



L.A. CARE BOARD OF GOVERNORS MEETING

April 2, 2026 • 10:00 AM

L.A. Care Health Plan

Lobby Conference Rooms 1305, 1307 & 1309

1200 7th Street, Los Angeles, CA 90017

Mission

L.A. Care’s mission is to provide access to quality health care for Los Angeles County’s vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.6 million members in four product lines, L.A. Care is the nation’s largest publicly operated health plan.

L.A. Care Health Plan is governed by a 13-member Board of Governors representing specific stakeholder groups, including consumer members, physicians, federally qualified health centers, children’s health care providers, local hospitals and the Los Angeles County Department of Health Services.

Health Coverage

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with two subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross and Blue Shield of California Promise Health Plan. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.
- **L.A. Care Medicare Plus (HMO D-SNP)** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.



Health Equity and Community Impact

It takes more than health care coverage to build healthy communities. L.A. Care recognizes that non-medical factors can significantly impact health outcomes. It is estimated that 50-80 percent of health outcomes are based on social, economic and environmental factors. To ensure healthy communities, it's critical to address basic needs like food, housing, education, transportation and employment – often referred to as social needs, or social drivers of health.

Poverty, implicit and systemic biases, and racism adversely impact the health of those who are low-income, people with disabilities, those who experience homelessness, people of color, and members of the LGBTQ community. L.A. Care is committed to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible. L.A. Care is also committed to being a champion and a voice for its members and their communities.

L.A. Care supports its members health and social needs through a variety of targeted activities:

Community Health Investment Fund (CHIF) strengthens community health and fills gaps in health coverage for low-income Angelenos. To date, CHIF has invested **\$138 million** via 970 grants to support programs that improve the health and support the social needs of under-resourced community members.

Elevating the Safety Net is designed to address a looming physician shortage. The **\$255 million** initiative is comprised of programs to train, recruit and retain diverse and highly qualified primary care physicians for the L.A. County safety net.

L.A. Care and Blue Shield Promise Community Resource Centers are jointly operated with L.A. Care's plan partner Blue Shield of California Promise Health Plan. The plans have jointly committed **\$146 million** to open 14 safe, fun and inclusive centers across LA County, which provide free fitness and health education classes, social services, member services and enrollment services that promote the well-being of members and the communities where they live.

Regional Community Advisory Committees are eight councils made up of L.A. Care members, doctors, nurses, community-based organizations and other health care providers who bring the voice of their communities directly to the L.A. Care Board of Governors.





AGENDA

BOARD OF GOVERNORS MEETING

Thursday, April 2, 2026, 10:00 AM

L.A. Care Health Plan

Lobby Conference Rooms 1305, 1307 and 1309

1200 W. 7th Street, Los Angeles, CA 90017

DRAFT

Members of the Board of Governors, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=mdac9c74b868b0ae4e1c9cc5f010450e9>

To listen to the meeting via teleconference please dial: +1-213-306-3065

English Meeting Access Number: 2481 905 6083 Password: lacare

Spanish Meeting Access Number: 2499 633 8319 Password: lacare

Teleconference Site

Supervisor Hilda L. Solis

500 West Temple Street, Room 856

Los Angeles, CA 90012

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Board of Governors appreciates hearing the input as it considers the business on the Agenda.

The process for public comment is evolving and may change at future meetings.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

G. Michael Roybal, MD

Board Vice Chair

Board Vice Chair

1. Approve today’s agenda

2. Public Comment *(Please read instructions above.)*

Board Vice Chair

3. Approve Consent Agenda Items

Board Vice

(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with “BOG”.)

Chair

- March 10, 2026 Meeting Minutes
- Internal Audit Charter **(EXE 100)**
- Regional Advisory Committee Membership **(ECA 100)**

4. Leadership Reports

- Board Vice Chair Report *Board Vice Chair*
- Chief Executive Officer Report *Martha Santana-Chin
Chief Executive Officer*
 - Introduction - Chief Network & Strategy Engagement Officer, Aliza Arjoyan
 - Announcement - Cherie Compartore Retirement
 - Keep L.A. Covered Update *Melanie Fontes Rainer
Chief Strategic & Transformation Officer
Phinney Ahn
Executive Director, Medi-Cal*
 - Government Relations Update: California Legislative Session 2025-26 *Cherie Compartore
Senior Director, Government Affairs*
 - L.A. Care's support for the Los Angeles County Essential Services Restoration Act Sales Tax Measure on the June 2026 ballot (**BOG 100**) *Rachael E. Blucher
Partner, Nielsen Merksamer Parrinello
Gross & Leoni, LLP
Alison Ramey
Managing Director, Actum, LLC*
- Performance Monitoring – March 2026 *Sameer Amin, MD
Chief Medical Officer /
President, Product and Healthcare Delivery
Acacia Reed
Chief Operating Officer
Noah Paley, Chief of Staff*

5. Board Issue

- Approve Consolidation of the Provider Advisory and Technical Advisory Committee (**EXE 101**) *Sameer Amin, MD*
- Approve the Provider Relations & Technical Advisory Committee Charter (**EXE 101-A**)
- Approve the membership of the Provider Relations & Technical Advisory Committee (**EXE 101-B**)

6. Public Advisory Committee Reports

Copies of the approved minutes can be requested by contacting Board Services at BoardServices@lacare.org and are available at L.A. Care's website: <https://www.lacare.org/about/public-meetings/public-advisory-committee-meetings>

- Executive Community Advisory Committee *Audie Rhodes, Consumer Member
Mirella Diaz-Santos, PhD Consumer Advocate*

7. Board Committee Reports
(Copies of the approved minutes can be requested by contacting Board Services at BoardServices@lacare.org and are available at L.A. Care's website <https://www.lacare.org/about/public-meetings/committee-meetings>)
- Executive Committee *Board Vice Chair*
 - Compliance & Quality Committee Mirella Diaz-Santos, PhD
Committee Chair
8. Public Comment on Closed Session Items *(Please read instructions above.)*

ADJOURN TO CLOSED SESSION (Estimated time: 30 minutes)

Board Vice Chair

9. REPORT INVOLVING TRADE SECRET
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology
Estimated date of public disclosure: *April 2028*
10. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
 - Provider Rates
 - DHCS Rates
11. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act.
One Potential Case
12. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Pursuant to Paragraph (2) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act
Three Potential Cases
13. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
Two cases:
- HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County
L.A.S.C. Case No. 21STCV47250
 - Local Initiative Health Authority for Los Angeles County v. HRRP Garland, LLC
L.A.S.C. Case No. 25STCV22538
14. CONFERENCE WITH REAL PROPERTY NEGOTIATORS
Pursuant to California Government Code Section 54956.8
Property: 1200 W. 7th Street. Los Angeles, CA 90017.
Agency negotiator: Martha Santana-Chin, CEO
Negotiating party: Pentagon Federal Credit Union, Shinhan Bank New York Branch, Nonghyup Bank New York Branch, Woori Bank, New York Agency, Woori Bank Los Angeles Branch, Woori America Bank, REF V SERIES B LLC
Under negotiation: Price and Terms of Payment

15. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Paragraph (1) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act
L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069
Department of Health Care Services (2 cases)
16. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and
CONFERENCE WITH LABOR NEGOTIATOR
Sections 54957 and 54957.6 of the Ralph M. Brown Act
Title: CEO
Agency Designated Representative: Ilan Shapiro, MD
Unrepresented Employee: Martha Santana-Chin

RECONVENE IN OPEN SESSION

Board Vice Chair

ADJOURNMENT

Board Vice Chair

The next meeting is scheduled on Thursday, May 7, 2026 at 10:00 AM

The order of items appearing on the agenda may change during the meeting.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

1. At L.A. CARE’S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care’s Reception Area, Lobby, at 1200 W. 7th Street, Los Angeles, CA 90017, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request to BoardServices@lacare.org

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 428 5500. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.



1200 W. 7th Street, Los Angeles, CA 90017
Tel. (213) 428.5500

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursdays of the month 10:00 AM <i>(for approximately 3 hours)</i> <i>(regular meeting start time may change)</i></p> <p>Lobby Conference Rooms 1305, 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>April 2 May 7 June 4 July 30 <i>No meeting in August 2026</i> September 3 ** October 1 November 5 December 3</p> <p><i>**All Day Retreat</i></p>	<p>Ilan Shapiro, MD, <i>Chair</i> G. Michael Roybal, MD, MPH, <i>Vice Chair & Treasurer</i> Nina Vaccaro, MPH, <i>Secretary</i> Edgar A. Chavez, MD Jackie Contreras, PhD Mirella Díaz-Santos, PhD Christina R. Ghaly, MD George W. Greene, Esq. Salman Ahmed Khan, MD Audie Rhodes Supervisor Hilda L. Solis VACANT VACANT</p> <p>Staff Contact: Martha Santana-Chin <i>Chief Executive Officer</i> MSantana-Chin@lacare.org</p> <p>Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p> <p>Victor Rodriguez <i>Board Specialist III, Board Services</i> virodriguez@lacare.org</p>

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2026 MEETING SCHEDULE / MEMBER LISTING**

BOARD COMMITTEES			
<p align="center">EXECUTIVE COMMITTEE</p>	<p>4th Friday of the month 1:30 PM <i>(for approximately 2 hours)</i> Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p> <p align="center"><i>*third Friday due to Thanksgiving holiday</i></p>	<p>April 24 May 22 June 26 <i>No meeting in July 2026</i> August 28 September 25 October 23 November 20* <i>No meeting in December 2026</i></p>	<p>Ilan Shapiro, MD, <i>Chair</i> G. Michael Roybal, MD, MPH, <i>Vice Chair & Treasurer</i> Nina Vaccaro, MPH, <i>Secretary</i> Mirella Díaz-Santos, PhD, <i>Compliance & Quality Committee Chair</i> <i>Governance Committee Chair</i></p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p> <p>Victor Rodriguez <i>Board Specialist III, Board Services</i> virodriguez@lacare.org</p>
<p align="center">COMPLIANCE & QUALITY COMMITTEE</p>	<p>3rd Thursday of the month 12:00 noon <i>(for approximately 2 hours)</i> Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>April 16 May 21 June 18 <i>No meeting in July 2026</i> August 20 September 17 October 15 November 19 <i>No meeting in December 2026</i></p>	<p>Mirella Díaz-Santos, PhD, <i>Chair</i> Salman Khan, MD G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist III, Board Services</i> virodriguez@lacare.org</p>
<p align="center">FINANCE & BUDGET COMMITTEE</p>	<p>4th Friday of the month 12:30 PM <i>(for approximately 1 hour)</i> Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p> <p align="center"><i>*third Friday due to Thanksgiving holiday</i></p>	<p>April 24 May 22 June 26 <i>No meeting in July 2026</i> August 28 September 25 October 23 November 20* <i>No meeting in December 2026</i></p>	<p>G. Michael Roybal, MD, MPH, <i>Chair</i> Edgar A. Chavez, MD George Greene, Esq. Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p>

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<p align="center">AUDIT COMMITTEE</p>	<p>Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p> <p align="center">MEETS AS NEEDED</p>		<p>George Greene, Esq., <i>Chair</i> Mirella Díaz-Santos, PhD G. Michael Roybal, MD, MPH</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p>
<p align="center">GOVERNANCE COMMITTEE</p>	<p>Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p> <p align="center">MEETS AS NEEDED</p>		<p>Nina Vaccaro, MPH</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p>
<p align="center">SERVICE AGREEMENT COMMITTEE</p>	<p>Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p> <p align="center">MEETS AS NEEDED</p>		<p>George W. Greene, Esq.</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p>

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<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p align="center">Meets Annually or as needed</p> <p align="center">Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p>		<p>Ilan Shapiro, MD, <i>Chair</i> G. Michael Roybal, MD, MPH, <i>Vice Chair & Treasurer</i> Nina Vaccaro, MPH, <i>Secretary</i> Edgar A. Chavez, MD Jackie Contreras, PhD Mirella Díaz-Santos, PhD Christina R. Ghaly, MD George W. Greene, Esq. Salman Ahmed Khan, MD Audie Rhodes Supervisor Hilda L. Solis VACANT VACANT</p> <p>Staff Contact: Martha Santana-Chin <i>Chief Executive Officer</i> MSantana-Chin@lacare.org</p> <p>Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p> <p>Victor Rodriguez <i>Board Specialist III, Board Services</i> virodriguez@lacare.org</p>
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2026 MEETING SCHEDULE / MEMBER LISTING**

<p>L.A. CARE JOINT POWERS AUTHORITY</p>	<p>1st Thursdays of the month 10:00 AM <i>(for approximately 3 hours)</i> <i>(regular meeting start time may change)</i></p> <p>Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>April 2 May 7 June 4 July 30 <i>No meeting in August 2026</i> September 3 ** October 1 November 5 December 3</p> <p><i>**All Day Retreat</i></p>	<p>Ilan Shapiro, MD, <i>Chair</i> G. Michael Roybal, MD, MPH, <i>Vice Chair & Treasurer</i> Nina Vaccaro, MPH, <i>Secretary</i> Edgar A. Chavez, MD Jackie Contreras, PhD Mirella Díaz-Santos, PhD Christina R. Ghaly, MD George W. Greene, Esq. Salman Ahmed Khan, MD Audie Rhodes Supervisor Hilda L. Solis VACANT VACANT</p> <p>Staff Contact: Martha Santana-Chin <i>Chief Executive Officer</i> MSantana-Chin@lacare.org</p> <p>Malou Balones <i>Board Specialist III, Board Services</i> mbalones@lacare.org</p> <p>Victor Rodriguez <i>Board Specialist III, Board Services</i> virodriguez@lacare.org</p>
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PUBLIC ADVISORY COMMITTEES			
<p align="center">CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p>	<p align="center">Meets Quarterly 3rd Tuesday of meeting month 8:30 AM <i>(for approximately 2 hours)</i> Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">May 19 August 18 November 17</p>	<p>Tara Ficek, MPH, Chair</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services</i> virodriguez@lacare.org</p>
<p align="center">EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p>	<p align="center">2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i> Lobby Conference Rooms 1303, 1305, 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p> <p align="center"><i>*Will meet on the third Wednesday of the month due to Veterans Day observance.</i></p>	<p align="center">April 8 May 13 June 10 July 8 <i>No meeting in August</i> September 9 October 14 November 18* December 9</p>	<p>Maritza Lebron, Chair</p> <p>Staff Contact: Idalia Chitica, <i>Community Outreach & Education</i>, idelatorre@lacare.org</p>
<p align="center">TECHNICAL ADVISORY COMMITTEE</p>	<p align="center">Meets Quarterly 2nd Thursday of meeting month 2:00 PM <i>(for approximately 2 hours)</i> Lobby Conference Rooms 1307, 1309 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">May 14 August 13 November 12</p>	<p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services</i> virodriguez@lacare.org</p>

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REGIONAL COMMUNITY ADVISORY COMMITTEES			
REGION 1	<p>11 AM – 1:30 PM L.A. Care Community Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580 <i>*Will meet on the second Friday of the month due to holiday event.</i></p>	<p>April 17 June 19 August 21 October 16 December 11*</p>	<p>Maria Mayoral, <i>Chair</i></p> <p>Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i></p>
REGION 2	<p>11:00 a.m. to 1:30 p.m. L.A. Care Community Resource Center 7868 Van Nuys Blvd. Panorama City CA 91402 (213) 438-5497</p>	<p>May 18 July 20 September 21 November 16</p>	<p>Ana Rodriguez, <i>Chair</i></p> <p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p>
REGION 3	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in El Monte 3570 Santa Anita Ave. El Monte, CA 91731 (213) 428-1495 Community Resource Center in Pomona 696 W. Holt Avenue Pomona, CA 91768 (909) 620-1661</p>	<p>May 20 Pomona CRC July 15 El Monte CRC September 16 Pomona CRC November 18 El Monte CRC</p>	<p>Gladis Alvarez, <i>Chair</i></p> <p>Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i></p>
REGION 4	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in Metro L.A. 11173 W. Pico Blvd. Los Angeles, CA 90064 (310) 231-3854</p>	<p>May 19 July 21 September 15 November 17</p>	<p>Silvia Poz, <i>Chair</i></p> <p>Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i></p>

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<p>REGION 5</p>	<p>2:00 p.m. to 4:30 p.m. Community Resource Center in West L.A. 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p>	<p>April 16 June 18 August 20 October 15 December 17</p>	<p>Carmen Delgado, <i>Chair</i></p> <p>Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i></p>
<p>REGION 6</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in South Los Angeles 5710 Crenshaw Blvd. Los Angeles, CA 90043 Community Resource Center in Lynwood 3200 E. Imperial Highway Lynwood, CA 90262</p>	<p>April 15 South LA CRC June 17 Lynwood CRC August 19 South LA CRC October 21 Lynwood CRC December 16 South LA CRC</p>	<p>Hilda Perez, <i>Chair</i></p> <p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p>
<p>REGION 7</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in East L.A. 4801 Whittier Blvd. Los Angeles, CA 90022 (213) 438-5570 Community Resource Center in Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>	<p>May 15 East LA CRC July 17 Norwalk CRC September 18 East LA CRC November 20 Norwalk CRC</p>	<p>Maritza Lebron, <i>Chair</i></p> <p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>
<p>REGION 8</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in Wilmington 911 N. Avalon Blvd. Wilmington, CA 90744 (213) 428-1490 Community Resource Center in Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (562) 256-9810</p>	<p>April 20 Long Beach CRC June 15 Wilmington CRC August 17 Long Beach CRC October 19 Wilmington CRC December 21 Long Beach CRC</p>	<p>Tonya Byrd, <i>Chair</i></p> <p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>

**FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG.
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CONSENT AGENDA

**Board of Governors
Regular Meeting Minutes #347
March 10, 2026**

L.A. Care Health Plan, 1200 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Ilan Shapiro, MD, *Board Chair*
John G. Raffoul, *Board Vice Chair**
Nina Vaccaro, MPH, *Secretary*
Edgar Chavez, MD *
Jackie Contreras, PhD
Mirella Díaz-Santos, PhD

Christina R. Ghaly, MD
George W. Greene, Esq.**
Salman Khan, MD
Audie Rhodes
G. Michael Roybal, MD, MPH,
Treasurer
Supervisor Hilda Solis *

*Absent

** Via teleconference

Management

Martha Santana-Chin, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Melanie Fontes Rainer, *Chief Strategy & Transformation Officer*
Rob Geyer, *Chief Operating and Systems Integration Officer*
Todd Gower, *Chief Compliance Officer*
Linda Greenfeld, *Chief Product Officer*
Augustavia Haydel, Esq., *General Counsel*
Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*
Afzal Shah, *Chief Financial Officer*

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Ilan Shapiro, MD, <i>Board Chair</i> , called the meetings to order at 10:03 A.M. without a quorum. The Board started hearing the Leadership Reports which do not require voting He outlined the information for public comment included on the meeting Agenda.	
BOARD CHAIR'S REPORT	<i>(Since a quorum was not reached yet, the Board started hearing the Leadership Reports which do not require voting.)</i> Board Chair Shapiro highlighted the dedication of Board members, who spend 6–10 hours a week serving while also balancing jobs and families, driven by a passion to improve community health and provide security and opportunity. He then expressed his heartfelt gratitude to retiring Board Member John Raffoul, recognizing him as a mentor and leader who opened doors, created opportunities, and was not afraid to ask important, sometimes difficult questions. His experience, guidance, and commitment have had a meaningful impact on both the Board and the community.	
APPROVAL OF MEETING AGENDA	<i>(A quorum was reached at 10:09 am.)</i> The committee approved Board Member George Greene's virtual participation by invoking the Just Cause Clause.	Unanimously approved by roll call 8 AYES (Contreras, Diaz-Santos, Greene, Khan, Rhodes,

DRAFT

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The meeting agenda was approved as submitted.</p>	<p>Roybal, Shapiro, and Vaccaro)</p> <p>Unanimously approved by roll call 8 AYES</p>
<p>PUBLIC COMMENTS</p>	<p><i>(Board Member Ghaly joined the meeting in person.)</i></p> <p><i>Demetria Saffore expressed concern about a liability waiver required for RCAC volunteers, arguing it unfairly protects L.A. Care from responsibility while failing to address issues that occur among committee members on the committees between the committee members.</i></p> <p>Board Chair Shapiro acknowledged the concern and said staff will review the liability policy. Charles Robinson, <i>Chief Health Equity Officer</i>, is now leading L.A. Care’s Community Outreach & Engagement and Community Resource Centers, is examining the issue, with updates to come.</p> <p><i>Sylvia Poz raised concerns about in-home support services (IHSS) workers receiving inadequate medical coverage. She noted they often must travel far for care, face long wait times for appointments and incur out-of-pocket costs. She emphasized the lack of local coverage options and called for improved access and services, highlighting the essential role IHSS workers play.</i></p> <p>Board Chair Shapiro thanked Ms. Poz. Staff will explore a little bit more and hopefully at the next Board meeting will have some more information.</p> <p><i>Keith Richards Sr. introduced himself as a recent addition to Regional Community Advisory Committee (RCAC), having joined about 5-6 months ago. He shared a personal connection to this building, noting that he worked here in the mid-1990s when it was First Interstate Bank. He expressed that returning to the same location feels meaningful and a bit surreal. Overall, he conveyed enthusiasm about being part of L.A. Care’s RCAC.</i></p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p>Motions EXE 100, EXE 100A and EXE 100B were removed from today’s meeting and consent agenda.</p> <ul style="list-style-type: none"> February 5, 2026 Meeting Minutes 	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Delegate actions to implement change in Board member stipend <u>Motion EXE 101.0326</u> Delegate authority to Chief Executive Officer and General Counsel to review and take necessary actions to implement appropriate changes to the remuneration Board members are eligible to receive pursuant to Welfare and Institutions Code Section 14087.963 • Compliance Program Plan <u>Motion COM 100.0326</u> To approve the CY2026 Compliance Program Plan, as submitted. • Compliance Work Plan <u>Motion COM 101.0326</u> To approve the CY2026 Compliance Program Plan, as submitted. • Internal Audit Services’ Revisions to Compliance & Quality Committee Charter <u>Motion COM 102.0326</u> Internal Audit Services request the following proposed resolution: <ul style="list-style-type: none"> • Executive Committee retains final approval of the Internal Audit Audit Work Plan. The Internal Audit Charter will be presented to the Executive Committee for the review and approval at its March 27, 2026 meeting. • Compliance & Quality Committee reviews the Internal Audit Audit Work Plan for coordination and provides advisory recommendations for Internal Audit’s review and consideration. • Compliance & Quality Committee continues to approve compliance and quality audit plans (including external compliance audits). • Children’s Health Consultant Advisory Committee Membership <u>Motion CHC 100.0326</u> To appoint Nava Yeganeh, MD, MPH, Medical Director, Vaccine Preventable Disease Control Program Los Angeles County Department of Public Health to the seat of Health Care Expertise, to the Children’s Health Consultant Advisory Committee. 	<p>Unanimously approved by <i>roll call</i> 9 AYES (Contreras, Diaz-Santos, Ghaly, Greene, Khan, Rhodes, Roybal, Shapiro, and Vaccaro)</p>

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Ratify elected Children’s Health Consultant Advisory Committee Chair, Tara Ficek, MPH and Vice Chair, Mona Patel, MD <u>Motion CHC 101.0326</u> To ratify the election of Tara Ficek, MPH as Chair and Mona Patel, MD, as Vice Chairperson of the Children’s Health Consultant Advisory Committee effective February 2026. • Ratify elected Regional Advisory Committee 4 Chair, Sylvia Poz (ECA 100) <u>Motion ECA 100.0327</u> To ratify Silvia Poz, Vice-Chairperson as the New RCAC 4 Chairperson for the remainder of the original term which extends through March 2027. • Regional Advisory Committee Membership (ECA 101) <u>Motion ECA 101</u> To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Executive Community Advisory Committee (ECAC) at their February 11, 2026, meeting: <ul style="list-style-type: none"> ○ Parent Organization Network, RCAC 4, Community Partner ○ The Flow, RCAC 8, Community Partner 	
LEADERSHIP REPORTS		
<p>CHIEF EXECUTIVE OFFICER REPORT</p> <p>Announcement of Retirement & Recognition:</p> <ul style="list-style-type: none"> ○ Tom McDougall, Chief Technology & Information Officer ○ Linda Greenfeld, Chief Products Officer <p>Organizational Updates</p>	<p>Martha Santana-Chin, <i>Chief Executive Officer</i>, welcomed everyone and specifically acknowledged RCAC Member Keith Richards Sr., thanking him for his service and contributions to the RCACs, emphasizing that his input matters.</p> <p>Ms. Santana-Chin referred to her written CEO report included in the meeting packet on page 111.</p> <p>Ms. Santana-Chin highlighted several exciting organizational changes at L.A. Care, emphasizing progress in strategy and operations. She praised Melanie Fontes Rainer, <i>Chief Strategy & Transformation Officer</i>, for strengthening the Strategy & Transformation Office, including establishing an enterprise portfolio management office with a structured approach to project intake and leadership support. She noted continued progress in executing the strategic plan, along with strong alignment in strategic investments and partnerships, and expressed appreciation for Ms. Fontes Rainer’s leadership in advancing and organizing the organization.</p>	

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	<p>Ms. Santana-Chin announced the retirement of Linda Greenfeld, <i>Chief Products Officer</i> and Tom MacDougall, <i>Chief Technology & Information Officer</i>.</p> <p>Ms. Santana-Chin highlighted Ms. Greenfeld’s leadership of L.A. Care’s product office, where she oversees key lines of business including Medicare, Medi-Cal, Covered California, and PASC-SEIU. She praised her strong performance, noting that for five consecutive years L.A. Care has offered the lowest Silver plan in the county through Covered California. She also emphasized the rapid growth of the Duals Special Needs Plan (DSNP), now nearing 20% market share and ranking third in the county, as a major achievement. Additionally, she commended Ms. Greenfeld’s focus on maintaining coverage for members within the Medi-Cal program. Ms. Santana-Chin noted that the organization’s ongoing work with the Department of Public Social Services (DPSS) and other partners has been led by Ms. Greenfeld. As she prepares to retire after a successful career, she was praised as a kind, dependable leader who has been a cornerstone of L.A. Care and has built a strong, talented team.</p> <p>Ms. Greenfeld expressed gratitude to Ms. Santana-Chin for her support and kind words and reflected on her ten years at L.A. Care as an honor and rewarding experience. She credited the organization’s success to strong teamwork and a shared commitment to its mission, highlighting pride in the team’s work to improve products and services. She also thanked the Board and her colleagues for their support and collaboration. Concluding emotionally, she shared that she is stepping away with deep gratitude and a full heart.</p> <p>Ms. Santana-Chin announced that Tom MacDougall, <i>Chief Technology & Information Officer</i>, will also retire at the beginning of April. She praised his dedication to L.A. Care’s mission, highlighting his leadership in modernizing technology, building a strong cybersecurity team, guiding the organization through the pandemic shift to remote and hybrid work, and strengthening data infrastructure and interoperability. She noted that he leaves a capable team in place and described him as passionate, caring, and approachable, and joked about his dog-training expertise.</p> <p>Mr. MacDougall thanked Ms. Santana-Chin and the Board, reflecting on his unexpected journey at L.A. Care in 2018, which began as a short-term engagement. He shared that, as a former Medicaid beneficiary from Los Angeles County, the mission resonated deeply with him. He expressed how much he has come to love the people he works with, valuing the trust placed in him and his team’s dedication to serving members. He praised his colleagues for their passion and energy, feeling honored and fortunate to work alongside them.</p>	

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	<p>Ms. Santana-Chin noted that Mr. MacDougall is leaving L.A. Care in capable hands, praising his strong teams and expressing confidence that Rob Geyer, <i>Chief Operating and Systems Integration Officer</i>, and Sameer Amin, MD, <i>Chief Medical Officer</i>, will honor his legacy.</p>	
<p>Monthly Grants and Sponsorships Report</p>	<p>Ms. Santana Chin referred to the written report included in the meeting materials.</p>	
<p>Flightpath Balanced Scorecard: Performance Management & Incentives Framework</p>	<p>Ms. Fontes Rainer thanked the Board for their feedback and engagement throughout the process of developing Key Performance Indicators (KPIs). She highlighted that the KPI process has been collaborative and transparent. She presented the finalized KPIs, emphasizing that they are essential for driving accountability and guiding day-to-day execution in support of Flight Path 2030. The KPIs are organized in a balanced scorecard format to reflect the priorities for L.A. Care members, network providers, and the organization, focusing on continuous improvement for the community. She also noted that the KPIs cover the six organizational pillars, as well as enterprise-wide and financial stewardship measures, including areas like excellence, grievances, and platform systems.</p> <p>Ms. Fontes Rainer highlighted the key performance metrics established by the Enterprise Analytics and Innovation team, led by Alka Agarwal, to track progress and set targets for 2026 across L.A. Care. Key focus areas include:</p> <ol style="list-style-type: none"> 1. Claims Effectiveness – Measuring accuracy, efficiency, and financial integrity of claims processing to improve organizational performance. 2. Encounter Data Timeliness – Ensuring providers submit data promptly to manage quality, access, and population health. 3. Provider Portal Adoption – Encouraging electronic transactions to improve efficiency and reduce manual processes. 4. Primary Care Engagement – Tracking members’ annual primary care visits to strengthen population health and care transitions. 5. Hospital Readmissions – Reducing avoidable 30-day readmissions by collaborating with hospitals, care managers, and primary care providers. 6. Provider Contract Finalization – Timely approval of standardized contracts to expand access to high-quality providers. 7. Member Service Metrics – Monitoring first call resolution and digital engagement, promoting member self-service through portals and digital tools. <p>The overall focus is on improving operational efficiency, care quality, provider collaboration, and member engagement through data-driven tracking and strategic targets.</p>	

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	<p>Ms. Fontes Rainer also emphasized the growing importance of organizational culture and values in healthcare, alongside operational metrics. Key points include:</p> <ol style="list-style-type: none"> 1. Culture and Recognition – Fostering collaboration, accountability, and mission-driven behavior through recognition programs, even amid challenging circumstances. 2. Interoperability & Automation – Enhancing system connectivity to streamline electronic authorizations, reduce delays, and ensure timely provider payments. 3. AI-Enabled Decision Support – Leveraging AI tools to improve analytics, operational insights, and decision-making across the organization. 4. Population Management – Minimizing coverage loss by addressing unsuccessful renewal submissions, ensuring continuity of care for members. <p>The overall focus is on aligning culture, technology, and operations to improve efficiency, member outcomes, and workforce engagement.</p> <p>The team has finalized the Balanced Scorecard KPIs and will cascade them into organizational goals. These will be discussed at the town hall next week to ensure senior leaders can align their teams. Regular check-ins are planned:</p> <ul style="list-style-type: none"> • July/August – first Board update (timing may adjust based on Board schedule) • December/January – year-end review • Ongoing – updates as needed, tied to performance assessments and team calibrations <p>The goal is to ensure continuous execution, improvement, and alignment across the organization.</p> <p>Ms. Fontes Rainer stated this is to give a snapshot of how staff will proceed and will guide the organization moving forward. These KPIs will be rolled out across the organization, starting with a town hall next week, where leadership will help teams align toward shared goals and execution. Progress will be monitored through seasonal check-ins with the Board, likely around July/August and again in December/January, with flexibility for additional updates if needed. The KPI framework will also be integrated into regular performance processes, including team assessments, calibration, and year-end evaluations. Ongoing updates will be provided to the Board as needed to track progress and adjust.</p> <p>Board Member Ghaly praised the metrics and transparency and questioned whether the 2026 targets could be set higher in some instances for baseline performance.</p> <p>Ms. Fontes Rainer explained that some performance metrics have been trending downward, so the goal has been to stabilize them rather than push for large increases during this growth phase. In cases like the provider satisfaction survey, where results have fluctuated, staff are</p>	

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	<p>aiming to maintain or slightly improve current levels while accounting for external factors that can affect KPIs but are outside their control.</p> <p>Board Member Ghaly said she would like more visibility into historical trends for the metrics, where available, to better understand performance over time and to understand goals that maintain-the status quo and more insight into why stronger improvement goals are not being set</p> <p>Ms. Santana-Chin expressed her appreciation of the comment and explained that some targets, like employee engagement, are influenced by current circumstances, such as recent workforce reductions and broader industry challenges, which can negatively impact morale. She noted that L.A. Care’s engagement level is already relatively high compared to peers, so maintaining it is still meaningful.</p> <p>However, she acknowledged Board Member Ghaly’s point and proposed asking senior leadership to revisit the goals to see where targets could be made more ambitious. Overall, she committed to reassessing the targets and returning later with potentially more aggressive goals.</p> <p>Board Member Contreras expressed appreciation for staff’s willingness to revisit the goals. She emphasized that the question is important because she wants to better understand the reasoning and assumptions behind the targets, and asked that when staff returns, they include more context and explanation about their thinking.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, stated this will be a very challenging year for L.A. Care due to rising medical costs and administrative pressures. Membership is declining by about 1% per month, with 100,000 members already lost in three months. Given uncertainty around patient acuity, it’s hard to set firm targets, but ending the year with a medical cost ratio (MCR) of 93% or lower would be considered a good outcome. However, there is a real risk the organization could operate at a loss if conditions worsen.</p> <p>Board Member Ghaly agreed with the point and emphasized the need for more clarity on why things are the way they are. She noted that while the current approach might be reasonable, it is difficult to assess whether targets should be more aggressive without better understanding the underlying factors.</p> <p>Ms. Santana-Chin emphasized the need to clearly explain the rationale behind the targets and whether they are appropriate. She noted that some targets may be fine as is, while others could be more ambitious, and agreed to revisit the issue with more detailed justification.</p>	

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	<p>Board Member Khan expressed appreciation for efforts to strengthen safety net providers and support primary care. However, he raised concerns—echoed by independent physicians through Los Angeles County Medical Association (LACMA)—about uncertainty and lack of transparency around Prop 35 payments and practice transformation funding. Many physicians report they are not receiving payments, while it is unclear if others are being paid but not speaking up. He asked whether a tracking system could be implemented to better monitor payment distribution and outcomes, and whether L.A. Care could coordinate with other health plans to compare approaches and improve visibility.</p> <p>Ms. Santana-Chin acknowledged that Board Member Khan is hearing from LACMA that some independent physicians may not be receiving Prop 35 add-on payments, which she believes relates to targeted rate increases. She also noted uncertainty about what is meant by “practice transformation” and asked for clarification. Regarding Prop 35, she said staff will explore ways for L.A. Care to provide oversight or a simple tracking mechanism, including distinguishing between payments made directly by L.A. Care and those distributed through IPAs and medical groups.</p> <p>Mr. Shah explained that the state has not yet finalized Prop 35 payment details for 2026 and is still determining how the program will be structured, likely similar to Prop 56 with code-based payment enhancements. The state is deciding how many billing codes will be included—potentially ranging from about 1,000 to 7,000—and these would apply to both primary and specialty care. Some payments may be retroactive to as early as January–July 2025, with broader changes expected in January 2026. Mr. Shah added that implementing these changes would be administratively complex for health plans, affecting both capitation and fee-for-service systems. L.A. Care is awaiting further state guidance and will report back as more details on structure, funding, and implementation become available.</p> <p>Board Member Khan thanked staff and emphasized that independent physicians, who serve many Medi-Cal patients, value L.A. Care’s efforts to support them. He reiterated the importance of developing a tracking system to monitor payments and ensure these physicians are being properly supported.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Amin referred to his written report included in the meeting packet.</p> <p>L.A. Care’s Transitions of Care program provides short-term (up to 30 days) support for Medi-Cal members after discharge from hospitals or skilled nursing facilities. The program focuses on ensuring safe transitions by coordinating follow-up care, managing medications, addressing social needs, and reducing the risk of readmission. Members are identified through automated hospital notifications and referrals, with priority given to higher-risk individuals.</p>	

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	<p>The program offers a single point of contact to streamline communication and integrates with other care management services to avoid duplication. In 2025, it handled over 28,500 cases (about 2,300 monthly) and became more stable with standardized workflows, automated intake processes, staff training, and defined performance metrics aligned with state requirements.</p> <p>Overall, the program has been successful, and in 2026 L.A. Care will focus on:</p> <ul style="list-style-type: none"> • Strengthening hospital partnerships and aligning workflows for maternal health. • Expanding automation, infrastructure, and outcome measurement to improve return on investment (ROI). • Enhancing engagement and education for members in a highly targeted way. • Expanding the transitions of care program to improve support for pregnant and postpartum members for longer periods, following state guidance for high-risk members (care starting six months before birth and continuing twelve months after). • Developing a full-Board care management program for maternal health, including improved identification of high-risk populations and higher-touch engagement. • Piloting field-based transitions of care using Community Health Workers (CHWs) virtually, with potential for on-site presence in hospitals serving high volumes of L.A. Care members. • Collaborating across divisions to ensure safe discharges, proper handoffs, escalation pathways for high-risk patients, and alignment with delegated provider groups. <p>The primary care doctors need to be fully aware of all ongoing services. The focus is on demonstrating impact through key performance indicators (KPIs) reported to DHCS, including follow-up after hospital use and member contact within seven days of discharge. Current data establishes a baseline for tracking progress. Reporting also covers infrastructure, staffing, workflows, and ensuring processes are repeatable and automated. Additionally, L.A. Care is creating an internal framework to improve how we identify the right members to target for these interventions.</p> <p>Dr. Amin reported that L.A. Care is adopting a new state-driven risk stratification protocol to classify members as high, medium, or low risk. The algorithm may identify more high-risk members than before, though data accuracy is still being refined. As it rolls out, the program will expand, and L.A. Care is working to efficiently reach these members without duplicating efforts already handled by hospitals, primary care doctors, or delegated provider groups.</p> <p>Board Member Contreras thanked Dr. Amin and asked about how L.A. Care’s services intersect with In-Home Supportive Services (IHSS) and inquired about measures related to equity, including access and outcomes.</p>	

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	<p>Dr. Amin explained that the Transitions of Care program is part of the Care Management department, which works closely with the Medi-Cal Managed Long-Term Services & Supports (MLTSS) team. Together, they ensure patients leaving the hospital receive the appropriate in-home services or alternative care options to avoid unnecessary skilled nursing facility stays. To address health equity, the program relies on automated systems that capture nearly all hospital discharges and transfers (84.9%) without waiting for referrals, reducing bias that can arise from manual identification. Additional referrals come from alternate sources, ensuring that all transitions are tracked regardless of cultural or ethnic background.</p> <p>Board Member Ghaly thanked Dr. Amin and emphasized the importance of coordinating care managers across hospitals, clinics, and health plans. She raised a concern that too much funding may be going toward care management staff rather than directly toward services patients need, such as housing, skilled nursing, home care, or durable medical equipment. She suggested that in some cases, fewer care managers and more direct service funding might better meet patient needs, reducing bureaucracy and unnecessary navigation.</p> <p>Dr. Amin agrees with Board Member Ghaly’s point that adding navigation or care management services is ineffective if there are no actual resources (like housing) to connect people to. He supports efforts to reduce duplication by relying more on existing providers.</p> <p>Dr. Amin also raised a concern about the new Medi-Cal Connect system, which is expected to significantly increase the number of members labeled “high risk.” He stressed the need to better identify who truly needs intensive services by using strong performance metrics (KPIs), rather than spreading resources too broadly.</p> <p>Board Member Ghaly thanked Dr. Amin and suggested evaluating how much L.A. Care spends on care management to determine if it’s the best use of funds. She noted that while regulations may limit flexibility, there could be opportunities to advocate with the state to redirect funding—potentially using it more effectively, such as increasing SNF rates instead of expanding care management programs.</p> <p>Ms. Santana-Chin said L.A. Care is preparing a proposal to the state to improve current programs and emphasized the need to rely on data to understand what is working. She recommended bringing updates to the Board on efforts like TCS, enhanced care management (ECM), and other care management initiatives, highlighting opportunities to streamline services and reducing duplication across the system. She noted that L.A. Care has already raised concerns with the state that some programs may not be the most effective use of limited resources, while also acknowledging that certain programs—like ECM for the right patients—</p>	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>can reduce healthcare costs. She stressed the importance of regularly sharing data and outcomes with the Board to improve transparency and decision-making and agreed that now is the right time to focus on better coordination and efficiency.</p>	
<p>CHIEF FINANCIAL OFFICER REPORT</p> <ul style="list-style-type: none"> • Year-to-Date Financial Performance Report 	<p><i>(Board Chair Shapiro out of meeting room.)</i></p> <p>Mr. Shah quickly highlighted what is meant by actuals and what is meant by YTD.</p> <ul style="list-style-type: none"> • Actuals (December): Refers only to the actual membership for December. • Bridge Budget (December 2025): A projection for December only, representing expected membership during the transition (“bridge”) period. • YTD (Year-to-Date): Includes 15 months of data (October 2024–December 2025), not the traditional 12 months. This total is called member months (e.g., 39.32 actual). • 6 + Bridge: Combines 6 months of actuals + 6 months of forecast + 3 additional transition months. • Key Change: This is a transition year shifting the organization’s fiscal year from the prior period October–September to coincide with calendar year (January–December) periods in the future. • Going Forward (2026+): All YTD figures will reflect 15 months of data align with DHCS calendar-year rate setting. <p><u>Membership</u> Total plan membership in December 2025 was 2.6 million, which is 18,240 unfavorable to forecast and a year-to-date (YTD) unfavorable variance of 77,743, primarily due to lower than forecast LACC and Medi-Cal enrollment.</p> <p><u>Consolidated Financial Performance</u> YTD December resulted in a net surplus of \$320 million, which is \$98 million favorable to the forecast. Adjusted for interest income, the net surplus is \$103 million, equivalent to a 1.5% margin.</p> <p>Revenue: \$52 million favorable to the forecast, primarily due to favorable \$95 million risk adjustment factor (RAF) adjustment for LACC (revised from 0.60 to 0.65) and Medi-Cal Quality Withhold of \$101 million. This was partially offset by Medi-Cal Proposition 56 adjustments for calendar years 2019–2021, resulting in a \$155 million reduction to revenue.</p> <p>Healthcare Costs: \$37 million favorable to the forecast primarily driven Medi-Cal Proposition 56 adjustments for 2019–2021, resulting in a \$150 million reduction to expense and DHS cap</p>	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>deduct adjustments of \$55 million. This was partially offset by higher claims trends and other adjustments.</p> <p>Operating Expenses: \$54 million favorable to the forecast, lower than anticipated spending across the enterprise; offset by higher spend in purchased services and broker commissions.</p> <p>Non-operating Income: \$46 million unfavorable to the forecast primarily due to 2024 and 2025 community reinvestment expense. This was partially offset by interest income and unrealized gains.</p> <p><u>Operating Margins by Segment</u></p> <ul style="list-style-type: none"> • Medi-Cal medical cost ratio (MCR): 93% – favorable to the forecast due to lower capitation expense. • DSNP MCR: 90.7% – unfavorable to forecast driven by lower capitation revenue. • LACC MCR: 87% – favorable to forecast driven by RAF adjustment (0.60 to 0.65) for CY 2024 and 2025. • PASC MCR: 102.8% – favorable to forecast driven by lower inpatient claims and capitation expense. • Overall L.A. Care MCR: 92.7%, slightly favorable to the forecast. <p><u>Key Financial Ratios</u> The metrics are all positive.</p> <p><u>Tangible Net Equity & Days of Cash + Investments On-Hand Comparison</u> TNE is 828% and 124 days of cash plus investments on hand.</p> <p><u>Motion EXE 102.0326</u> To accept the Financial Reports for Year-To-Date December 2025, as submitted.</p>	<p>Unanimously approved by roll call 8 AYES (Contreras, Diaz-Santos, Ghaly, Greene, Khan, Rhodes, Roybal, and Vaccaro)</p>
<p>Quarterly Investments and Monthly Investments Transactions Reports* (informational only).</p>	<p><i>The detailed quarterly investments and monthly investments transactions reports can be downloaded from the L.A. Care’s website at: https://www.lacare.org/about/public-meetings/committee-meetings</i></p> <p>Full report is available on the L.A. Care website to comply with the California Government Code and are presented as an informational item.</p> <p>L.A. Care's investment market value as of December 31, 2025 was \$4.5 billion.</p> <ul style="list-style-type: none"> • \$4.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$11 million in Los Angeles County Pooled Investment Fund • \$6 million in Local Agency Investment Fund 	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>PERFORMANCE MONITORING REPORT</p>	<p>Dr. Amin referred to the performance dashBoard included in the meeting packet. There were no major callouts on the dashBoard. Medical management utilization management (UM) timelines for MCLA remain strong at 98–99%. L.A. Care Covered (LACC) is also performing well, with compliance rates between 96.8% and 100% across expedited, routine, and post-service requests. The Duals Special Needs Plan (DSNP) shows slightly lower performance (89–95%) due to a very small volume of requests, where even minor delays impact percentages; however, the issue has been identified and addressed, with improvements expected in subsequent months. PASC SEIU performance remains compliant, ranging from 95.5% to 100%.</p> <p>Rob Geyer, <i>Chief Operating and Systems Integration Officer</i>, reported one compliance metric below the 95% standard: provider dispute resolutions within 45 days, currently at 92%. The decline is tied to a specific set of anomalous COVID testing claims under investigation for potential fraud. This is considered a temporary issue, with performance expected to return to around 99% by March.</p> <p>Noah Paley, <i>Chief of Staff</i>, reported that transportation performance met all SLAs through December, with hospital discharges and transfers slightly below target at 99% and 98%. Performance has remained stable through January–March. A temporary dip in call center abandonment rates in February—caused by high call volume and staff turnover—has been resolved, with March data showing a return to SLA compliance. Hospital transfer and discharge metrics are improving and trending toward the 100% SLA goal. Board Member Vaccaro apologized for skipping one public comment before proceeding to agenda item 5.</p> <p><u>PUBLIC COMMENTS</u></p> <p><i>Dorothy Lawry shared that her mother died after being discharged from the hospital when her coverage ran out, despite showing improvement. She explained that under L.A. Care, she was promised continued hospital care until her doctor approved discharge and received full dental coverage. However, after switching to Optum, she experienced reduced dental benefits and expressed confusion and concern about her current coverage, asking for clarification about hospital discharge policies and dental services.</i></p> <p>Ms. Santana-Chin suggested that an L.A. Care navigator connect directly with Ms. Lawry for a one-on-one discussion to better understand and address her concerns about hospital, dental, and other benefits.</p>	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Ms. Lawry expressed frustration and confusion, stating that decision-makers—not navigators—set the rules on coverage, including hospital stay limits and benefits. They are concerned about being forced to leave the hospital too early and fear serious consequences, questioning the role of navigators if they cannot change these decisions.</i></p> <p>Ms. Santana-Chin clarified that L.A. Care provides documented coverage details to help navigators determine what members are eligible for, including dental and hospital benefits, and emphasized that these are based on official information, not personal interpretation. She requested Ms. Greenfeld and Dr. Amin to have one on one offline discussion with Ms. Lawry offline after the meeting.</p> <p>Ms. Santana-Chin explained that coverage decisions are partly based on L.A. Care’s plan design and partly on government regulations. She acknowledged the complexity and said staff will follow up with Ms. Lawry to address her questions.</p> <p>Board Member Vaccaro thanked Ms. Lawry for raising her concerns and expressed appreciation to Ms. Santana-Chin for prioritizing member needs and follow-up.</p>	
<p>PUBLIC ADVISORY COMMITTEE REPORTS</p>		
<p><u>PUBLIC COMMENT</u></p> <p><i>Deaka MacLain, an ECAC SPD Member at Large, raised concerns about accessibility to meetings, emphasizing that ADA requires public programs to be accessible to people with disabilities, including physical access to buildings, meeting areas, and restrooms. She noted issues such as long walks from parking, heavy doors, and past delays in implementing accessible entrances. She requested that discussions with the building manager resume to ensure full access, so members are not prevented from attending meetings.</i></p> <p>Board Member Vaccaro thanked Ms. MacLain for her constant advocacy and indicated that Mr. Brown would address the accessibility concerns, noting prior personal discussions with him on the matter.</p> <p>Mr. Brown explained that automatic doors are being installed in the room, like a recently retrofitted restroom. While some heavy fire doors must remain manual for safety, the door at the end of the room will have automatic operation, though it will take some time to complete the engineering and installation.</p>		
<p>Executive Community Advisory Committee</p>	<p>Board Member Rhodes reported that the ECAC met on February 11.</p> <ul style="list-style-type: none"> • Dr. Amin gave an update on the LASSO initiative. His update addressed members’ concerns about long travel distances, appointment delays, referral confusion, urgent care access, customer service challenges, and limited self-service options by delivering eight major projects focused on improving access, service, and system navigation. These projects—including Member Listening Sessions, Rapid Response Protocols, Pharmacy Access Education, VOICE CRM, the Member Experience Transformation pilot, the 	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Navigator Program, and Member Resource Guides—were completed or are well underway and have strengthened responsiveness, provider coordination, and member experience. He noted cross-departmental collaboration and established more reliable transportation, clearer benefits information, enhanced call-center resolution, and unified Customer Relationship Management tools to support consistent service. As LASSO’s foundational improvements mature, the work is transitioning into L.A. Care’s long-term enterprise strategy, Flightpath 2030, embedding each initiative into strategic “Wings” covering access, service, care, and operational excellence. He stated that this transition ensures sustained governance, enterprise alignment, and continued opportunities for member feedback as the organization advances its long-term goals.</p> <ul style="list-style-type: none"> • Silvia Poz was approved as RCAC 4 chair. • As part of the Communications and Community Relations update, Dr. Eakins gave updates on: <ul style="list-style-type: none"> ○ Call the Car Survey / Transportation Issues: She and staff discussed ongoing concerns about Call the Car reliability (including will-call return rides) and confirmed that Call the Car attends RCAC meetings to respond directly to members and address service issues in real time. ○ Using Leadership Tools – Session: Members asked clarifying questions about the second leadership-tools training session, and CO&E confirmed that Session #2 will take place in-person on February 17, 2026, at 10:00 a.m., with notes made available for members unable to attend. ○ Medi-Cal & Covered California Changes: She confirmed that the educational session on Medi-Cal and Covered California changes is scheduled for February 25, 2026, from 10:00–11:00 a.m. via Zoom, and meeting invites have already been sent to ECAC members. ○ Keep L.A. Care Covered – Covered Champions: During member comments, participants asked about the Covered Champions program and how to join. Dr. Eakins acknowledged these inquiries and noted they would follow up with additional information on program qualifications and participation. ○ Estela Lara ECAC/RCAC Member Service Acknowledgment: Member comments highlighted outstanding service by ECAC/RCAC participants, including recognition of individuals such as Estela Lara. Dr. Eakins acknowledged these contributions as part of ongoing community engagement and support. • Idalia De La Torre, Field Specialist Supervisor, CO&E, reviewed feedback from seven RCACs regarding the RCAC 5 motion on the health and well-being impacts of social 	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>media, identifying several shared themes around youth education, family digital-wellness support, and increasing youth programming at Community Resource Centers. Most RCACs supported the motion, with six in favor, one wanting additional learning, and one opposing it. The feedback emphasized the need to include youth voices in designing solutions and to provide parents with clearer guidance on digital wellness. Next steps for ECAC include selecting priority focus areas, piloting programs through CRCs, and creating opportunities for youth participation in future planning efforts.</p>	
<p>Children’s Health Consultant Advisory Committee</p>	<p>Dr. Amin reported that the Children’s Health Consultant Advisory Committee met on February 17.</p> <ul style="list-style-type: none"> • The Committee approved the appointment of Dr. Nava Yeganeh, Medical Director, Vaccine Preventable Disease Control Program L.A. County Department of Public Health to the seat of Health Care Expertise. • He reported having provided a Chief Medical Officer report. • Dr. Malhotra gave a report about the Year-One Wildfire Renewal Plan, explaining that the Palisades and Eaton fires left lasting physical and emotional impacts on students, families, and school staff. She highlighted LAUSD’s extensive response, which included medical triage, respiratory care coordination, mental health services such as Trauma-Focused Cognitive Behavioral Therapy and Cognitive Behavioral Intervention for Trauma in Schools, and support for parents through community partners like Cedars-Sinai and the National Center for School Crisis & Bereavement. She shared that proxy indicators—such as increased mental-health service use, stabilization of attendance, and ongoing anniversary-related triggers—show both recovery and continuing needs. Dr. Malhotra also reflected on lessons learned, noting that earlier respiratory responses, quicker scaling of trauma-informed counseling, and stronger wellness supports for staff and caregivers would have improved outcomes. She noted that schools need sustained funding, expanded school-linked mental health care, and long-term recovery investments from health plans and community providers to ensure continued healing and resilience. • Ms. Ahn gave a report about L.A. Care’s Keep LA Covered initiative, outlining a countywide strategy to preserve Medi-Cal coverage amid major eligibility and enrollment changes. They described current efforts—including new materials, digital literacy training, provider and member education sessions, and automation of renewal data—to raise awareness and expand capabilities for successful renewals. The presentation emphasized coalition building, deployment of Coverage Champions, and development of work-requirements support programs to help beneficiaries maintain continuous coverage 	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and economic mobility. They detailed a \$35 million investment plan spanning campaigns, digital health education, enrollment and renewal assistance, workforce training, and technology solutions, implemented through 2026–2028 to strengthen the region’s safety-net infrastructure.</p> <ul style="list-style-type: none"> • The next CHCAC regular meeting is scheduled for May 19. 	
Board Committee Reports		
Executive Committee	<p>The Executive Committee met on February 27 (<i>a copy of approved minutes can be requested from Board Services and will be available on L.A. Care’s website</i>). The Committee reviewed and approved revisions to Human Resources Policies, HR 304 (Employment of Relatives), HR 315 (Separation of Employment, and HR 401 (Drug Free Workplace) which do not require full Board approval.</p>	
Compliance & Quality Committee	<p>Board Member Diaz-Santos reported that the Compliance & Quality Committee met on February 19 (<i>meeting minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • She was elected Chair of the Compliance & Quality Committee. • Mr. Gower gave a high-level overview of compliance priorities, highlighting program maturity, delegation oversight, and third-party risk management, especially in light of the \$55 million enforcement fine requiring quarterly state reporting. He noted early improvements in compliance performance, stronger audit integration since 2025, and enhanced privacy oversight tied to ongoing enforcement and OCR engagement. Mr. Gower noted continued efforts to build a strong compliance culture, expand data analytics, and address key risk areas such as fraud, waste, and abuse, business continuity, and operational resilience. He outlined new work plan additions, including centralized delegation oversight and refined effectiveness measures, with progress reported throughout the document. He reviewed the Compliance Program Plan and charter updates, noting few major changes and explaining that internal audit approval authority will shift to the Executive Committee for proper governance alignment. • Dr. Amin reported that Utilization Management performance has stabilized with strong regulatory compliance and that upcoming federal and state prior-authorization rules will require increased automation and coordination across departments. He described the redesign of Hospice as a clinically driven program with strengthened oversight, standardized processes, and added audit components, noting improved alignment with palliative care. Dr. Amin highlighted strong Provider Quality Review results and outlined 2026 goals, then explained recent organizational changes that integrate Community Health 	

AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>functions under Health Services, with Charlie Robinson leading efforts to convert community insights into action through a new three-pillar structure. He also addressed questions about electronic health record data and AI-supported prior authorization, stating that L.A. Care is pursuing tools that streamline provider submissions and prepare for upcoming CMS interoperability requirements.</p> <ul style="list-style-type: none"> • The next Compliance & Quality Committee meeting is scheduled on March 19. 	
PUBLIC COMMENTS ON CLOSED SESSION ITEMS	<p>There were no public comments on Closed Session Items.</p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 11:49 AM.</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 12 noon. No report was anticipated from the closed session.</p> <p><i>(Board Chair Shapiro rejoined the meeting.)</i></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>March 2028</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 <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act. One Potential Case</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Pursuant to Paragraph (2) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act Three Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</p>	

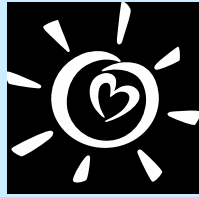
AGENDA ITEM	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Two cases:</p> <ul style="list-style-type: none"> • HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250 • Local Initiative Health Authority for Los Angeles County v. HRRP Garland, LLC L.A.S.C. Case No. 25STCV22538 <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to California Government Code Section 54956.8 Property: 1200 W. 7th Street. Los Angeles, CA 90017. Agency negotiator: Martha Santana-Chin, CEO Negotiating party: Pentagon Federal Credit Union, Shinhan Bank New York Branch, Nonghyup Bank New York Branch, Woori Bank, New York Agency, Woori Bank Los Angeles Branch, Woori America Bank, REF V SERIES B LLC Under negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Paragraph (1) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (2 cases)</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Ilan Shapiro, MD Unrepresented Employee: Martha Santana-Chin</p>	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors reconvened in open session at 1:04 PM. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 1:04 PM.	

Respectfully submitted by:

Malou Balones, *Board Specialist III*
Victor Rodriguez, *Board Specialist III*

APPROVED BY:

Nina Vaccaro, *Board Secretary*
Date Signed _____



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: March 27, 2026

Motion No. EXE 100.0326

Committee: Executive

Chairperson: Ilan Shapiro, MD

Requesting Department: Audit & Investigative Services, Internal Audit Unit

Issue: To request the Board to review and approve the Executive Committee – Internal Audit Oversight Section and the Internal Audit Charter.

Background: The Internal Audit Section confirms the Executive Committee’s oversight of the Internal Audit function. The Internal Audit Charter establishes the framework for the internal audit function, outlining its independence and accountability to the Executive Committee. The Charter assures compliance with professional auditing standards and supports effective governance. Approval will formalize these principles and enable Internal Audit department to operate with clear authority within L.A. Care Health Plan.

Member Impact: By ensuring strong internal controls and effective oversight, this Charter helps maintain regulatory compliance and operational integrity for L.A. Care Health Plan, which directly supports our ability to deliver high-quality, affordable care to members. Strengthened governance reduces risk, promotes adherence to healthcare regulations, and ensures that resources are used efficiently to improve member experience and health outcomes.

Budget Impact: Approval of the Internal Audit Charter does not require additional budget allocation at this time. Internal Audit will operate within its existing approved budget, and implementation of the Charter is expected to optimize resource utilization without incremental financial impact.

Motion: **The Board hereby approves the Executive Committee Charter – Internal Audit Oversight Section and the Internal Audit Charter, as attached.**

Board of Governors
Executive Committee Charter
Internal Audit Oversight Section
Effective: [Month Day, 2026]

1. Oversight Role

The Executive Committee of the Board of Governors provides functional oversight of the Internal Audit (IA) Services function to ensure independence, authority, and effectiveness in fulfilling its responsibilities.

2. Responsibilities of the Executive Committee

- 2.1 Review and approve the Internal Audit Services Charter.
- 2.2 Review and approve the Internal Audit Services annual risk-based Audit Work Plan (AWP).
- 2.3 Ensure the Internal Audit Services function has adequate independence, authority, and resources.
- 2.4 Receive periodic reports from Internal Audit Services on performance objectives, strategy, audit results, significant risks, and progress against the AWP.
- 2.5 Support access necessary for the Internal Audit Services function to perform its work and receive information regarding material impairments to IA independence or scope limitations.

3. Authority Delegated to Internal Audit Services

Through approval of the Internal Audit Services Charter, the Executive Committee of the Board of Governors will authorize Internal Audit Services to:

- 3.1 Access relevant Plan information, systems, personnel, and facilities.
- 3.2 Establish risk-based methodologies and audit scopes.
- 3.3 Engage external resources as needed.
- 3.4 Conduct assurance and advisory services within the scope defined in the IA Charter.

4. Reporting Structure

The Internal Audit Services leader reports:

- 4.1 Functionally to the Executive Committee of the Board of Governors (oversight, charter approval, audit plan, independence).
- 4.2 Administratively to the Chief Compliance Officer (day-to-day support and operational logistics).

The Executive Committee of the Board of Governors may meet with the Internal Audit Services leader, in closed sessions, as allowed under applicable law.

5. Review of this Section

This Internal Audit Services oversight section of the Executive Committee Charter will be reviewed and updated periodically to ensure alignment with organizational needs and relevant best practices.

L.A. Care Health Plan
Internal Audit Services Charter
Effective: [Month Day, 2026]

1. Purpose

The Internal Audit (IA) Services function exists to provide independent and objective assurance and advisory services designed to enhance and protect the value of L.A. Care Health Plan. IA supports effective governance, risk management, and internal control processes consistent with recognized professional standards.

2. Professional Alignment

While the L.A. Care Health Plan is not formally required to adhere to the Institute of Internal Auditors Standards, the Internal Audit (AI) function is guided by the International Standards for the Professional Practice of Internal Auditing (IIA Standards), including requirements related to purpose, authority, responsibility, independence, objectivity, and quality assurance.

3. Authority

The Executive Committee of the Board of Governors shall review and approve the Internal Audit Services annual Audit Work Plan (AWP). Pursuant to the AWP (or as requested by the CEO), the Executive Committee of the Board of Governors delegates authority to Internal Audit Services and authorizes permission for the following:

- 3.1 Access all records, systems, facilities, personnel, and property necessary to carry out its work, as defined in the AWP.
- 3.2 Determine the scope, methodology, and timing of audit activities.
- 3.3 Obtain the cooperation of personnel across all levels of the organization.
- 3.4 Engage internal or external resources to support audit activities when appropriate.
- 3.5 Maintain appropriate confidentiality regarding actions, analysis and deliverables.

4. Organizational Placement and Independence

Internal Audit is established by the Board of Governors and functionally overseen by the Executive Committee.

- 4.1 The Internal Audit Services leader (Senior Director of Audit & Investigative Services, or successor title) reports functionally to the Executive Committee of the Board of Governors and administratively to the Chief Compliance Officer.
- 4.2 The Board of Governors delegates authority to the Executive Committee to approve the Internal Audit Services Charter, review the annual Audit Work Plan, and ensure the Internal Audit Services has adequate resources and organizational independence.
- 4.3 Internal auditors will not assume operational responsibilities, implement controls, or participate in operational decision-making. Any impairment to independence, real or perceived, will be communicated to the Executive Committee of the Board of Governors.

L.A. Care Health Plan Internal Audit Services Charter

5. Responsibilities

- 5.1 Develop a risk-based annual Audit Work Plan (AWP) for Board of Governors Executive Committee review and approval.
- 5.2 Execute assurance and advisory engagements aligned to the AWP.
- 5.3 Report significant risks, control weaknesses, or impediments to completing planned work to the Board of Governors Executive Committee.
- 5.4 Evaluate governance, risk management, compliance, and internal control processes across the Plan.
- 5.5 Conduct follow-up on management's corrective actions.
- 5.6 Consider fraud risk as part of all assurance engagements and coordinate with management and the Special Investigative Unit as applicable.
- 5.7 Maintain a Quality Assurance and Improvement Program (QAIP) that includes ongoing monitoring and periodic self-assessments.

6. Scope of Work

Internal Audit's scope includes all departments, programs, systems, contracts, and activities of the L.A. Care Health Plan. Engagements may address:

- 6.1 Governance and organizational oversight.
- 6.2 Internal control effectiveness.
- 6.3 Risk management processes.
- 6.4 Compliance with state and federal Medicaid requirements.
- 6.5 Operational efficiency and safeguarding of assets.
- 6.6 Fraud, waste, and abuse controls.

Advisory services may be performed at management's request provided they do not impair IA's independence or objectivity.

7. Reporting and Communication

The Internal Audit leader will report regularly to the Board of Governors Executive Committee regarding:

- 7.1 Progress on the approved Audit Work Plan.
- 7.2 Significant audit results, emerging risks, and control concerns.
- 7.3 Resource needs or limitations.
- 7.4 Independence and objectivity matters.
- 7.5 Results of the QAIP.

The Internal Audit leader may meet with the Chair of the Board of Governors Executive Committee as appropriate.

**L.A. Care Health Plan
Internal Audit Services Charter**

8. Quality Assurance and Improvement Program (QAIP)

Internal Audit will maintain a QAIP designed to ensure its work is consistent with professional expectations and organizational needs. The QAIP will include:

8.1 Ongoing internal monitoring of audit activities.

8.1 Periodic self-assessments.

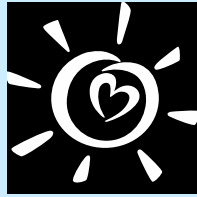
8.2 External assessments at intervals considered appropriate for the Plan.

9. Review of Charter

The Board of Governors Executive Committee will review and re-approve this Charter periodically to ensure continued relevance, alignment with IIA Standards, and organizational needs.

Approved:

Board of Governors



L.A. Care
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Board of Governors
MOTION SUMMARY

Date: April 2, 2026

Motion No. ECA 100.0426

Committee: Executive Community
Advisory Committee (ECAC)

Chairperson: Maritza LeBron

Requesting Department: Community Outreach & Engagement Department

Issue: Approval of additional members to the Regional Community Advisory Committees (RCACs).

Background: Senate Bill 2092 requires that L.A. Care Health Plan ensure community involvement through a Community Advisory Committee. L.A. Care's Regional Community Advisory Committee (RCAC) structure is composed of up to 35 members per RCAC. RCAC member recruitment is ongoing to ensure the highest possible community involvement.

Budget Impact: None

Motion: To approve membership of Comunidad en Outreach for Resilience and Awareness (CORA), RCAC 4, Community Partner to the Regional Community Advisory Committees (RCACs) as reviewed by the Executive Community Advisory Committee (ECAC) at their March 11, 2026, meeting:

LEADERSHIP REPORTS



April 02, 2026

TO: Board of Governors

FROM: Martha Santana-Chin, *Chief Executive Officer*

SUBJECT: CEO Report – April 02, 2026

As we enter the second quarter of the year, L.A. Care is continuing to partner across the safety net to advance critical work to protect coverage and support our members through a period of significant transition. Across L.A. Care, we have taken considerable steps to restructure our teams, make sure our positions map to the right work that is needed to stabilize care for our members, providers and partners, and work across the County to address gaps, identify potential solutions and investments to drive change and meet our mission.

One key step has been making sure we have the right leaders to help us strategize and execute on our strategic plan, Flightpath to 2030, and help us lead transformative work across our organization. As such, I wanted to introduce the Board to Aliza Arjoyan who has joined L.A. Care as our new Chief Network Strategy and Engagement Officer. Aliza brings deep experience leading large, complex provider networks and advancing value-based care across Medi-Cal and Medicare. In this role, she will oversee our network strategy from development, contracting, operations, credentialing, and provider engagement. Her leadership will strengthen our provider relationships, modernize our contracting and data infrastructure, and support our efforts to improve access, quality, and performance across the network.

Senior Director of Government Affairs Retirement

As we welcome Aliza, I also wanted to inform the Board of the April retirement of our Senior Director of Government Affairs, Cherie Compartore. Cherie has dedicated her entire career to the public plan world, with 19 of those years committed to leading L.A. Care’s government relations efforts across the federal, state, and local levels, advancing policies that support Medi-Cal, Covered California, and Medicare, and championing issues affecting our members and communities across Los Angeles County. We are deeply grateful for her leadership, dedication, and the lasting impact she has made on our organization and the broader safety net. We have posted a new Chief of Government Relations to fill Cherie’s role; in the interim, our Chief of Staff, Noah Paley, will be covering this work for us along with Joanne Campbell, and our team in Sacramento that supports us.

Los Angeles County Safety Net Coalition – Internal L.A. Care Planning & Alignment Session

As you know, we have continued to engage leaders across the county to bring together diverse perspectives and build a resilient coalition to respond to the federal and state budget and policy changes that will dramatically alter the safety-net. Our charge is clear- work together to minimize the harm to our members, providers and partners across the county.

We are continuing our progress in our five key areas from keeping people covered, strengthening primary care, emergency department decompression, improving post-acute care and discharge, and reducing administrative burden and advancing regulatory simplification. In March, our workgroups

continued to map our actions, advocacy planning, and took key steps to advance the safety-net. One such key update came in our Keep People Covered workgroup, where my team led by Phinney and Melanie is working with our County Partners from DPSS Director, Dr. Jackie Contreras and her team at DPSS to work together to coordination, leverage resources, data and plan.

Keep L.A. Covered Update

We continue to advance our efforts to preserve coverage for Medi-Cal beneficiaries in Los Angeles County in light of the upcoming eligibility and enrollment changes resulting from H.R. 1 and state budget constraints. The initial framework and investment commitment were reviewed during the February 2026 meeting and since that time, progress has been made in advancing this work in several areas including:

- Soft launching the Coverage Champions program with L.A. Care with our own members, our Regional Consumer Advisory Committees, where we already have 120 volunteers and counting to help us get out the message, support community on enrollment help;
- Working to support the County to increase workfare and volunteer opportunities for CalFresh and Medi-Cal beneficiaries who will be subject to “work requirements” starting in June for CalFresh and next year in Medi-Cal.
- Partnering with a consortium of L.A. adult schools, LAERC, to increase access to no- or low-cost educational programs, ensure information sharing, work with them to strengthen materials and developing a new website to improve navigation of available programs.
- Launching a request for applications in April 2026 to support digital health literacy trainings for beneficiaries, manage the countywide “Keep LA Covered” awareness campaign bringing in our partners from HASC, DPSS and CCLAC to help us bring in the right organization;
- Launching a request for applications in June 2026 to support and increase the capacity of application and enrollment help across the county.
- And we have more to come.

This is such a core and critical initiative for our work, so we will be regularly updating the board, and my team will provide additional updates and highlights during the April meeting.

Board Motion: Los Angeles County Ballot Initiative—Essential Services Restoration Act

In February, the Los Angeles County Board of Supervisors voted to place the *Essential Services Restoration Act*, a temporary half-cent countywide sales tax, on the June 2026 ballot for the county. If approved, the measure is projected to generate approximately \$1 billion annually through 2031 to help stabilize essential county services, including hospitals, clinics, school-based health programs, and other providers of the health care safety net. The measure was introduced in response to significant federal funding reductions under H.R. 1 and state budget cuts, which have already resulted in Medi-Cal coverage losses and major revenue shortfalls for County health departments.

Given the need to stabilize the safety net, we believe it will be critical to support this initiative, and we will discuss it with the Board. We will also continue to provide updates on state and federal level developments that may influence and/or intersect with this effort.

Closing

L.A. Care remains focused on stability, accountability, and partnership as we navigate this period of significant change. I continue to appreciate the critical thought partnership with the Board, as we continue to navigate the uncharted waters of our current fiscal, legislative and regulatory climate. And as we sit at the inflection point, I am reminded of our collective resiliency and that we have been here before and together, we continue to strengthen our organization and advance a healthier future for the communities we serve.

Keep LA Covered Update

Preserving Coverage Amid Changes to Medi-Cal



L.A. Care
HEALTH PLAN®

For All of L.A.

Phinney Ahn, MPH, Executive Director, Medi-Cal Product

Melanie Fontes Rainer, JD, Chief Strategy and Transformation Officer

Board of Governors Meeting

April 2, 2026

Keep LA Covered Program

Developed in alignment with the LA County Safety Net Convening

- **The Safety Net Convening** - Created in response to the implementation of H.R. 1, state budget constraints, heightened immigration enforcement, and other policy shifts
 - Address pressures on patients and the health care delivery system
 - Small group of safety net leaders representing county agencies, providers, and plans, working together to take action to improve the delivery system and support patients
 - **Keep People Covered Workgroup Priorities**
 - Targeted multi-channel outreach, consistent public outreach and coordinated resources
 - Renewal support
 - Work requirements navigation support
 - Leverage technology and data to support coverage



PROGRAM OBJECTIVES



Preserve coverage among beneficiaries in LA County



Support economic mobility through sustained coverage and opportunity connections

STRATEGIES TO PRESERVE COVERAGE



1. **Raise awareness** of major changes to eligibility and enrollment among beneficiaries



2. Support successful renewals through enrollment & renewal **assistance and navigation**



3. **Partner with/ convene community stakeholders** to coordinate a countywide coverage campaign



4. Develop and implement a **workforce program** to support coverage and economic mobility



Leverage **strategic investments** to address and fund high priority needs for the safety net system



1. Education and Raising Awareness

Objective – Raise awareness of major changes to eligibility and enrollment among beneficiaries

Key Updates

- Conducted member info sessions at CRCs – 7 sessions from Dec 2025-March 2026, average 20 participants per session
- Conducted two virtual provider info sessions – Recording and presentation are available online
- Developed member-facing one-page fact sheets and videos
- Conducted multi-channel outreach via annual mailing, robocalls, and email campaigns
- Drafted RFA requirements for digital health literacy training to Medi-Cal beneficiaries

Upcoming Milestones

- April 2026 – Release RFA for digital literacy training*
- May 2026 – Updated monthly text campaign to account for upcoming eligibility changes
- August 2026 – Targeted, multi-channel L.A. Care member campaign (adult expansion)
- September 2026 – Launch member info sessions focused on work requirements, how to comply, and navigation to resources
- October 2026 – All member mailing targeted by impacted populations

**Part of the Keep LA Covered strategic investment plan*



2. Direct Renewal Assistance

Objective – Support successful renewals through enrollment and renewal assistance and navigation

Key Updates

- Drafted SOW for online application to assist members to submit renewals (digital CBO)
- Identified community enrollment partners with infrastructure to ramp up capacity
- Explored other models for direct assistance (e.g., renewal support at community locations)
- Began assessment of enrollment and retention support model at the CRCs

Upcoming Milestones

- April 2026 - Release RFP for digital CBO*
- April 2026 - Release RFA to increase capacity of community enrollers*
- May 2026 – Release RFA targeting micro-community opportunities*

**Part of the Keep LA Covered strategic investment plan*



3. Coverage Campaign and Community Engagement

Objective – Partner with community stakeholders to coordinate a countywide coverage campaign

Key Updates

- Convened Keeping People Covered workgroup (safety net stakeholders) 2x/month to finalize priority areas and begin execution of activities, including expanding participation to key partners
- Drafted SOW for communications firm to manage countywide awareness campaign
- Socialized Coverage Champions program with L.A. Care RCACs and member-facing staff

Upcoming Milestones

- March 2026 – Gather insight from community stakeholders on existing and needed resources to support coverage preservation
- March 2026 - Release RFA for communications firm for coverage campaign*
- April 2026 – Soft launch Coverage Champion program training and toolkit with RCACs and internal CHWs, Health Promoters, Community & Field Engagement reps, CRC staff, CM, and ECM
- July 2026 - Launch countywide Keep LA Covered campaign and Coverage Champions program*

**Part of the Keep LA Covered strategic investment plan*



4. Work Requirements Supports

Objective – Develop and implement a workforce program to support coverage and economic mobility

Key Updates

- Advanced discussions to increase workfare/volunteer sites to help CalFresh/Medi-Cal beneficiaries meet work requirements
- Established partnerships with employment readiness programs and low/no cost education/training programs through adult schools, community colleges, and America's Job Centers
- Drafted SOW for tech platform to help identify and make connections to employment, training, and volunteer opportunities in the community

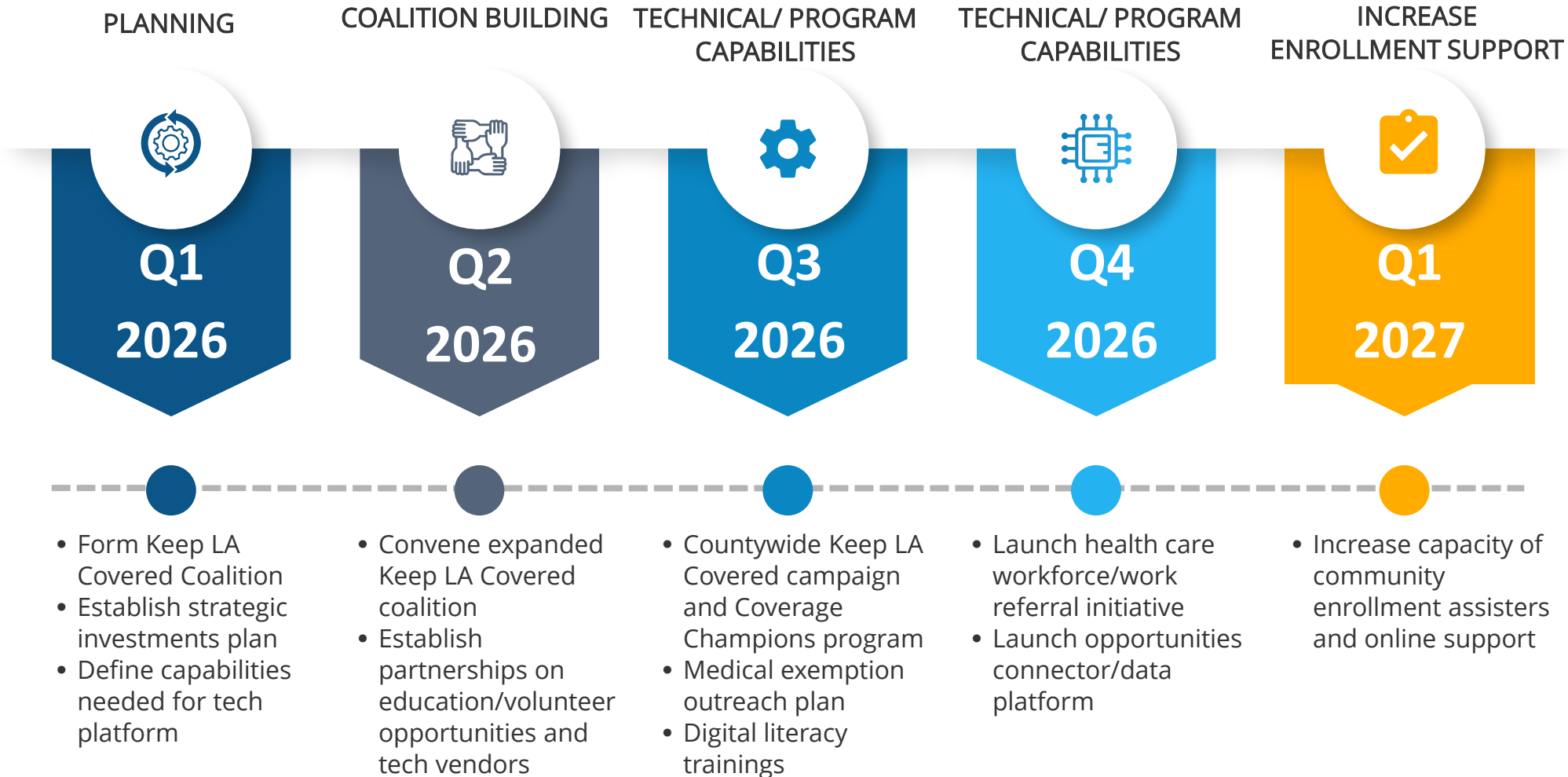
Upcoming Milestones

- April 2026 – Update L.A. Care website with work requirements navigation page
- April 2026 – Work with DHCS to identify health plan data sources to support proactive identification of medical exemptions
- April 2026 – Partner with adult schools to develop new webpage highlighting adult education opportunities for Medi-Cal beneficiaries with easy navigation
- May 2026 – Launch RFP for work requirements opportunities connector/data platform*

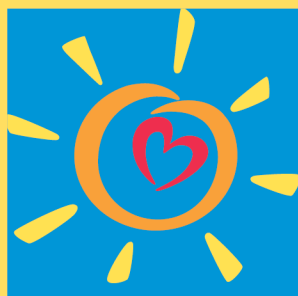
**Part of the Keep LA Covered strategic investment plan*



Implementation Timeline



Government Relations California Legislative Session 2025-26



L.A. Care
HEALTH PLAN®

Cherie Compartore, Govt. Affairs
Rachael Blucher, Nielsen Merksamer
Alison Ramey, Actum

Legislative Engagement and Positioning Process

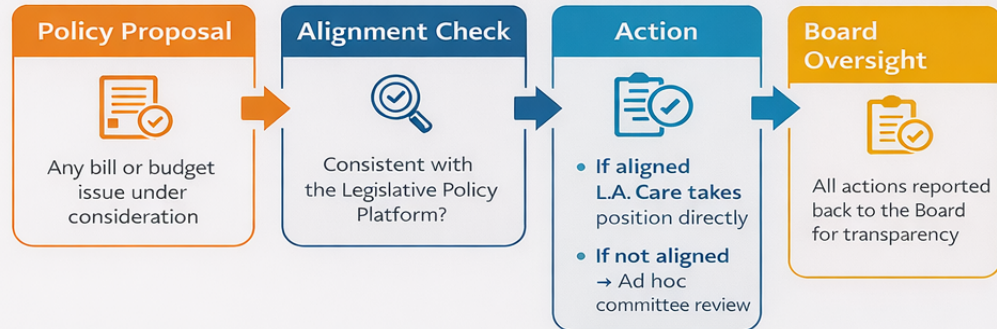
Legislative Policy Platform



Platform Foundation

- Defines L.A. Care's legislative priorities
- Highlights key advocacy areas
- Guided by Board-approved principles
- Supports timely engagement with government and stakeholders

Decision Framework for Taking Positions



Key Legislative Deadlines

- February 20 – Bill introduction deadline
- March 25 – Spot bill deadline
- May 8 – Last day for first house policy committees
- May 14 – Governor’s 2026 May Budget Revise
- May 15 – Last day for first house fiscal committees
- May 29 – Last day for each house to pass bills introduced in that house
- June 15 – Budget Bill must be passed by midnight
- July 2 – Last day for second house policy committees
- August 14 – Last day for second house fiscal committees
- August 31 – Last day for each house to pass bills
- September 30 – Last day for Governor to sign or veto bills

Budget

- Lawmakers are navigating a projected \$18 billion budget deficit for the upcoming fiscal year, forcing difficult decisions between spending reductions and revenue increases, while California's cost of living remains a top priority among voters.
- Revenue continues to meet or exceed budget targets – stock market remains “overheated” despite recent dips. While there may be an update revision, future annual structural deficits in the \$20 billion range remain.
- Budget hearings are ongoing. Major budget action will not occur until after the May Revise is released post-April 15th tax deadline.

Federal Impacts

- Significant focus on H.R. 1 impacts.
- DOF has repeatedly indicated that it will not be able to backfill all federal cuts.
- Budget hearings have addressed the impact of H.R. 1 on safety net, local government, and individuals. Significant discussion of the impact of loss of revenue as well as administrative burden.
- Health4All coalition remains committed to restoring full-scope Medi-Cal.

Legislative Themes

- H.R. 1 Impacts
- Administrative Burden
- Coverage
- Rates
- Mandates
- Hospitals
- Workforce
- Revenue

H.R. 1 Impacts

- California Budget trailer [bill](#) to conform to HR1
- [SB 1422](#) (Durazo): **Medi-Cal: eligibility: immigration status.**
 - Mandates full scope Medi-Cal benefits to adults, regardless of immigration status, with limitations such as premium payments and select dental benefits. It updates eligibility requirements affecting local agencies, necessitating reimbursement for state-mandated costs.
- [SB 1202](#) (Weber Pierson): **Medi-Cal: dashboard and outreach.***
 - Mandates the development of a data dashboard to track Medi-Cal application and enrollment data, reflecting changes in federal Medicaid law. The bill also requires outreach to Medi-Cal beneficiaries about engagement requirements and changes to eligibility.
- [AB 2201](#) (Boerner): **Reducing Administrative Burden of Medi-Cal Renewal Processing.***
 - Seeks to align state provisions for Medi-Cal eligibility redeterminations with federal requirements. This involves changing the current 12-month cycle in California to a 6-month cycle for adults covered under Medicaid expansion, ensuring compliance with new federal policies. The bill empowers counties to verify a beneficiary's income and assets through existing data sources without requesting additional documentation, which aims to streamline the redetermination process. Moreover, it creates a state-mandated local program as counties acquire new obligations to manage these changes. Reimbursements for any associated state-mandated costs are indicated under statutory provisions.
- [AB 2208](#) (Stefani): **Limited Cost Sharing, Accessibility Improvements, and Retroactive Coverage.***
 - Sets a copayment of \$0.01 for nonemergency services for Medicaid expansion adults with incomes between 100% and 138% of the federal poverty level, effective October 1, 2028. It exempts emergency and family planning services and prohibits service denial due to unpaid copay. Retroactive coverage remains three months before the application month, federally reimbursed when allowable. It mandates a standardized application process, demanding user-friendly testing. The bill ensures self-attestation for eligibility, incorporating work or community engagement activities, creating new duties and monetary implications for local governments.
- [AB 2161](#) (Bonta): **Medi-Cal: work or community engagement.***
 - Focuses on integrating federal community engagement requirements into California's Medi-Cal program. It mandates that Medicaid expansion adults demonstrate community engagement to maintain eligibility. The bill stipulates mechanisms for compliance, like work or community service, and outlines exemptions for certain individuals. To minimize administrative burdens, it requires systems to be optimized for minimal data requests and mandates county-level assistance in data verification. Additionally, it imposes new duties on counties, requiring potential reimbursement for state-mandated costs. Regulations are expected by July 2028, with operation contingent on system readiness.
- [SB 987](#) (Weber Pierson): **California Health Access Fund.**
 - Aims to create the California Health Access Fund, designed to safeguard health care access for residents impacted by re-enrollment barriers due to new federal Medicaid requirements. The fund, managed by the state department, will cover healthcare costs for those losing coverage and ensure provider reimbursement.
- [AB 2368](#) (Bonta): **Indigent health care: information and planning.**
 - This bill would require the State Department of Health Care Services, by July 1, 2027, to establish an internet website where the public can access information on safety-net health care services in the state. The bill would require that the website include certain information and resources, including, among other items, information about each county medically indigent health care program for uninsured individuals. The bill would require the department, in consultation with certain entities, to review the information and resources on the website, as specified.

Administrative Burden

- **[AB 2431](#) (Patel): Downcoding medical claims. (CMA sponsored)**
 - Restricts health insurers from using automated methods to downcode medical claims, which often leads to reduced payments for healthcare providers. It enforces transparency by requiring insurers to provide clear reasons and a dispute process for any downcoded claims. This measure aims to protect providers treating complex conditions from targeted downcoding practices and allows regulatory bodies to act against discriminatory practices in reimbursement policies.
- **[AB 2457](#) (Connolly): Health care provider credentialing. (PAC and APG sponsored, CPCA support)**
 - Extends healthcare provider credentialing requirements, currently applicable to full-service health care plans, to Medi-Cal managed care plans. The bill mandates a decision on provider credentials within 90 days of receiving a completed application, aligning with existing requirements for other health plans, and use of the CAQH form.
- **[SB 1049](#) (Weber Pierson): Health care claims reimbursement.**
 - Allows providers 90 days to submit corrected claims after a denial due to remediable defects. It prohibits insurers from denying corrected claims based on submission timeliness.
- **[AB 2613](#) (Sharp-Collins): Health care service plans: provider network transitions.**
 - This bill would require a health care service plan to automatically reinstate the enrollee to the enrollee's previously assigned primary care provider or provider group if a provider network transition is materially delayed, terminated, rescinded, or otherwise fails within 120 days of an enrollee reassignment and that provider or provider group remains contracted with the plan, then offer continuity of care or arrange for out-of-network care at in-network cost sharing, as specified.

Coverage

- [AB 1900](#) (Kalra): Guaranteed Health Care for All.
 - Single payer, sponsored by Health4All
- [SB 1252](#) (Durazo): Health care coverage. (Spot bill)
- [AB 1907](#) (Addis): **California Health Benefit Exchange: automatic health care coverage enrollment.**
 - **Commencing July 1, 2027, additionally authorize the Exchange to enroll an individual in the plan in which other members of the individual's household are enrolled, as specified, or the lowest cost plan available to an Indian who is eligible for specified reduced cost sharing, as determined by the Exchange, and would require the Exchange to enroll an individual in any of the plans described above upon receipt of a complete application for an insurance affordability program submitted through the Statewide Automated Welfare System.**
- [AB 2081](#) (Stefani): **Medi-Cal: Home and Community-Based Alternatives Waiver.**
 - **Requires DHCS, beginning in 2027, to ensure that the HCBA Waiver provides for an annual increase of not fewer than 10,000 waiver slots for each waiver year, as specified.**
- [AB 2165](#) (Macedo): Triggering event: loss of minimum essential coverage.
 - Specify that loss of minimum essential coverage includes loss of coverage due to circumstances in which a joint agreement between health care service plans or health insurers, or between a health care service plan and a health insurer, to provide coverage to an enrollee or insured located in a medically underserved area expires, dissolves, or is otherwise terminated.
- [SB 999](#) (Weber Pierson): Franchise Tax Board: reporting requirements.
 - Change the annual reporting deadline to June 1, as provided, regarding health coverage penalties paid by households, in addition to related information.
- [AB 1649](#) (Ahrens): Medi-Cal: monthly maintenance amount: personal and incidental needs.
 - Increase the monthly maintenance amount for personal and incidental needs from \$35 to \$50, and would require that the amount be increased annually, as specified. The bill would make these changes subject to receipt of necessary federal approvals.
- [AB 2363](#) (Bains): Individual Shared Responsibility Penalty: exemption.
 - Prohibit the imposition of an Individual Shared Responsibility Penalty for a month if the applicable household member, as defined, with respect to whom the penalty would otherwise be imposed was enrolled in Medi-Cal in 2024 or 2025.

Rates

- [SB 1037](#) (Weber Pierson): Health care coverage: rate review.
 - The bill requires the Department of Managed Health Care and the Department of Insurance, working with the Office of Health Care Affordability, to perform enhanced rate reviews. These reviews will assess if health care premiums for individuals and groups are affordable, as part of the oversight responsibilities established under existing health care laws.
- [AB 2327](#) (Lowenthal): **Medi-Cal: subcontractors: rates.**
 - **This bill requires Medi-Cal managed care plans operating as fully or partially delegated subcontractors to be compensated with actuarially sound rates from January 1, 2027. The rates must align with standard actuarial development principles. Any deviation would be considered an unlawful business practice, and subcontractors can file a dispute notice for enforcement with the department.**
- [AB 1672](#) (Solache): Medi-Cal: Program of All-Inclusive Care for the Elderly: rates.
 - Changes capitation rates are negotiated between the California Department of Health Care Services and PACE organizations. It aims to eliminate the requirement for consultation during rate setting and mandates direct negotiation of rates. The department must provide written responses to comments and the rationale for rate assumptions before federal submission.
- [AB 2036](#) (Patel): **Medi-Cal: federally qualified health centers and rural health clinics. (CPCA sponsored)**
 - **Authorizes an FQHC or RHC that has multiple PPS rates to elect to consolidate those rates into a single PPS rate to be applied uniformly for all FQHC and RHC services.**
- [AB 1670](#) (Arambula): Medi-Cal: additional compensation.
 - Requires a provider to be paid additional compensation when a patient's physical, behavioral, developmental, or emotional condition requires significant extra time, attention, or personnel to safely deliver dental care. Additional compensation shall be paid pursuant to this section no more than three times in a 12-month period.

Mandates

- AB 1887 (Zbur): Prescription drug coverage for rare diseases.
- AB 1949 (Lee): Medi-Cal: acupuncture treatments.
- AB 2011 (Hart): Nonquantitative treatment limitations.
- SB 1309 (Rubio): Health care coverage: lung cancer.
- AB 1717 (Castillo): Medi-Cal dental reimbursement: house/extended care facility call.
- AB 2138 (Krell): Medi-Cal: enhanced care management: peer support specialists.
- AB 2160 (Rodriguez, Celeste): Medi-Cal: lactation services.
- AB 2240 (Stefani): Medi-Cal: private duty nursing: specialty care.
- SB 944 (Wiener): Medi-Cal: acupuncture.
- SB 950 (Weber Pierson): Health care coverage: dementia.
- AB 1570 (Wilson): Health care coverage: diagnostic imaging.
- AB 2348 (Bonta): Medi-Cal: community supports.
- AB 1682 (Hart): Health care coverage: scalp cooling.
- AB 1561 (Krell): Medi-Cal: complex rehabilitation technology.
- AB 1906 (Aguiar-Curry): Cervical cancer screening.
- AB 1843 (Elhawary): Communicable diseases: hepatitis B and C.
- AB 1970 (Harabedian): Health care coverage: mental health or substance use disorders.
- SB 1089 (Richardson): Preventive Care Act.
- SB 1199 (Weber Pierson): Prescription drug cost sharing.
- AB 1773 (Blanca Rubio): Medi-Cal: prerelease services for inmates.

Hospitals

- [AB 2353](#) (Pacheco): Health Mandates Review Program. (CHA sponsored)
 - Establishes the Health Care Mandates Fund in the State Treasury to support the University of California and its work in implementing the Health Mandates Review Program, including providing bill analyses.
- [AB 1923](#) (Soria): **Distressed Hospital Loan Program.**
 - **\$300 million to the program.**
- [SB 1323](#) (Rubio): Hospitals. (Spot Bill)
- [AB 2131](#) (Rubio, Blanca): Hospitals: seismic standards.
 - Exempts long term care hospitals from seismic standards
- [AB 2355](#) (Gonzalez): Medi-Cal.
 - Request DHCS to ensure that the comprehensive hospital value strategy includes a focus on rural hospitals, critical access hospitals, and public hospitals.

Workforce

- [AB 2511](#) (Ahrens): Behavioral Health Provider Comparable Worth
 - Requires DMHC, CDI, OHCA to conduct a comparable worth study to examine and compare compensation and reimbursement for behavioral health providers with compensation and reimbursement for similarly situated medical-surgical providers.
- [AB 2391](#) (Ahrens): Health care: workforce training programs.
 - Maintain a New Nursing Graduate Support and Placement Program to award program grants to community college associate degree of nursing programs, through which support grants would be awarded to recent graduates for loan repayment assistance, relocation, transportation, housing assistance, childcare, and other financial support.
- [AB 2386](#) (Alvarez): **License to practice medicine: Licensed Physicians from Mexico Program and Provisional License for Qualified International Physicians Act. (CPCA sponsored)**
 - Create a permanent pathway for the current cohort of physicians practicing as part of the Mexican Physician Program. The bill would also create a pathway for internationally trained physicians that meet certain educational and training requirements and are authorized to work in the U.S.
- [SB 1179](#) (Menjivar): **Doctors from El Salvador Program. (CPCA sponsored)**
 - Use the Mexican Physician Program model and extend it to physicians from El Salvador that meet educational and training standard to practice at a FQHC using a non-renewable three-year license.

Revenue

- [AB 1768](#) (Bryan): Transactions and use taxes: County of Los Angeles.
 - This bill would authorize, until December 31, 2031, the County of Los Angeles, by an ordinance adopted by the county, to levy a tax pursuant to the Transactions and Use Tax Law at a rate not to exceed 0.5% for general and special purposes, subject to voter approval, as specified. The bill would authorize those taxes to exceed the 2% limit described above.
- [AB 2729](#) (Bonta): Medi-Cal: employer penalty: contribution.
 - This bill would create the Employer Responsibility for Medi-Cal Trust Fund to consist of new taxes and deposits, including employer penalties specified in the Budget Act of 2026. The bill would continuously appropriate the fund to the State Department of Health Care Services to fund the costs of administering the Medi-Cal program in a manner necessary to prevent loss of or to restore health care coverage, benefits, or access to care following the passage of federal House Resolution 1 (Public Law 119-21) and subsequent state budget actions.
- [AB 1790](#) (Connolly): Corporations Tax Law: water's-edge election: global intangible low-taxed income.
 - End the corporate tax loophole known as Water's Edge, that allows multinational corporations (MCNs) to prevent paying California taxes on approximately \$3-4 billion in profits every year.

**Board of Governors
MOTION SUMMARY**

Date: March 6, 2025

Motion No. BOG 100.0325

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Approval of L.A. Care's 2025-26 State and Federal Policy Priorities

Background: 2025 -26 State and Federal Policy Priorities

This document outlines L.A. Care's legislative priorities for the 2025 federal and state legislative sessions. These priorities are informed by the most current available information and emphasize L.A. Care's key areas for advocacy. Unless directed otherwise by the L.A. Care Governing Board, L.A. Care will advocate for these priorities, along with other legislative proposals and budgetary matters impacting L.A. Care, in alignment with these Board-approved legislative principles. These priorities will enable L.A. Care to engage quickly effectively with the Administration, regulators, elected officials, Los Angeles County, and relevant interest groups to advance these priorities.

California has made significant strides in expanding healthcare coverage and services, transforming government sponsored programs into a comprehensive program that emphasizes not only physical treatment but also prevention and overall well-being. Notable advancements, such as increased access to care, the integration of behavioral health services, and a focus on social determinants of health, have positioned the state at a crucial juncture. As conversations unfold at both the federal and state levels, it is crucial to preserve the progress California has made. Ensuring the long-term sustainability of Covered California, Medi-Cal, and Medicare programs will depend on collaborative and sustained advocacy efforts. The following priorities encompass L.A. Care's government-sponsored programs:

Federal Funding and Coverage

1. Support proposals that preserve current funding levels and oppose reductions in federal funding for government-sponsored programs, including but not limited to lowering the Federal Medical Assistance Percentage (FMAP) percentage, implementing block grants, or introducing per-capita caps.
2. Support retaining Affordable Care Act (ACA) coverage expansions and subsidies, including proposals codifying and stabilizing ACA provisions into state law.
3. Support the protection of California's current FMAP for all populations.
4. Support proposals that continue current provider tax mechanisms.

Rates/Reimbursement

5. Support proposals that increase transparency, accuracy, and appropriateness in the rate-setting process conducted by regulatory agencies.
6. Support initiatives that increase Medi-Cal program funding to raise provider rates and efforts to achieve payment equity across government-sponsored programs, including raising Medi-Cal payments to Medicare levels.
7. Support proposals that align financial incentives across providers, patients, health plans, and payers.
8. Support proposals that ensure accurate capture of risk scores for dual-eligible and vulnerable populations in the Medicare Risk Adjustment Model.

Board of Governors

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Eligibility, Benefits, and Enrollment

9. Support proposals to minimize unwarranted coverage loss, streamline enrollment and redetermination processes, and ensure smooth transitions to other coverage options. Advocate for collaboration among states, counties, and managed care plans to improve outreach, update beneficiary information, and address procedural coverage loss.
10. Support retaining comprehensive coverage for low-income and uninsured populations, while protecting existing access.
11. Support proposals to remove barriers preventing eligible populations from accessing health and social service benefits.
12. Support proposals that promote home and community-based care for those who would otherwise need institutionalization.
13. Support proposals that expand, simplify, or streamline access to behavioral health and substance use disorder services.
14. Support proposals that provide funding and expand eligibility to food assistance programs to Californians of all ages.
15. Support policies that preserve the ability to offer Medicare Health Related Social Needs (HRSN) benefits to vulnerable populations in a seamless manner.
16. Support policies that preserve robust open enrollment periods and continue funding for resources that support consumer awareness.
17. Support policies that integrate Medicaid-Medicare (Dual-Eligible) products and differentiate Special Needs Plans from traditional Medicare Advantage to better meet their unique needs.

Quality

18. Support measures that improve quality, equity, and outcomes through integrated care models, value-based initiatives, and system modernization, while reducing racial disparities.
19. Adjust Medicare Star ratings approach to accurately reflect the acuity of the populations served.

Access to Care

20. Support proposals to expand California's healthcare workforce and address provider shortages in underserved communities to improve access.
21. Support initiatives to increase residency positions for physicians (M.D. and D.O.) and Nurse Practitioners, with a focus on training healthcare providers to serve vulnerable and underserved populations, particularly in primary care.
22. Support proposals for evaluations of clinical, risk-adjusted outcomes for licensed healthcare professionals to guide scope of practice discussions, including education, training, and supervision, ensuring safe, culturally competent care.
23. Collaborate with Los Angeles County to align homelessness funding with Proposition 1 and Behavioral Health (BH) implementation, utilizing local resources to finance housing and BH services for the unhoused, while supporting policies that ensure sustainable and flexible funding for housing and support services.
24. Support policies that improve social conditions, equity, and quality of life for vulnerable populations by promoting economic stability, education, housing, food security, and healthy environments while combating discrimination and addressing systemic barriers under L.A. Care's influence, such as employment, contracting, and medical services.
25. Support proposals for ongoing funding of housing and services for vulnerable populations, including those experiencing homelessness, veterans, the elderly, people with disabilities, justice-involved individuals, and those with serious mental illness or substance use disorders. This includes options for higher care needs, such as Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs) and expanding housing access.

Board of Governors

MOTION SUMMARY

26. Support proposals to expand public behavioral health services by increasing community-based facilities, recruiting from underserved communities and those with lived experiences, and strengthening crisis response for individuals with serious mental illness (SMI) and substance use disorders (SUDs).
27. Support proposals that increase and protect flexibilities for public and behavioral health funding to comprehensively address the needs of local communities.
28. Support proposals to prevent or mitigate medical debt and its negative impacts.
29. Support proposals that provide funding and expand eligibility to food assistance programs to Californians of all ages.
30. Support initiatives to reduce homelessness and enhance the availability and sustainability of both interim and permanent housing for individuals experiencing homelessness.
31. Support programs to address implicit bias in policing and the development of funding mechanisms that support mental health rapid response units that can de-escalate a mental health emergency.

Health Information Technology

32. Support policies that promote the integration of automated systems and enhanced information sharing between public agencies to streamline eligibility determination, improve service delivery, and reduce administrative burdens.
33. Support the use of health information technology and interoperability that would result in cost-savings, patient care improvement, and greater health equity.
34. Support sustainability of regional Health Information Exchanges or Organizations when they demonstrate clear benefit.
35. Support policy that improves collection and reporting of REAL (Race, Ethnicity, and Language) and Sexual Orientation and Gender Identity (SOGI) data for members and providers.

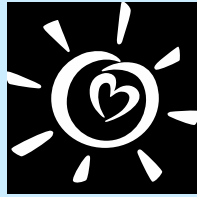
Fraud / Administrative Issues

36. Support the strengthening of anti-fraud measures and programs and provide the ability of health plans and payors to recover lost funds.
37. Support proposals that reduce unnecessary administrative burdens across the healthcare system.

