

**Board of Governors**  
**Regular and Special Supplemental Meeting Minutes #263**  
**June 1, 2017**



**L.A. