities.</p> <p>Tonya Byrd, <i>RCAC 9 Chair</i>, stated that this has been going on her whole life and for over 400 years. She stated that this is going to make a change because it is going on around the world. She stated that she is ready to do whatever is necessary to help the process.</p> <p>Deaka McClain, <i>At-Large Member</i>, stated that the social injustice is nothing new. She would like to know what actions L.A. Care is taking to help. She asked if it is possible for RCACs to create a video that can be displayed on L.A. Care’s website. She stated “No Justice, No Peace”. Mr. Oaxaca responded that L.A. Care has a great group of stakeholders. All their voices need to be heard in regards to the letter. He noted that</p>	

	<p>L.A. Care does not want to make these decisions on its own. He believes it is a great idea to create a video to highlight members and their voices.</p> <p><u>PUBLIC COMMENT</u>  <b>Public comment submitted by Elizabeth Cooper, RCAC Member</b>  <i>Mr. Baackes, I would like to suggest the RCAC members also have an opportunity to provide input on the proposed resolution discussions</i></p> <p><b>Public comment submitted by Ismael Maldonado, RCAC Member</b>  <i>Mr. Baackes, in regards to the Boards support of racial justice, fairness, and equality, thank you and your team for supporting diversity. But now, with the Black lifes matter movement, LA CARE must be proactive about whats happing at this time</i></p> <p>Mr. Oaxaca responded that there will be an opportunity for each RCAC member to provide input. The process for this will be implemented soon.</p>	
<p><b>PUBLIC COMMENT</b></p>	<p><b>Public comment submitted by Carolyn Navarro on June 6, 2020 at 12:24 p.m.</b>  <i>Public comment June 10 executive advisory meeting: Why aren't LA Care enrollees and former enrollees living or dead who are victims of Synermed/ EHS fraud being told that their healthcare rights and due process were violated, many, some special needs, know nothing about it but suffered harm? I bet consumer advisory members don't know about Synermed (google Synermed DMHC 2019, which shows the abuses), LA Care was fined \$350,000 for not paying attention to these abuses, Vanessa my daughter, also had private info breached, she was special needs. LA Care, state health services, LA County and Department of Managed Care have no right to not adequately notify enrollees and general public. LA Care has a fiduciary duty to enrollees, instead they're focused on best interest of Centene/Health Net investors when LA Care is reaping non-profit benefits on backs of disabled people, pretending concern about enrollees, like my dead autistic child and discriminating, going back to 2008, they boast providing special needs assistance but wouldn't help my child when I pointed out Synermed/EHS blocked her care, instead they ostracized us for pointing it out in 2014. I believe LA Care and LA County knew! I'm curious what has actually happened when people have actually gotten very sick with LA Care! Carolyn</i></p>	

*Navarro pursuant to Brown Act and will be verified 626-217-0549  
[bohindy@gmail.com](mailto:bohindy@gmail.com)*

*Public comment submitted by Carolyn Navarro on June 6, 2020, 12:45 p.m.  
Public comment June 10, compliance, I'm hearing rumors of nepotism at LA Care and keep coming across same last names when viewing LA Care files, personally I think a bunch of unqualified people who know each other got each other's jobs and it shows. Rumors of nepotism statewide. In 2014 I pointed out that my now dead autistic daughter was harmed because of Synermed (LA Care contracted with them) blocking her access to care, instead of being concerned LA Care agents acted like we were supposed to shut up about it and go away! In 2019 the Dept. of Managed care confirmed that Synermed had violated enrollees rights and fined LA Care \$350,000 for neglecting it.*

*(3-minute time limit expired.)*

*Public Comment submitted by Elizabeth Cooper, RCAC 2 Member  
Will the board continue to provide support to the RCACs future meetings and their ability to continue to participate and provide input and feedback on issues that impact L.A. Care members and the community etc.*

*Public Comment submitted by Marcia Ramos, RCAC 1 Member  
Can At Risk Members Example: Elderly, Disabled..Request Masks, Hand Sanitizer, or soap as part of Supplies For Health Safety when they already receive other supplies from Medical Companies through their doctors? What is La Care doing about the shortage of supplies such as Gloves? Many members, and people have sought treatment for different medical issues ranging from injury to an ankle, to tooth aches, deep troubling cough with fever, headache, and another with another medical concern. They all seek out the treatment. Some at their doctors which were some unable to see them. Some went to the Hospitals. Many People are being told not to go to hospital. Do a Teleconference Call instead. Although I agree to some point they can utilize that option. I don't believe it should be used for all the at risk population if they feel safer getting checked out at the hospital. When this is all over I worry there will be needless deaths because the wrong information was passed on or followed. The Antelope Valley Hospital although was proud of itself for being one of the first to be ready for Covid 19. IT Was NOT*

*Following All The Way Through on its practices. Many were exposed to Covid 19. Still Many don't wear masks or even wear masks properly. The areas just for Covid 19 were being utilized for general practices of care.*

**Public Comment submitted by Jonny Chua, RCAC 11 Member**

*Due to current conditions. I have to make calls to L.A. Care Offices specially the Clinic side. I have to bare the experience of listening through almost 4 minutes of recorded message both in English and Spanish to be able to make my selection. Why can we not begin the message with the selection of English & Spanish moving forward. I also recently received TWICE the 2 big volume of Welcome Package and Membership Card that contains information on: VSP Vision Care, Medi-Cal benefit, How to Access L.A. Care Medi-Cal, L.A. Care Health Plan Member Handbook, L.A. Care Medi-Cal Provider - Volume 1 & 2. Above are really thick and heavy and has to come in separate mail packages. Is this not a WASTE OF MONEY mailing these twice? I hope the team wl improve on these matters.*