Member Impact: L.A. Care supports public policies that increase resources for the safety net, and/or leads to improved access and quality of health care services for its members.

Budget Impact: Sufficient funds are budgeted in the Government Affairs Department budget for this fiscal year. We will budget the balance in future fiscal years.

Motion: **To approve L.A. Care’s 2025-26 State and Federal Policy Agenda, as submitted.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 2, 2026

Motion No. BOG 100.0426

Committee:

Chairperson: Ilan Shapiro, MD

Requesting Department: Government Affairs

Issue: Request approval to support the Los Angeles County Essential Services Restoration Act Sales Tax Measure on the June 2026 ballot.

Background: On February 10, 2026, the Los Angeles County Board of Supervisors voted to place the Essential Services Restoration Act on the June 2026 ballot for County voters. The measure proposes a temporary 0.5 percent (half-cent) countywide sales tax designed to generate approximately \$1 billion annually to support essential county services. The tax is structured as a general tax so that the revenue would be deposited into the County’s general fund and could be used for any lawful governmental purpose. However, the Supervisors adopted a spending plan that allocates these tax revenues, subject to the County’s annual budgeting process, to address projected funding shortfalls affecting essential services, including the health care safety net system. If approved by a simple majority of voters, the tax would take effect through 2031 and provide temporary funding to help stabilize certain hospitals, clinics, and other critical services relied upon by low-income, uninsured, and Medi-Cal beneficiaries.

The Los Angeles County Board of Supervisors’ decision to place the measure before the voters was prompted by anticipated federal policy changes affecting health care funding. In July 2025, Congress enacted H.R.1, the “One Big Beautiful Act,” which includes more than \$1 trillion in reductions to federal health care spending over the next decade, with the Medicaid program bearing the brunt of the cuts. County leaders say the effects have already been immediate and severe. Of the 3.3 million County residents, one in three rely on Medi-Cal. In the four months after H.R. 1 was signed over 120,000 Los Angeles County residents lost Medi-Cal coverage, including more than 27,000 children. At the County level, the Department of Health Services (DHS) faces over \$700 million per year in projected federal revenue losses, while the Department of Public Health (DPH) anticipates losing \$200-300 million in federal and state funds, plus a minimum of a \$42 million deficit this fiscal year. These shortfalls could lead to clinic closures, service reductions, staff reassignments, and potential layoffs. H.R. 1 also immediately froze supplemental Medicaid funding and effectively negated Proposition 35, which California voters approved in November 2024 to extend the managed care organization (MCO) tax and provide dedicated funding to public hospitals.

Board of Governors

MOTION SUMMARY

The measure has been officially certified to appear on the June 2, 2026 ballot. Formal endorsements and ballot arguments are still being finalized, but public reporting indicates that the primary supporters include the Los Angeles County Board of Supervisors, Community Clinic Association of Los Angeles County (CCALAC), and a broad coalition of health care advocates. This coalition includes Restore Healthcare for Angelenos, which brings together community health centers, hospitals, and advocacy organizations, as well as individual providers such as Venice Family Clinic, Valley Community Healthcare and St. John's Community Health. These supporters emphasize the measure's role in stabilizing the health care system, protecting the safety net, and maintaining access to care.

Member Impact: While L.A. Care remains committed to restoring Medi-Cal funding and reversing H.R. 1, federal and state actions may not fully repair the damage or address remaining gaps. Supporting the Los Angeles County Essential Services Restoration Act Sales Tax Measure is a practical step to help stabilize the health care delivery system and preserve access to basic care while broader solutions are pursued. This effort complements Los Angeles County's *Keep LA Covered* initiative, a countywide effort to build awareness and education on upcoming changes to Medi-Cal eligibility requirements and renewal submission to maintain continuous coverage and access to care.

Budget Impact: There is no direct fiscal support to L.A. Care from this motion. If approved by County voters on June 2, 2026, the Essential Services Restoration Act would generate approximately \$1 billion annually in Los Angeles County general fund revenue. Based on the spending plan, 4% of which would be allocated to school-based health programs as determined by the governing board of L.A. Care. The measure's long-term fiscal benefit comes from fiscal support to the County of Los Angeles and the safety net system, helping ensure continued access to essential care and reducing strain on local health services.

Motion: **To approve L.A Care's support for the Los Angeles County Essential Services Restoration Act Sales Tax Measure on the June 2026 ballot.**

Board of Governors Monthly Meeting

Performance Monitoring March 2026



Board Summary Report

Report Title: Performance Monitoring March 2026 Medical Management

Date: 3/20/2026

Prepared By: David Kagan, MD, Senior Medical Director.

1. Purpose / Desired Impact of the Report

This report provides an update on the compliance of authorization processing and insight into over and underutilization of specific services. The goal is to inform the Board of key findings and highlight areas of opportunity, that would help craft strategies to improve compliance and utilization. We are also seeking to strengthen oversight and enhance performance of our delegates.

2. Background / Context

L.A. Care's Medical management department is responsible for monitoring the over and underutilization of services, monitor trends, and evaluate performance of delegated entities, including IPAs and MSOs. The update includes over and underutilization data from September 2024 through August 2025 and the report on authorization processing times from August 2025 to January 2026.

3. Key Considerations / Analysis

Utilization Management:

- UM continues to perform strong with our Medi-cal LOB, which is where the bulk of our authorization volume lies. DSNP/PASC/LACC have a significantly lower volume, with a lower denominator, leading to lower numbers achieved with a very small number of fallouts.
 - DSNP continues to fall below expected measures of 95% due to the causes listed below.
 - CMS implemented new turnaround times effective January 1, 2026
 - Many DSNP requests come in from our call center as member-initiated requests
 - Several requests were sent to UM after the timeframe had passed, resulting in turnaround time misses. The process challenge has now been remediated.
 - LACC did have a dip due to a different circumstance that has also now been remediated
 - Redirected requests (from non-contracted to contracted) require a second authorization which is separate from the original, the receipt time that is marked is of the primary request
 - Though the first request is timely due to application of extensions, the second "child" authorization appears out of compliance even though the complete request was processed timely.
 - UM is meeting with internal stakeholders to ensure these cases are reported properly as compliant.
 - There have been no backlogs during this rollout. The UM team anticipates performance to improve in the months ahead

Over/Under Utilization:

- We continue to closely monitor Total Inpatient, Non-OB Inpatient Admissions, ED utilization, Avoidable ED visits, and Readmissions across all lines of business.

- No other significant month over month shifts were observed. We continue to work with PPGs and MSOs to improve individual performance.
- Utilization of community services continues to be actively monitored and improved across all 14 programs. Enrollment in ECM (Enhanced Care Management) continues to grow steadily.

4. Risk Area and Mitigation Activities

Risk Statement:

If L.A. Care does not effectively monitor the over and underutilization of services, and work with our provider network to improve, our members may face barriers to care, regulatory non-compliance may occur, and the organization could face financial penalties and reputational damage.

Known Key Risk: Yes No Unknown

Impacted Area/Risk/Lines of Business:

Risks:

Claims	<input type="checkbox"/>	Compliance	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Vendor	<input checked="" type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Financial	<input checked="" type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Privacy	<input type="checkbox"/>	Access	<input checked="" type="checkbox"/>	Pop Health	<input checked="" type="checkbox"/>
Reputational	<input checked="" type="checkbox"/>	Clinical	<input checked="" type="checkbox"/>	IT	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Contract	<input checked="" type="checkbox"/>
Member	<input checked="" type="checkbox"/>	Provider	<input checked="" type="checkbox"/>	InfoSec	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Medicare	<input checked="" type="checkbox"/>

Lines of Business

Medi-Cal	<input checked="" type="checkbox"/>	L.A. Covered	<input checked="" type="checkbox"/>	PASC-SEIU	<input checked="" type="checkbox"/>	D-SNP	<input checked="" type="checkbox"/>
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Risk Mitigation Activities:

- The UM team monitors our workflow and queues every two hours to minimize and avoid future fallouts.
- The MD assignment function continues to evolve with inventory updates, dedicated assignments, and tighter monitoring of daily productivity
- Real-time data tracking and reporting mechanisms have been enhanced to support more timely decision-making and performance oversight

5. Recommended Action / Decision Requested

Board Action Needed:

For Information Only For Discussion with Board/Committee For Approval / Decision

Proposed Motion (if applicable):

N/A

6. Next Steps / Timeline / Milestones

- We continue to conduct ongoing, month-over-month performance monitoring as well as joint operative meetings to identify opportunities to improve utilization.
- Additionally, we are actively exploring partnerships with disease management vendors to address the overutilization of emergency department and inpatient services, with a focus on enhancing chronic condition management and care coordination.

7. Attachments / Supporting Materials / Presentations

- Board of Governors Monthly meeting Performance Monitoring March 2026 Section: Medical Management

Board Summary Report Template
Report Title: Transportation Service Updates
Date: 03/20/2026
Prepared By: Noah Paley, Chief of Staff

1. Purpose / Desired Impact of the Report

The purpose of this board report is to provide updates on transportation related customer service improvements, service level agreement results, provider engagement in board meetings, and the new transportation vendor activation.

2. Background / Context

1. Customer Service Improvements and Provider Engagement: Call the Car (CTC) line staff and LAC Transportation Team will continue to attend RCAC, ECAC, and BOG meetings in support of the LASSO initiative.
2. Service Level Agreement Results: CTC Service Level Agreement (SLA) results have improved from previous month where Telecom SLA saw a slight improvement and all SLAs are being met with the exception of hospital transfers and discharges however remain steady in the 98%-99% percentile.
3. Supplemental Transportation Vendor: To facilitate CTC achieving and maintaining 100% compliance with timely hospital discharges and transfers, All Town Transportation drivers were activated to provide transportation services effective May 1, 2025.
 - a. All Town is supporting up to 40 NEMT trips per day and we continue to facilitate collaborative meetings with CTC and All Town to ensure clear communication and make process improvements.
 - b. Since the activation of All Town, CTC has confirmed **no missed trips** for hospital discharges.
4. Local plan collaboration: LAC has initiated a workgroup with other California plans to collaborate on best practices, ways to reduce FWA, plans to course correct shared Corrective Action Plans, and maintain aligned feedback on DHCS proposed changes to the transportation benefit. Monthly meetings include IEHP, CalOptima, Blue Shield Promise, and others. Last meeting was held on March 19th.
5. The SLT team preliminarily approved six utilization protocols for implementation in Sept. as presented and recommended by CRM and supporting business units to reduce avoidable utilization, redirect trips to closer locations and help reduce potential FWA, and cost-effectively manage our NEMT/NMT programs. The approved protocols are as follows:
 - i. Redirect Pharmacy Trips
 - a) Direct members to closer pharmacies.
 - b) Offer mail-order prescriptions before using transportation.
 - c) Verify prescriptions are on file at drop-off locations.
 - ii. High Utilizers – Enhanced Oversight
 - a) Closer monitoring and increased reporting.
 - b) Require 24-hour notice for NMT (vs. current 3 hours).
 - iii. Pharmacy Trips – NMT Requirements
 - a) Require 24-hour notice and medical necessity verification.

- b) Redirect to closer pharmacy locations.
 - iv. Will-Call Trips
 - a) Reduce return trip window from 8+ hours to 5 hours.
 - b) Limit to medically necessary or eligible purposes.
 - v. Methadone Flex Rides
 - a) Use Lyft for ambulatory members.
 - b) Require ride “activation” for both pick-up and drop-off to reduce no-shows and fees.
 - vi. Member Authentication Improvements
 - a) CTC to align with our authentication procedures

Final approval from SLT was provided in October.

- ii. On December 17th, CRM met with Operations and Health Services to confirm the outbound member calls to high-utilizing members would be handled by CSC Member Advocates.
 - a. Working Sessions have been ongoing as of January 6th to develop Member outreach scripts, finalize the member communication, create updated DLP’s, document end-to-end workflow, develop defined escalation paths for Care Management and UM.
 - b. Per Senior Leadership’s guidance on February 11th this has been accelerated to ensure implementation can begin by mid-March 2026.
 - c. Prior to go-live we requested CTC deliver an SMS text message to the high-utilizing members identified through our analytics team. Approximately 6,000K members received this text message notifying them of the upcoming changes.
 - d. The transportation utilization protocols were implemented to reduce unnecessary utilization and costs, improve operational efficiency and oversight, and ensure transportation resources are used appropriately while still allowing flexibility for medically necessary exceptions. Go-Live March 16, 2026.

Below are some key observations as of 3/20/2026.

- i. Call Volume has decreased since Monday go-live, Operations Stable: Call volume is down (~2K) and within normal range, with minimal escalations indicating stable operations and effective issue resolution.
 - e. CTC could potentially miss targeted telecom SLA’s due to the initial increase in call volume and increase in length of calls, however the calls seem to be stabilizing.

3. Key Considerations / Analysis

We are and will continue to monitor the impacts of the active Transportation Utilization Protocols as it relates to call performance, member grievances, claims, and finances to determine if future adjustments need to be made.

4. Risk Area and Mitigation Activities

Risk Statement:

Known Key Risk: Yes No Unknown

- Failure to improve customer service impacts our grievance levels and can cause regulatory complaints and findings.

Impacted Area/Risk/Lines of Business: Please select those areas impacted

Risks

Claims	<input type="checkbox"/>	Compliance	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Vendor	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>
Financial	<input checked="" type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Privacy	<input type="checkbox"/>	Access	<input type="checkbox"/>	Pop Health	<input type="checkbox"/>
Reputational	<input checked="" type="checkbox"/>	Clinical	<input type="checkbox"/>	IT	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Contract	<input checked="" type="checkbox"/>
Member	<input checked="" type="checkbox"/>	Provider	<input type="checkbox"/>	InfoSec	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Medicare	<input type="checkbox"/>

Lines of Business

Medi-Cal	<input checked="" type="checkbox"/>	L.A. Covered	<input checked="" type="checkbox"/>	PASC-SEIU	<input checked="" type="checkbox"/>	D-SNP	<input checked="" type="checkbox"/>
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Risk Mitigation Activities:

- Community/Member involvement to improve customer service
- Successful activation of the new transportation provider, All Town in support of increasing capacity and completing trips timely
- Collaboration with other plans to consider best practices and insight on what other plans are experiencing.
- Continuous monitoring for impacts on activating Transportation Utilization Protocols.

5. Recommended Action / Decision Requested

Board Action Needed:

- For Information Only
- For Discussion with Board/Committee
- For Approval / Decision

Proposed Motion (if applicable):

N/A

5. Next Steps / Timeline / Milestones

N/A

6. Attachments / Supporting Materials / Presentation

N/A

Board Summary Report Template

Report Title: Board of Governors Performance Dashboard – March2026

Date: 03/20/2026

Prepared By: Sherman Card, Sr. Director – Claims Operations

1. Purpose / Desired Impact of the Report

The purpose of this report is to demonstrate compliance with regulatory and/or contractual standards and to highlight areas of operational efficiency along with any gaps that signal opportunities for improvement.

2. Background / Context

Provide claim processing performance against the following regulatory compliance standards and associated trends.

- Claims Processing Metrics and Trends
- Provider Dispute Resolution (PDR) Timeliness Metrics

3. Key Considerations / Analysis

Management Considerations:

Ensure compliance with the following standards.

- 95% of claims processed within 30 calendar days
- 95% of PDRs dispositioned within 45 working days

Additional comments

▪ PDR's % Closed within 45 Business Days

- The February decline in dispute processing compliance was driven by PDRs tied to complex special investigations that exceeded the standard 30-day timeframe. Targeted actions—including enhanced triage, expedited escalations, and daily performance monitoring—have been implemented to improve timeliness and reduce backlog. Performance recovery is expected to be reflected in April metrics.

4. Risk Area and Mitigation Activities

Risk Statement: Known Key Risk: Yes No Unknown

Impacted Area/Risk/Lines of Business: Please select those areas impacted

Risks

Claims	<input type="checkbox"/>	Compliance	<input type="checkbox"/>	Regulatory	<input type="checkbox"/>	Vendor	<input type="checkbox"/>	Community	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Privacy	<input type="checkbox"/>	Access	<input type="checkbox"/>	Pop Health	<input type="checkbox"/>
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Member	<input type="checkbox"/>	Provider	<input type="checkbox"/>	InfoSec	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Medicare	<input type="checkbox"/>

Lines of Business

Medi-Cal	<input type="checkbox"/>	L.A. Covered	<input type="checkbox"/>	PASC-SEIU	<input type="checkbox"/>	D-SNP	<input type="checkbox"/>
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Risk Mitigation Activities:

5. Recommended Action / Decision Requested

Board Action Needed:

- For Information Only
- For Discussion with Board/Committee
- For Approval / Decision

Proposed Motion (if applicable):

N/A

5. Next Steps / Timeline / Milestones

N/A

6. Attachments / Supporting Materials / Presentation

N/A

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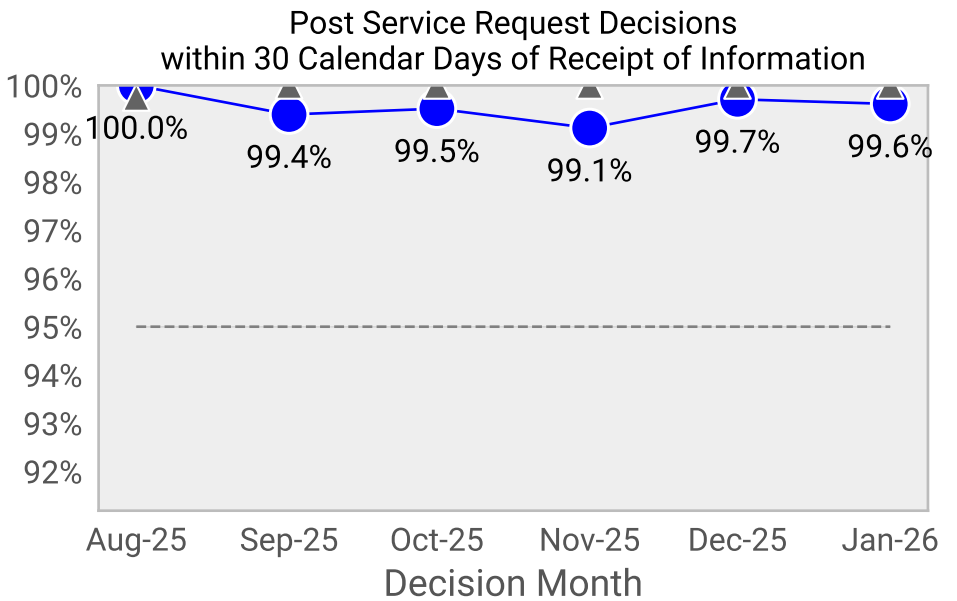
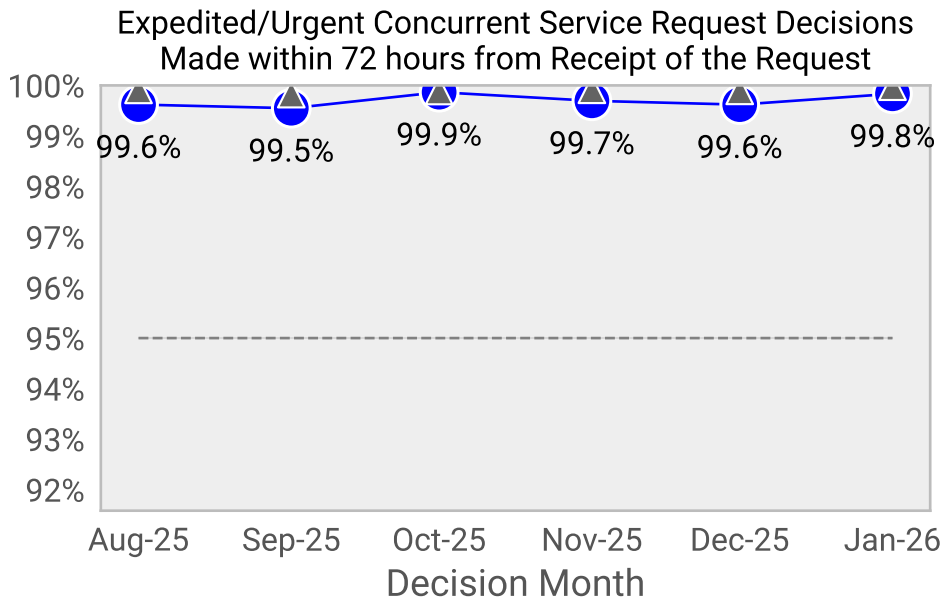
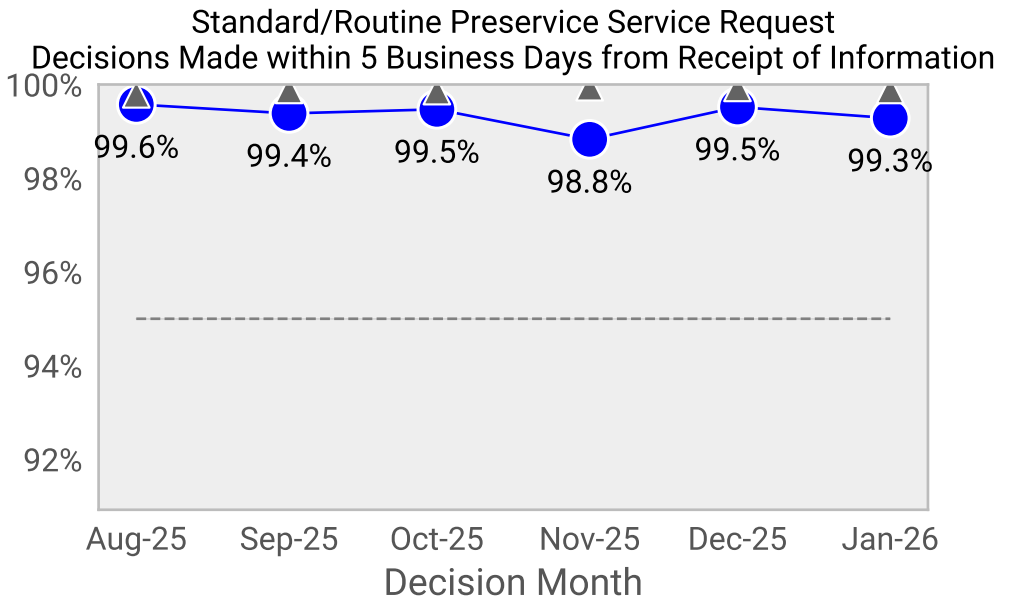
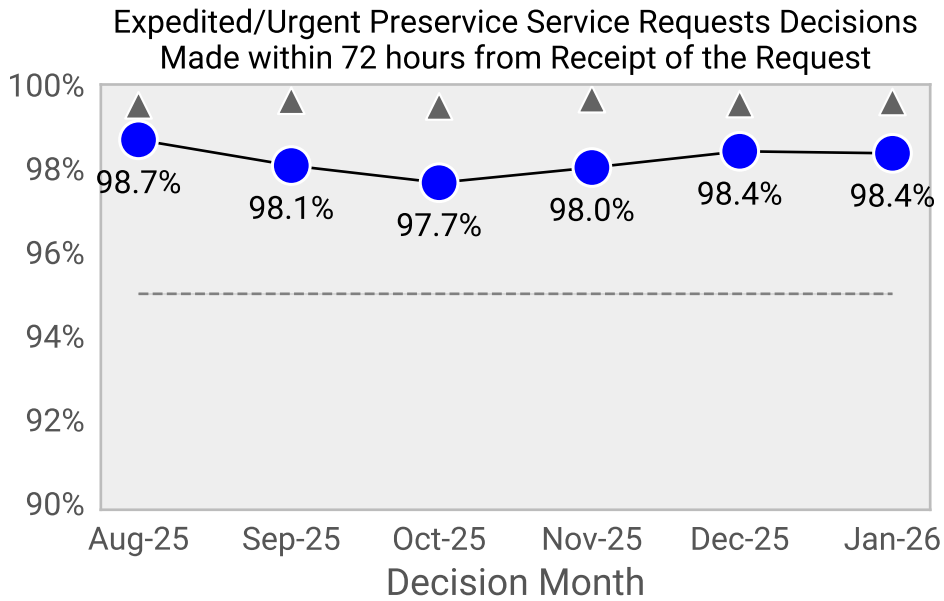
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Medical Management



MCLA Authorization Processing Timeliness

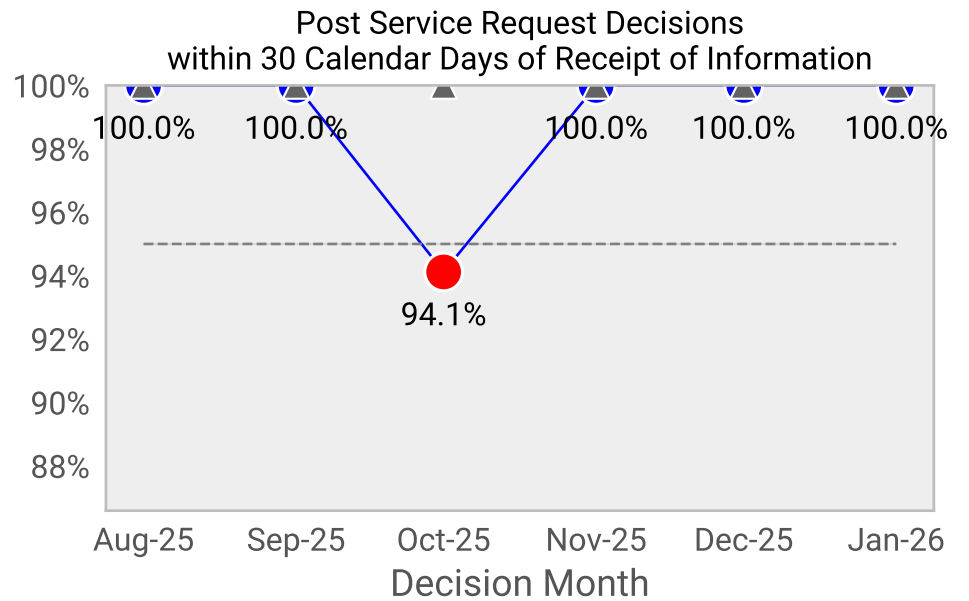
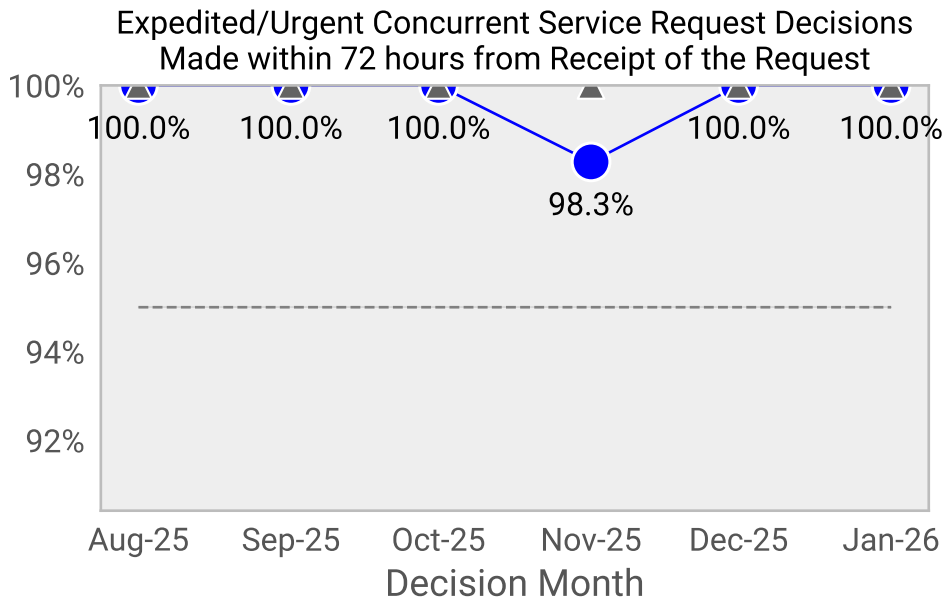
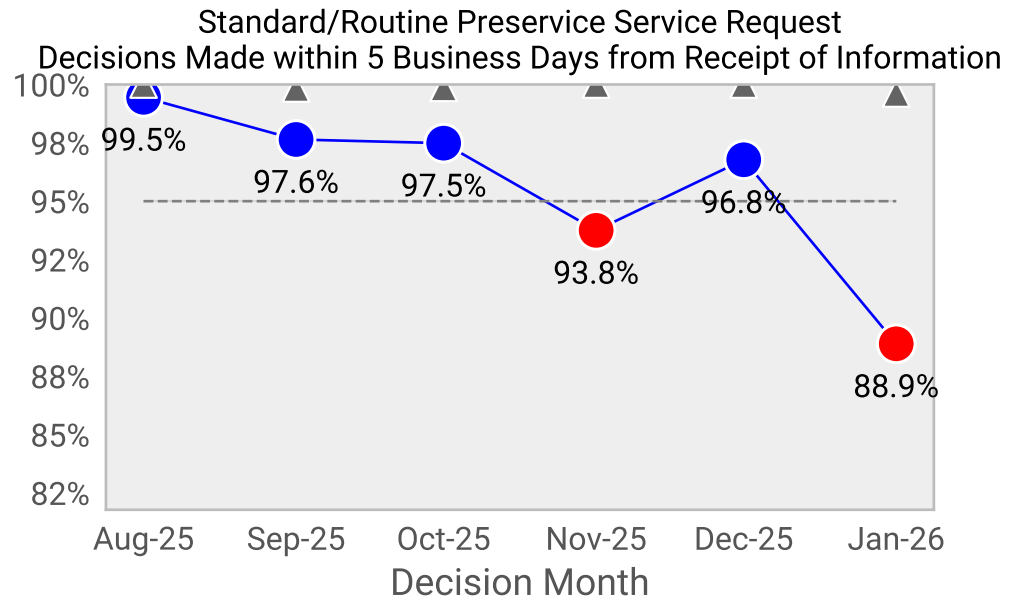
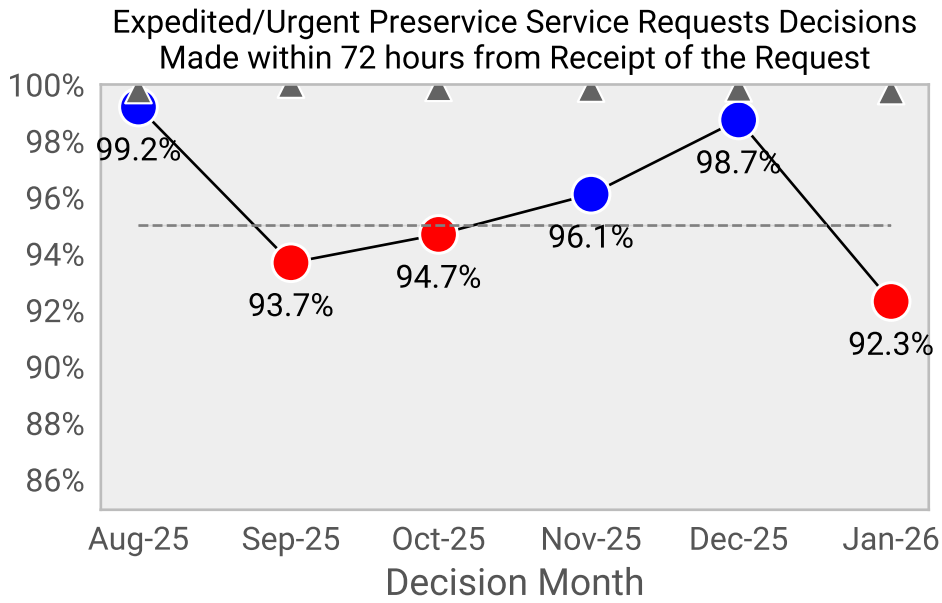


Triangles display the previous year's performance for the same month.

Only includes authorizations processed directly by L.A. Care.



LACC Authorization Processing Timeliness

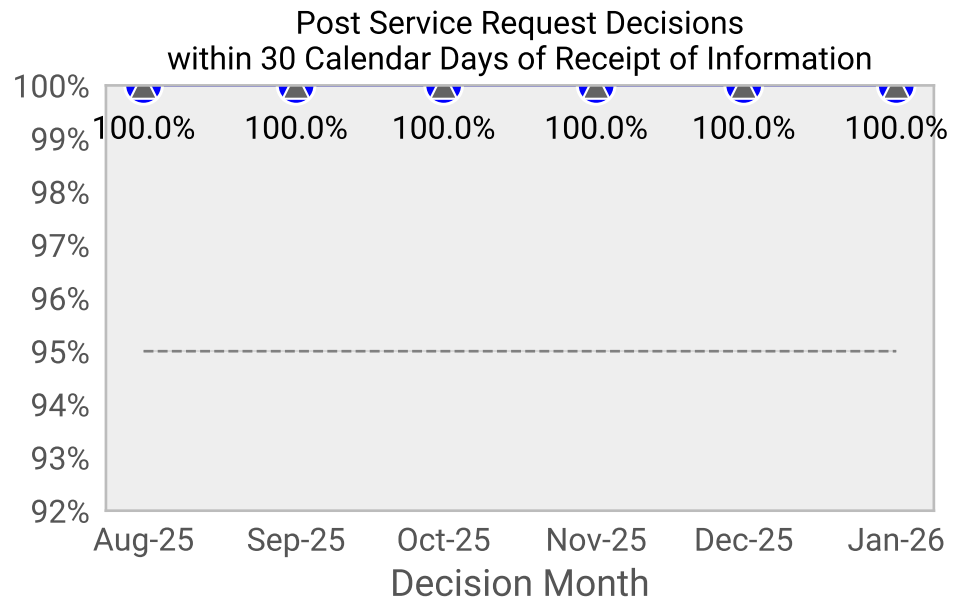
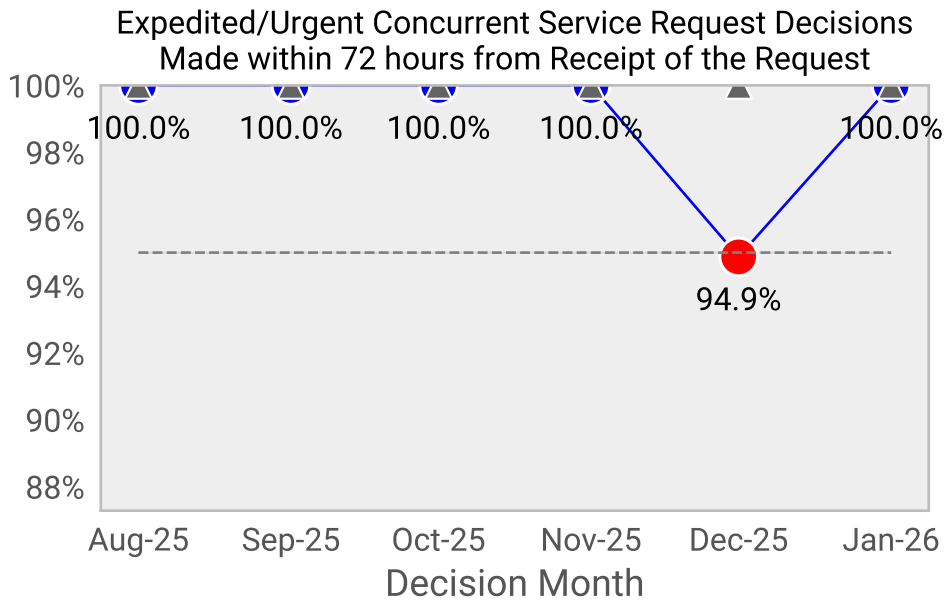
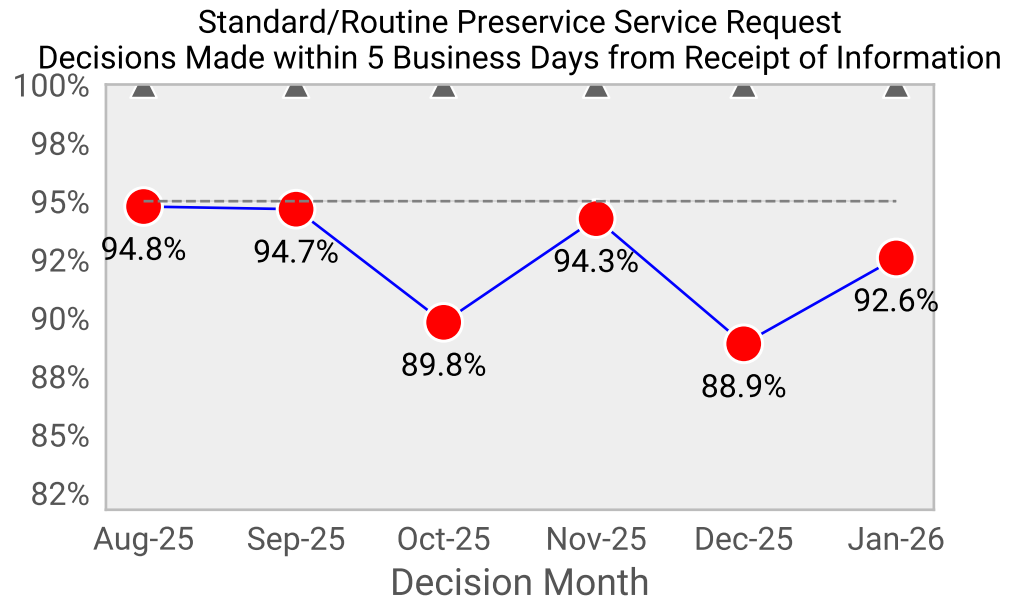
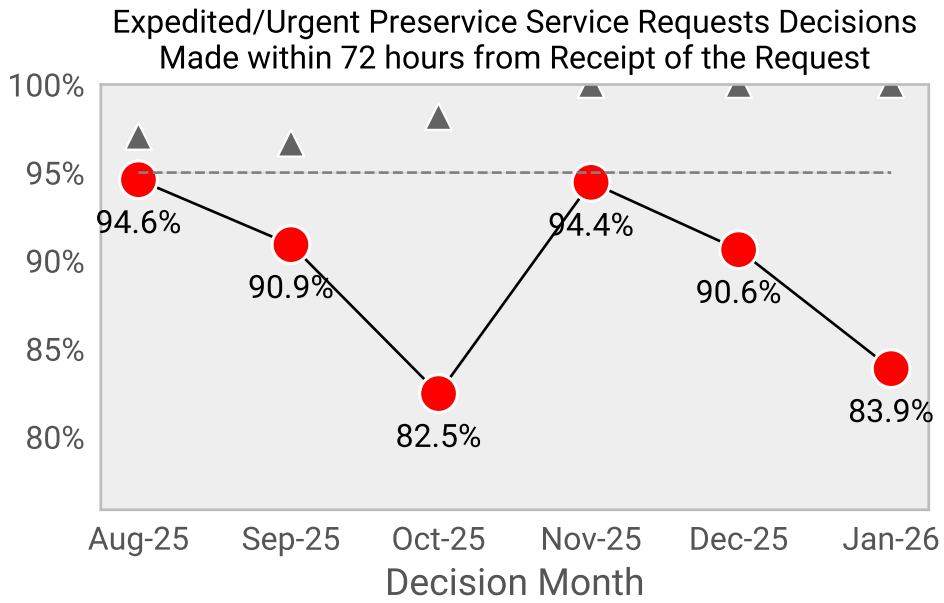


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Only includes authorizations processed directly by L.A. Care.



DSNP Authorization Processing Timeliness

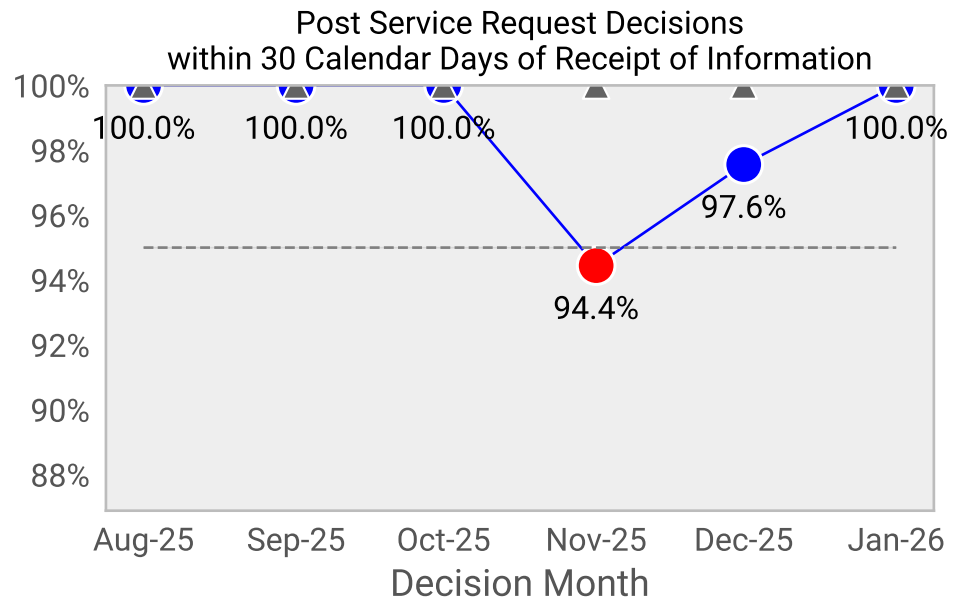
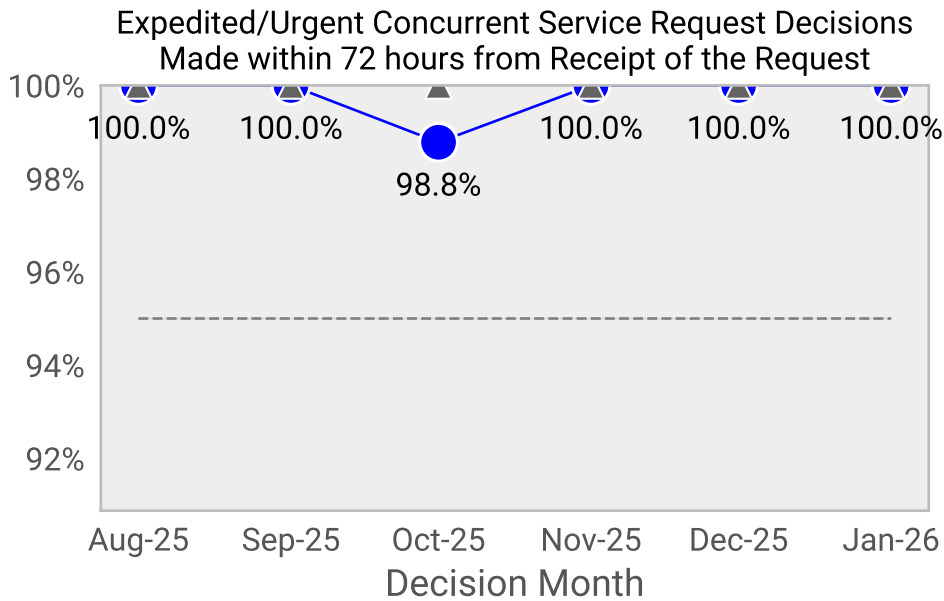
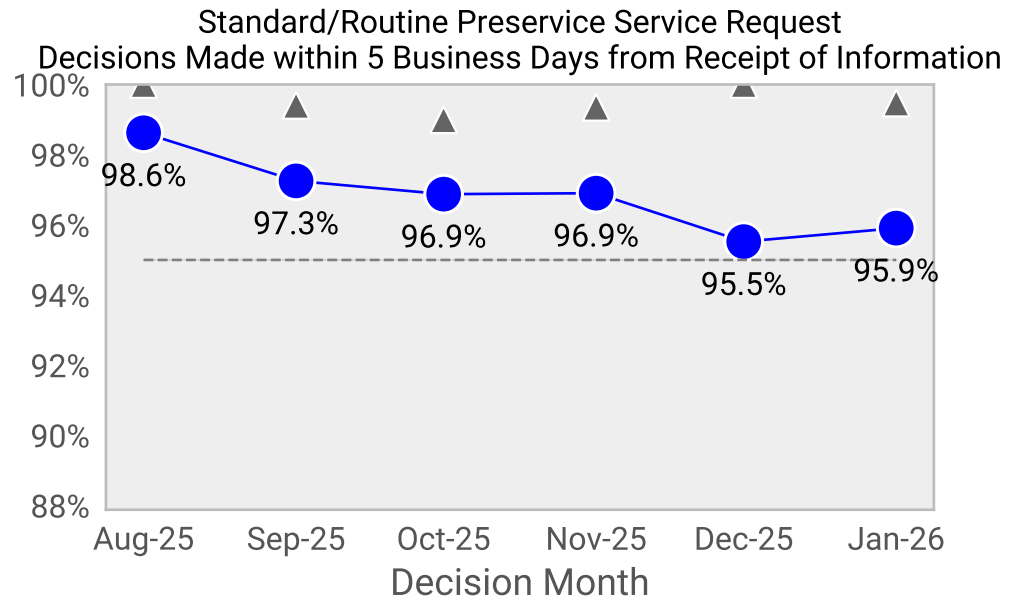
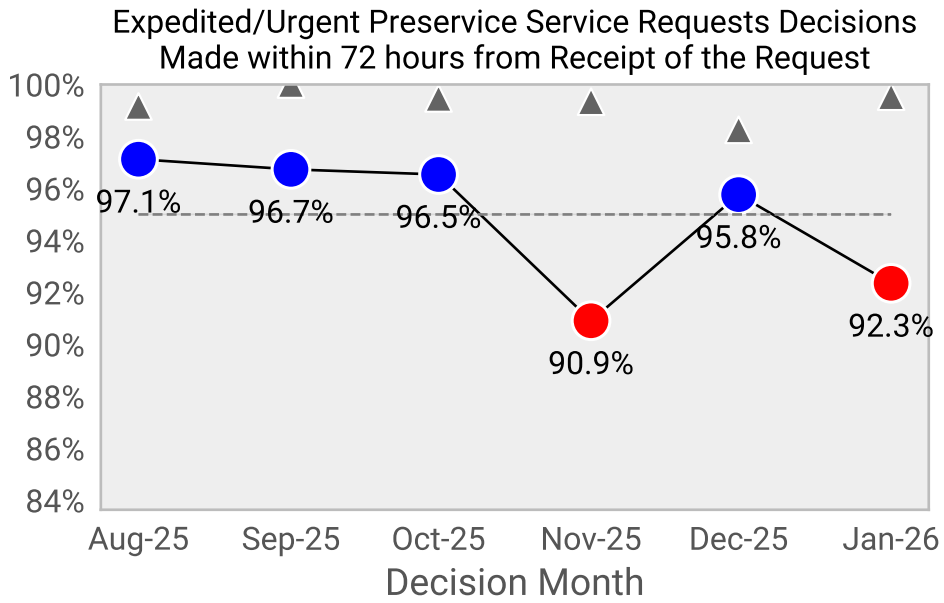


Triangles display the previous year's performance for the same month.

Only includes authorizations processed directly by L.A. Care.