**Public Comment submitted by Norma Angelica, RCAC 7 Member**

*Good afternoon to all, I hope you and your families are well and healthy anyw here in the world.*

*I want to ask why only the resource center in Palmdale has had a food drive donation event and the others have not. And I want to suggest if it's beca use of a lack of staff here we are the Promoters and let them know that we already have training on how to handle the different situations with us and not members of the community, so we are prepared to be able to help correctly, THANKS*

Mr. Oaxaca responded that the food drive in Palmdale was an opportunity that presented itself with Antelope Valley Partners for Health. The Palmdale resource location used to be a site that held food drives. The idea was a pilot that went really well. That effort has been expanded to cover 6 other resource center sites. L.A. Care is partnering with other organizations that are having those types of events.

Hilda Perez, Member, Board of Governors stated that she has been supporting members and assisting whenever possible. She will provide a written statement that can be shared with all RCAC members.

<b>ADJOURNMENT</b>	The meeting was adjourned at 3:16 p.m.	
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**RESPECTFULLY SUBMITTED BY:**

Victor Rodriguez, *Board Specialist II, Board Services*  
 Malou Balones, *Board Specialist III, Board Services*  
 Linda Merkens, *Senior Manager, Board Services*

**APPROVED BY**

Fatima Vasquez, *ECAC Chair*  
 Date \_\_\_\_\_

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

**Public comment submitted by Carolyn Navarro on June 6, 2020 at 12:45 p.m. (Continued)**

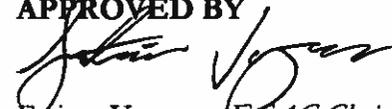
*The state mandated outreach to affected enrollees, outreach would be telling people they were affected by Synermed aka EHS, I have never been notified, who has LA Care notified? I bet 98% of enrollees harmed by Synermeds conduct have no idea! Google Synermed DMHC 2019. Mr. Baackes recently answered my concern stating there was no contract with Synermed when LA Cares own board minutes confirm there was one and the DMHC confirmed it Carolyn Navarro 626-217-0549 [bohindy@gmail.com](mailto:bohindy@gmail.com). (This comment refers to the Board meeting summary dated on January 22, 2018.) “No contract “after I complain, really? As the mother of a victim I find this to be very flagrant attempt to discredit my public comments and concerns! Even his comment mentioning Blue Shield and Care 1st is strange, I was talking about LA Cares contract with Synermed and he brings them up! There is no misunderstanding, there was a contract. (This statement refers to a response from Auggie Haydel on December 27, 2019.) DMHC corrective action plan signed by LA Care attorney stating that enrollees be contacted about being Synermed fraud victims, I have never been contacted nor have other victims I’ve spoken to. Also states “tangible “consequences for Synermed bozos when I believe these people have been rewarded by LA Care! DMHC Corrective Action Plan: I don’t believe enrollees affected by Synermed have been contacted nor do I believe Synermed people are out of the picture! Too late for sorry, I’m taking my complaint OUT of California where you have less influence, if any or NONE! LA Care enabled suffering and death for years, beholden to Centene/Health Net, not enrollees! Centene was proven to be scam healthcare! There is no reason I can’t call anyhow.*

ADJOURNMENT	The meeting was adjourned at 3:16 p.m.	
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**RESPECTFULLY SUBMITTED BY:**

Victor Rodriguez, *Board Specialist II, Board Services*  
 Malou Balones, *Board Specialist III, Board Services*  
 Linda Merkens, *Senior Manager, Board Services*

**APPROVED BY**

  
 Fatima Vasquez, *ECAC Chair*  
 Date 9/8/2020

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

**Public comment submitted by Carolyn Navarro on June 6, 2020 at 12:45 p.m. (Continued)**

*The state mandated outreach to affected enrollees, outreach would be telling people they were affected by Synarmed aka EHS, I have never been notified, who has LA Care notified? I bet 98% of enrollees harmed by Synarmeds conduct have no idea! Google Synarmed DMHC 2019. Mr. Baackes recently answered my concern stating there was no contract with Synarmed when LA Cares own board minutes confirm there was one and the DMHC confirmed it Carolyn Navarro 626-217-0549 bohindy@gmail.com. (This comment refers to the Board meeting summary dated on January 22, 2018.) "No contract "after I complain, really? As the mother of a victim I find this to be very flagrant attempt to discredit my public comments and concerns! Even his comment mentioning Blue Shield and Care 1st is strange, I was talking about LA Cares contract with Synarmed and he brings them up! There is no misunderstanding, there was a contract. (This statement refers to a response from Auggie Haydel on December 27, 2019.) DMHC corrective action plan signed by LA Care attorney stating that enrollees be contacted about being Synarmed fraud victims, I have never been contacted nor have other victims I've spoken to. Also states "tangible "consequences for Synarmed bozos when I believe these people have been rewarded by LA Care! DMHC Corrective Action Plan: I don't believe enrollees affected by Synarmed have been contacted nor do I believe Synarmed people are out of the picture! Too late for sorry, I'm taking my complaint OUT of California where you have less influence, if any or NONE! LA Care enabled suffering and death for years, beholden to Centene/Health Net, not enrollees! Centene was proven to be scam healthcare! There is no reason I can't call anyhow.*