PASC Authorization Processing Timeliness

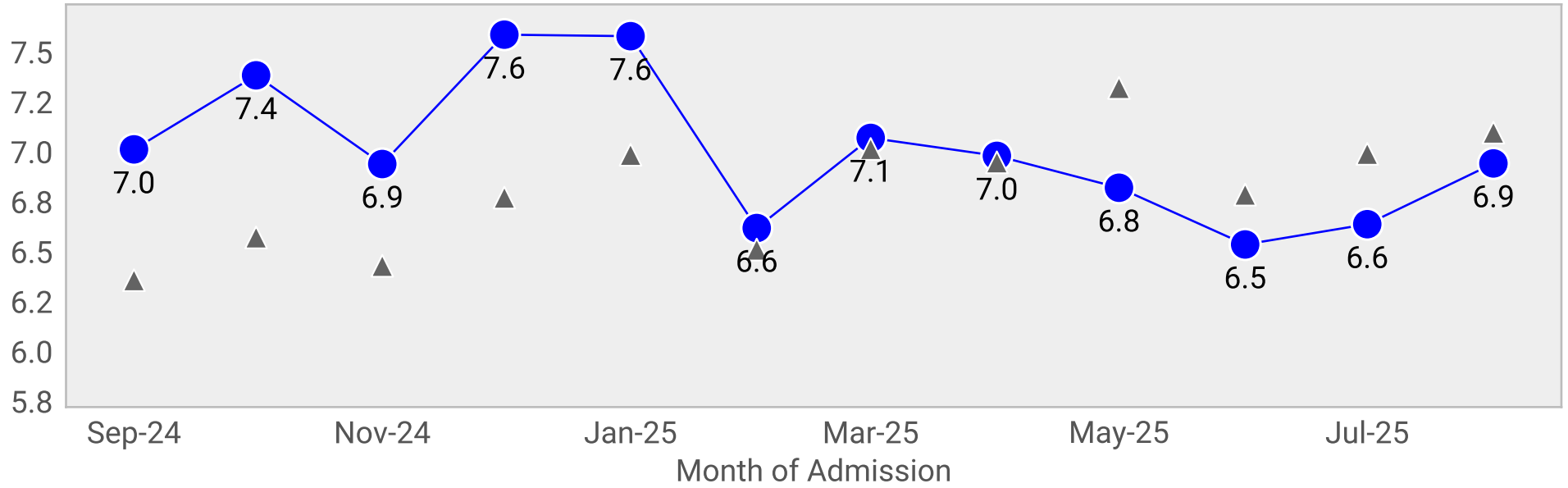


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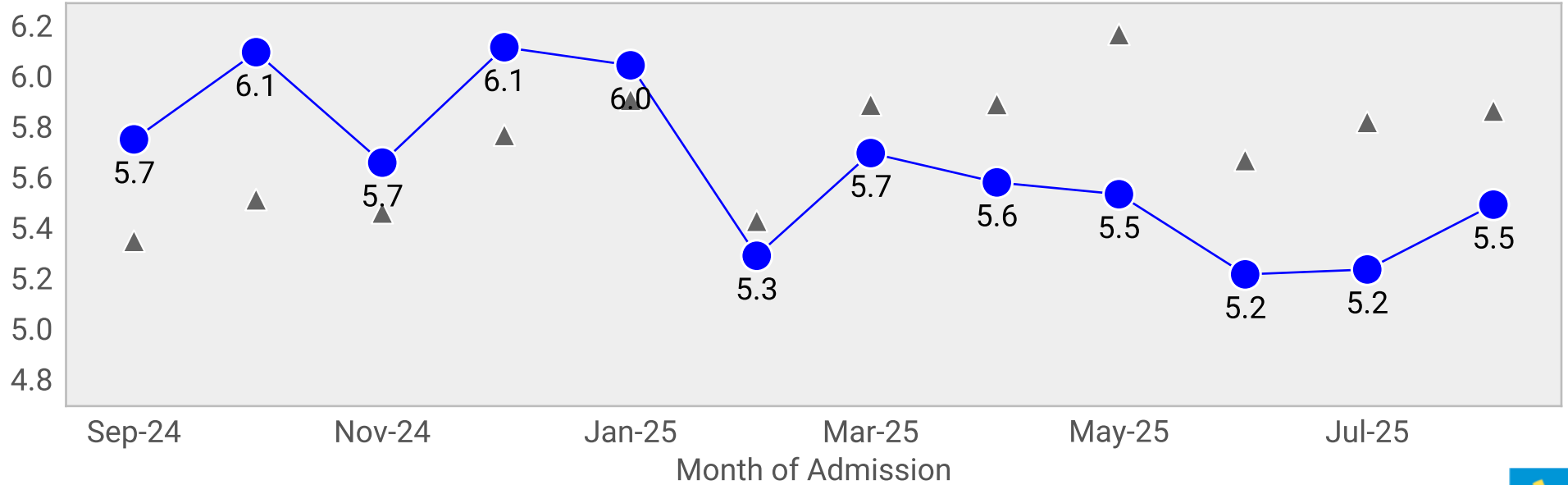
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Total MCLA In-Patient Hospital Admissions PTMPM



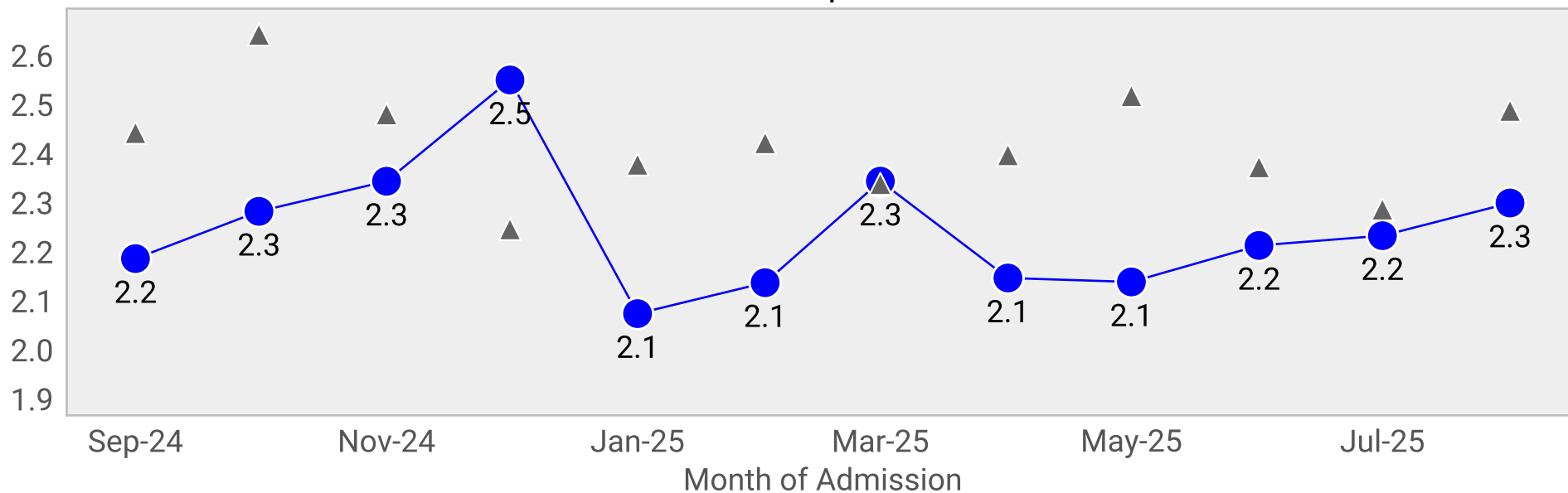
Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



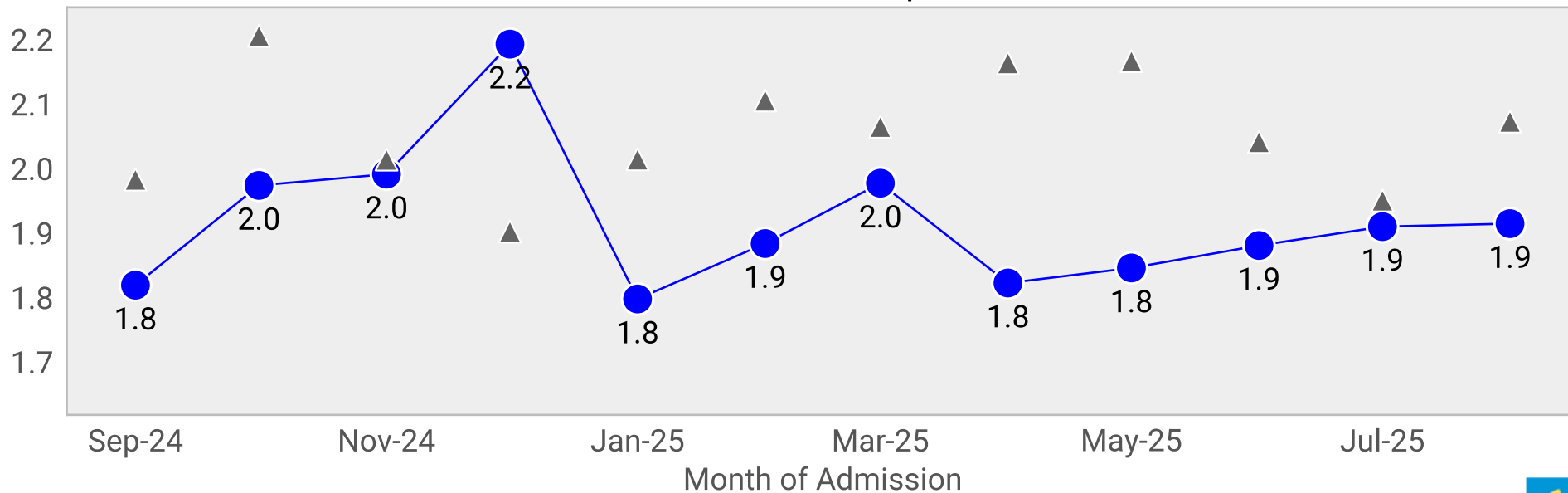
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Total LACC In-Patient Hospital Admissions PTMPM

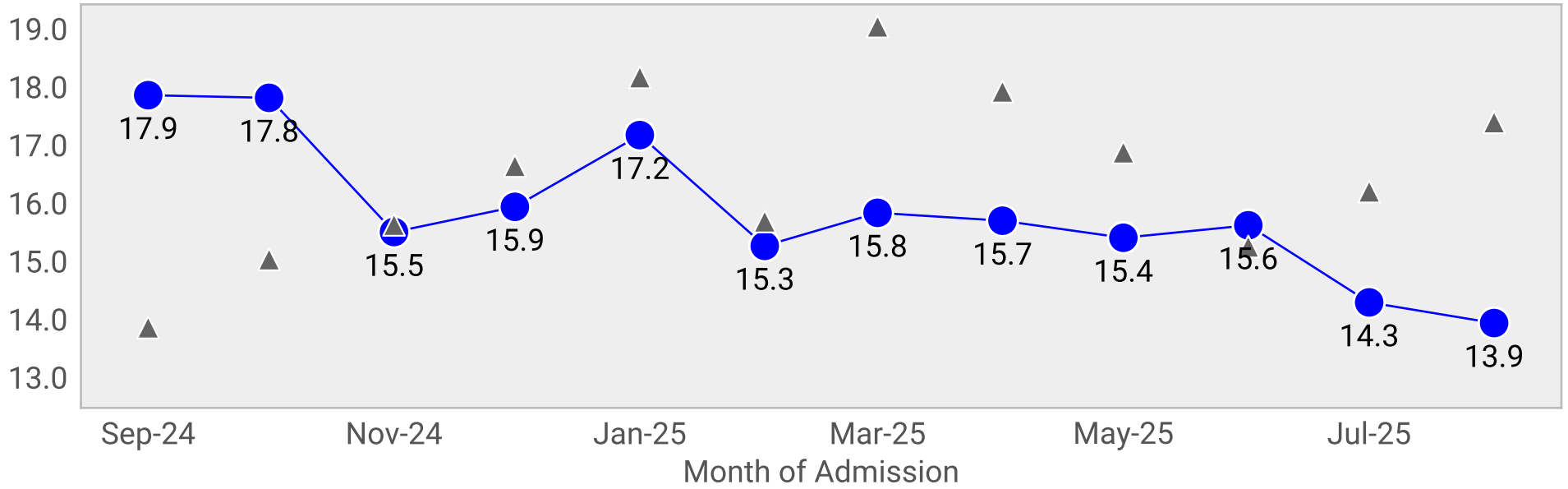


Non-Obstetrics LACC In-Patient Hospital Admissions PTMPM

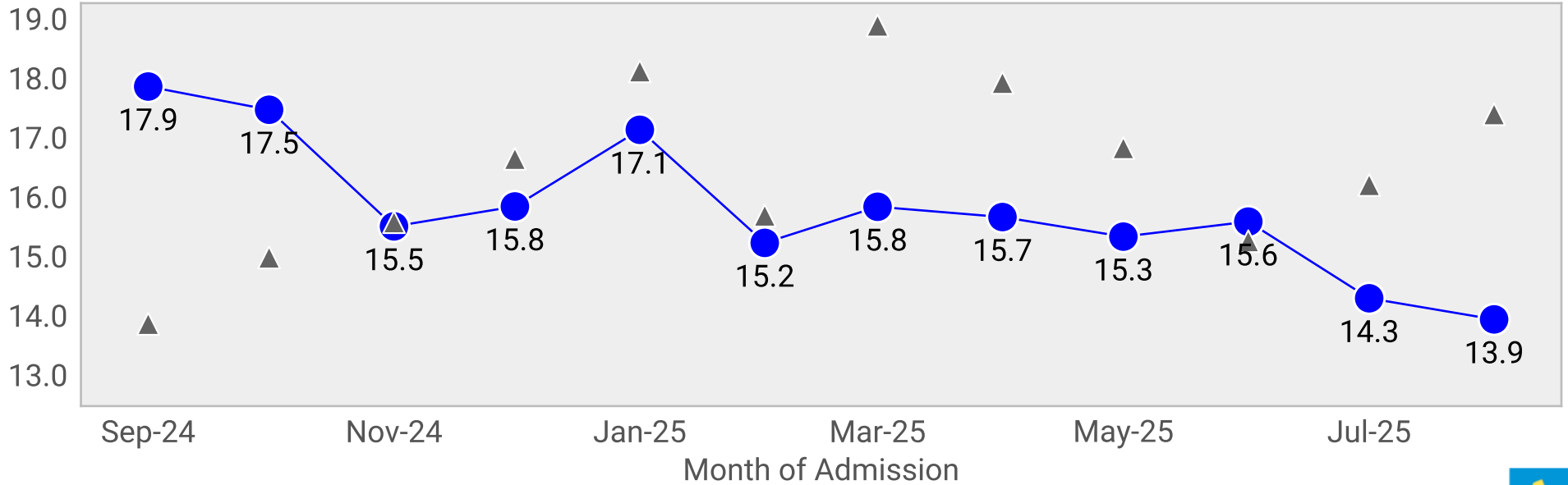


Triangles display the previous year's performance for the same month.

Total DSNP In-Patient Hospital Admissions PTMPM



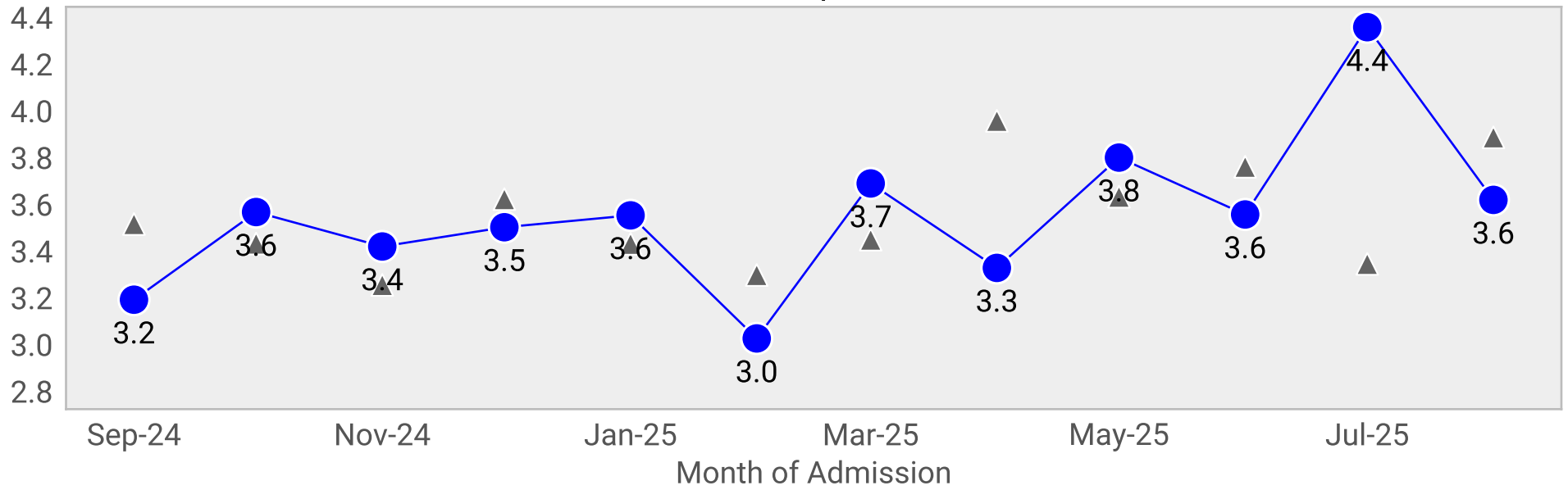
Non-Obstetrics DSNP In-Patient Hospital Admissions PTMPM



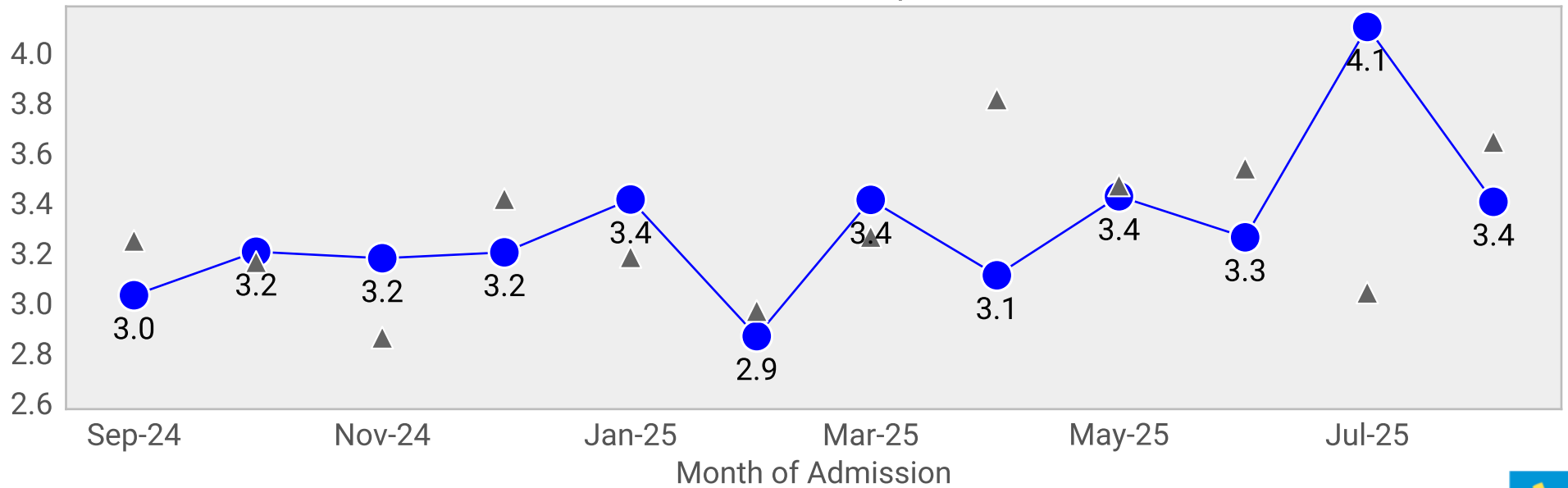
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Total PASC In-Patient Hospital Admissions PTMPM



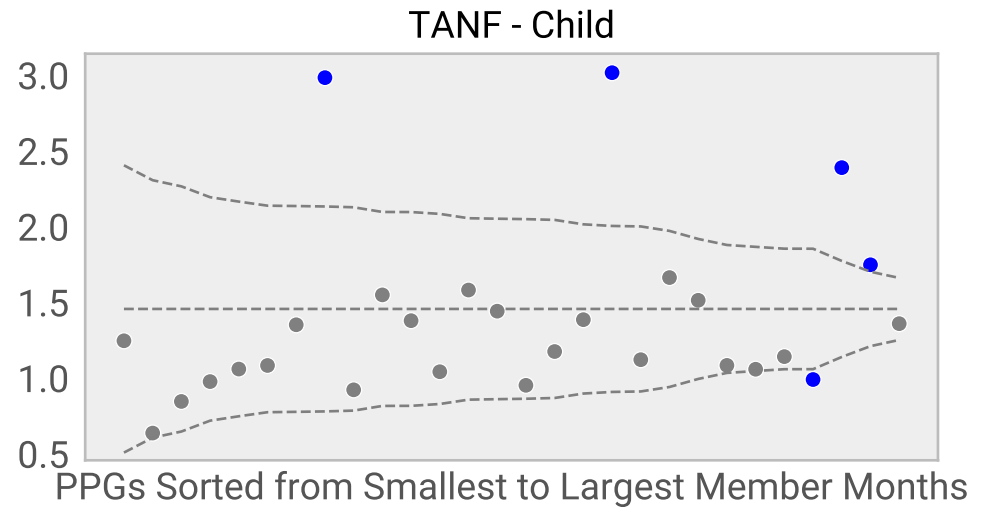
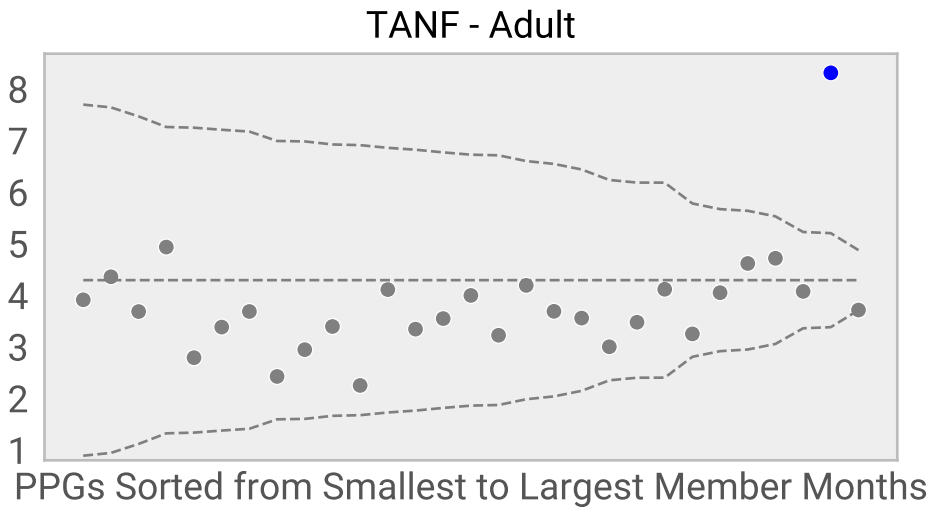
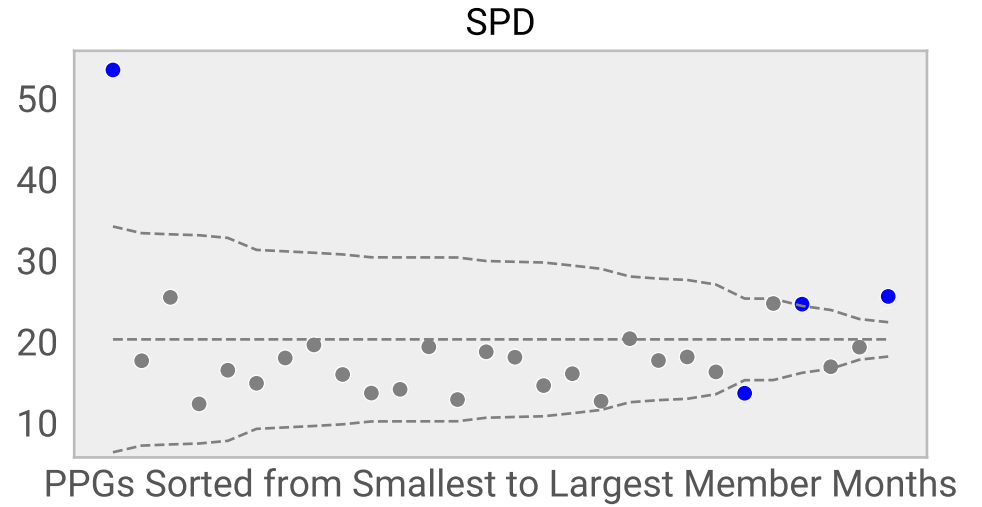
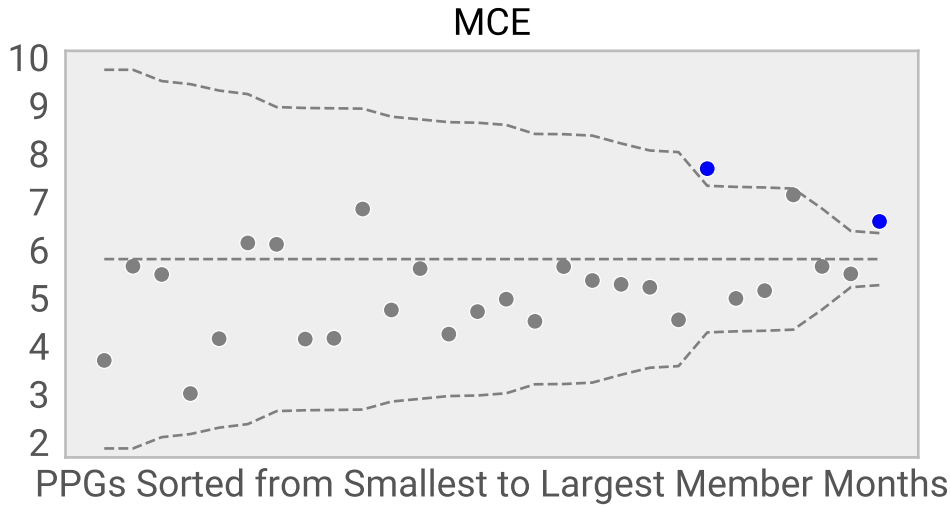
Non-Obstetrics PASC In-Patient Hospital Admissions PTMPM



Triangles display the previous year's performance for the same month.

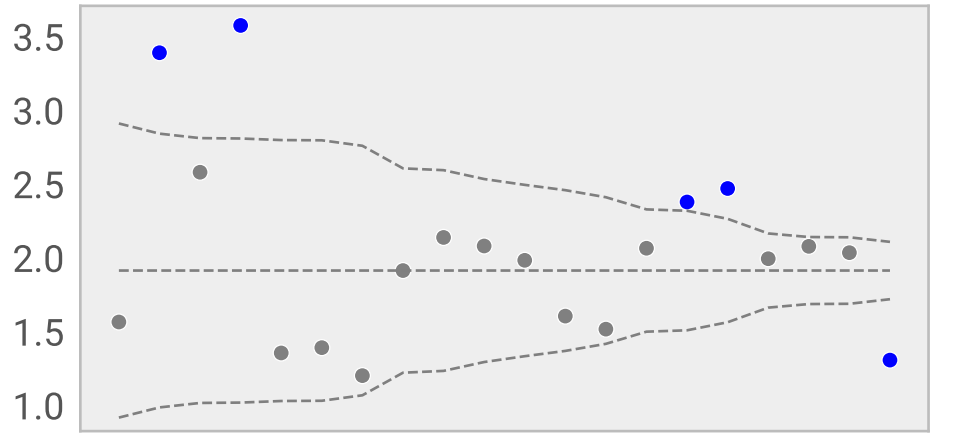


MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG
 U' Charts
 Assessment Period: Sep 2024 through Aug 2025



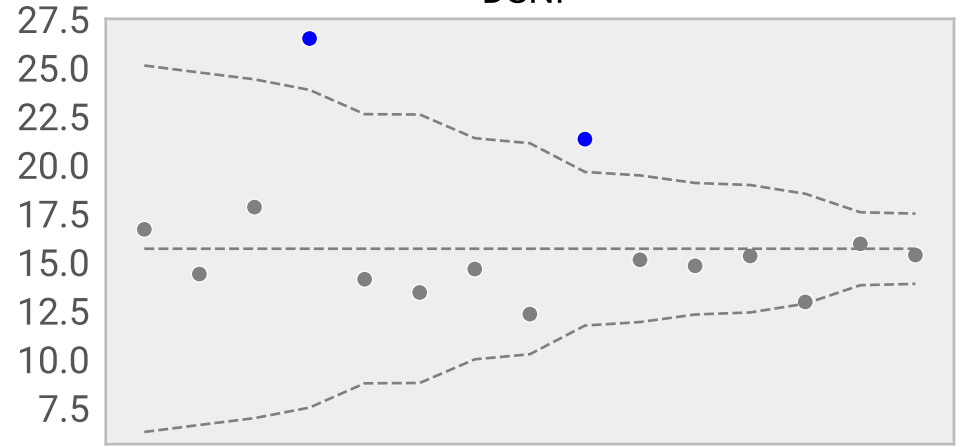
Non-Obstetrics In-Patient Admissions PMTPM by LOB and PPG
 U' Charts
 Assessment Period: Sep 2024 through Aug 2025

LACC



PPGs Sorted from Smallest to Largest Member Months

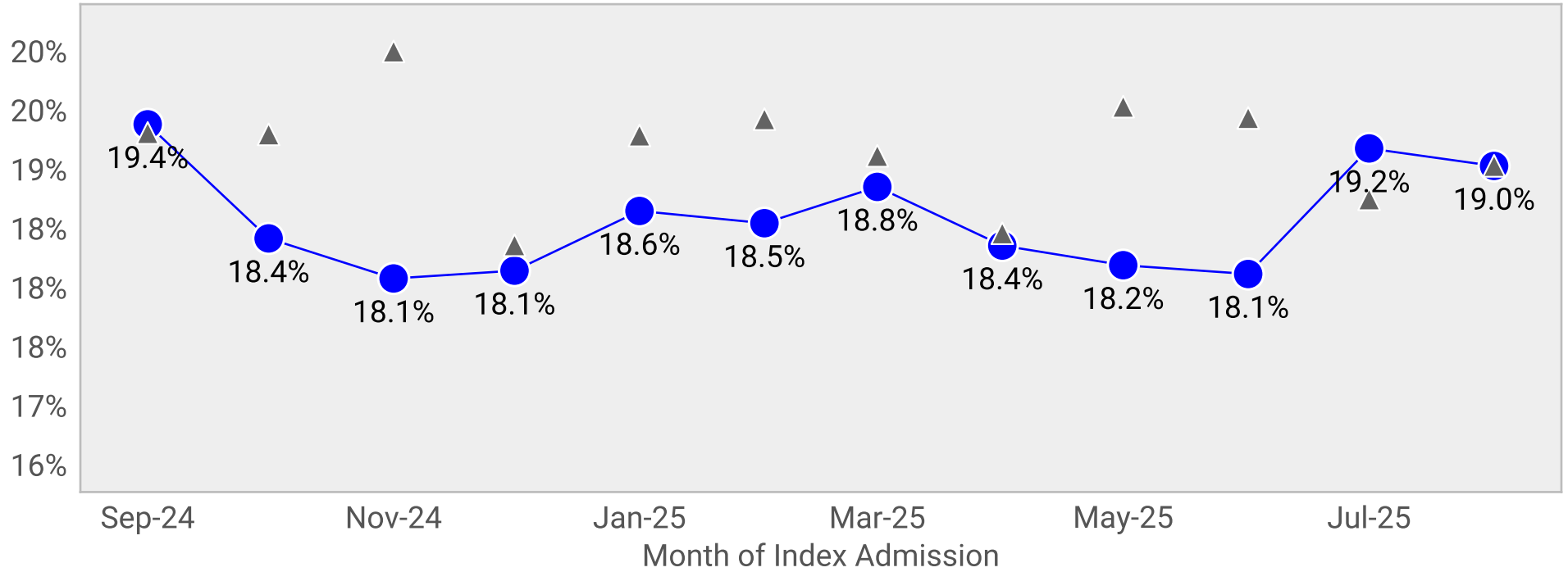
DSNP



PPGs Sorted from Smallest to Largest Member Months



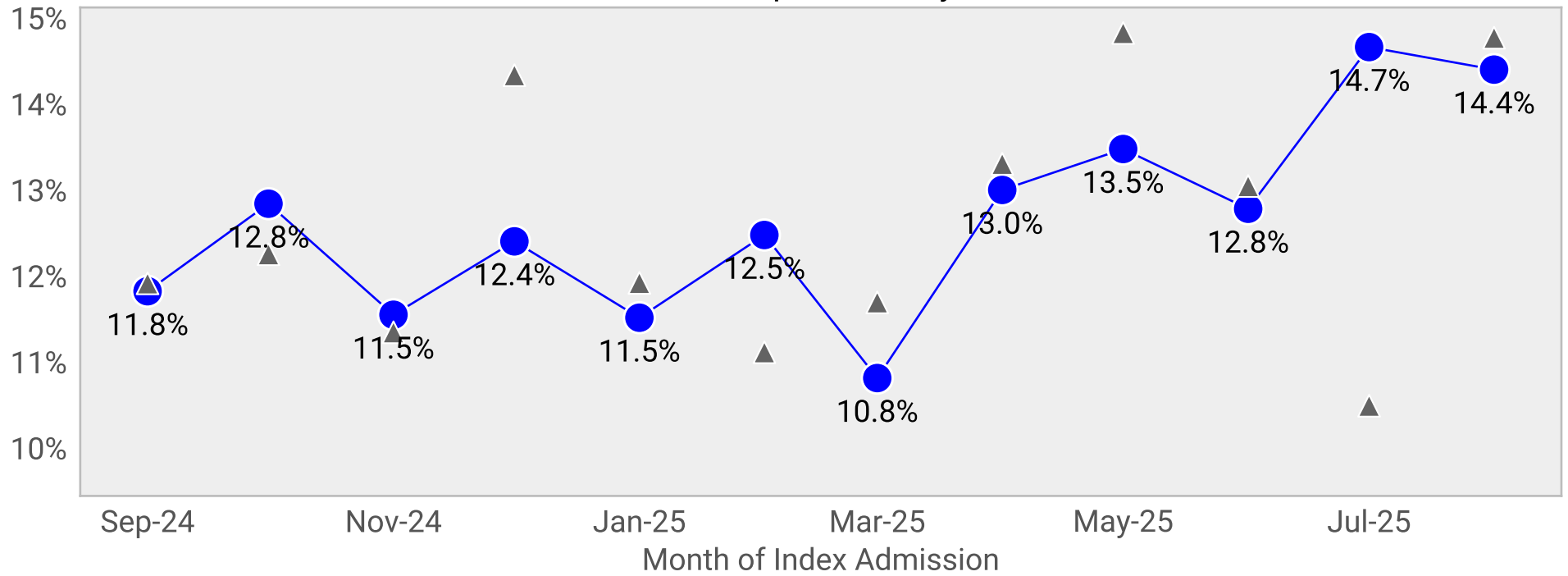
Total MCLA In-Patient Hospital 30-Day Re-admission Rates



Triangles display the previous year's performance for the same month.



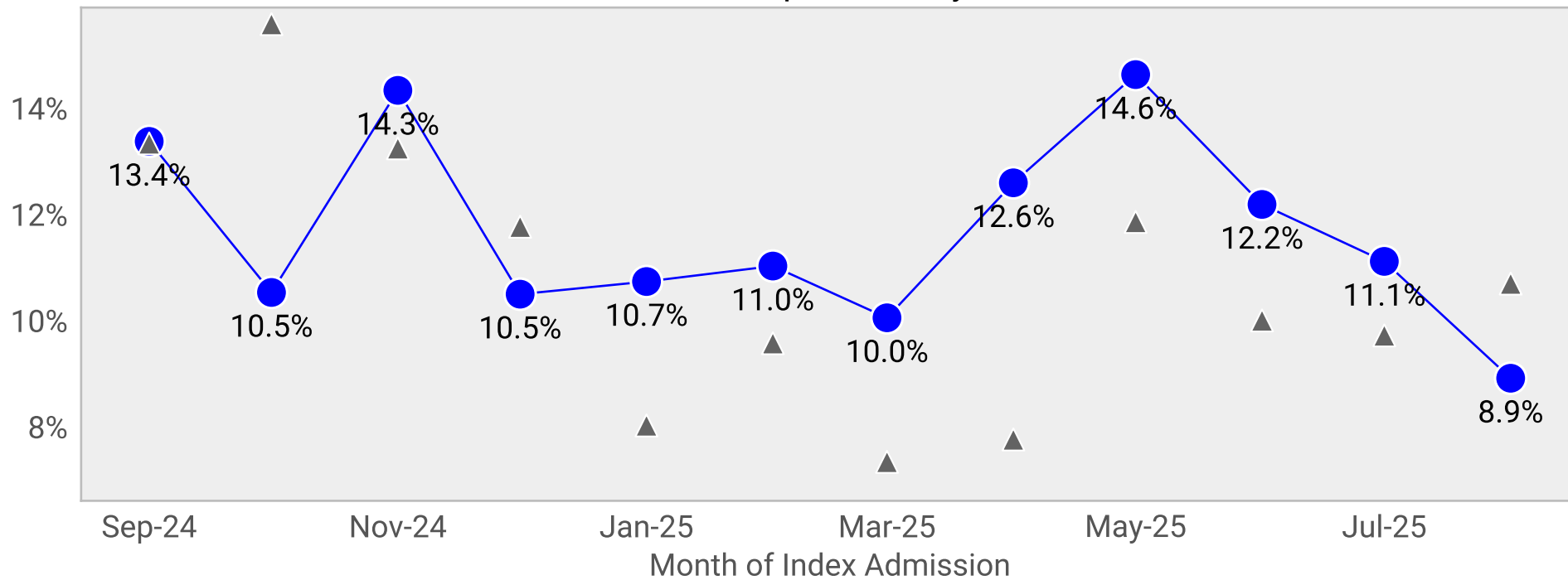
Total LACC In-Patient Hospital 30-Day Re-admission Rates



Triangles display the previous year's performance for the same month.

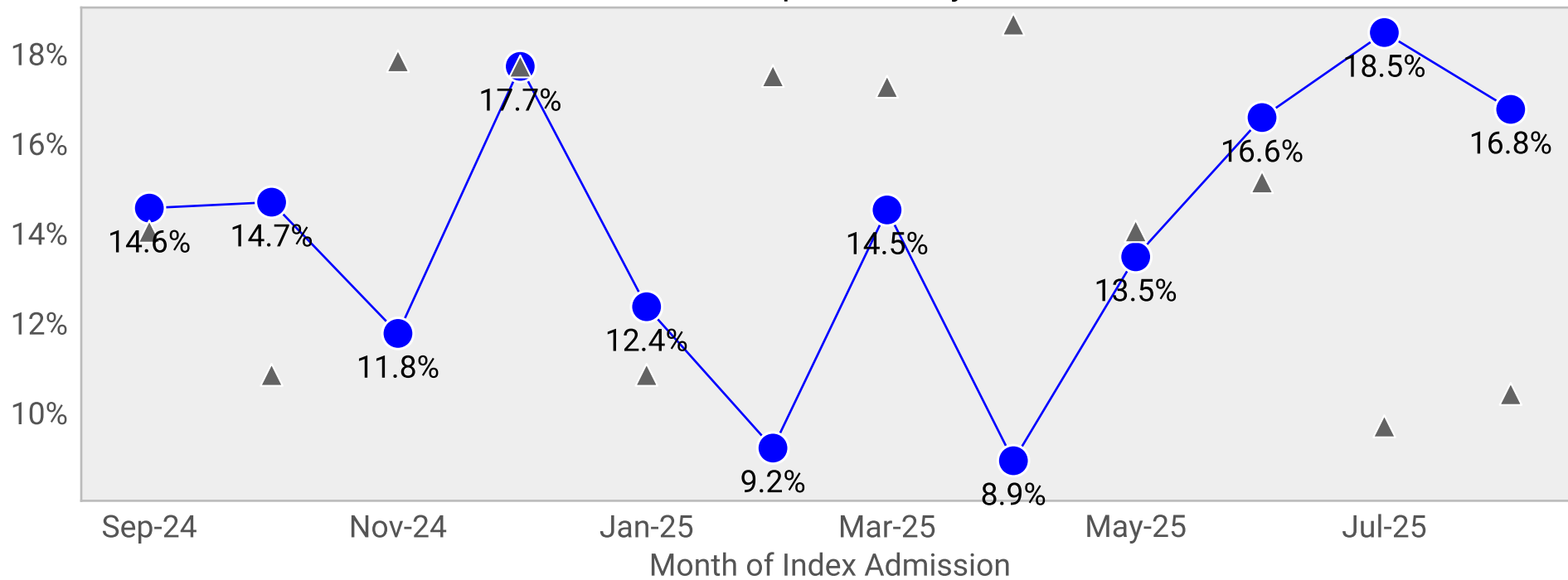


Total DSNP In-Patient Hospital 30-Day Re-admission Rates



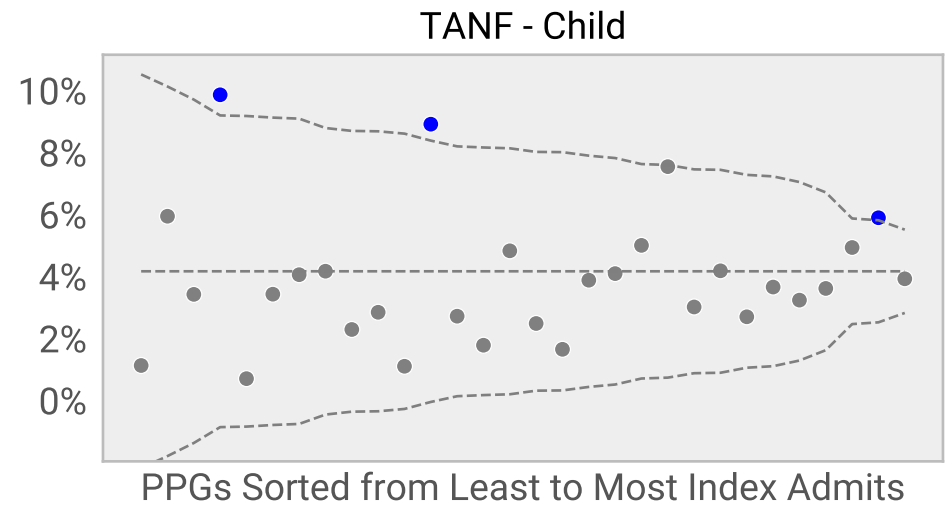
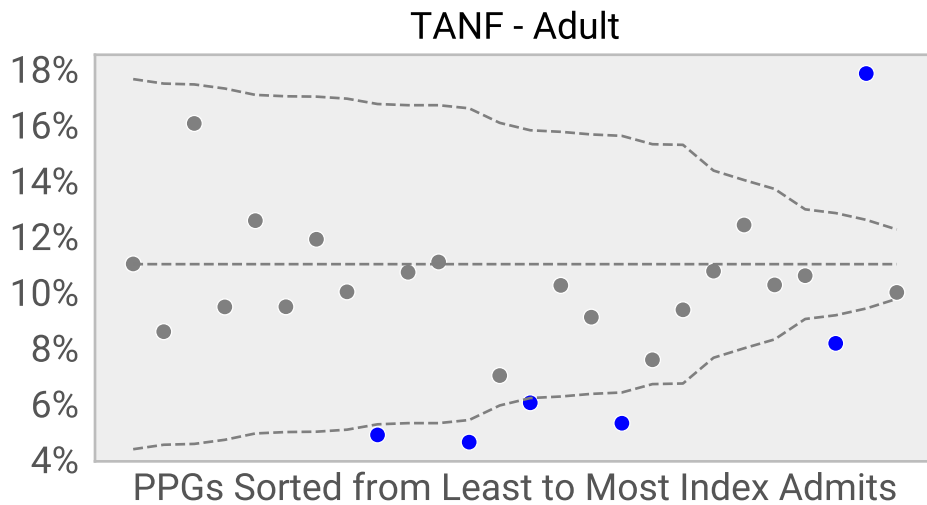
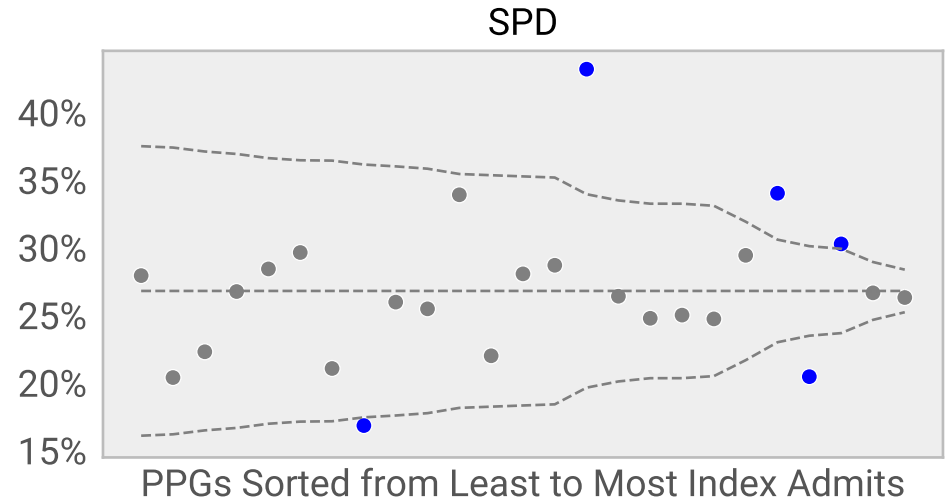
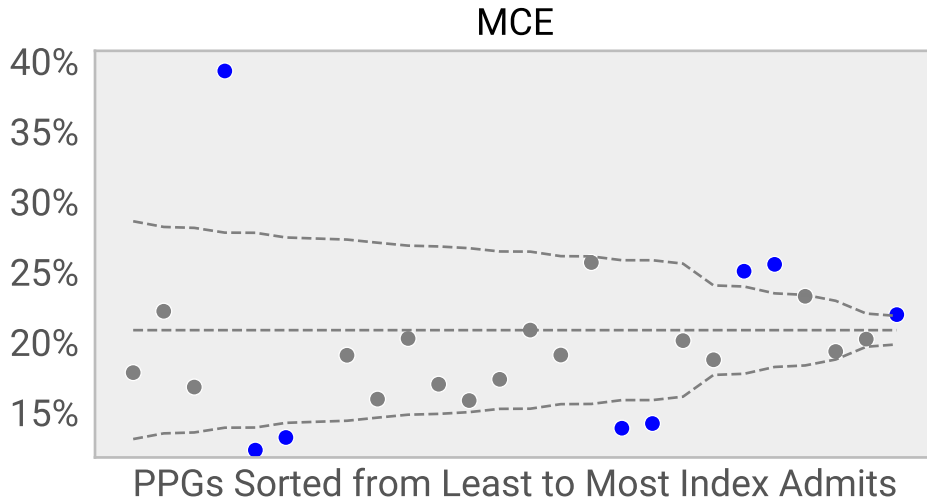
Triangles display the previous year's performance for the same month.

Total PASC In-Patient Hospital 30-Day Re-admission Rates



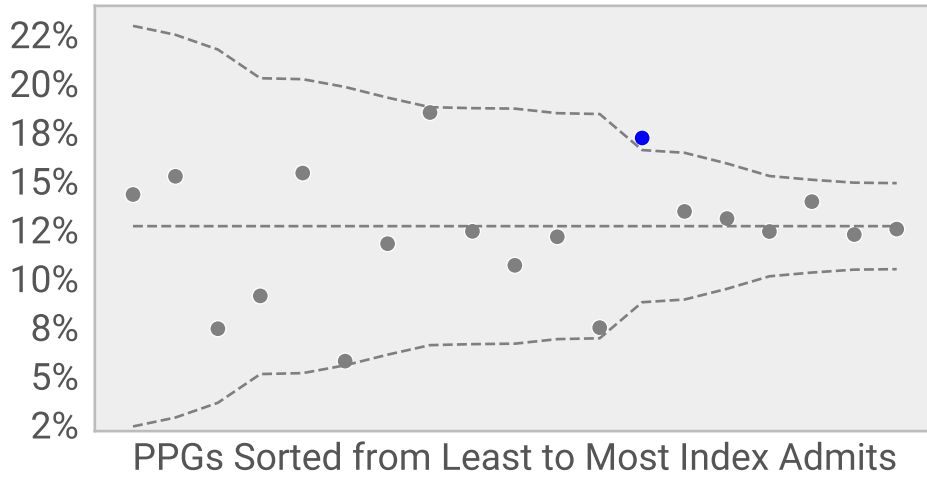
Triangles display the previous year's performance for the same month.

MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG
P Charts
Assessment Period: Sep 2024 through Aug 2025

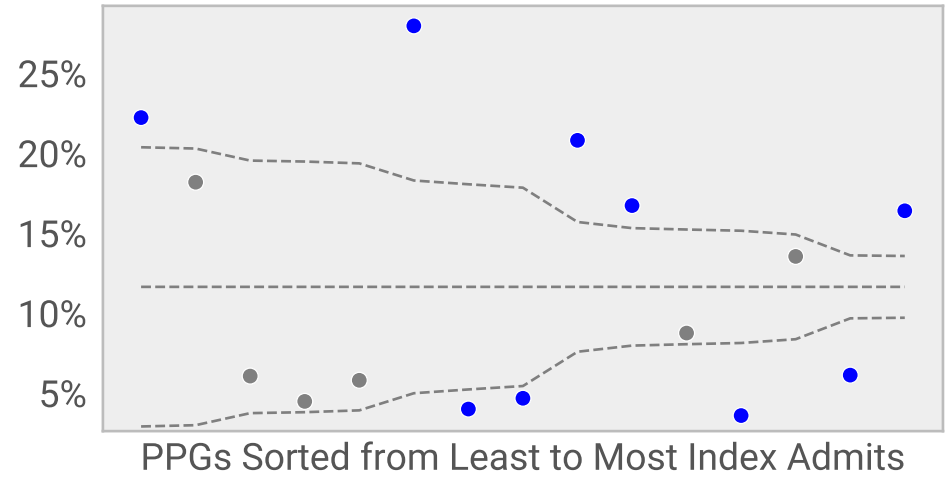


In-Patient Hospital 30-Day Readmission Rates by LOB and PPG
P Charts
Assessment Period: Sep 2024 through Aug 2025

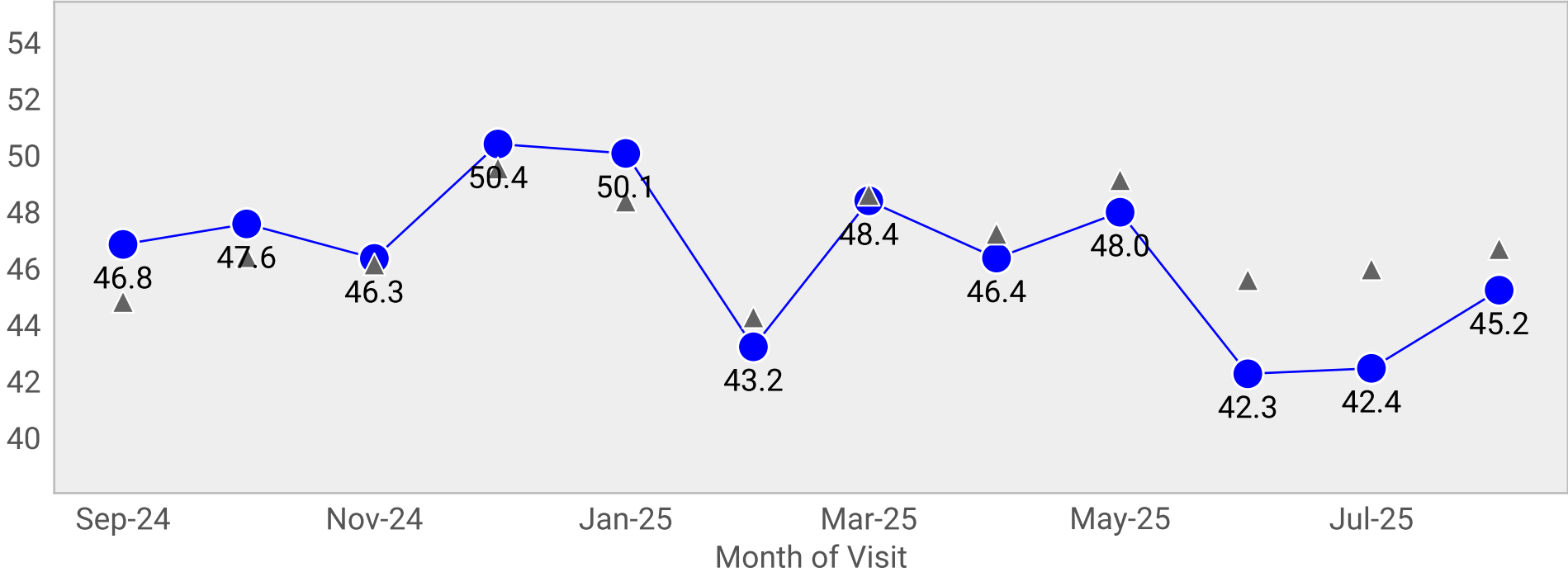
LACC



DSNP



Total MCLA Emergency Department Visits PTMPM



Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

Triangles display the previous year's performance for the same month.

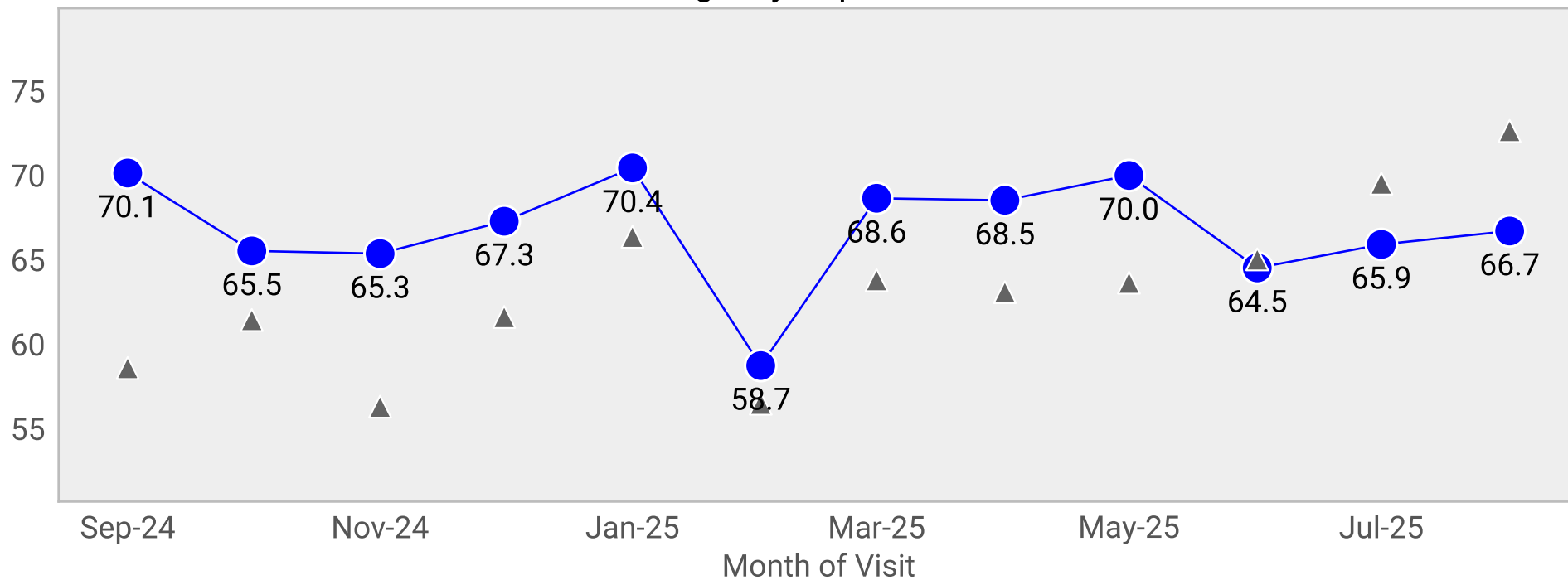
Total LACC Emergency Department Visits PTMPM



Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

Triangles display the previous year's performance for the same month.

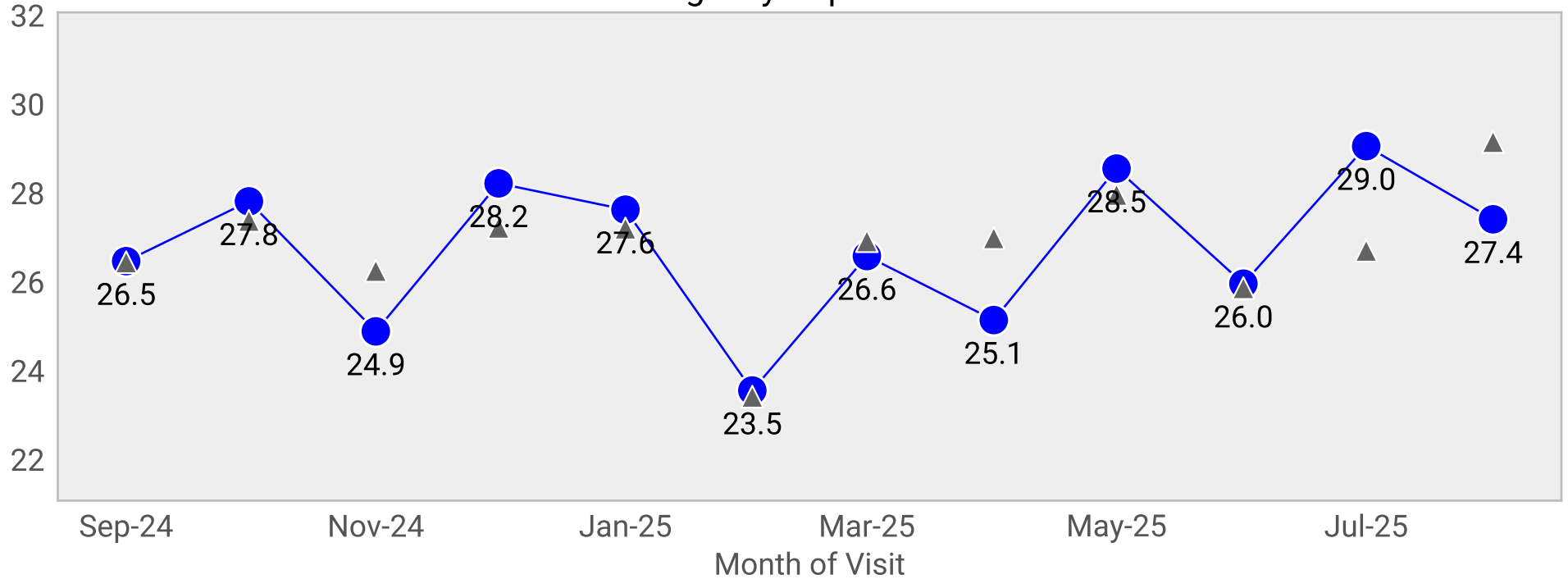
Total DSNP Emergency Department Visits PTMPM



Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

Triangles display the previous year's performance for the same month.

Total PASC Emergency Department Visits PTMPM

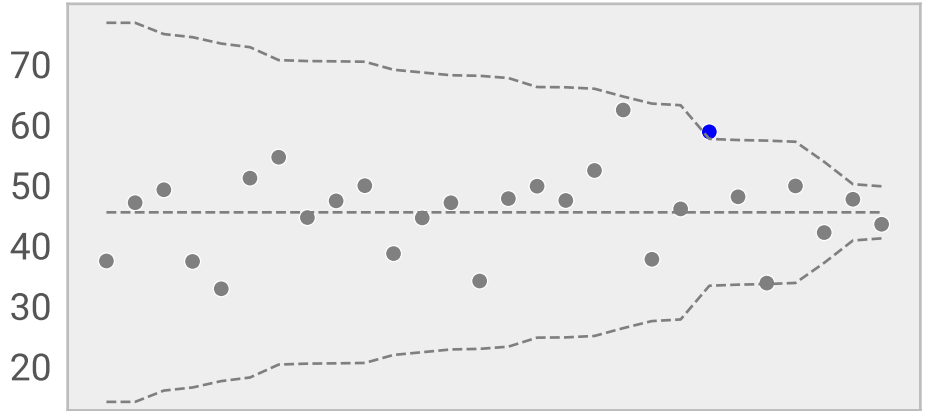


Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

Triangles display the previous year's performance for the same month.

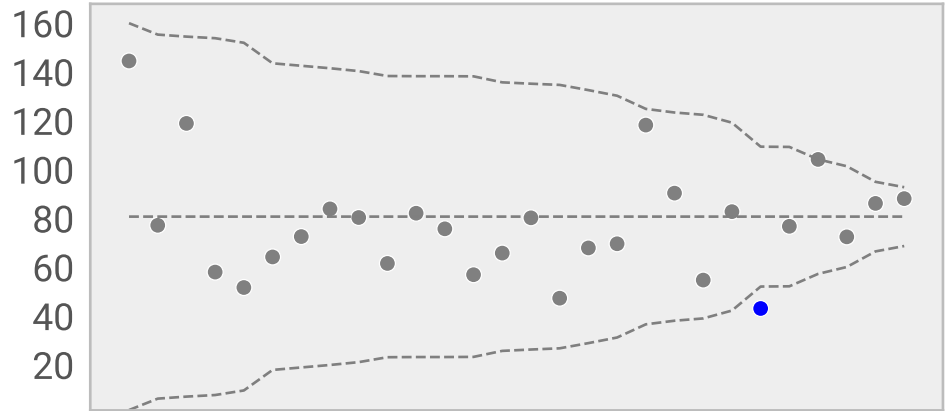
Total MCLA Emergency Department Visits PTMPM by Segment and PPG
 U' Charts
 Assessment Period: Sep 2024 through Aug 2025

MCE



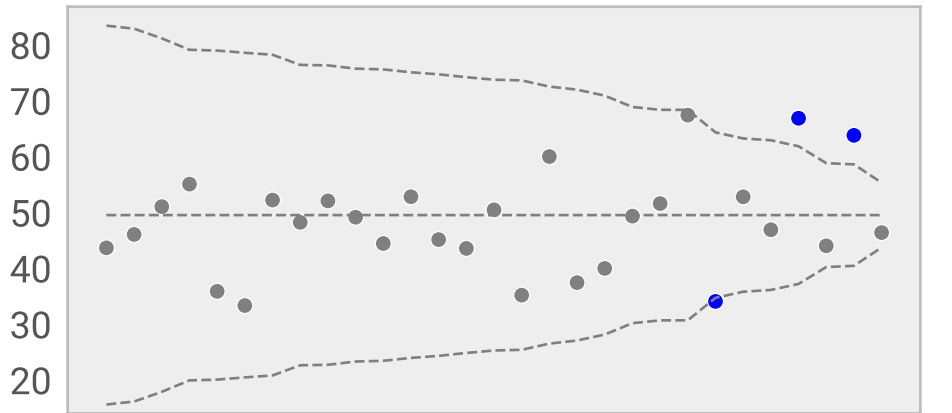
PPGs Sorted from Smallest to Largest Member Months

SPD



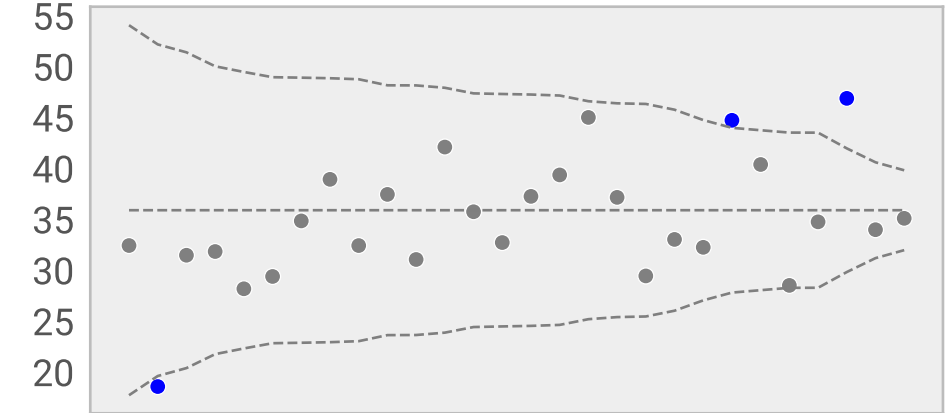
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

TANF - Child

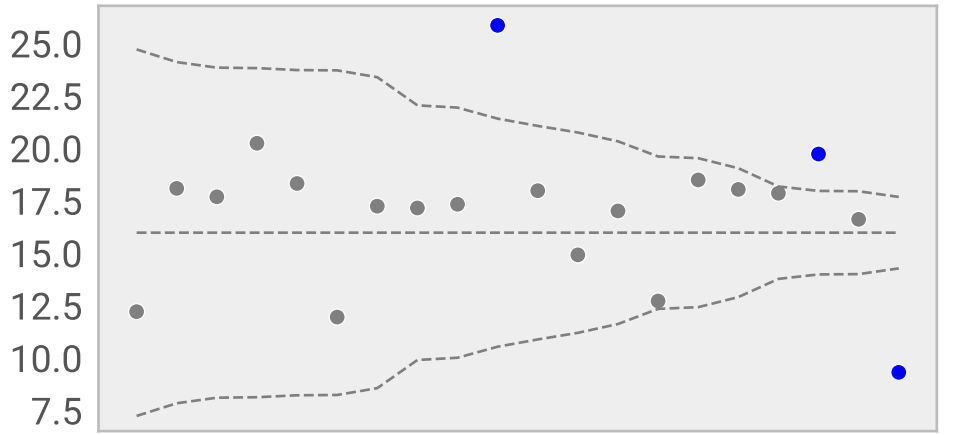


PPGs Sorted from Smallest to Largest Member Months

Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

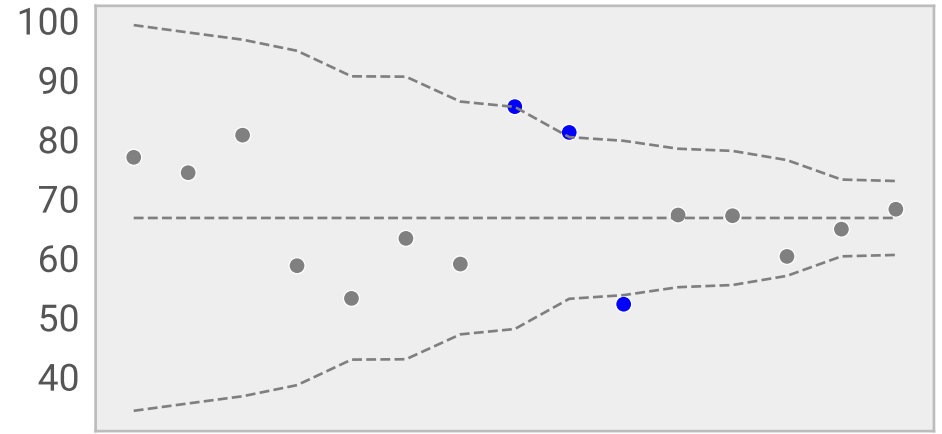
Total Emergency Department Visits PTMPM by LOB and PPG
 U' Charts
 Assessment Period: Sep 2024 through Aug 2025

LACC



PPGs Sorted from Smallest to Largest Member Months

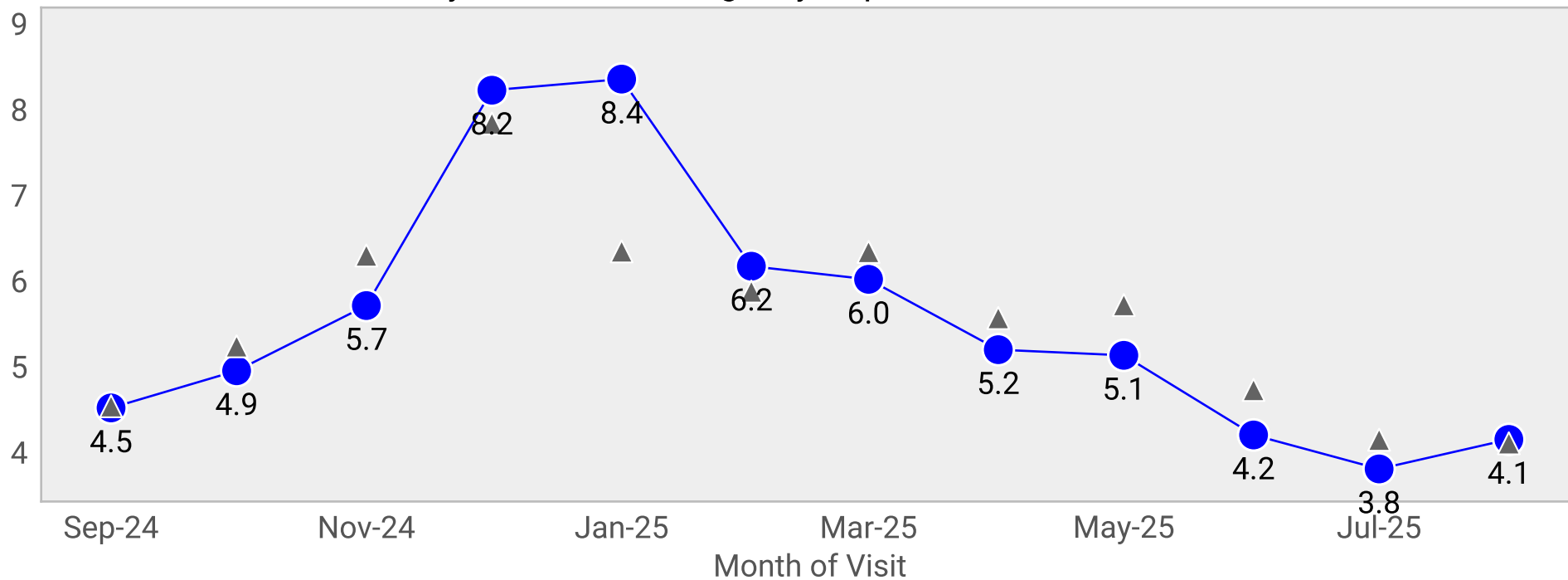
DSNP



PPGs Sorted from Smallest to Largest Member Months

Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

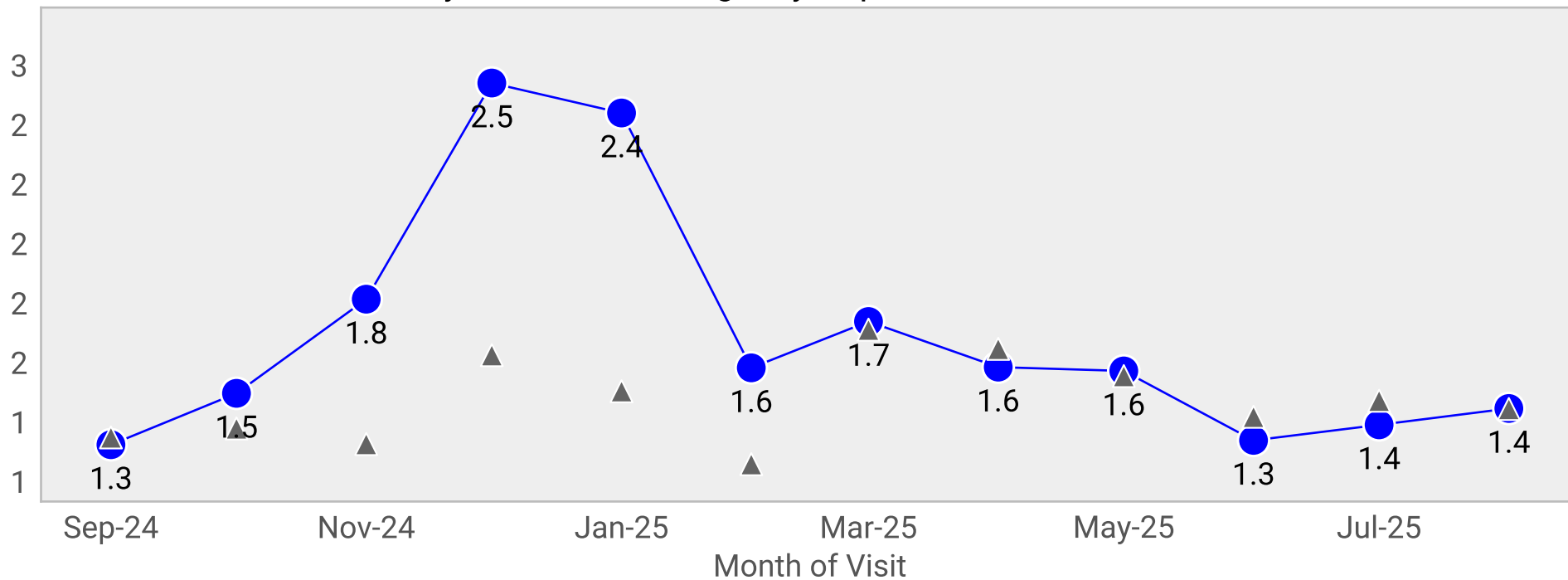
MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

Triangles display the previous year's performance for the same month.

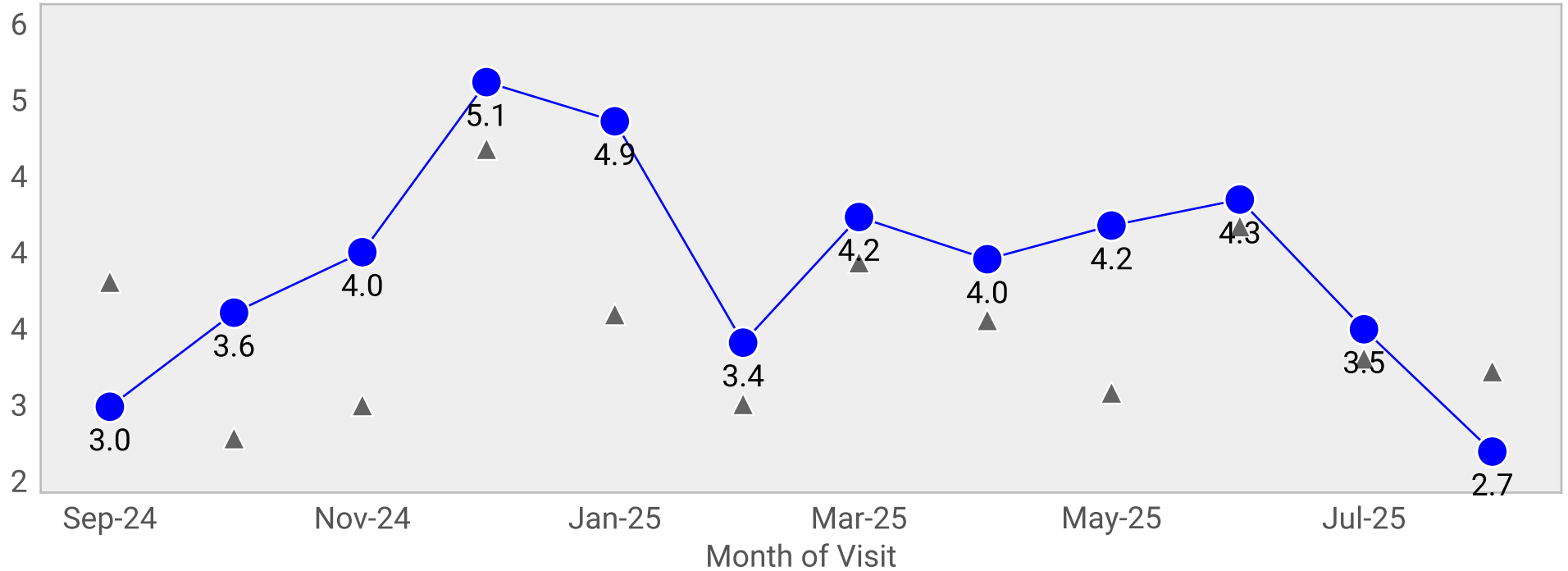
LACC Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

Triangles display the previous year's performance for the same month.

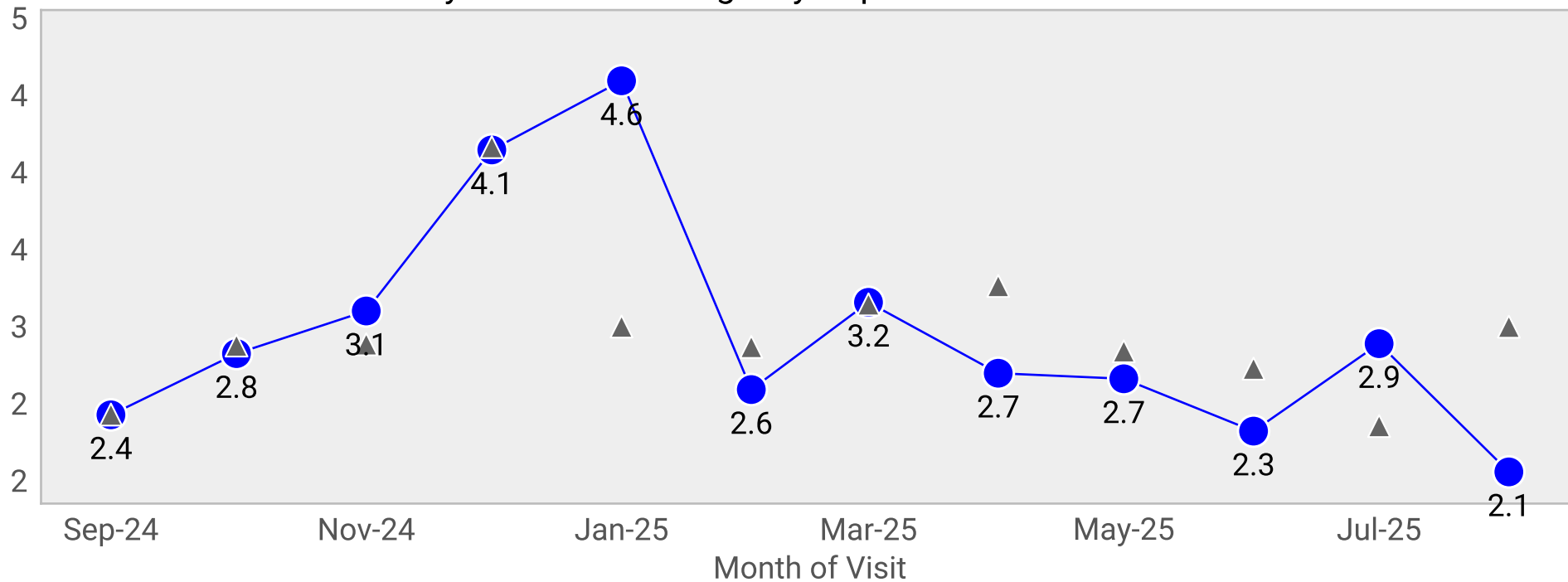
DSNP Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

Triangles display the previous year's performance for the same month.

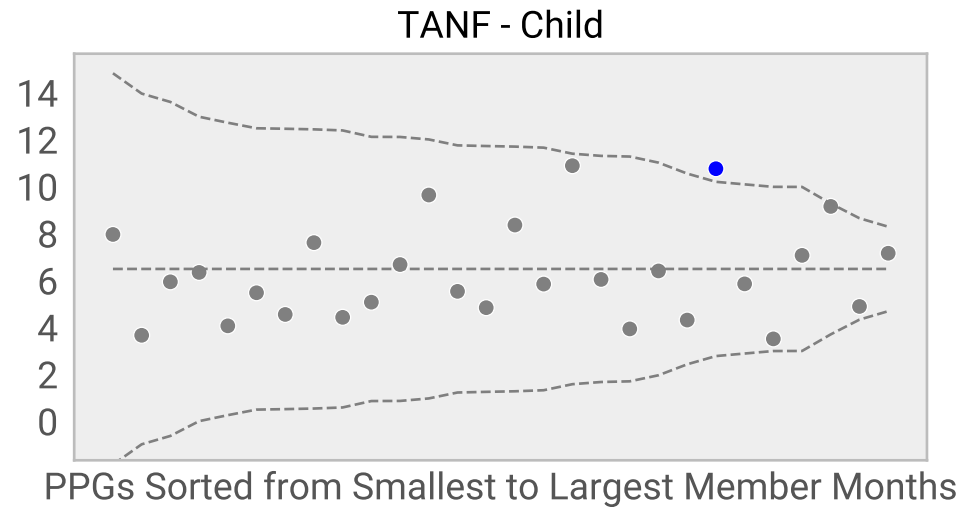
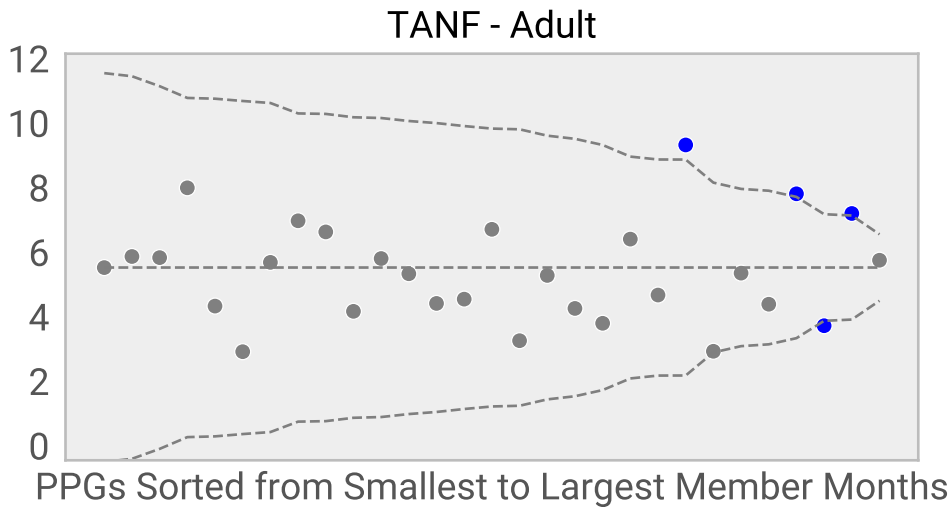
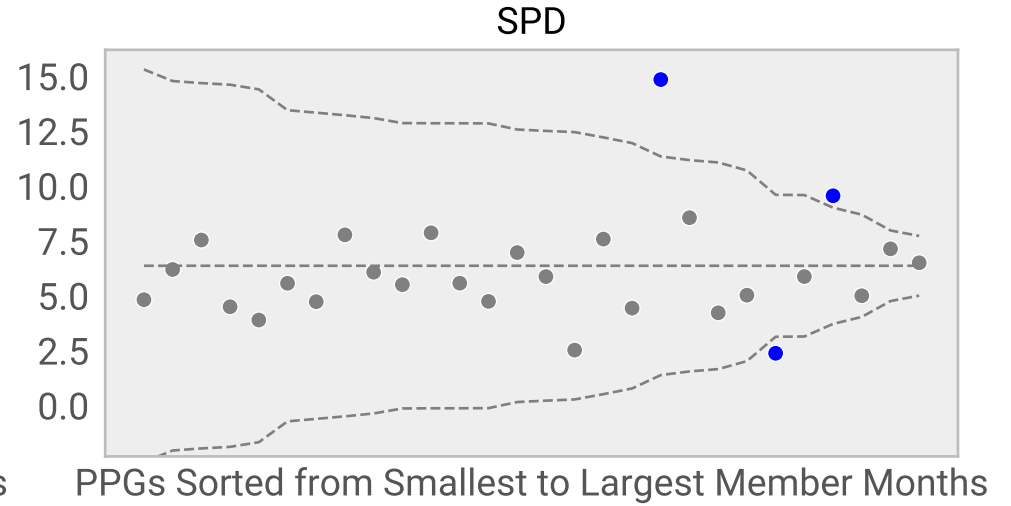
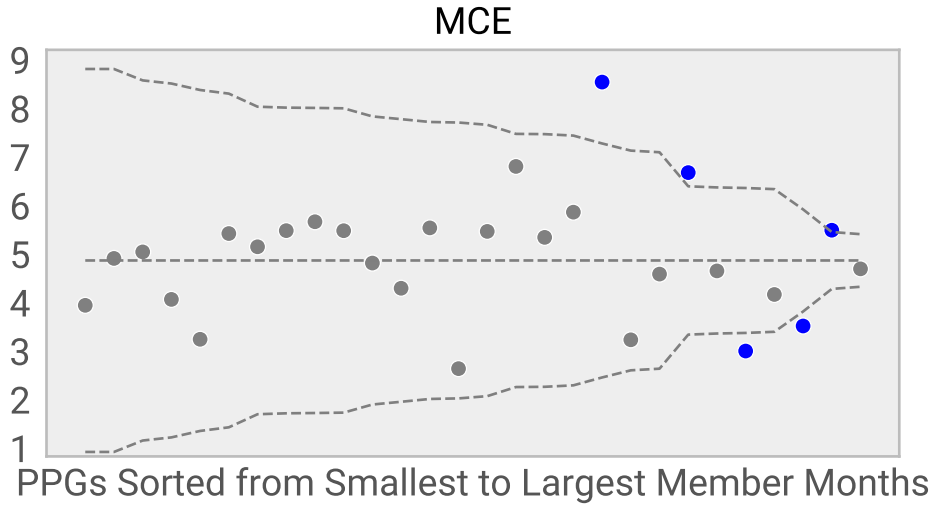
PASC Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

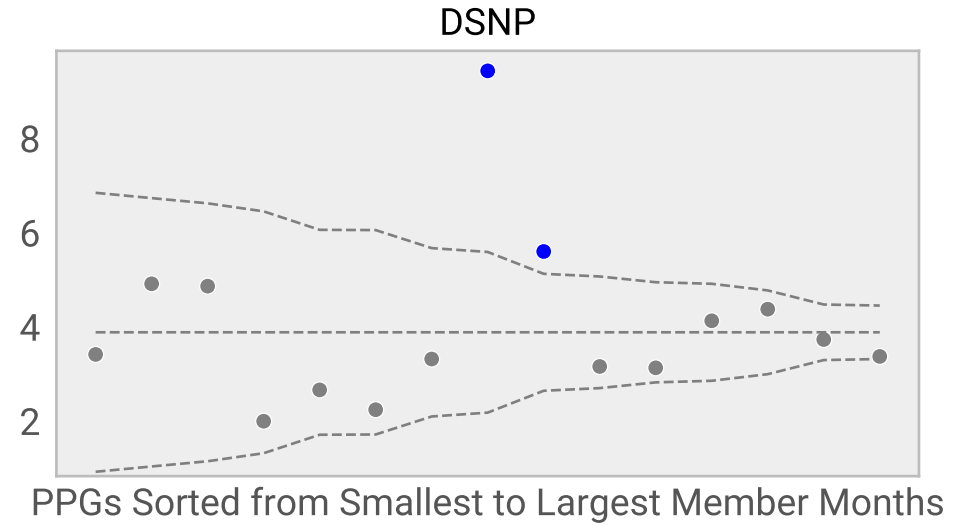
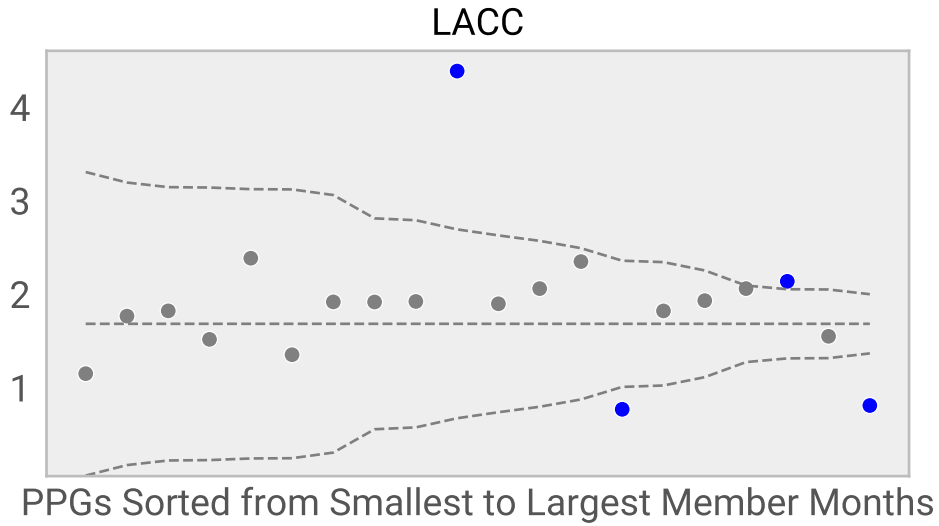
Triangles display the previous year's performance for the same month.

MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG
 U' Charts
 Assessment Period: Sep 2024 through Aug 2025



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

Potentially Avoidable Emergency Department Visits PTMPM by LOB and PPG
 U' Charts
 Assessment Period: Sep 2024 through Aug 2025



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

Community Supports Quarterly Utilization Snapshot

Q4 2025

Total Members Served¹: 26,243²

Community Supports Service	Members Served	Other Service Metric(s)
Housing Transition Navigation Services	7,436	Months of Service Provided 16,687
Housing Tenancy and Sustaining Services	7,804	Months of Service Provided 19,237
Housing Deposits	439	Average Dollars Distributed \$2,147
Recuperative Care	622	Days of Care Provided 22,377
Short Term Post Hospitalization Housing	191	Days of Care Provided 37,682
Assisted Living Facility Transitions ³	1,847	Days of Care Provided 157,680
Community or Home Transition Services ³	3	Days of Care Provided 360

1. Total does not reflect unique members served - members can receive more than one service if eligible/as needed

2. Preliminary data – subject to change

3. Service names revised in accordance with DHCS CS policy guidance effective 7/1/25. Assisted Living Facility Transitions was formerly referred to as Nursing Facility Transition/Diversion to Assisted Living Facilities and Community or Home Transition Services was formerly referred to as Community Transition Services.



Community Supports Quarterly Utilization Snapshot (Continued)

Q4 2025

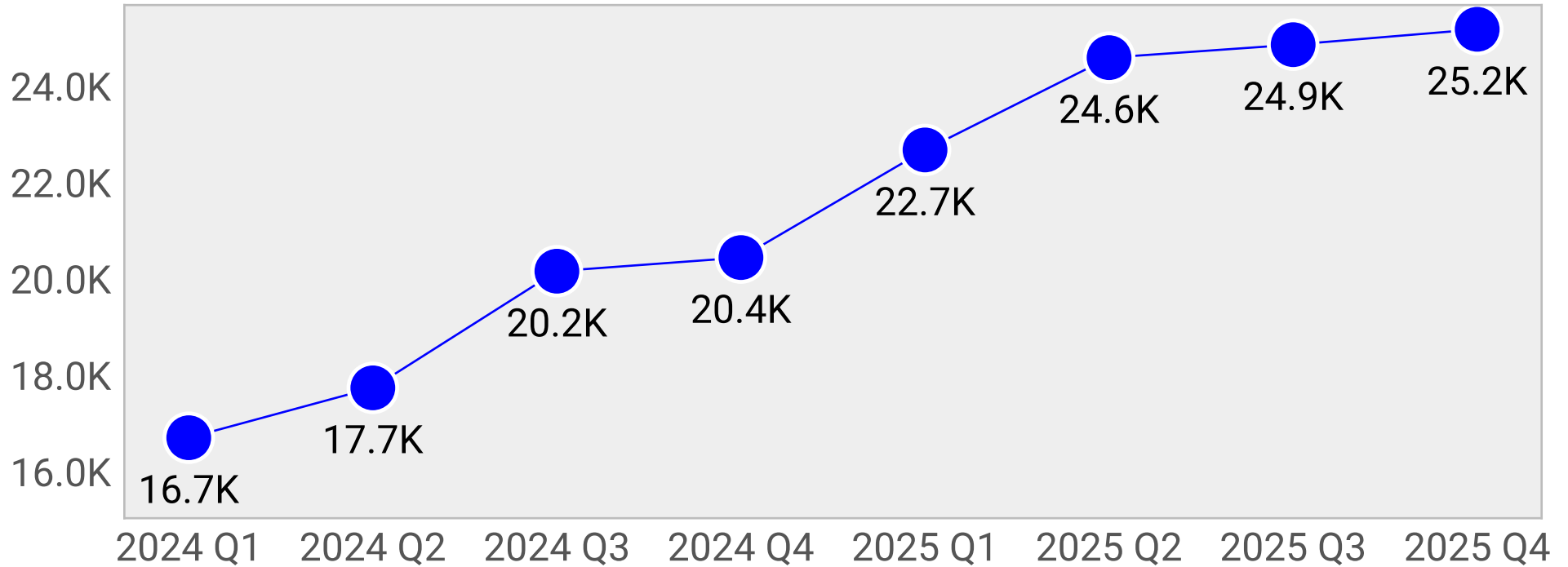
Community Supports Service	Members Served	Other Service Metric(s)
Personal Care & Homemaker Services	616	Hours of Care Provided 190,788
Respite Services	231	Hours of Care Provided 41,503
Environmental Accessibility Adaptations	315	Adaptations Provided 315
Medically Tailored Meals/Medically Supportive Foods	6,415	Meals Provided 524,398 Produce/Dry Goods Boxes Provided 5,523
Asthma Remediation	35	N/A
Sobering Centers	215	Days of Care Provided 215
Day Habilitation	74	N/A



Total Members Enrolled in Enhanced Care Management in 2025: 39K

Total Contracted Providers: 117

Quarterly Enrollment Trend

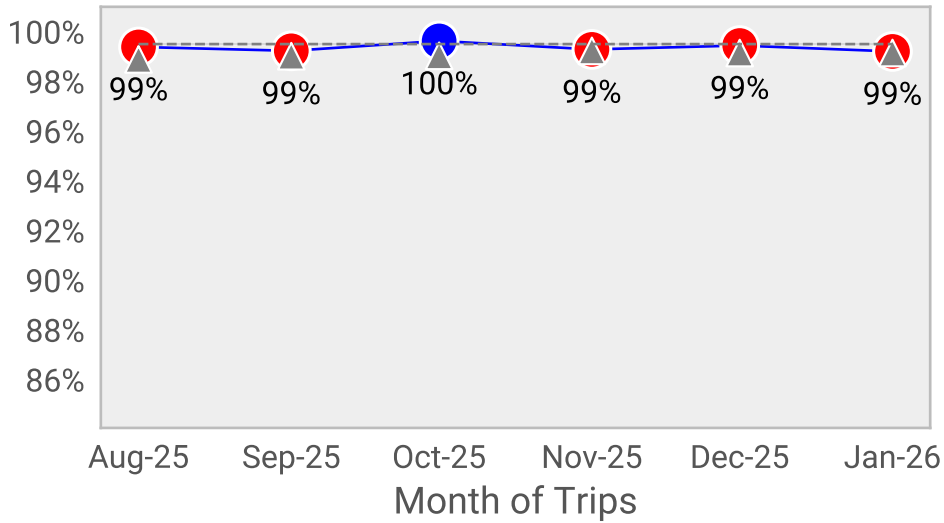


Call the Car

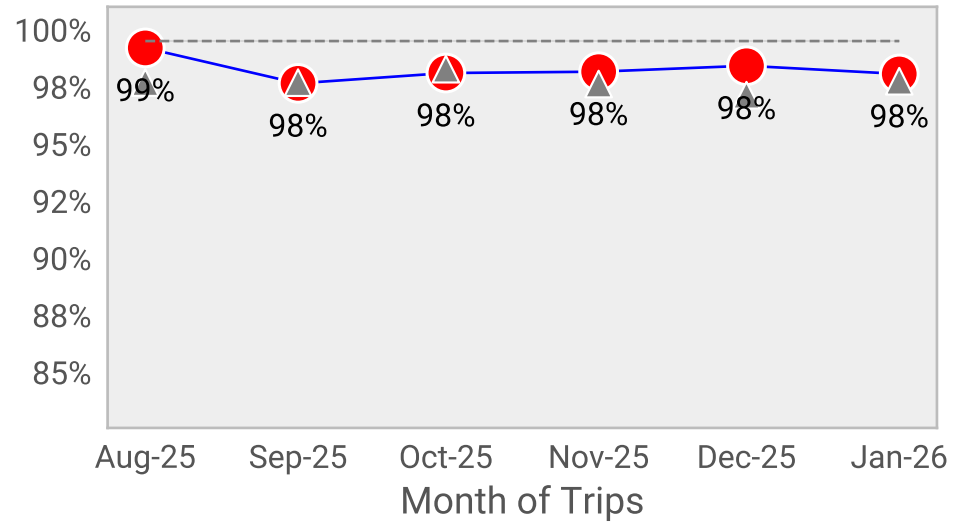


ALL LOBS Call the Car On-Time Pick-Up Performance

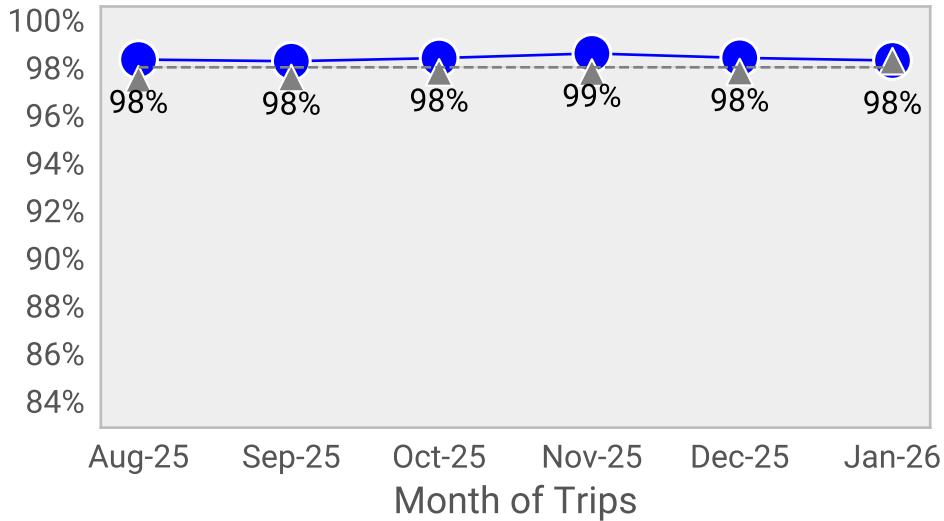
Call the Car Discharge Trips Rate



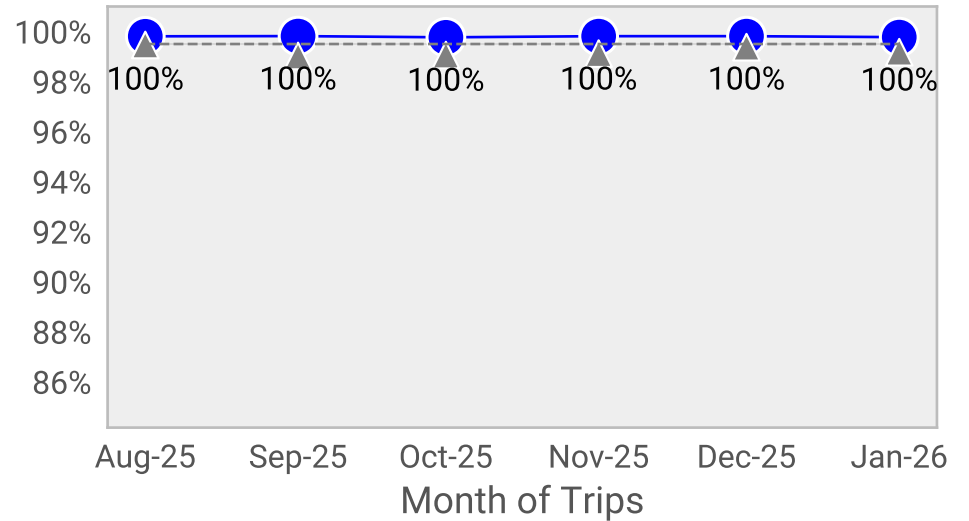
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate



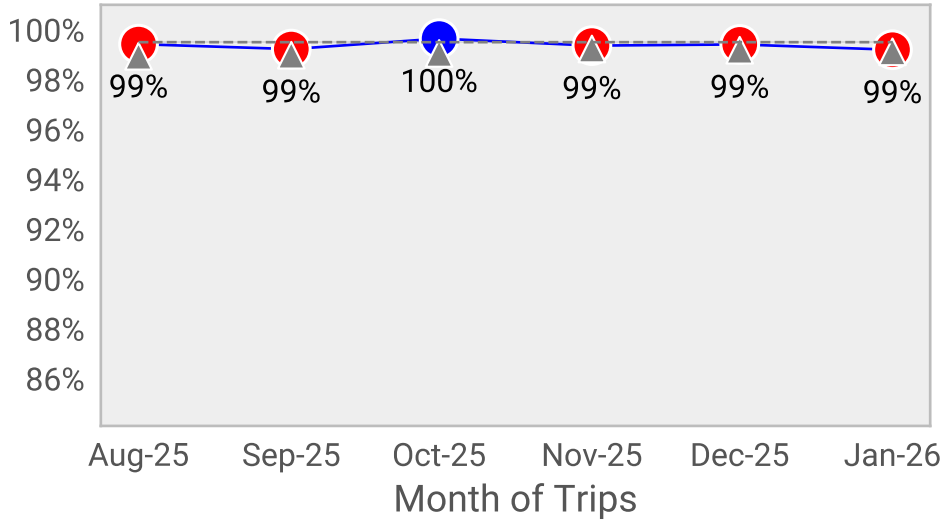
Call the Car WillCall Trips Rate



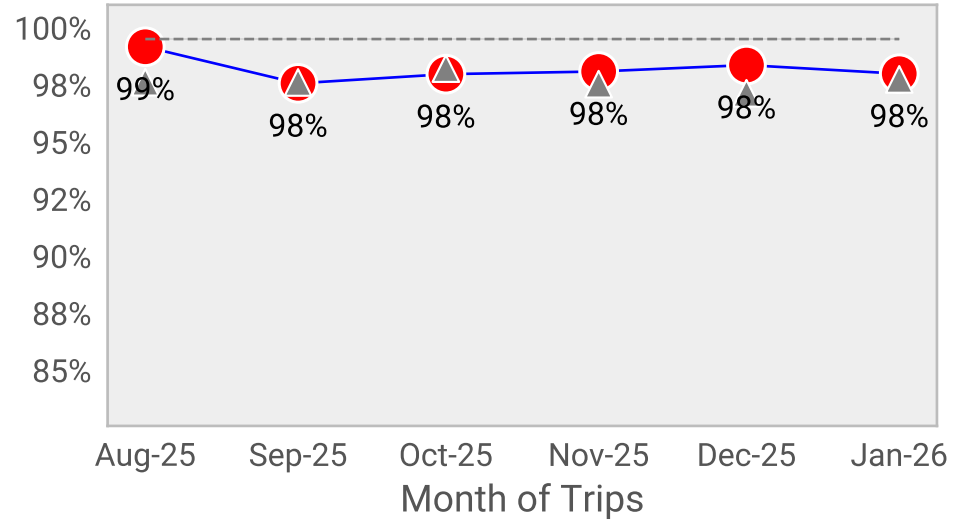
Triangles display the previous year's performance for the same month.

MCLA Call the Car On-Time Pick-Up Performance

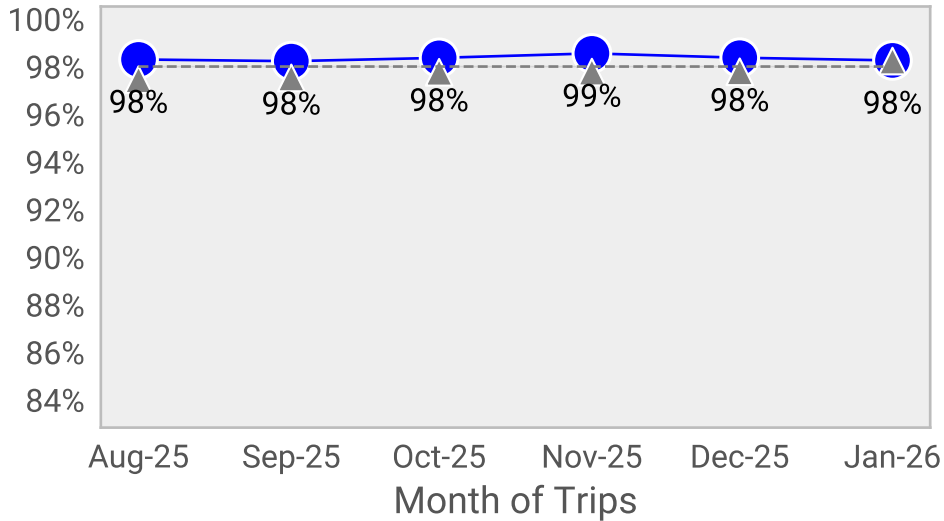
Call the Car Discharge Trips Rate



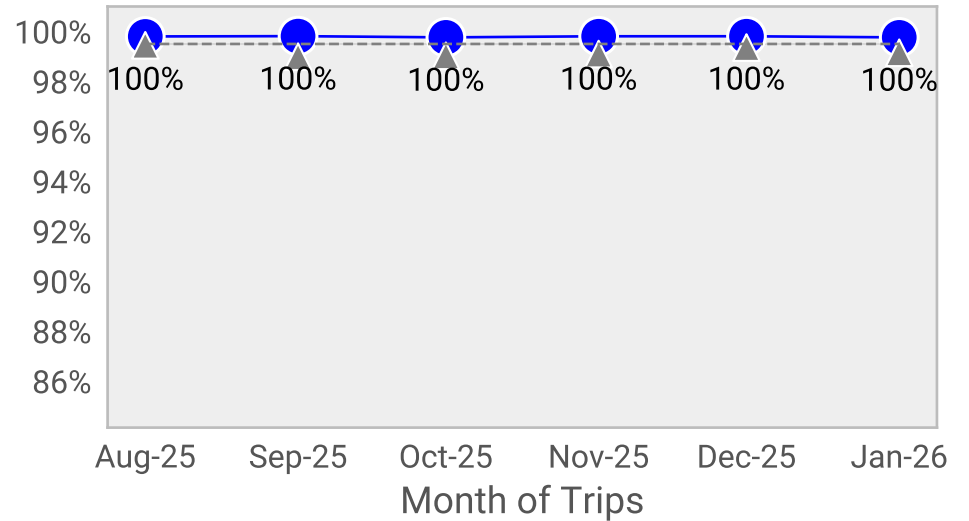
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate



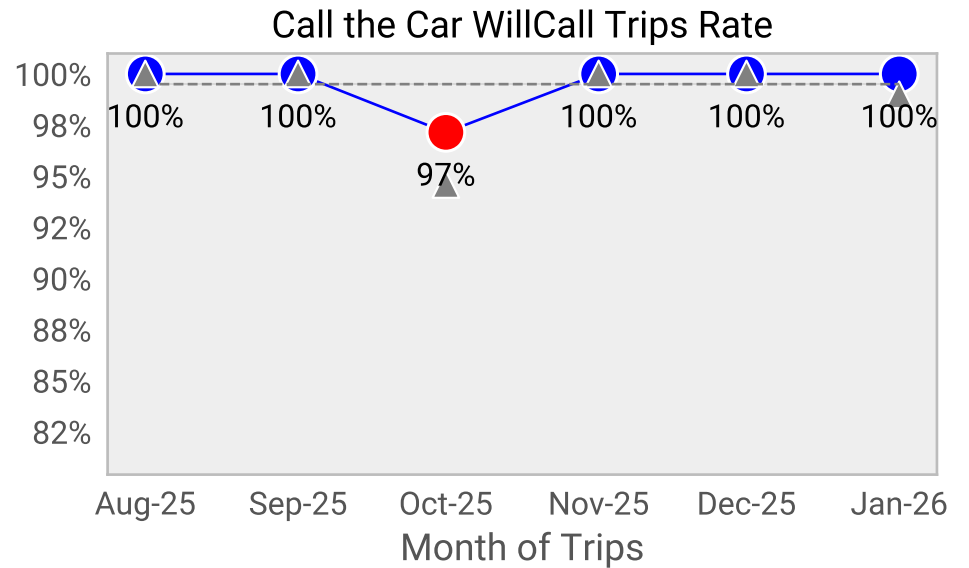
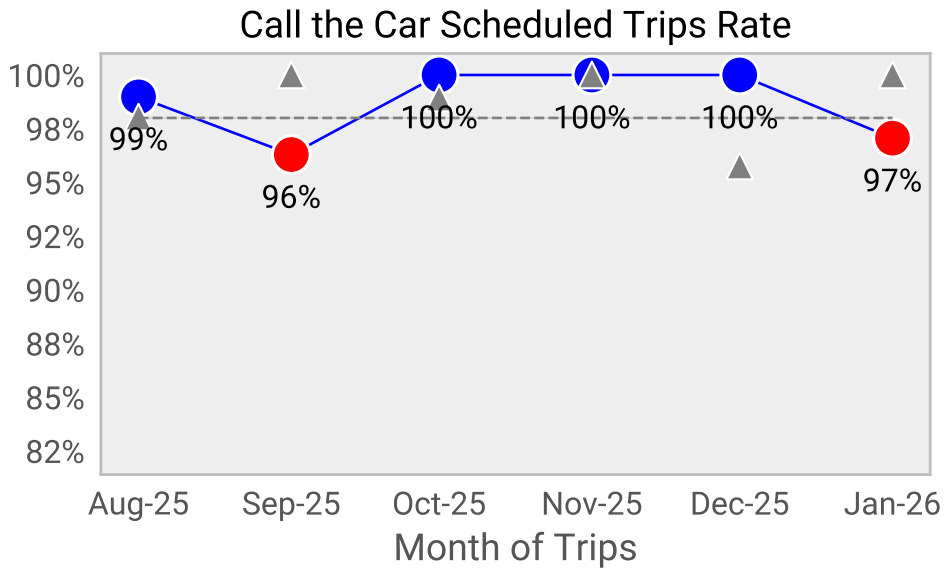
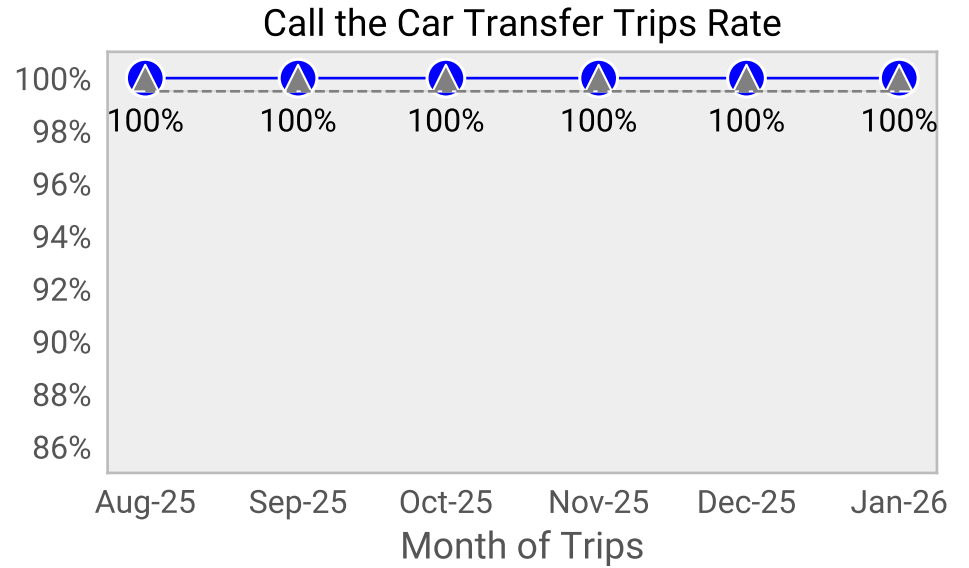
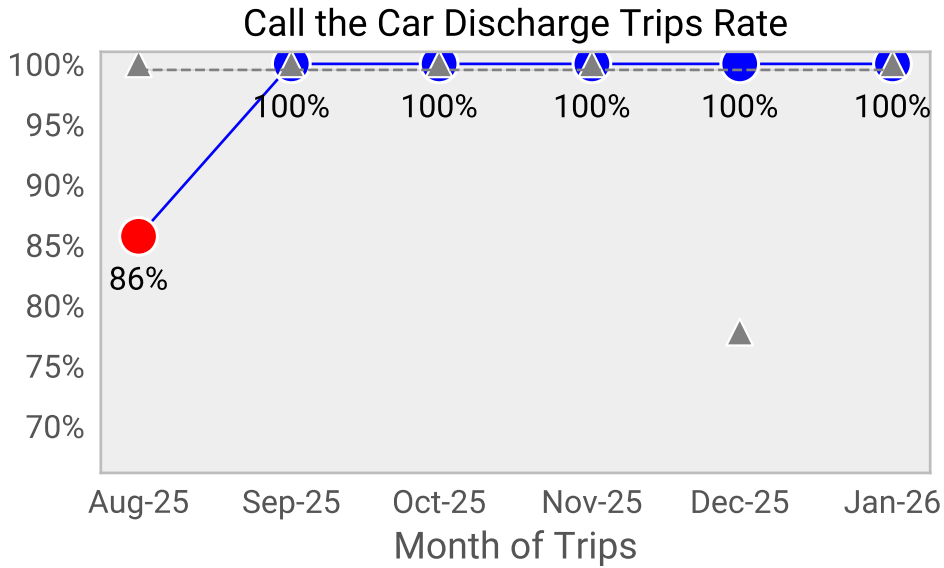
Call the Car WillCall Trips Rate



Triangles display the previous year's performance for the same month.



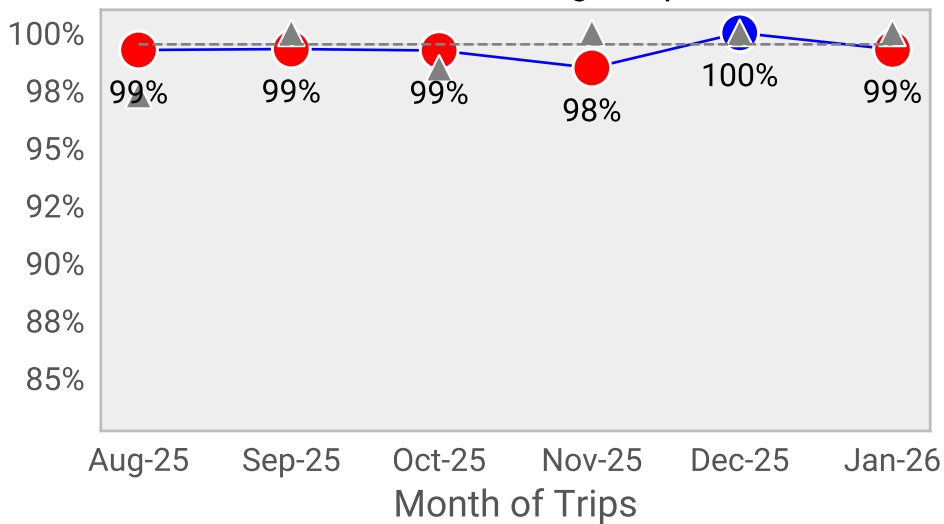
LACC Call the Car On-Time Pick-Up Performance



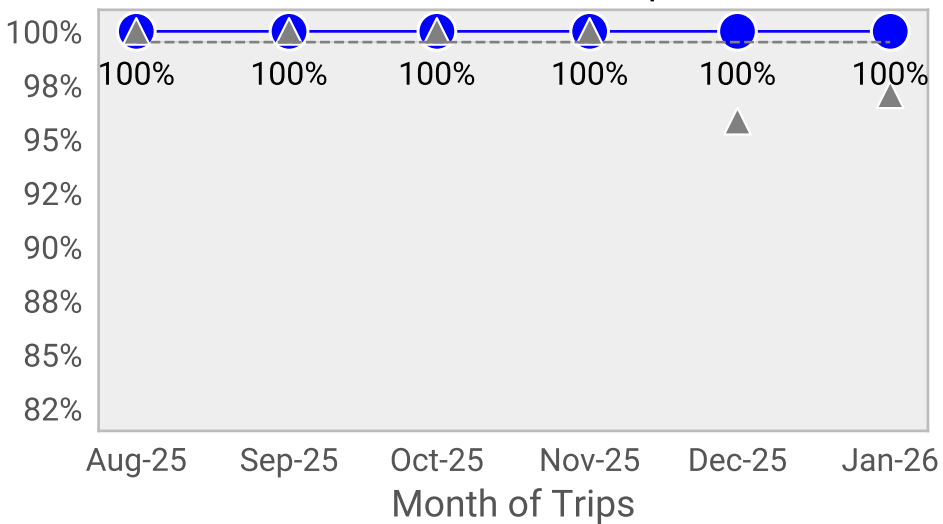
Triangles display the previous year's performance for the same month.

DSNP Call the Car On-Time Pick-Up Performance

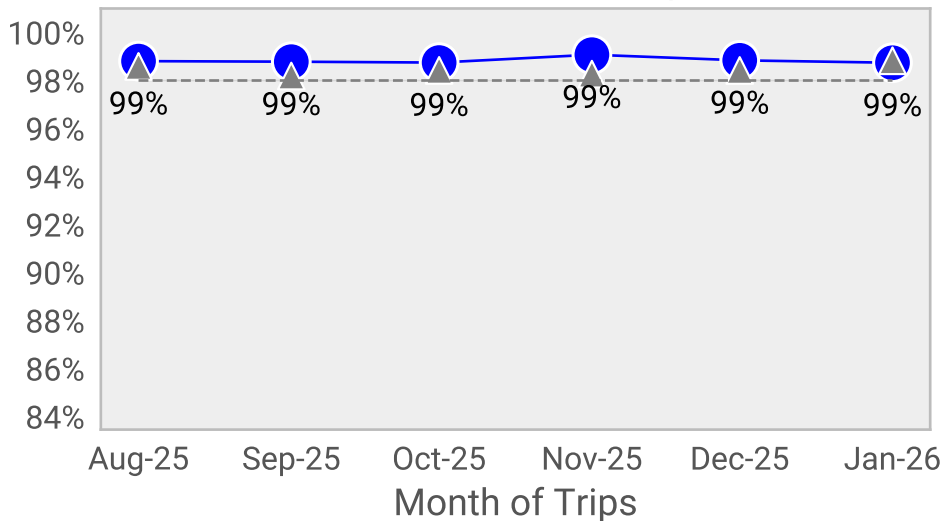
Call the Car Discharge Trips Rate



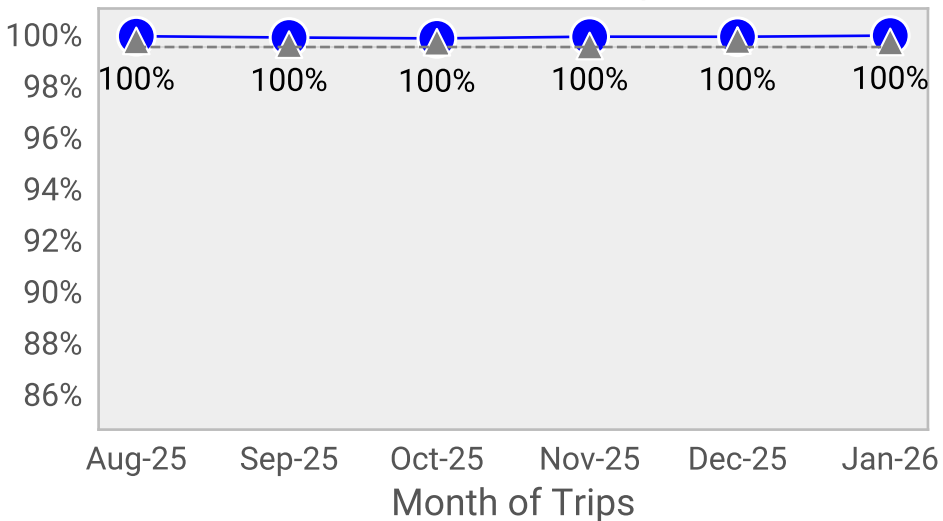
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate

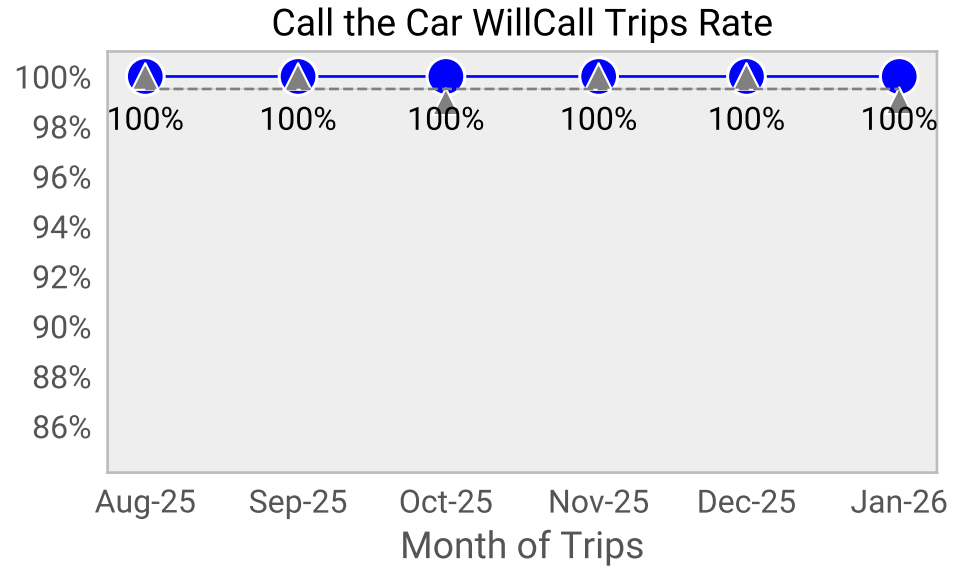
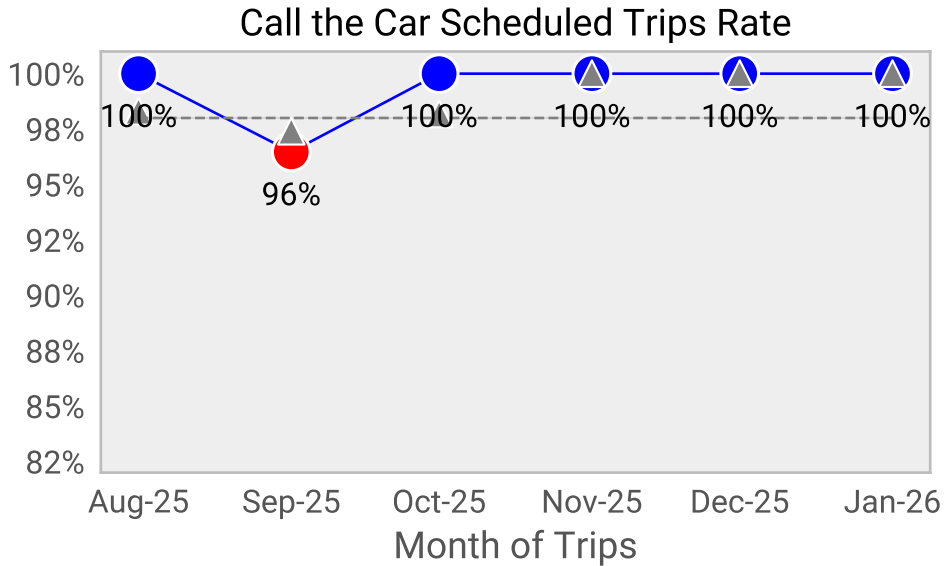
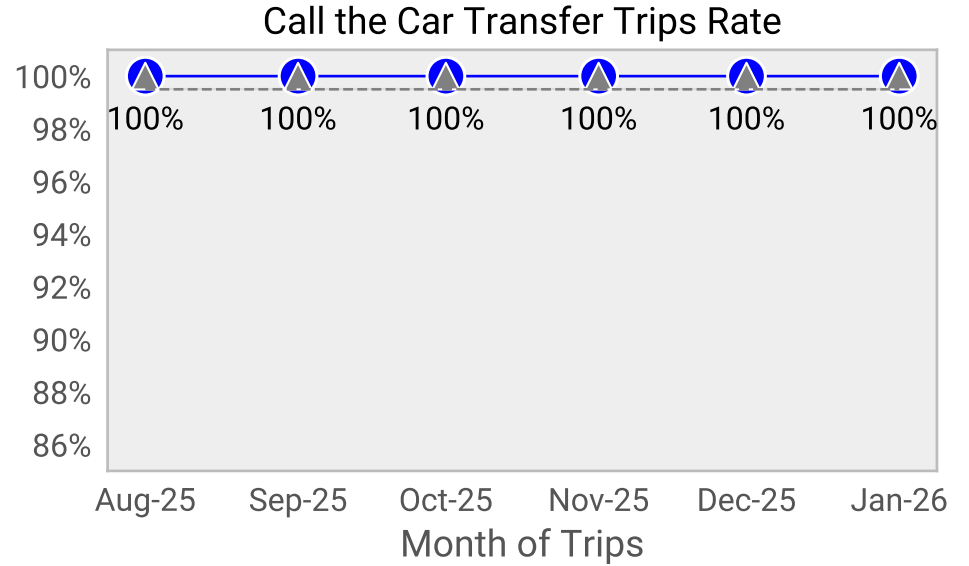
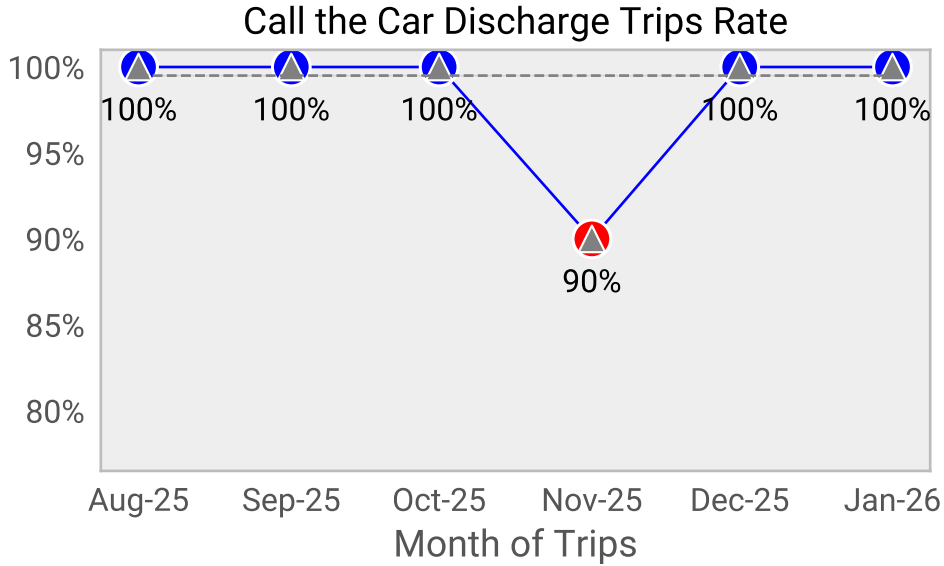


Call the Car WillCall Trips Rate



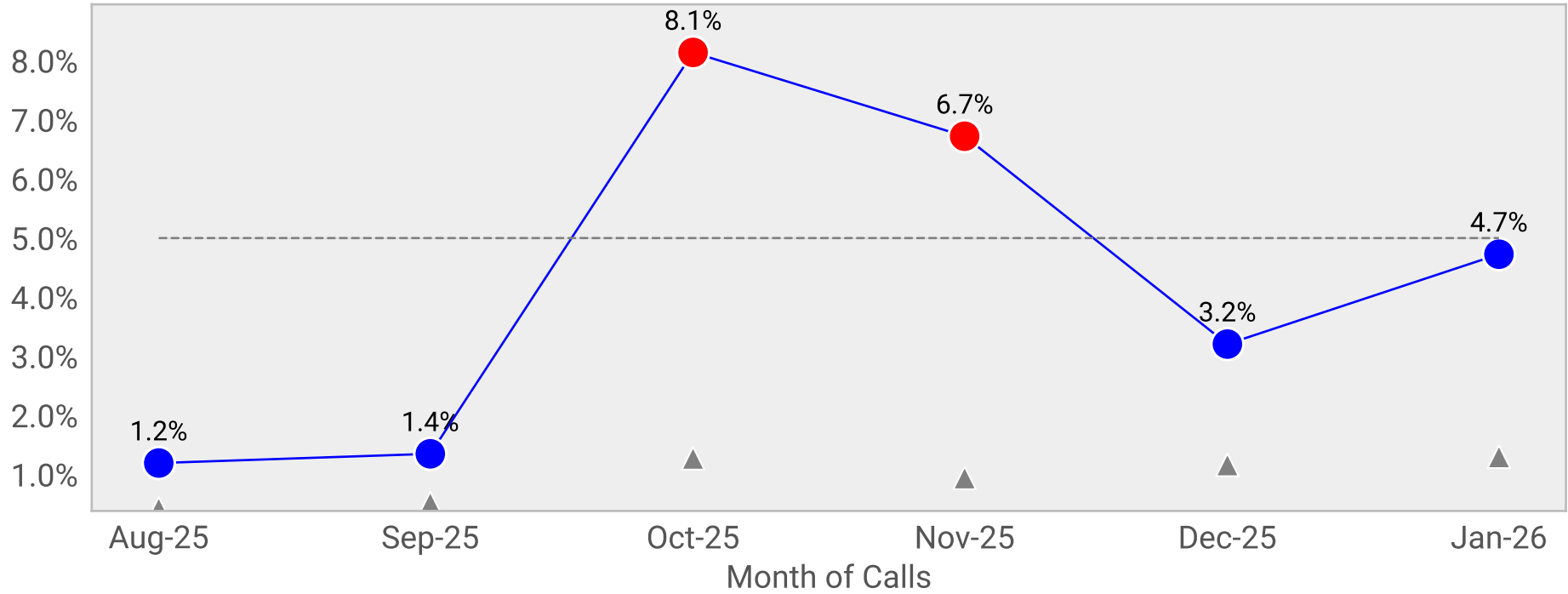
Triangles display the previous year's performance for the same month.

PASC Call the Car On-Time Pick-Up Performance



Triangles display the previous year's performance for the same month.

Call the Car Abandonment Rate



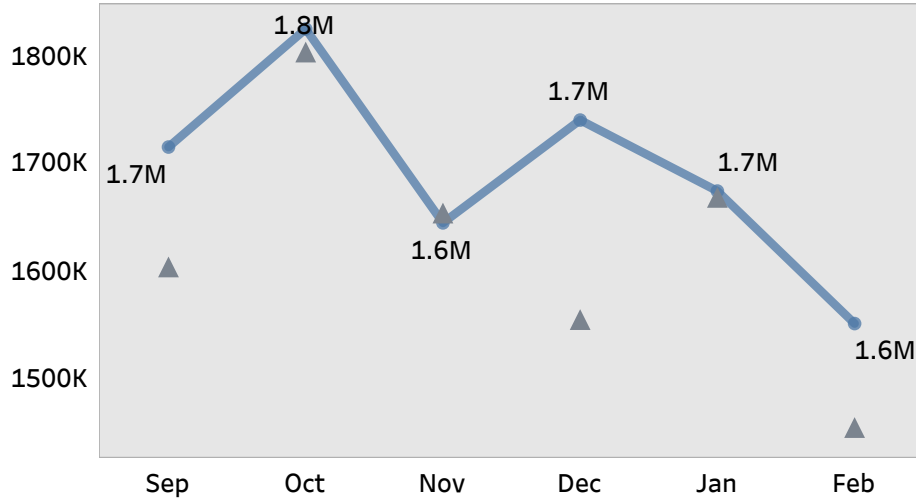
Triangles display the previous year's performance for the same month.

Claims Operations

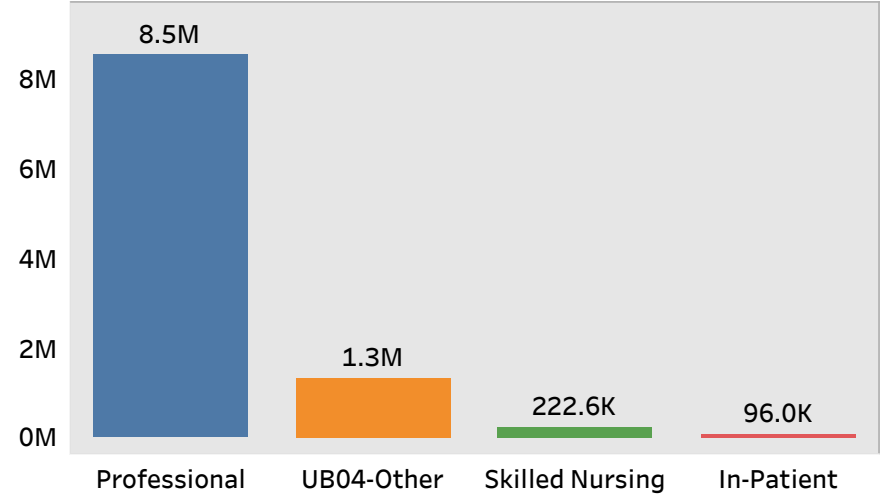


All LOBs Claims Received

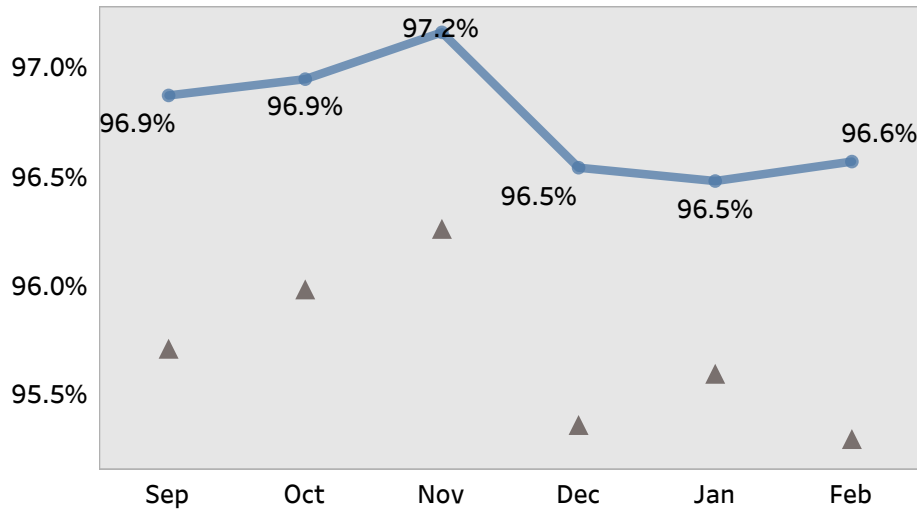
Total Claims Volume Received **Sep-2025 to Feb-2026**



Most Recent 6 months' Volume by Service Type **Sep-2025 to Feb-2026**



% of Claims Submitted Electronically **Sep-2025 to Feb-2026**



Triangles display the previous year's performance for the same month.

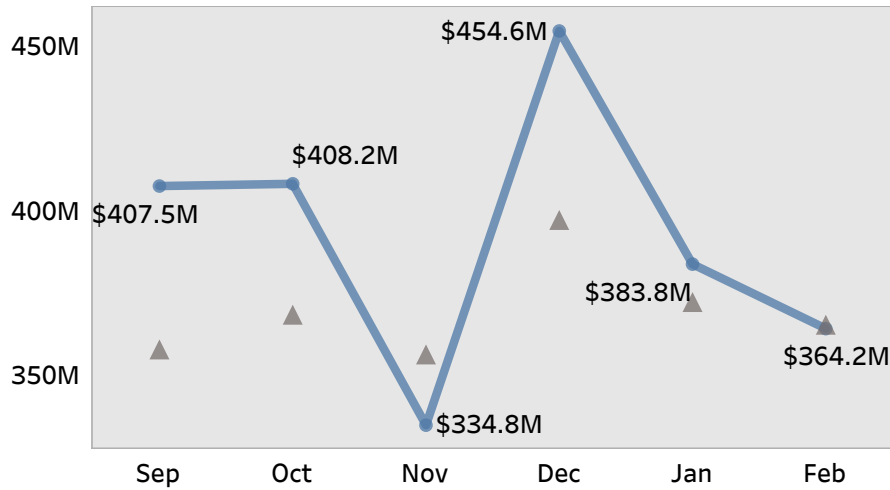
Charts based on Month of Receipt

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

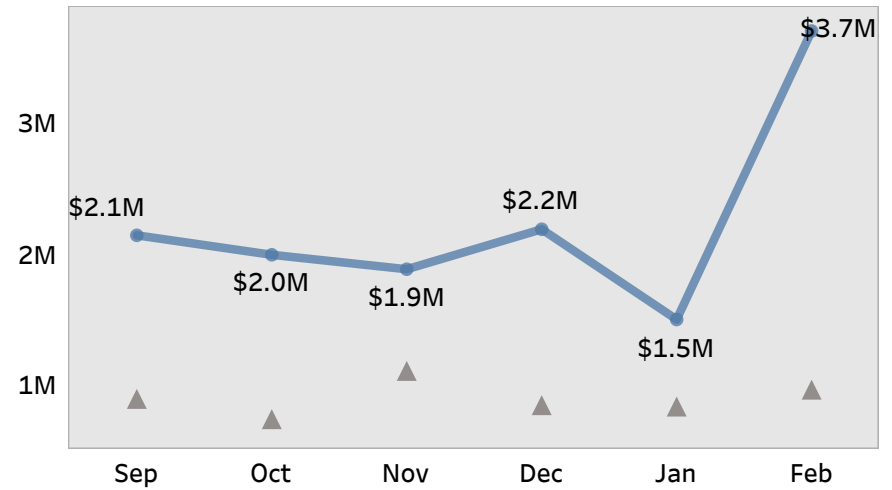


All LOBs Payment Processing

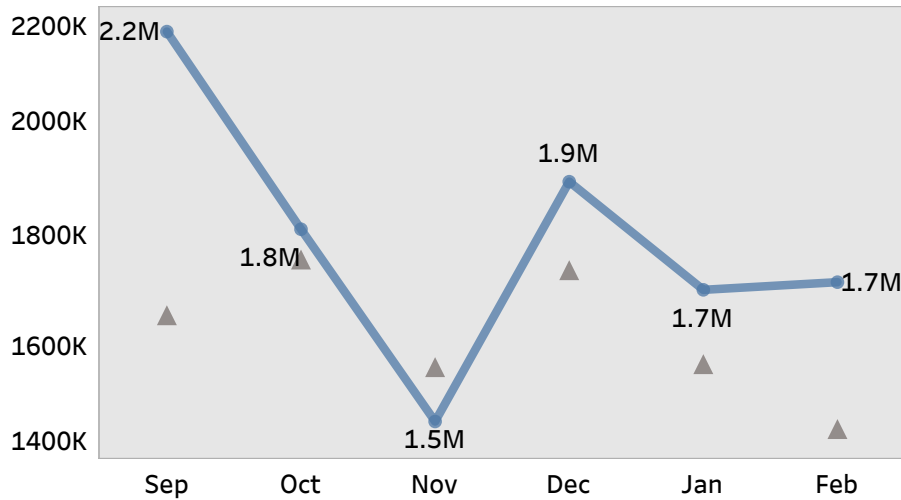
Total Paid (including Interest) Sep-2025 to Feb-2026



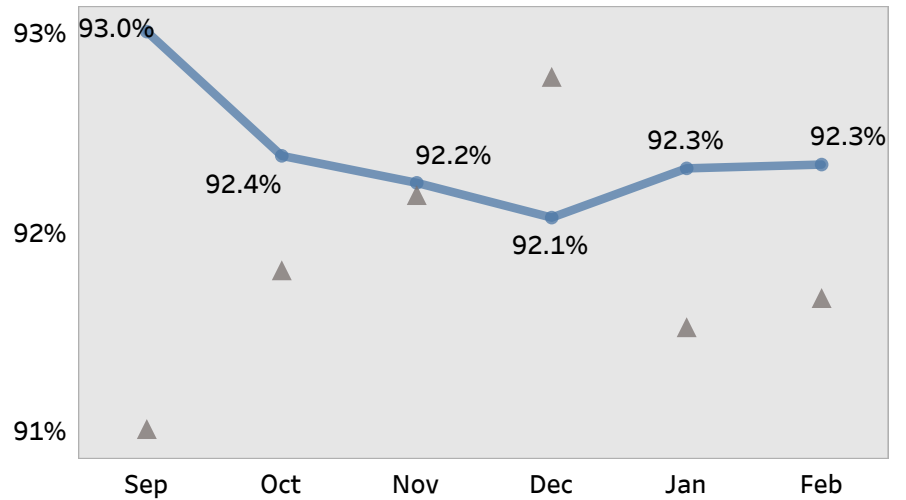
Total Interest Paid Sep-2025 to Feb-2026



Total First-Pass Adjudicated Claims Volume Sep-2025 to Feb-2026



% of First-Pass Claims Auto-Adjudicated Sep-2025 to Feb-2026



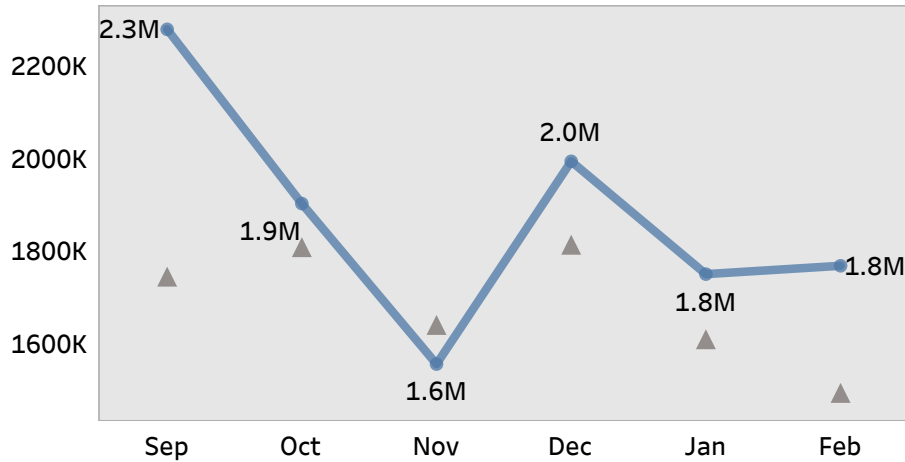
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

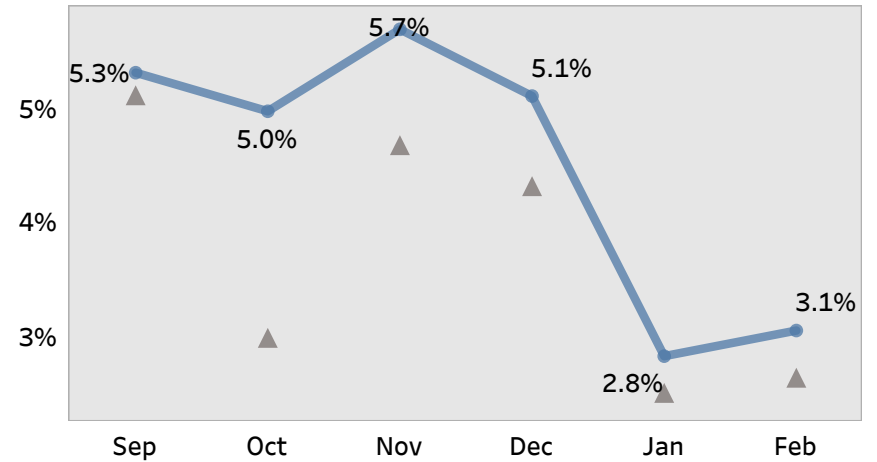


All LOBs Claims Denials and Adjustments

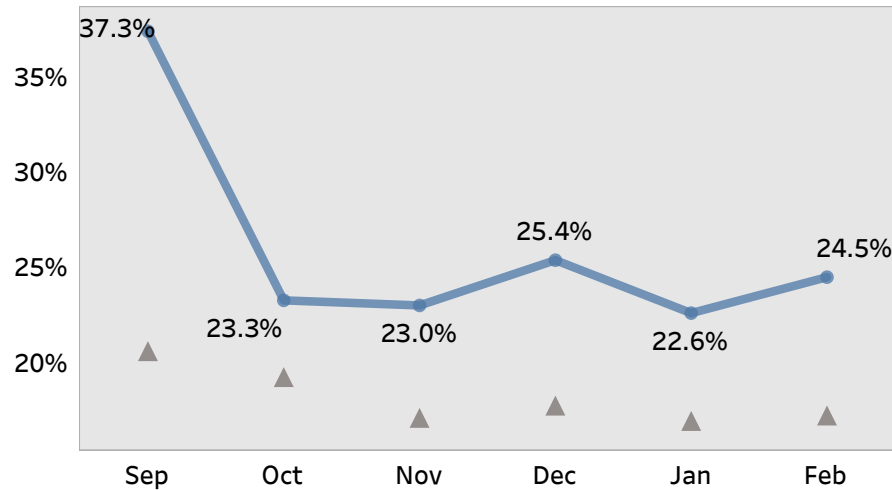
Total Claims Processed (Originals + Adjustments) **Sep-2025 to Feb-2026**



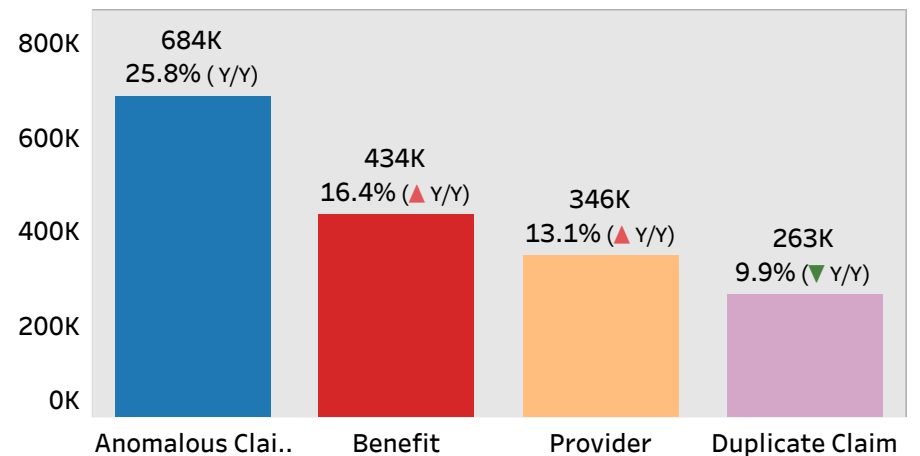
% of Total Claims Processed that are Adjustments **Sep-2025 to Feb-2026**



First-Pass Claims Denial Rate **Sep-2025 to Feb-2026**



Most Recent 6 months' Denial Volume by Reason **Sep-2025 to Feb-2026**



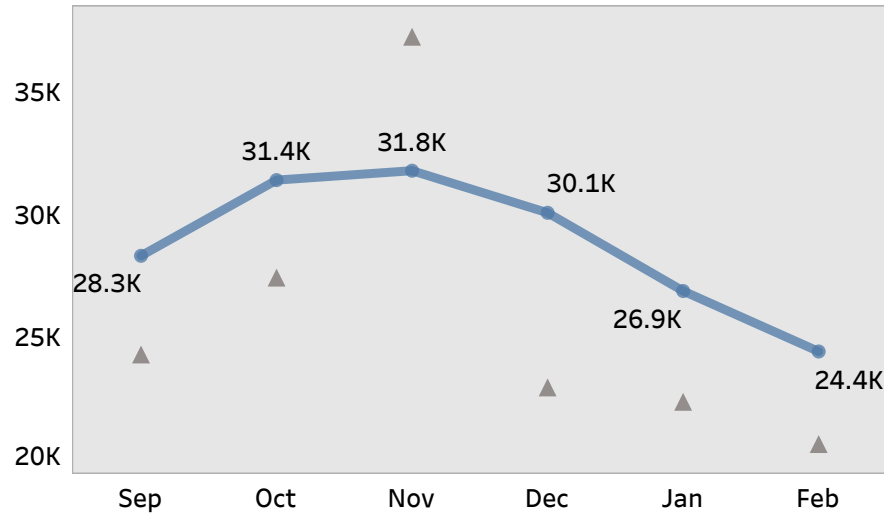
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

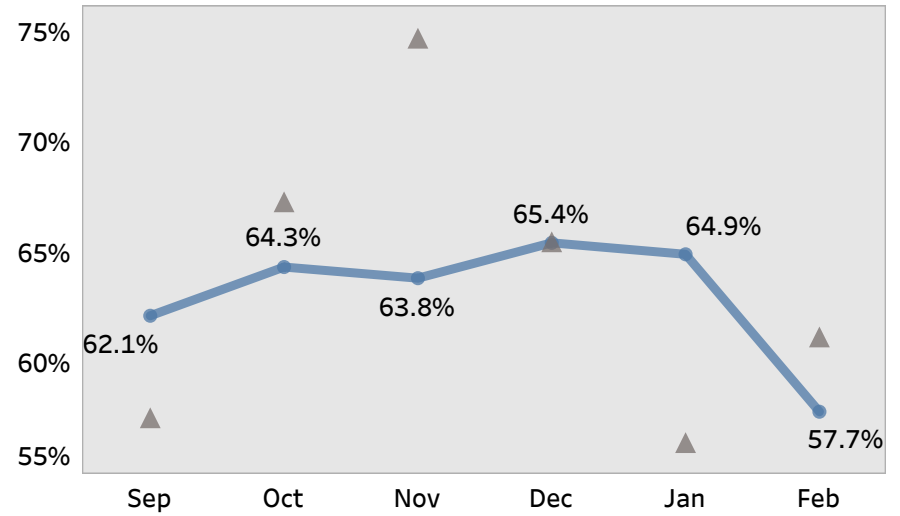


All LOBs Provider Dispute Resolution Processing

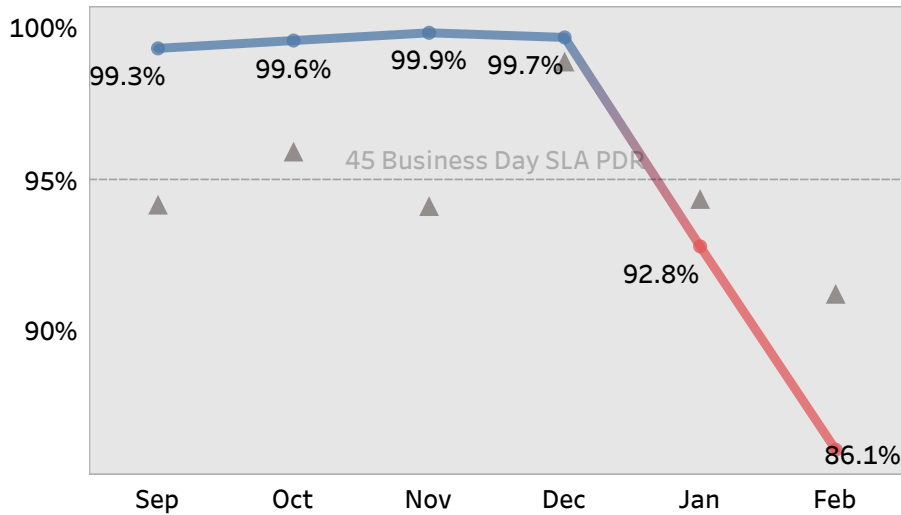
PDR Volume Received Sep-2025 to Feb-2026



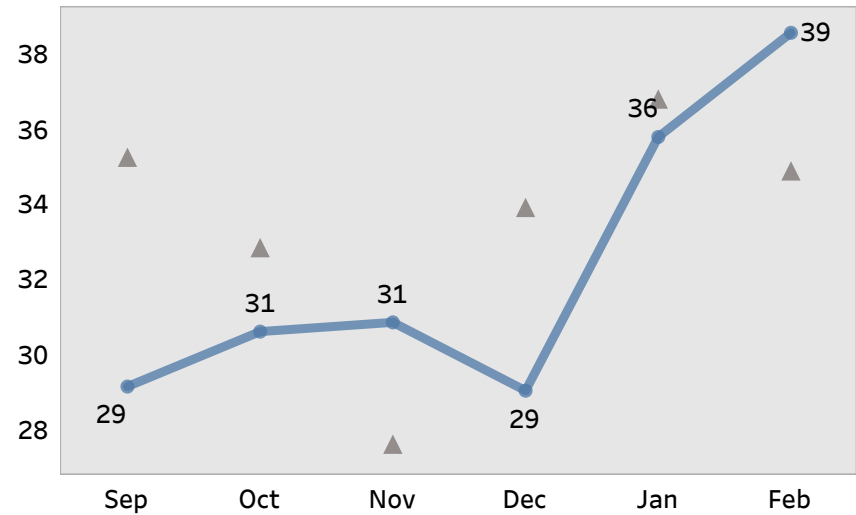
% of Closed PDR Cases that are Upheld Sep-2025 to Feb-2026



% Closed within 45 Business Days Sep-2025 to Feb-2026



Average Business Days to Process PDRs Sep-2025 to Feb-2026



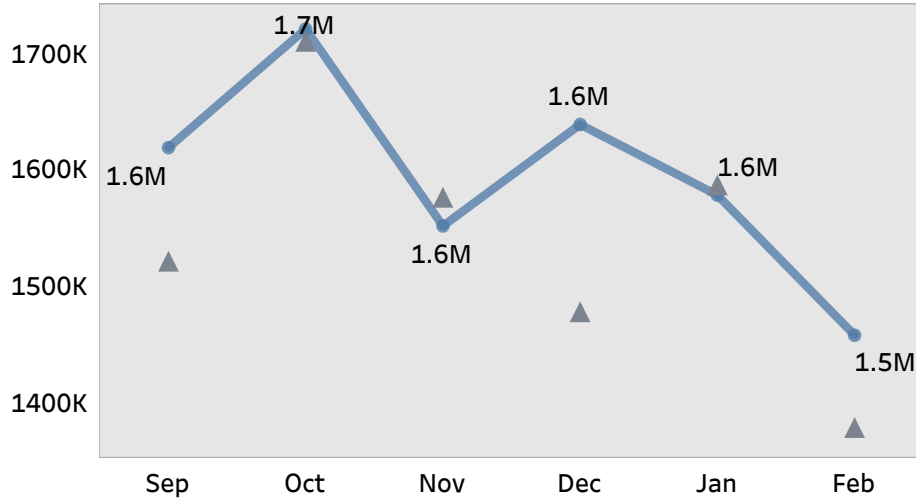
Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed

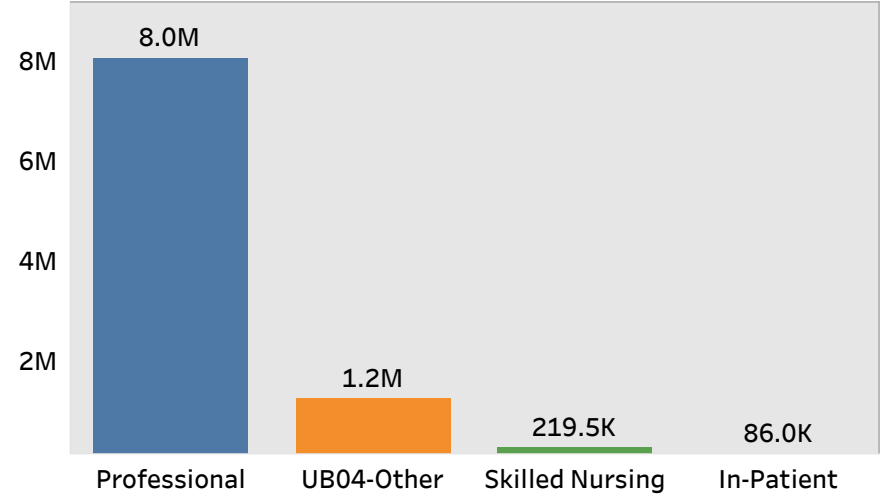


MCLA Claims Received

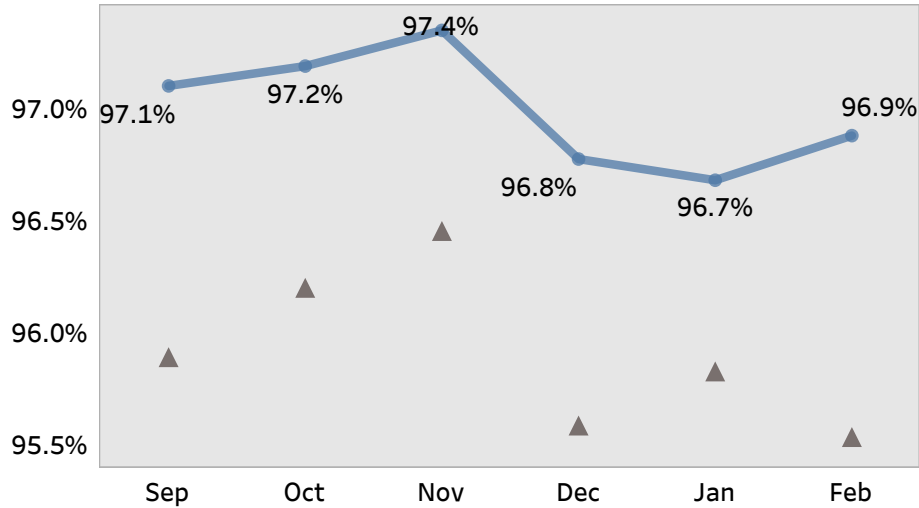
Total Claims Volume Received Sep-2025 to Feb-2026



Most Recent 6 months' Volume by Service Type Sep-2025 to Feb-2026



% of Claims Submitted Electronically Sep-2025 to Feb-2026



Triangles display the previous year's performance for the same month.

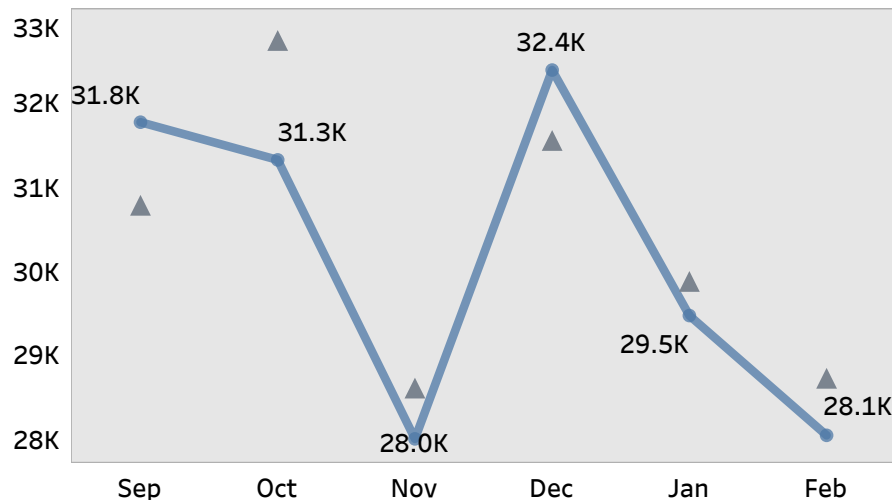
Charts based on Month of Receipt

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

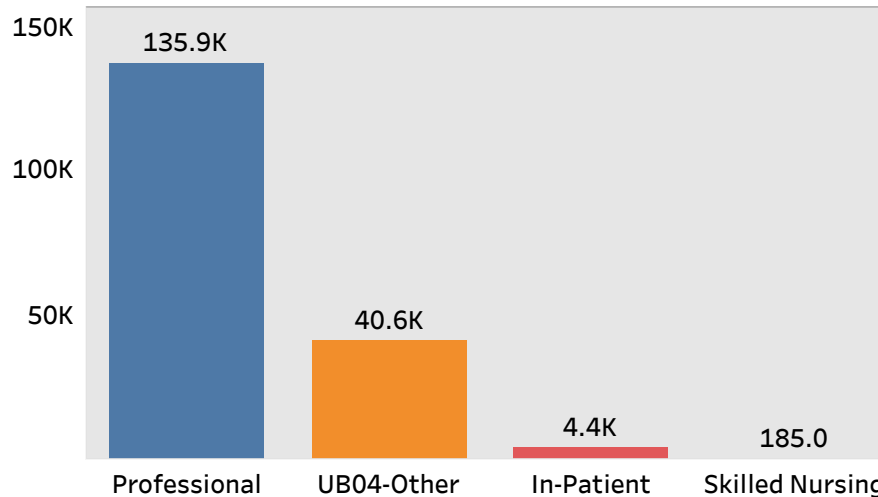


LACC Claims Received

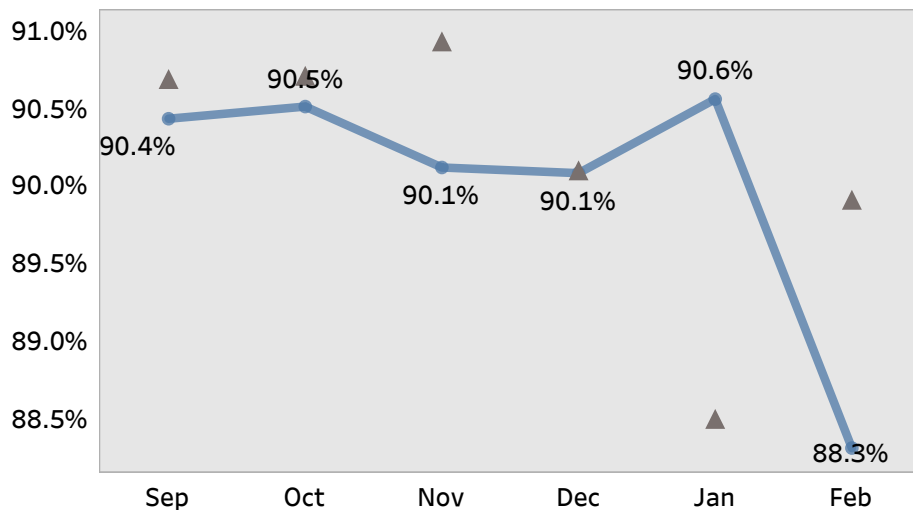
Total Claims Volume Received Sep-2025 to Feb-2026



Most Recent 6 months' Volume by Service Type Sep-2025 to Feb-2026



% of Claims Submitted Electronically Sep-2025 to Feb-2026



Triangles display the previous year's performance for the same month.

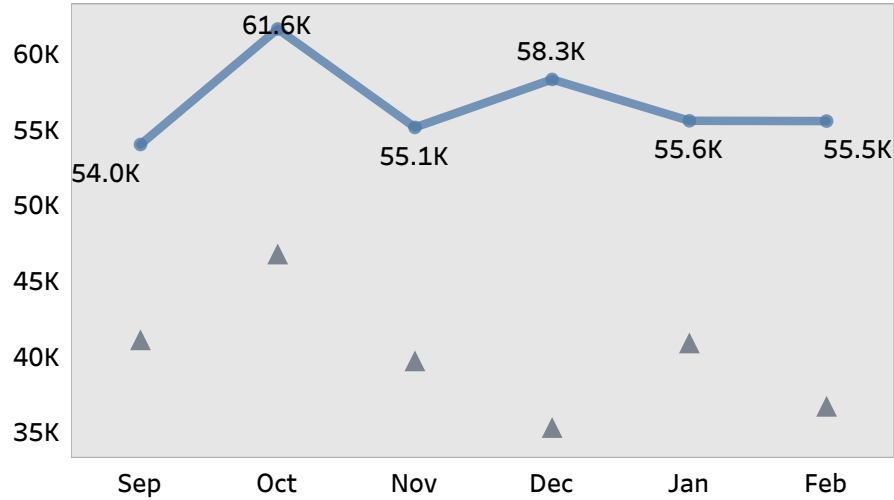
Charts based on Month of Receipt

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

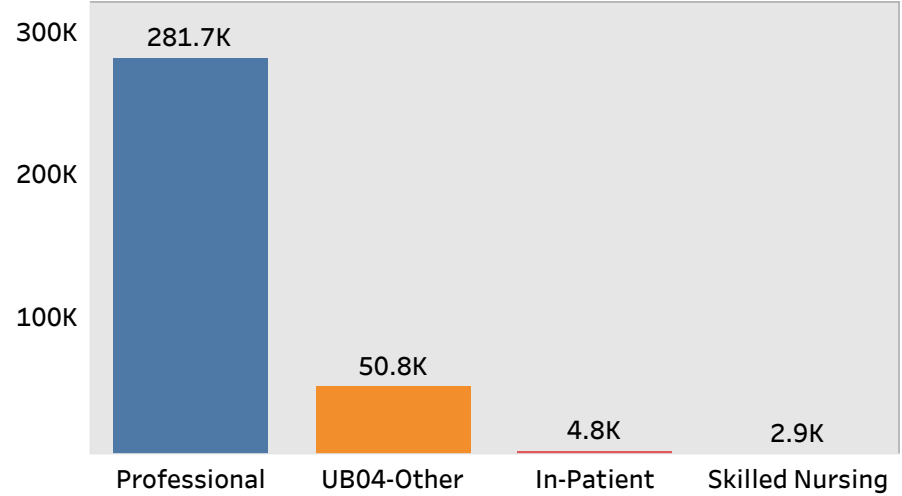


DSNP Claims Received

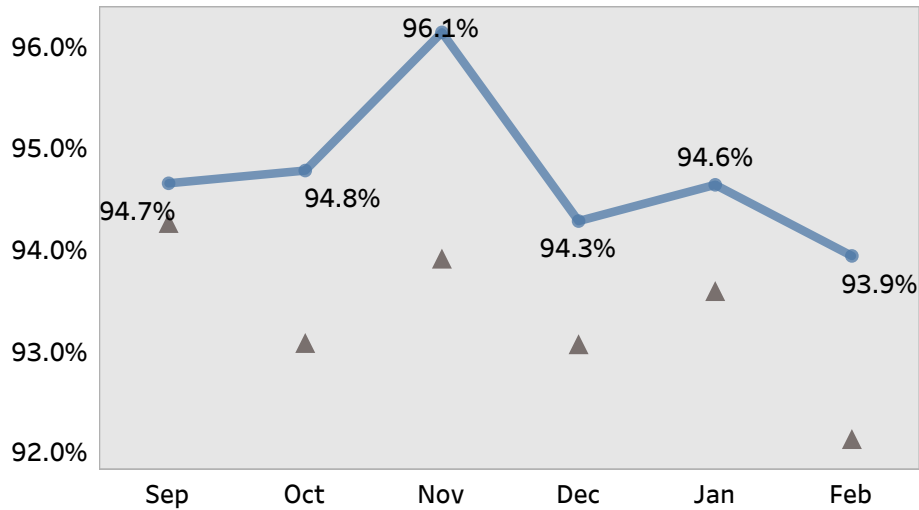
Total Claims Volume Received **Sep-2025 to Feb-2026**



Most Recent 6 months' Volume by Service Type **Sep-2025 to Feb-2026**



% of Claims Submitted Electronically **Sep-2025 to Feb-2026**



Triangles display the previous year's performance for the same month.

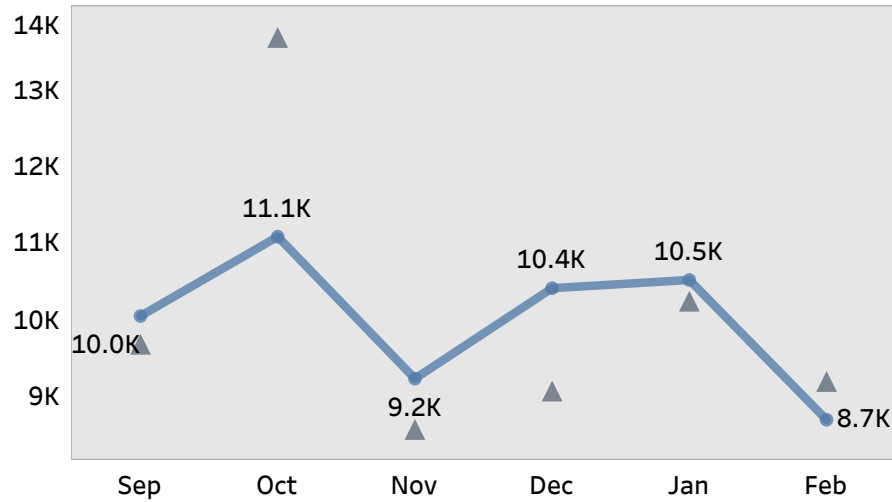
Charts based on Month of Receipt

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

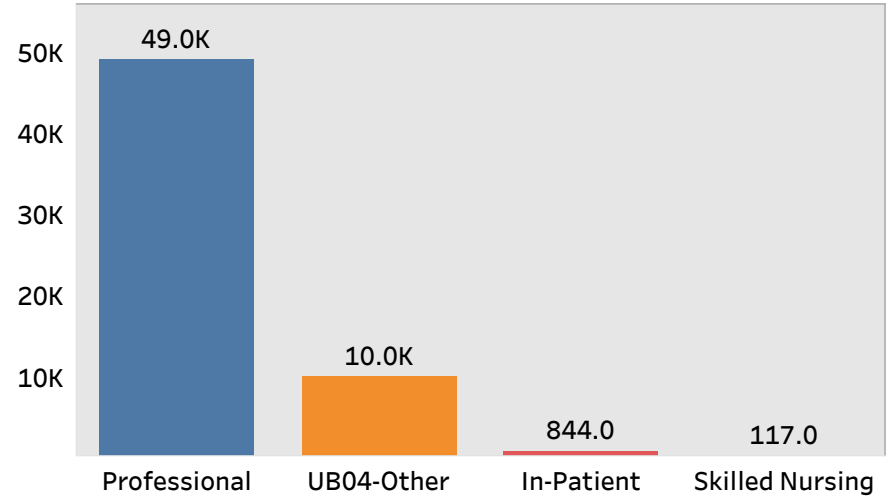


PASC Claims Received

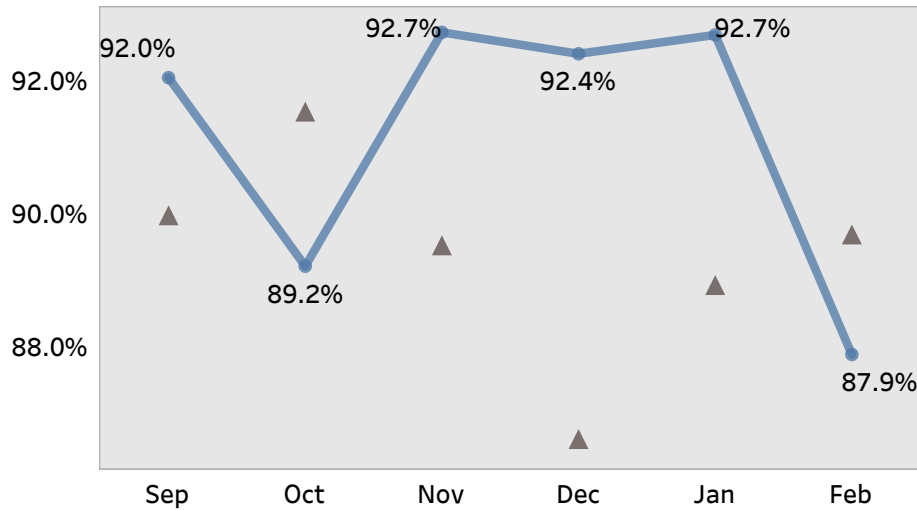
Total Claims Volume Received Sep-2025 to Feb-2026



Most Recent 6 months' Volume by Service Type Sep-2025 to Feb-2026



% of Claims Submitted Electronically Sep-2025 to Feb-2026



Triangles display the previous year's performance for the same month.

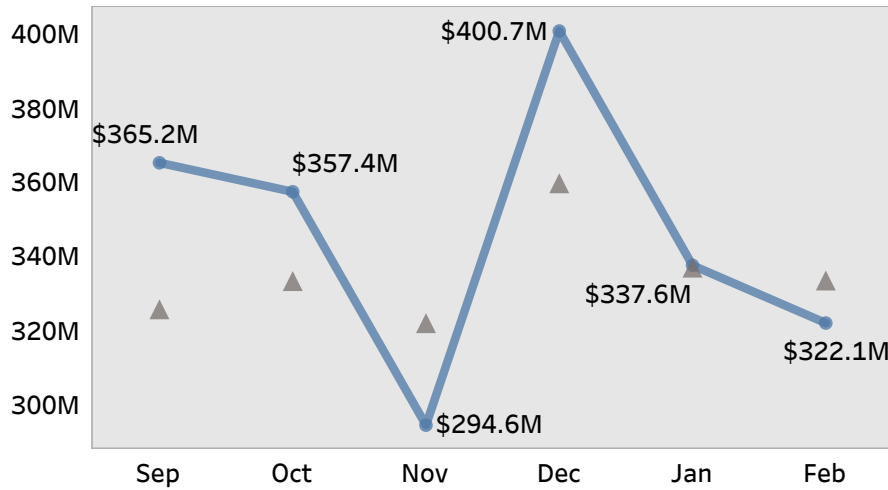
Charts based on Month of Receipt

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

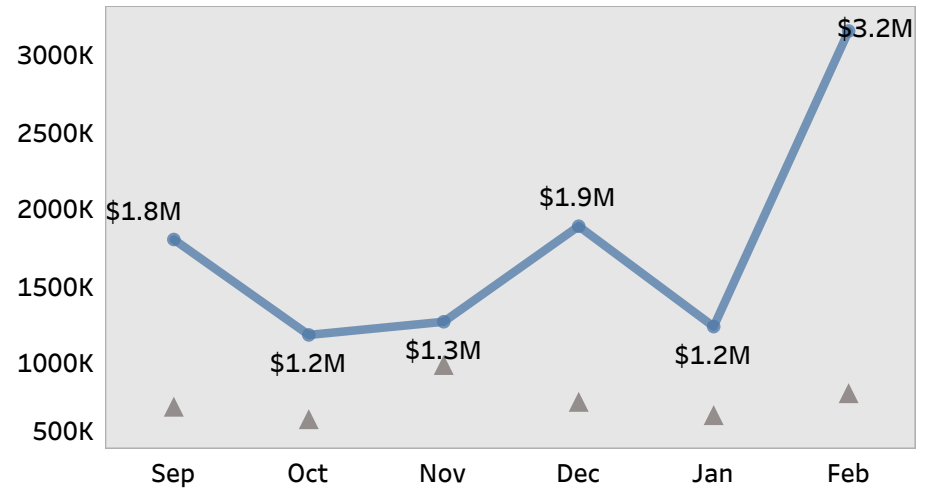


MCLA Payment Processing

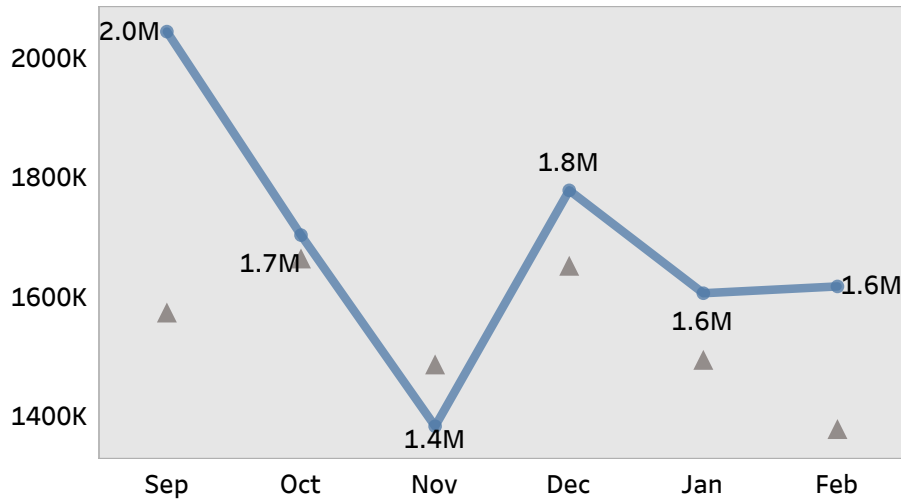
Total Paid (including Interest) Sep-2025 to Feb-2026



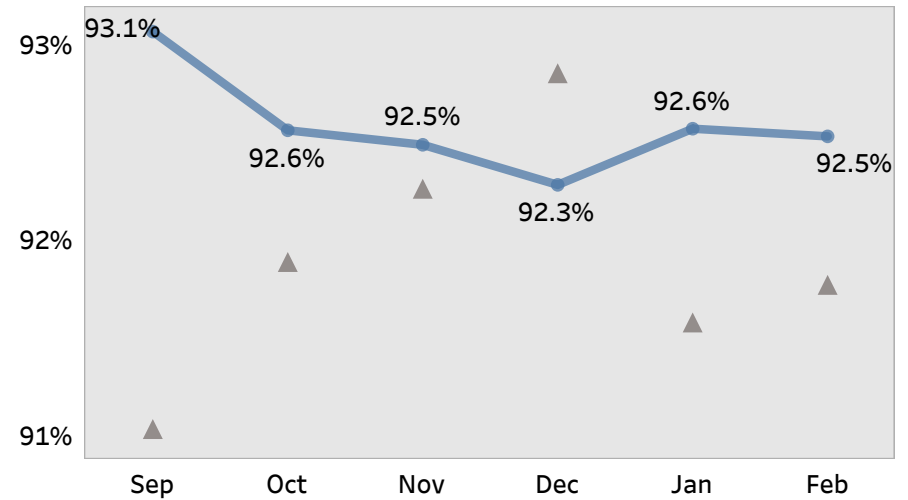
Total Interest Paid Sep-2025 to Feb-2026



Total First-Pass Adjudicated Claims Volume Sep-2025 to Feb-2026



% of First-Pass Claims Auto-Adjudicated Sep-2025 to Feb-2026



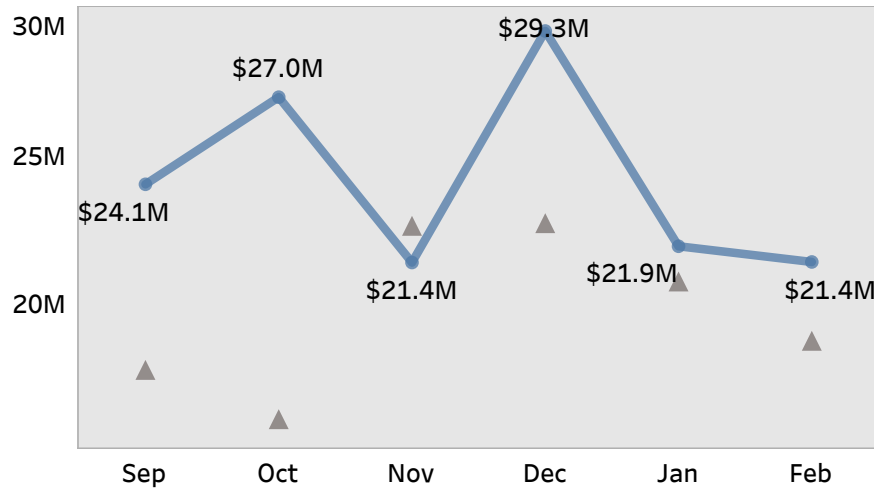
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

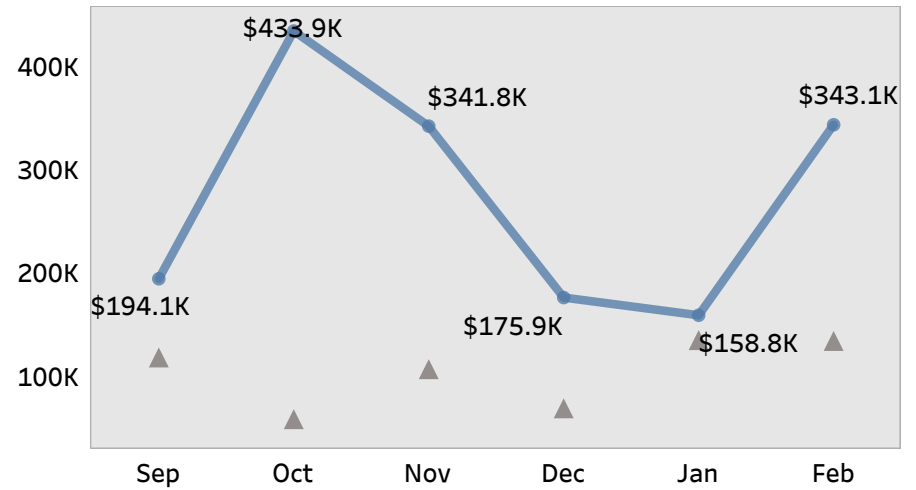


LACC Payment Processing

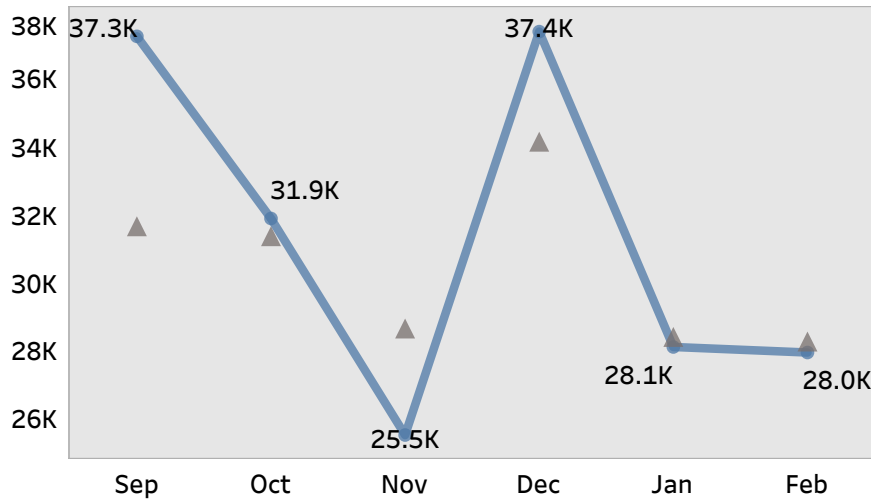
Total Paid (including Interest) Sep-2025 to Feb-2026



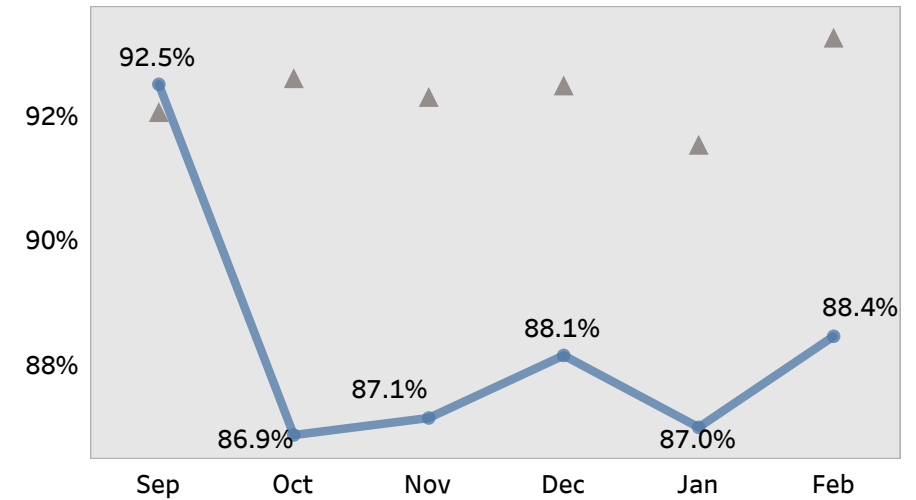
Total Interest Paid Sep-2025 to Feb-2026



Total First-Pass Adjudicated Claims Volume Sep-2025 to Feb-2026



% of First-Pass Claims Auto-Adjudicated Sep-2025 to Feb-2026



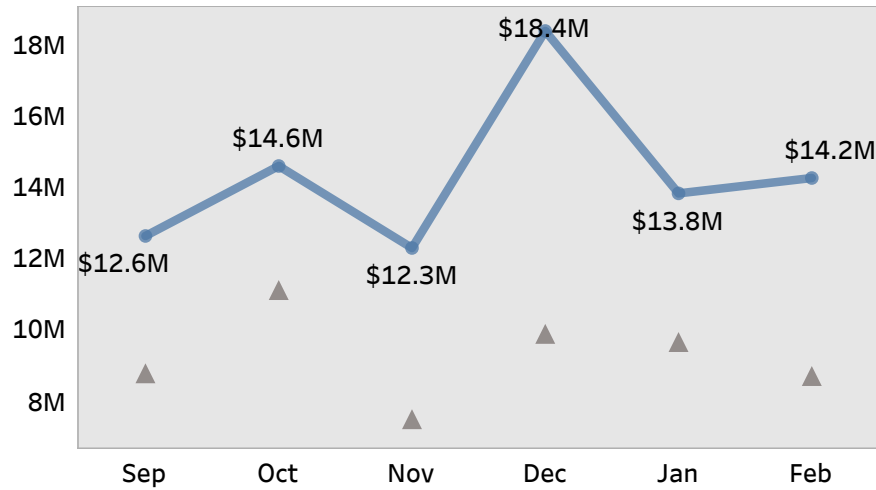
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

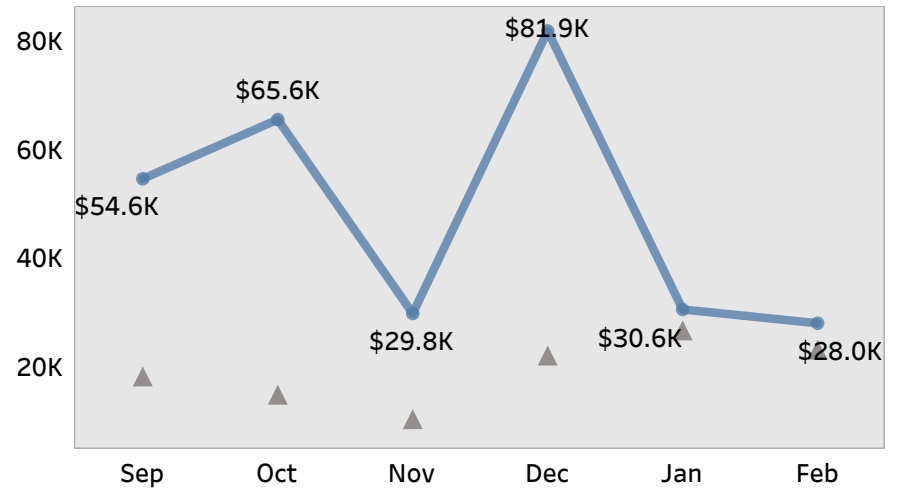


DSNP Payment Processing

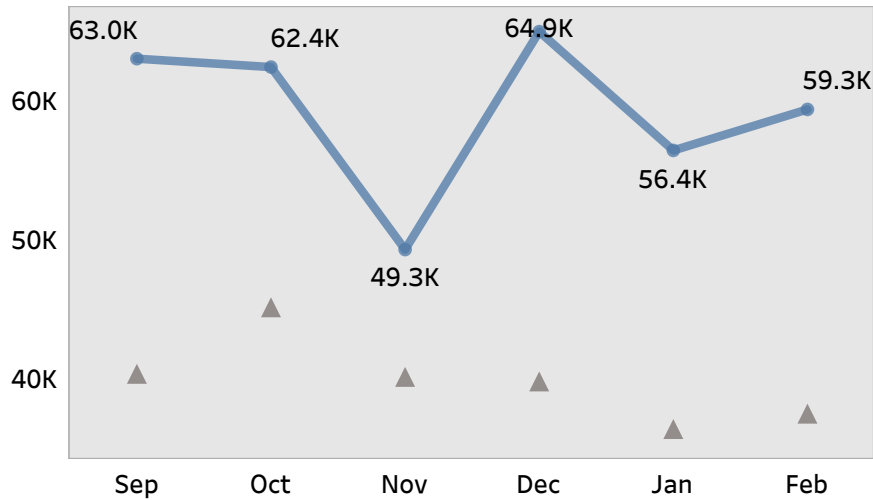
Total Paid (including Interest) Sep-2025 to Feb-2026



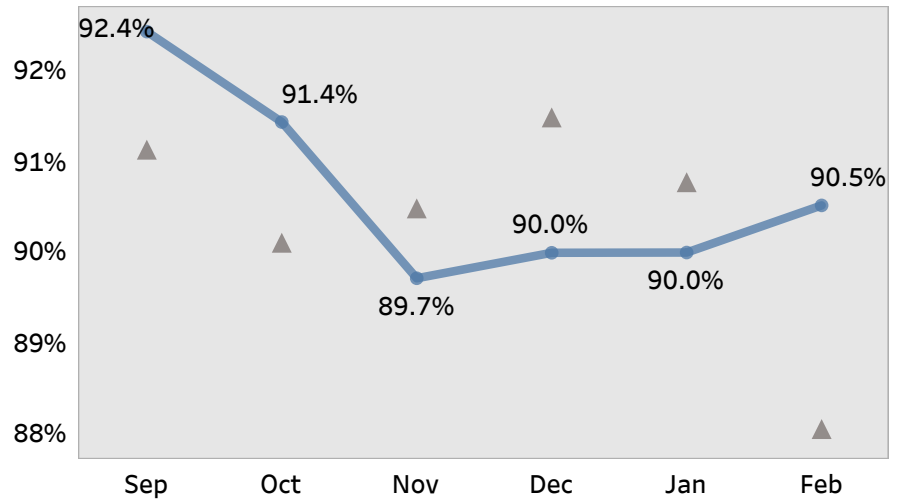
Total Interest Paid Sep-2025 to Feb-2026



Total First-Pass Adjudicated Claims Volume Sep-2025 to Feb-2026



% of First-Pass Claims Auto-Adjudicated Sep-2025 to Feb-2026



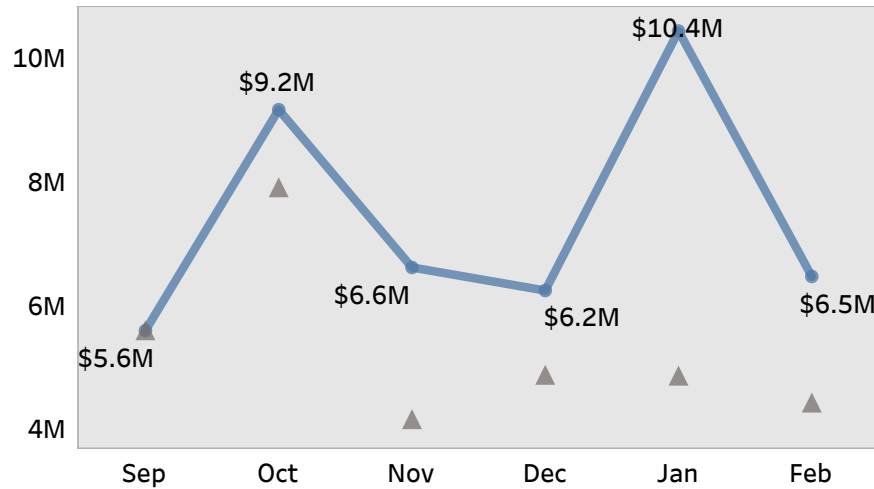
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

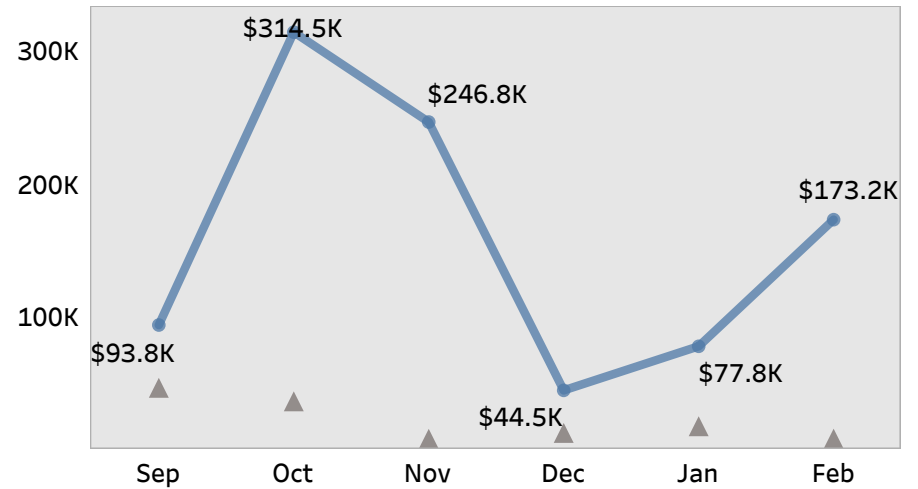


PASC Payment Processing

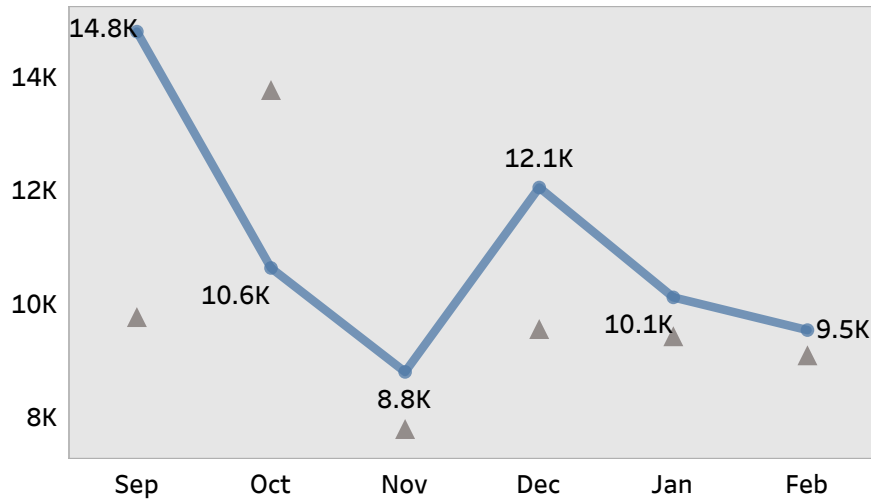
Total Paid (including Interest) Sep-2025 to Feb-2026



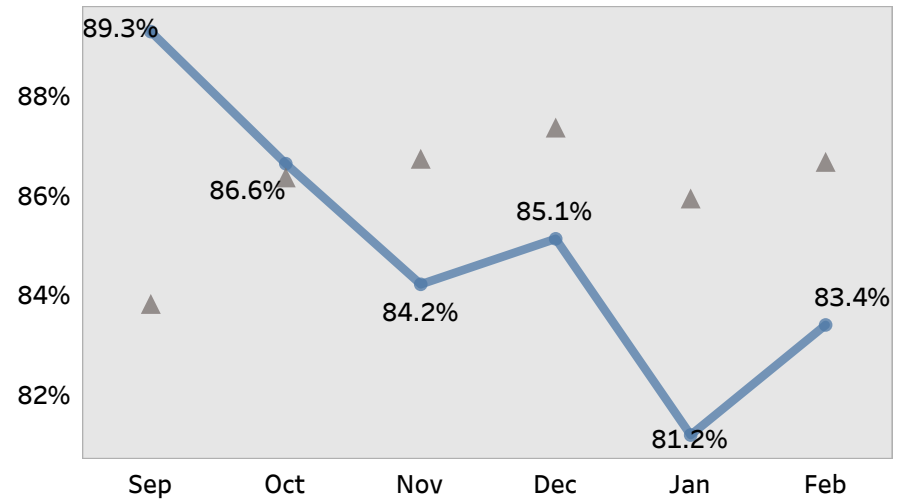
Total Interest Paid Sep-2025 to Feb-2026



Total First-Pass Adjudicated Claims Volume Sep-2025 to Feb-2026



% of First-Pass Claims Auto-Adjudicated Sep-2025 to Feb-2026



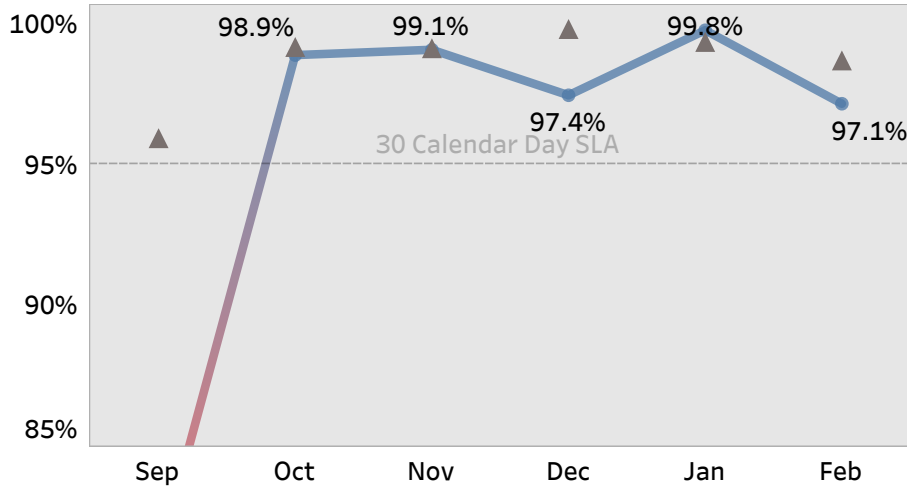
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

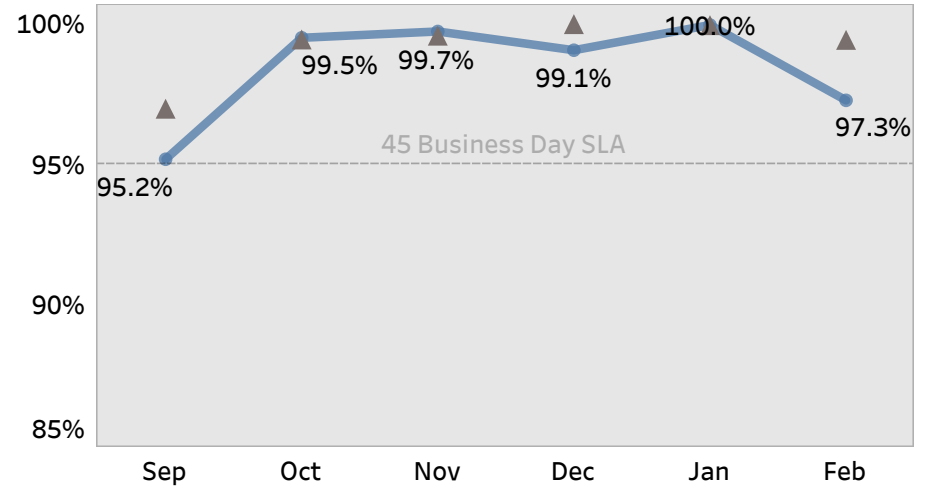


MCLA Claims Processing Timeliness - by Process Date

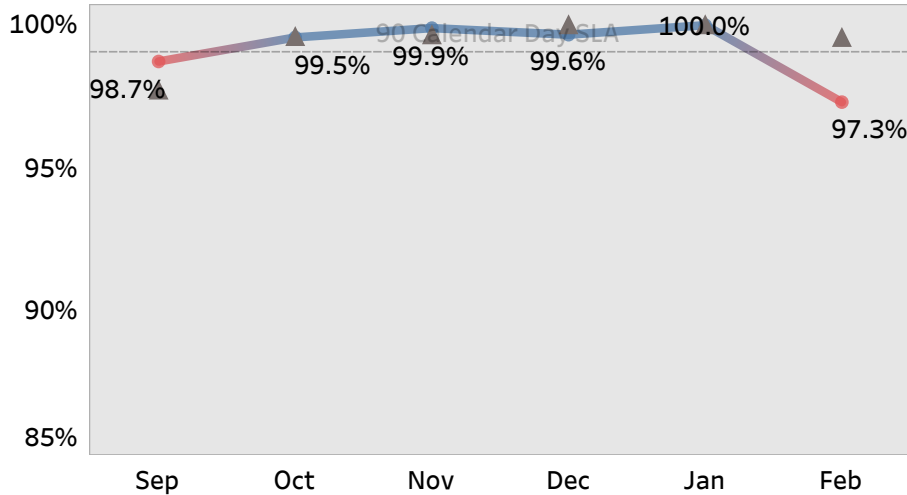
% Processed within 30 Calendar Days Sep-2025 to Feb-2026



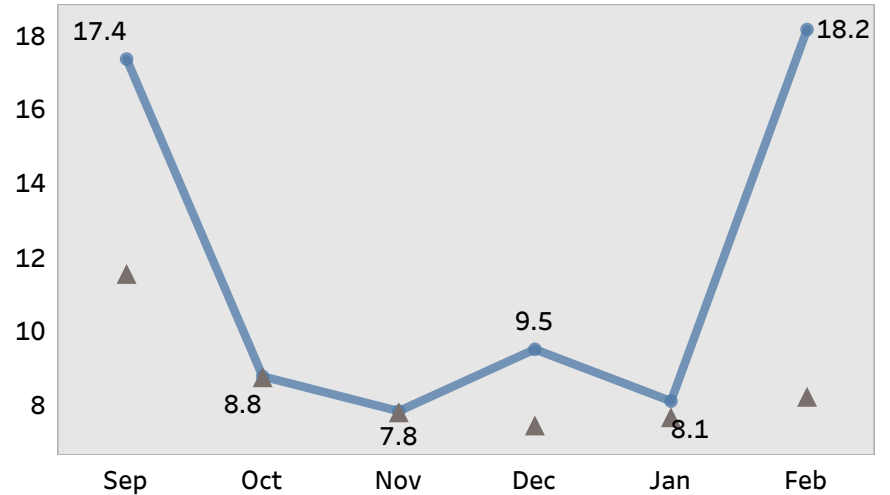
% Processed within 45 Business Days Sep-2025 to Feb-2026



% Processed within 90 Calendar Days Sep-2025 to Feb-2026



Average Calendar Days to Process Sep-2025 to Feb-2026



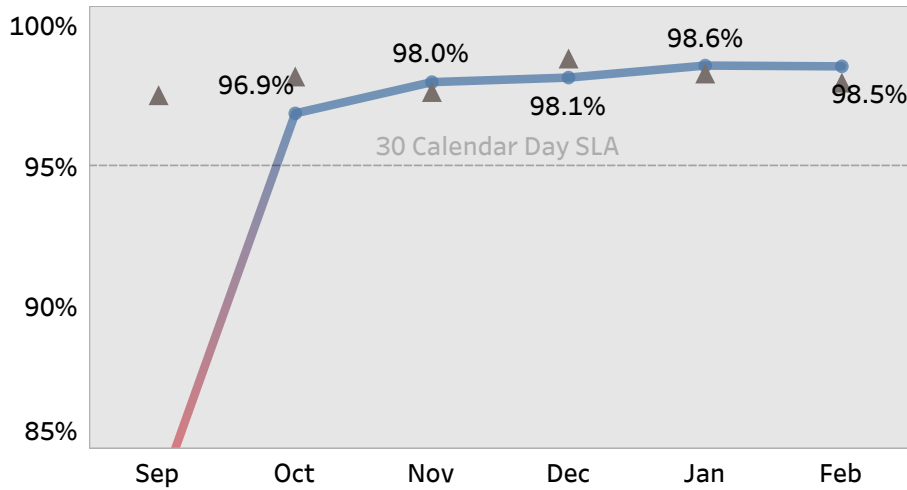
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

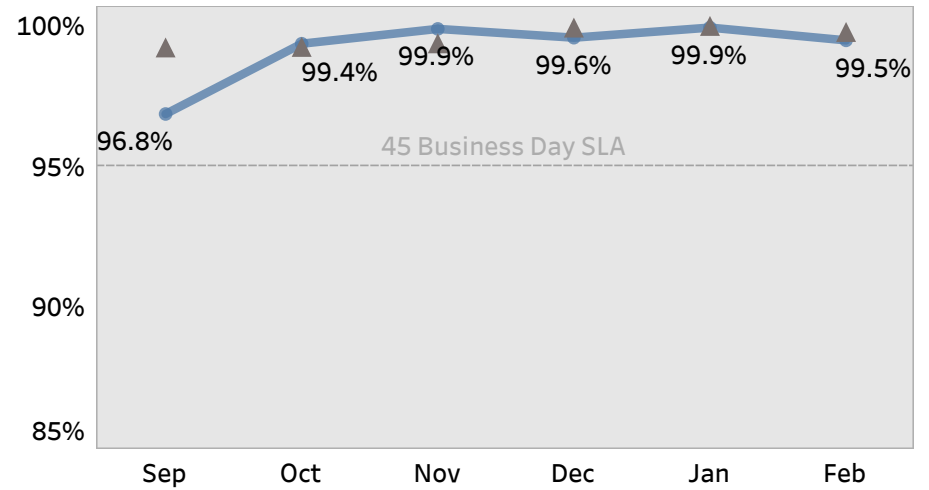


LACC Claims Processing Timeliness - by Process Date

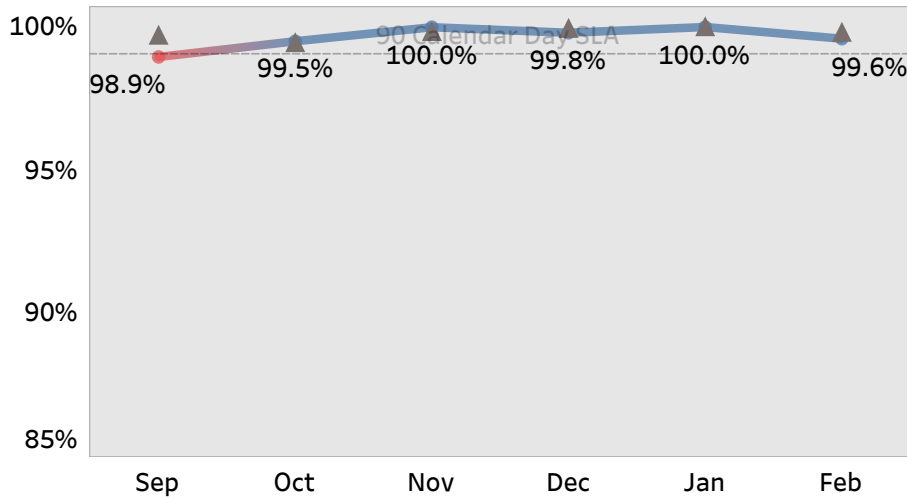
% Processed within 30 Calendar Days Sep-2025 to Feb-2026



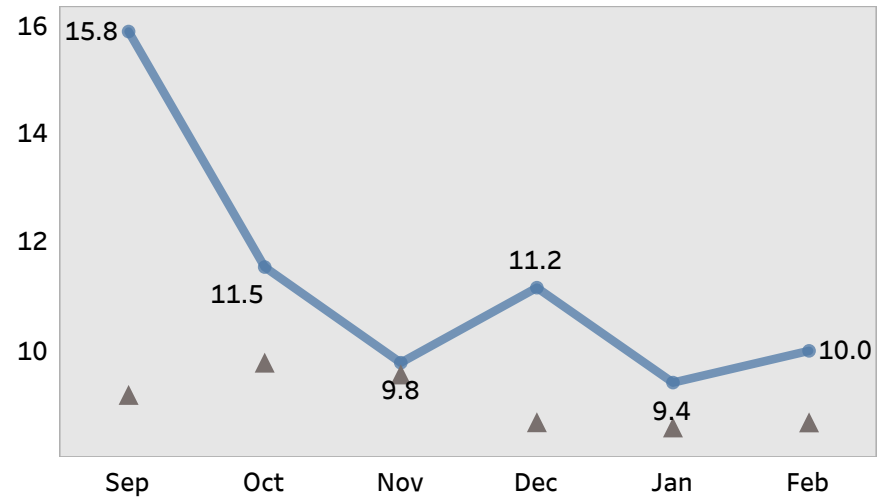
% Processed within 45 Business Days Sep-2025 to Feb-2026



% Processed within 90 Calendar Days Sep-2025 to Feb-2026



Average Calendar Days to Process Sep-2025 to Feb-2026



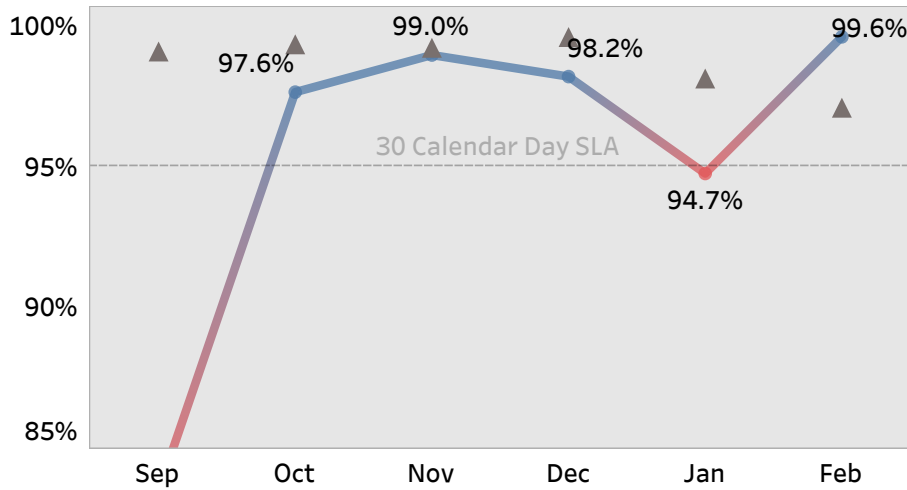
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

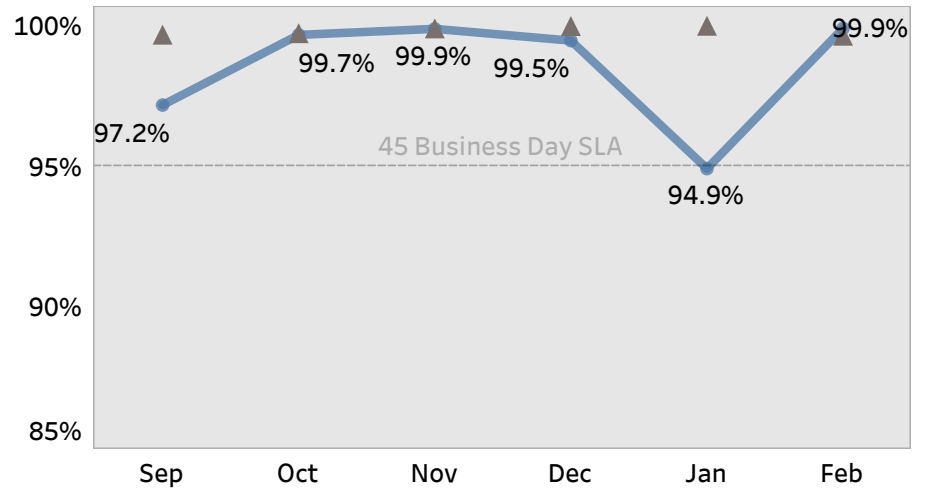


DSNP Claims Processing Timeliness - by Process Date

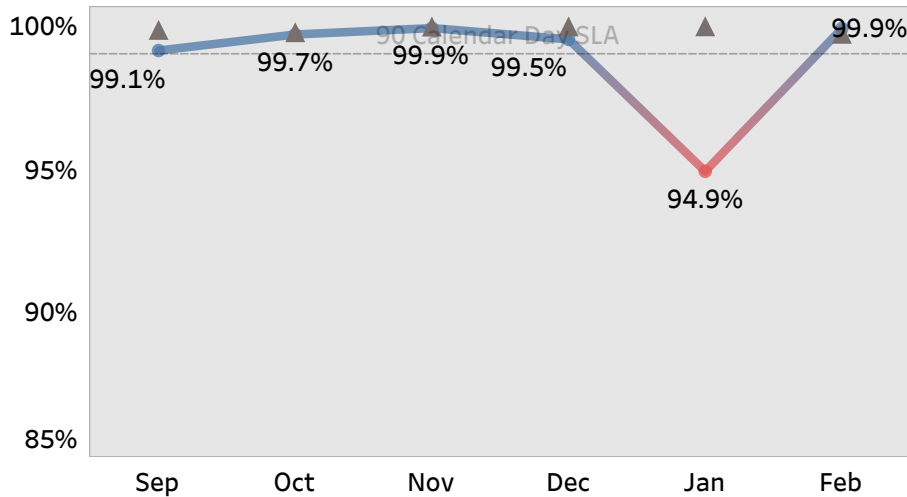
% Processed within 30 Calendar Days Sep-2025 to Feb-2026



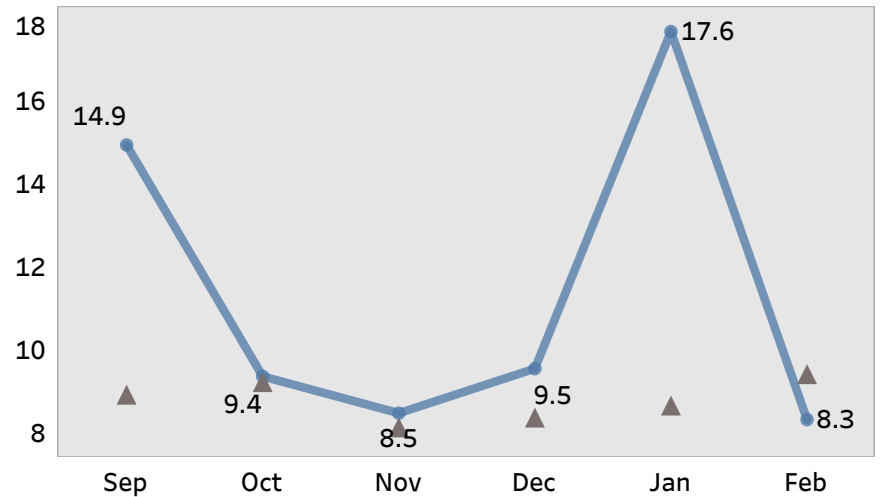
% Processed within 45 Business Days Sep-2025 to Feb-2026



% Processed within 90 Calendar Days Sep-2025 to Feb-2026



Average Calendar Days to Process Sep-2025 to Feb-2026



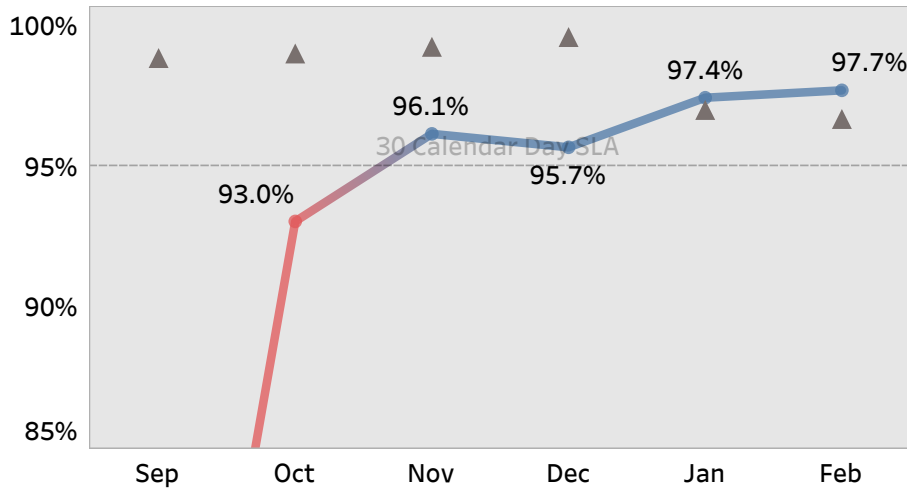
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

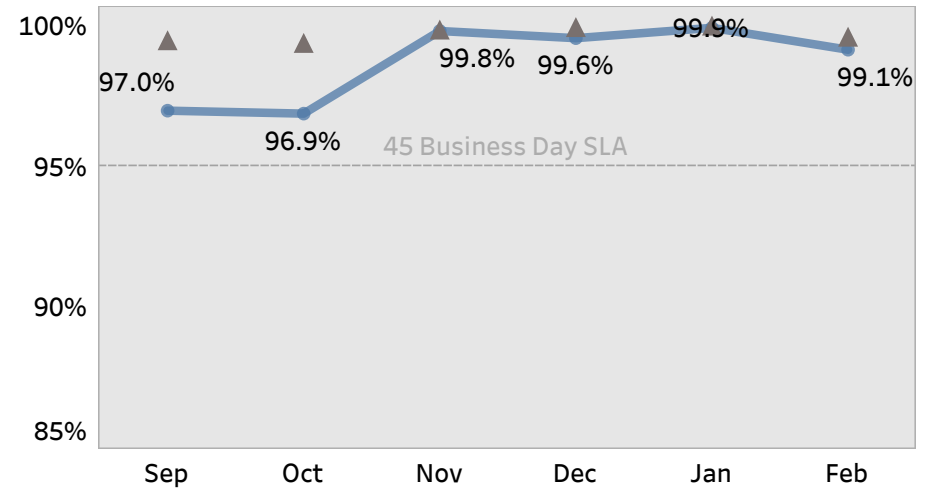


PASC Claims Processing Timeliness - by Process Date

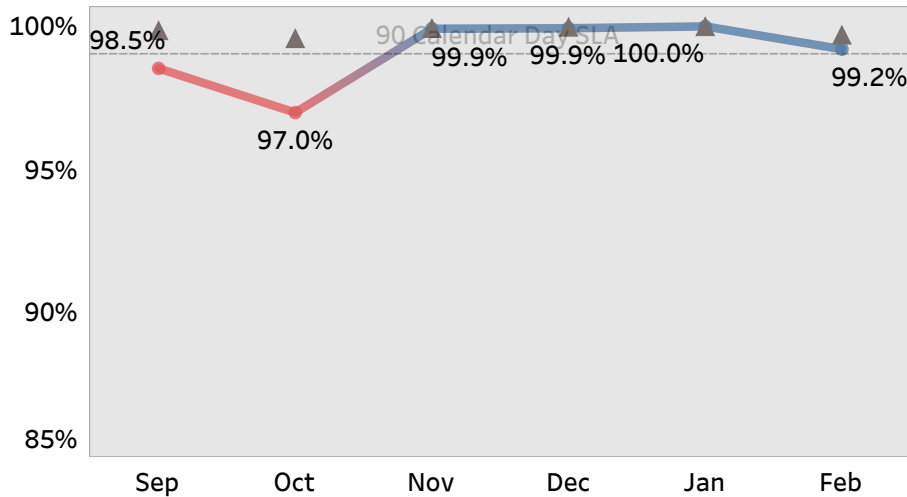
% Processed within 30 Calendar Days Sep-2025 to Feb-2026



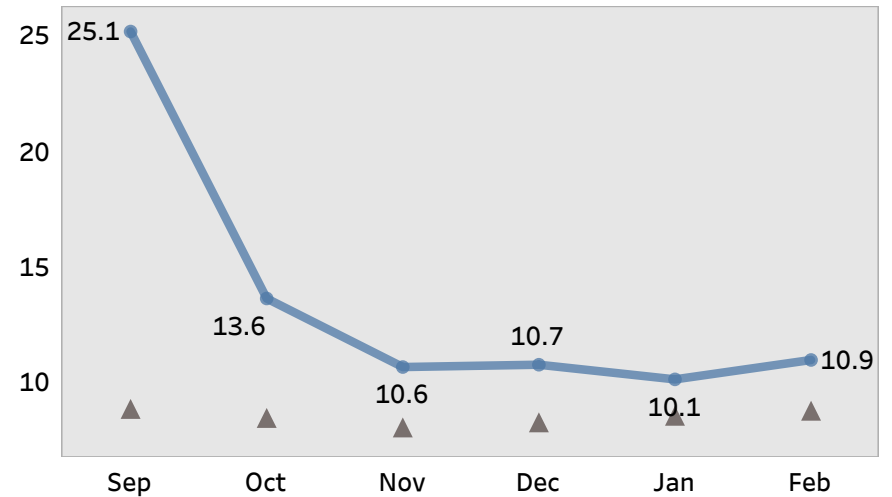
% Processed within 45 Business Days Sep-2025 to Feb-2026



% Processed within 90 Calendar Days Sep-2025 to Feb-2026



Average Calendar Days to Process Sep-2025 to Feb-2026



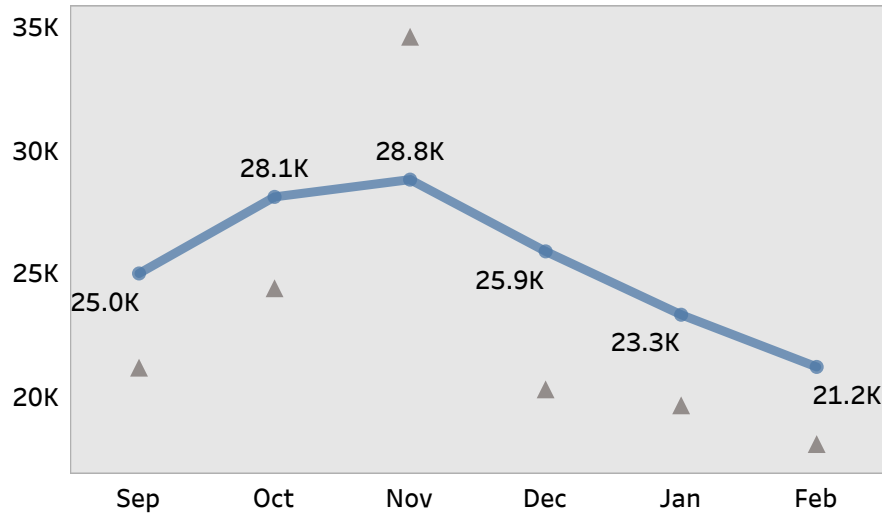
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

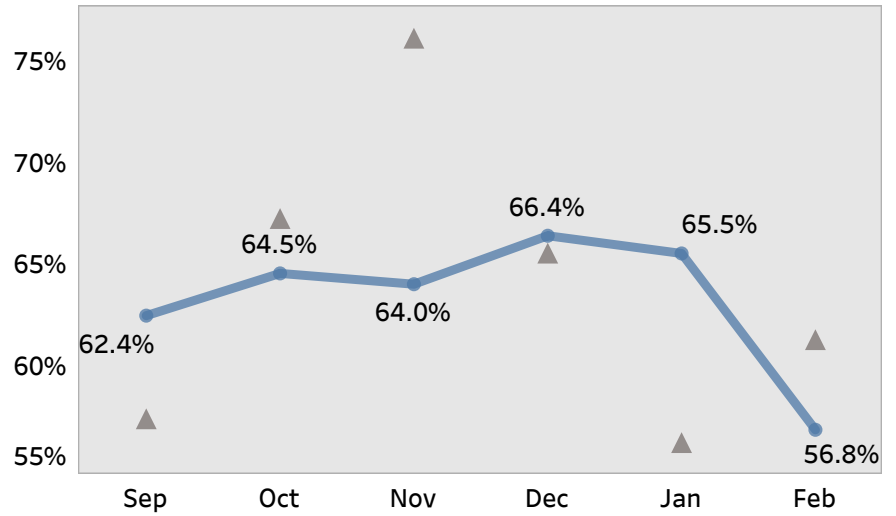


MCLA Provider Dispute Resolution Processing

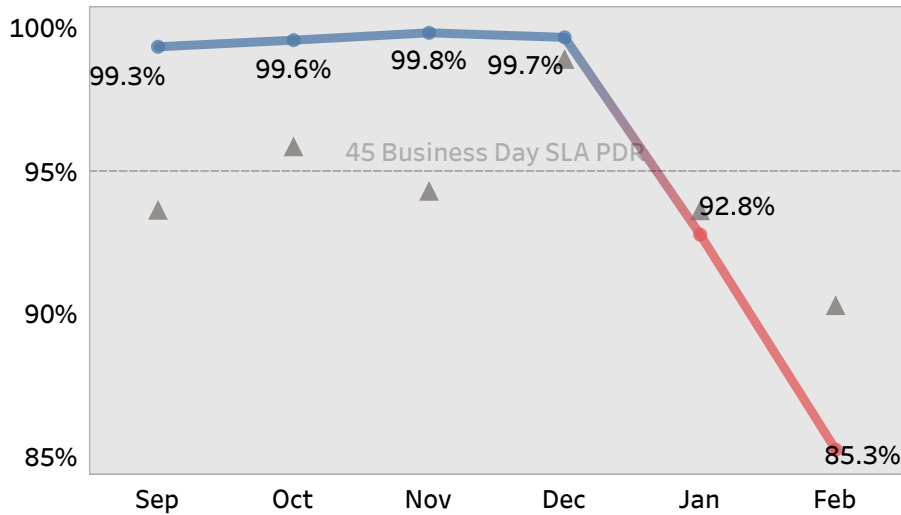
PDR Volume Received Sep-2025 to Feb-2026



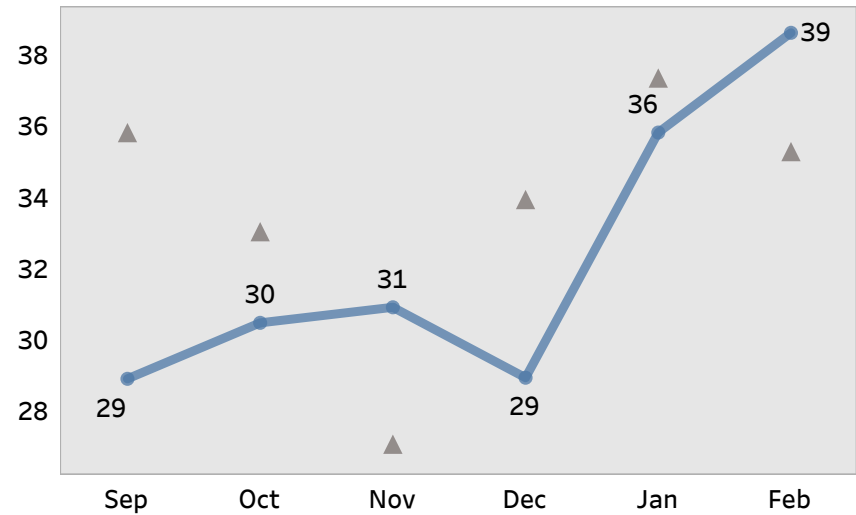
% of Closed PDR Cases that are Upheld Sep-2025 to Feb-2026



% Closed within 45 Business Days Sep-2025 to Feb-2026



Average Business Days to Process PDRs Sep-2025 to Feb-2026



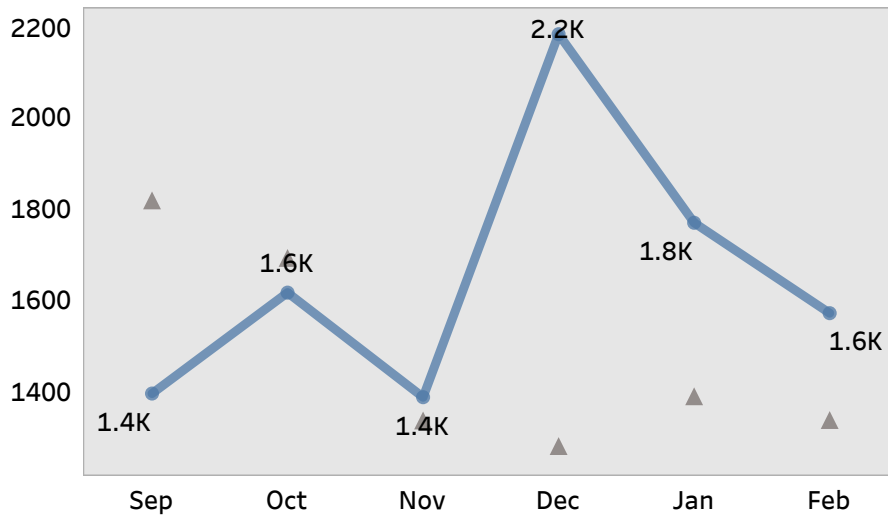
Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed

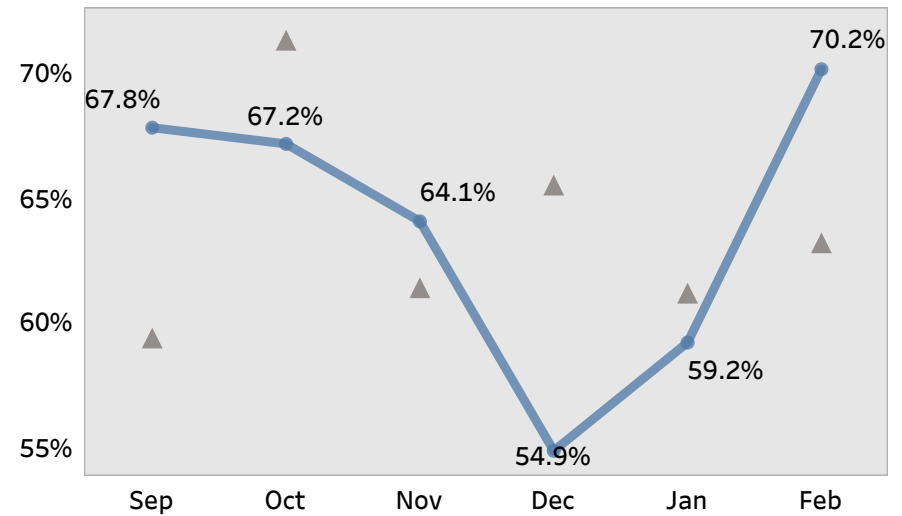


LACC Provider Dispute Resolution Processing

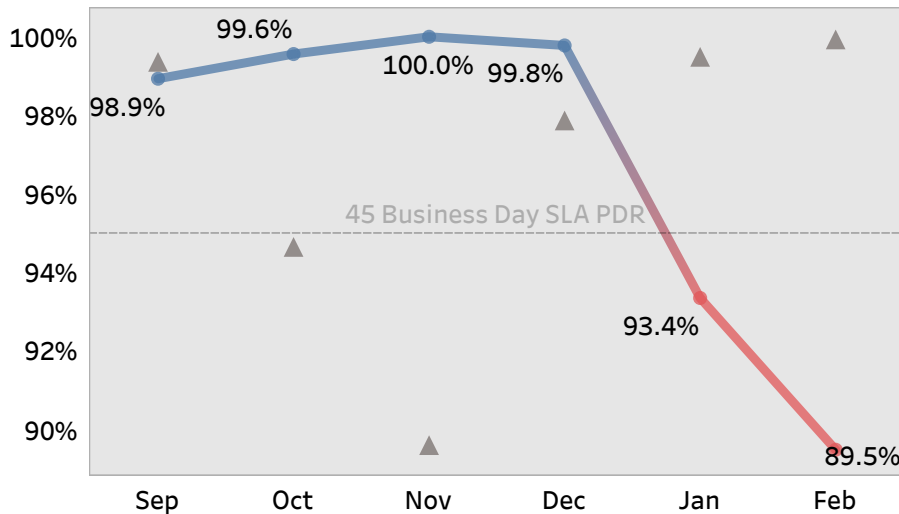
PDR Volume Received Sep-2025 to Feb-2026



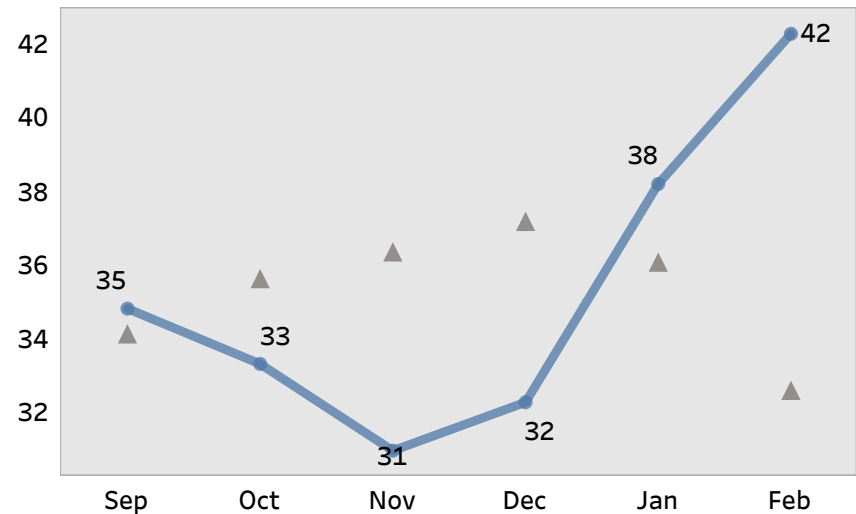
% of Closed PDR Cases that are Upheld Sep-2025 to Feb-2026



% Closed within 45 Business Days Sep-2025 to Feb-2026



Average Business Days to Process PDRs Sep-2025 to Feb-2026



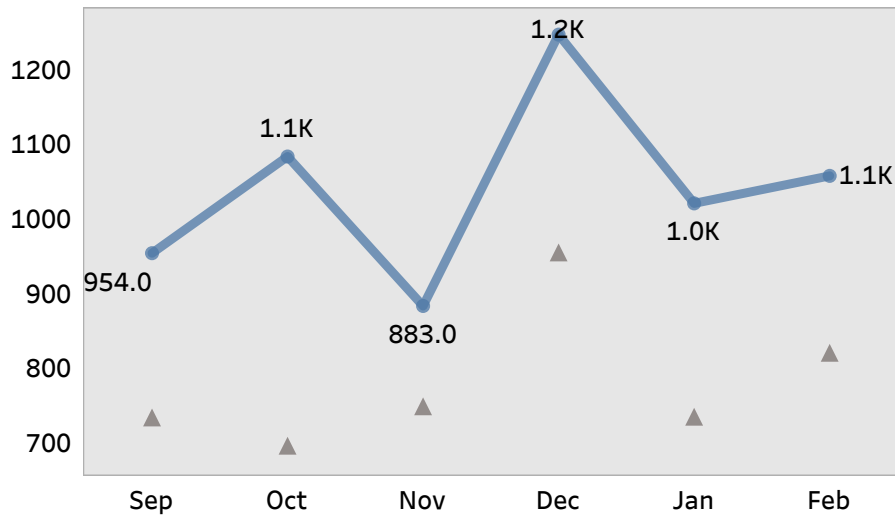
Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed

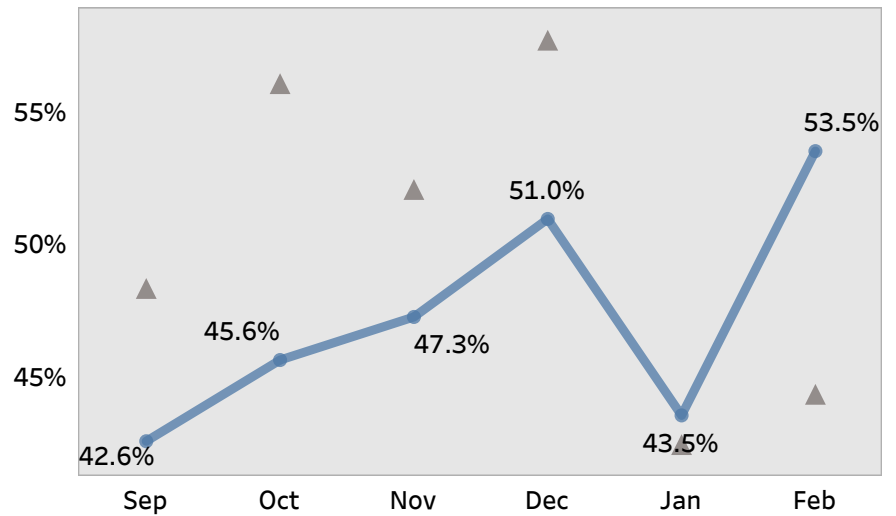


DSNP Provider Dispute Resolution Processing

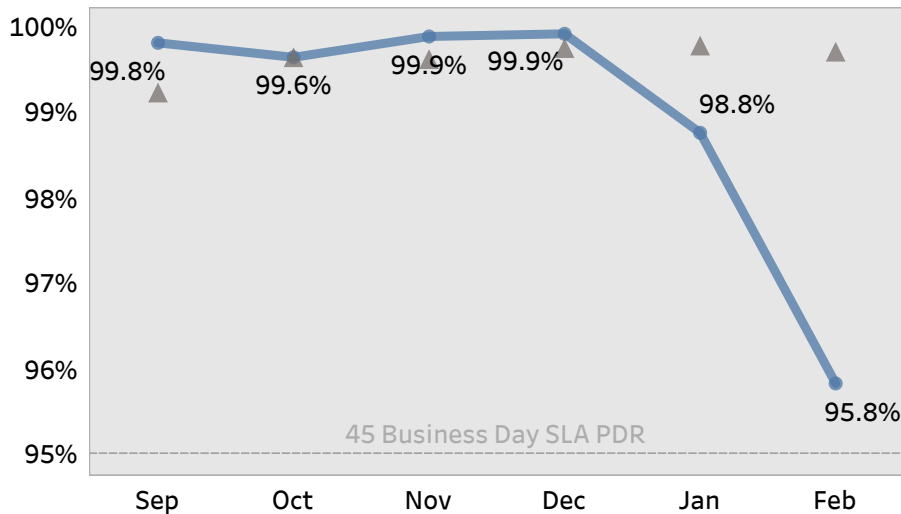
PDR Volume Received Sep-2025 to Feb-2026



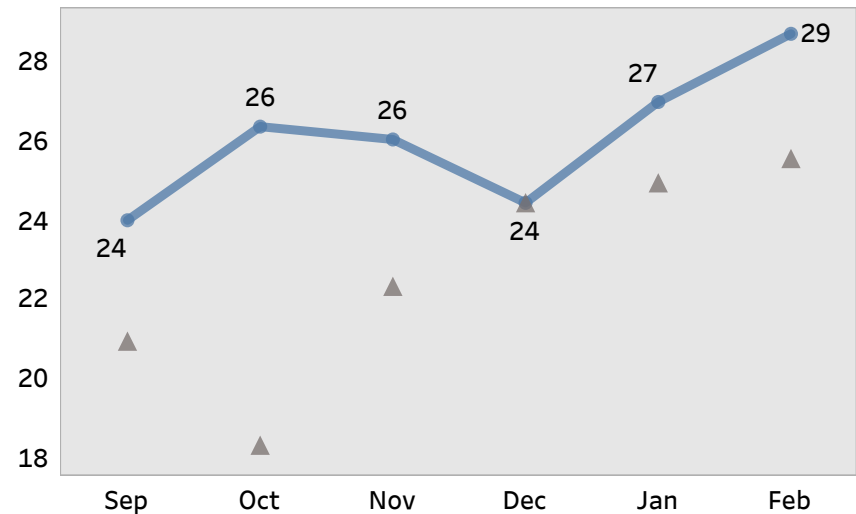
% of Closed PDR Cases that are Upheld Sep-2025 to Feb-2026



% Closed within 45 Business Days Sep-2025 to Feb-2026



Average Business Days to Process PDRs Sep-2025 to Feb-2026



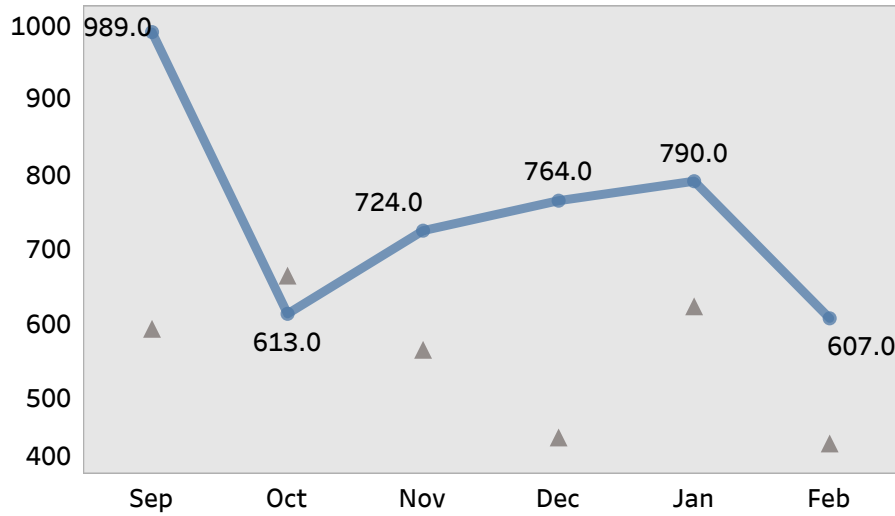
Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed

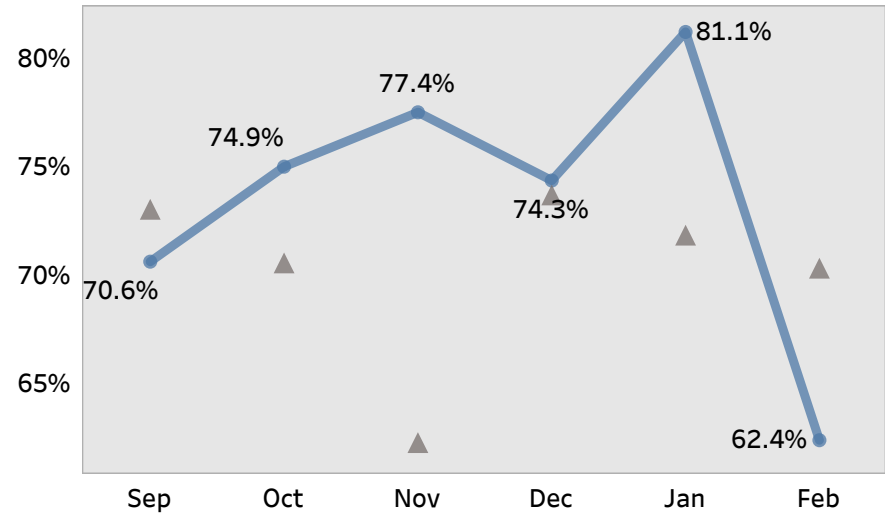


PASC Provider Dispute Resolution Processing

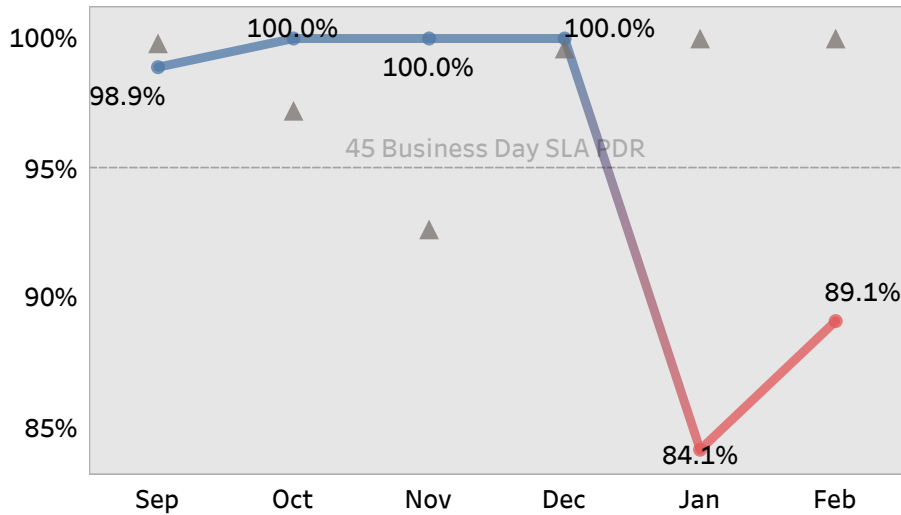
PDR Volume Received Sep-2025 to Feb-2026



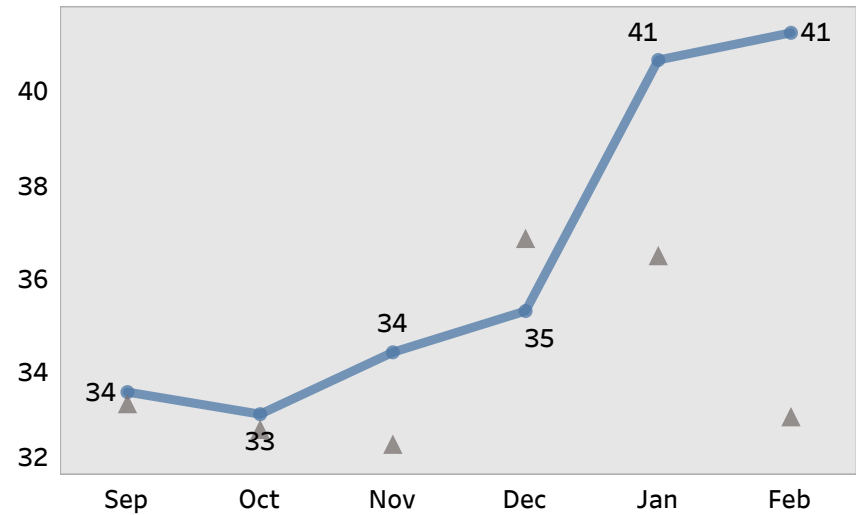
% of Closed PDR Cases that are Upheld Sep-2025 to Feb-2026



% Closed within 45 Business Days Sep-2025 to Feb-2026



Average Business Days to Process PDRs Sep-2025 to Feb-2026

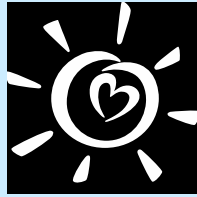


Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed



BOARD ISSUES



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 2, 2026

Motion No. EXE 103.0426

Committee: Executive

Chairperson: Ilan Shapiro, MD

Issue: Consolidation of Provider Relations Advisory Committee and Technical Advisory Committee.

Background: In May 2023, the Board approved the establishment of Provider Relations Advisory Committee (EXE 102.0523) (“PRAC”), to function as a committee of the Board of Governors (“Board”). PRAC’s mission is to bring the Provider perspective to the Board for policy, strategy and operations of the Health Plan, in advancing L.A. Care’s mission.

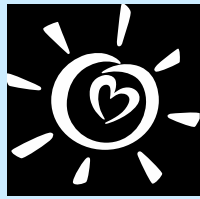
TAC is a legislatively mandated Board committee. In order to achieve greater efficiency, Staff recommends combining PRAC and the Technical Advisory Committee (“TAC”), and incorporating the roles and responsibilities, as well as the members, of PRAC and TAC.

- To that end, Staff is concurrently bringing a motion with PRAC and TAC Charter and Membership.

Member Impact: The PRAC AND TAC will advise the Board on potential actions that L.A. Care can take to improve services to members by developing deeper understanding and stronger relationships with all providers.

Budget Impact: Reducing the number of committee meetings may improve efficiency.

Motion: **To approve the consolidation of Provider Relations Advisory Committee and Technical Advisory Committee and call it Provider Relations and Technical Advisory Committee.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 2, 2026

Motion No. EXE 101.0426-A

Committee: Executive

Chairperson: Ilan Shapiro, MD

Issue: Approve the Committee Charter of the Provider Relations & Technical Advisory Committee.

Background: Staff brings this motion to incorporate the roles and responsibilities of Provider Relations and Technology Advisory Committee. Such functions include but are not limited to:

- identifying and informing the Board of challenges affecting providers in Los Angeles County
- recommending opportunities to mitigate those challenges,
- reporting to the Board regularly on progress made toward achieving its objectives,
- recommending to the Board the number and qualifications of Committee members, scope of matters on which Committee will review.

Member Impact: The Provider Relations and Technical Advisory Committee will advise the Board on potential actions that L.A. Care can take to improve services to members by developing deeper understanding and stronger relationships with all providers.

Budget Impact: No budget impact

Motion: To approve the Provider Relations & Technical Advisory Committee Charter, as submitted.



Board of Governors Provider Relations & Technical Advisory Committee CHARTER

General Information

The Technical Advisory Committee is a legislatively mandated, broad-based public advisory committee, reporting to the L.A. Care Board of Governors. The Provider Relations & Technical Advisory Committee (PR&TAC) assists the L.A. Care Board of Governors in formulating broad public policy directives, through the provision of expertise, the identification of issues in the community related to health equity, quality of care, and the review of health care delivery models and innovations offered by L.A. Care Health Plan. Its membership shall include, but not be limited to, individuals representing the following disciplines, expertise or professions e.g.: epidemiology, health services research, public health, health equity, quality, delivery systems and policy. Each member of the committee shall be selected by an appropriate nominating entity(ies) in the discipline/profession the person is representing. If an appropriate nominating entity does not exist, staff and PR&TAC membership shall make recommendations and elect those individuals based on a vote of the entire committee membership.

The scope and nature of the issues considered by PR&TAC relate most closely, though not exclusively, to activities and functions under the purview of the Chief Medical Officer. As such, the Chief Medical Officer serves as the primary conduit for information exchange between PR&TAC, L.A. Care Health Plan management, including all organizational areas, and the L.A. Care Board of Governors, and serves as a permanent, voting member of the Committee.

Committee Roles

The primary roles of the committee are:

To review program development reports and other considerations presented by L.A. Care Health Plan staff regarding L.A. Care Health Plan's health care services, program delivery models, and provider community, offering advisory feedback and recommendations as appropriate.

To develop and present recommendations to the Chief Medical Officer and L.A. Care Board of Governors about issues relating to L.A. Care Health Plan's provision of health care services, health equity and social determinants of health initiatives, program delivery models, and provider community.

To best support the mission and vision of L.A. Care, the PR&TAC shall be a safe forum for the presentation of issues by the Board of Governors or plan management for feedback from the committee participants, and a safe forum for providers to bring issues that impact the quality of care provided to plan members to the attention of the Board of Governors and plan management.

These issues will include but not be limited to:

1. Propose L.A. Care procedure or policy changes impacting providers and/or members.
2. Pending or proposed federal or State legislation or regulatory changes impacting managed care plans, Medicaid, Medicare, the individual market exchange.
3. Provider introduced issues on current L.A. Care operational issues of consequence to L.A. Care's members or providers.
4. Provider introduced issues on legislation, regulation, policy or healthcare trends of consequence to L.A. Care's members or providers.
5. The PR&TAC will be able to provide suggestions, solutions or risk mitigation strategies related to issues presented above that would provide the L.A. Care's Board of Governors and plan management with robust insight from Providers on the impact on quality care provided to L.A. Care members.
6. The PR&TAC will report its deliberations and recommendations to the Board of Governors and shall have a standing agenda item on the agenda at the next Board of Governors meeting following a PR&TAC meeting. The PR&TAC shall maintain minutes of all its meetings to document its activities and recommendations. The PR&TAC shall periodically review this Charter.

Committee Responsibilities

The responsibilities of the Committee, on behalf of the L.A. Care Board of Governors, shall include:

1. Review of policies related to the service models used by L.A. Care Health Plan to recommend related public policy.
2. Provision of expert advice to the Chief Medical Officer, other L.A. Care senior leaders and managers, and L.A. Care Board of Governors concerning L.A. Care Health Plan proposals or activities that impact the provider community. Creation of an annual workplan with periodic status reports to the Board on the implementation of the workplan.
3. As appropriate, regular communication with the nominating entity/ies to identify their issues and represent these issues to the committee and to share committee actions.

Committee Operations and Organizational Interface

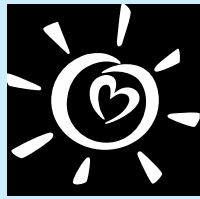
Key aspects of committee operations and organizational interface include:

1. The committee will be informed of key L.A. Care Health Plan initiatives and develop recommendations for the organization and the L.A. Care Board of Governors.
2. The committee shall meet at least quarterly.
3. The committee shall maintain minutes of all its meetings to document its activities and recommendations.
4. Each committee member shall be selected by an appropriate nominating entity/ies in the particular discipline or profession, or if such an entity does not exist by the committee as a whole or by the Chairperson of the L.A. Care Board of Governors.
5. The appointed member shall be limited to serving two consecutive four-year terms or a maximum of eight years cumulatively. Appointment or reappointment is contingent upon approval of L.A. Care Board of Governors.
6. Board Services will staff the committee, in consultation and collaboration with the Chief Medical Officer.
7. The committee shall make recommendations to the L.A. Care Board of Governors on those findings and matters within its scope of responsibility. Such recommendations are brought to the L.A. Care Board of Governors via the Board's Executive Committee and/or other Board committees, as appropriate, and are presented to the L.A. Care Board of Governors.

Signed:

Secretary, Board of Governors

Date:



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 2, 2026

Motion No. EXE 101.0426-B

Committee: Executive

Chairperson: Ilan Shapiro, MD

Issue: Approve the membership of the Provider Relations & Technical Advisory Committee (PR&TAC).

Background: Pursuant to Staff recommendation to combine Provider Relations Advisory Committee (PRAC) with TAC. Staff brings this motion to approve the membership of PR&TAC.

Member Impact: The PR&TAC will advise the Board on potential actions that L.A. Care can take to improve services to members by developing deeper understanding and stronger relationships with all providers.

Budget Impact: No budget impact

Motion: To approve the membership of the Provider Relations & Technical Advisory Committee, as attached.

**Provider Relations & Technical Advisory Committee
Member Roster**

	Name	Category
1.	Sameer Amin, MD Chief Medical Officer, L.A. Care Health Plan 1055 W. 7 th Street Los Angeles, CA 90017	Chief Medical Officer L.A. Care Health Plan
2.	Richard Ayoub CEO Project Angel Food 922 Vine Street Los Angeles, CA 90038	Health Care Expertise (Community Based Organization)
3.	Paul Chung, MD, MS, Chair of Health Systems Science Kaiser Permanente School of Medicine 98 S. Los Robles Avenue Pasadena, CA 91101	Expert on Health Care Quality
4.	Elaine Batchlor, MD, MPH CEO, Martin Luther King, Jr. Community Hospital 4 th Floor, 4-118, 12012 Compton Avenue Los Angeles, CA 90059	Health Care Expertise
5.	Muntu Davis, MD, MPH County Health Officer Los Angeles County Department of Public Health 313 N. Figueroa Street Los Angeles, CA 90012	Health Care Expertise
6.	Hector Flores, MD CEO White Memorial Residency Program 1720 East Cesar E. Chavez Ave. Los Angeles, CA 90033	Health Care Expertise (Independent Physicians)
7.	George Greene, Esq., President & CEO Hospital Association of Southern California 515 S. Figueroa Street, Suite 1300 Los Angeles, CA 90071-3322	Health Care Expertise (Hospitals)
8.	Monica Gutierrez-McCarthy Interim CEO/COO Eisner Health 1500 S. Olive Street Los Angeles, CA 90015	Health Care Expertise (FQHC/Clinics)

**Provider Relations & Technical Advisory Committee
Member Roster**

9.	Rishi Manchanda, MD, MPH President, Health Begins 2600 W. Olive Avenue, Suite 500 Burbank, CA 91505	Health Care Expertise
10.	Sabra Matovsky CEO HCLA	Health Care Expertise (Independent Physicians Affiliates)
11.	Ashkan Moazzez, MD, MPH, FACS, CHCQM Medical Director, Utilization Management Department Harbor UCLA Medical Center System Medical Director, Utilization Management Department of Health Services 313 N. Figueroa Street, Suite 531 Los Angeles, CA 90012	Health Care Expertise
12.	Zahra Movaghar Administrator Preferred IPA	Health Care Expertise (Independent Physicians Affiliates)
13.	Santiago Munoz Chief Strategy Officer, UCLA Health 757 Westwood Plaza, Suite 1320 Los Angeles, CA 90095	Health Care Expertise
14.	Elan Shultz Los Angeles County Department of Mental Health 510 S. Vermont Avenue Los Angeles , CA 90020	Mental Health Care Provider
15.	David Silver, MD Chief Executive Officer, Rockport Healthcare Services 3580 Wilshire Boulevard, Suite 600 Los Angeles, CA 90010	Medical Rehabilitation Provider or Long-Term Care Provider (Skilled Nursing Facilities)
16.	Stephanie L. Taylor, PhD Director, VA QUERI Complimentary and Integrative Health Evaluation Center Associate Director, VA Greater Los Angeles HSR&D Center 11301 Wilshire Boulevard Los Angeles, CA 90073 Adjunct Professor Department Health Policy and Management, UCLA	Health Care Expertise
17.	Michelle Tyson, MD Call The Car 21950 Copley Drive Diamond Bar, CA 91765	Health Care Expertise (Transportation)

Provider Relations & Technical Advisory Committee Member Roster

18.	Haig Youredjian CEO Western Drug Medical Supply	Home Health Care Representative (Durable Medical Equipment)

Footnotes:

“CA Welfare & Institutions Code Section 14087.9655. (a)

The governing body shall establish a technical advisory committee to provide technical expertise to the governing body.

(b) Members of the committee shall include

- a medical school representative,
- an epidemiologist,
- a pharmacist,
- a representative of a nursing association,
- a home health care representative,
- a long-term care provider,
- a mental health care provider,
- a medical rehabilitation provider,
- and an expert on health care quality,
- or, in the alternative, other persons with health care expertise.

(c) The technical advisory committee shall meet on a regular basis and shall make recommendations and reports to the governing body.”

History

L.A. Care’s enabling legislation (CA Welfare & Institutions Code Sections 14087.9655 through 14087.966) requires the establishment of three types of advisory committees to facilitate input from consumers, providers and other stakeholders: regional community advisory committees and an executive community advisory committee, a children’s health consultant advisory committee, and a technical advisory committee. There are no other local initiatives in California with a technical advisory committee.)

The TAC is broadly mandated by L.A. Care’s enabling legislation (WIC Section 14087.9655) to *provide technical expertise to the governing body*. Membership is comprised of internal and external stakeholders. The enabling legislation specifically identifies some types of stakeholders that should be represented on the committee but also provides as an alternative that members can be *people with health care expertise*. The Board-approved operating rules for TAC state that TAC *assists the L.A. Care Board of Governors in formulating broad public policy directives, through the provision of expertise, the identification of issues in the community related to quality of care, and the review of health care delivery models and innovations offered by L.A. Care Health Plan*. The legislation requires that the technical advisory committee meet on a regular basis and shall make recommendations and reports to the governing body. TAC has not met since July 2012. The committee was last focused on health information technology (HIT) issues. L.A. Care’s senior management felt it was necessary to refocus on the work of TAC, and a restructuring meeting was held in October 2013 with some former TAC members. At that meeting, as well as now, there seems to be agreement that the committee should discuss emerging pressing health care issues that L.A. Care’s expanded populations face, and present substantive advice to L.A. Care’s Board of Governors.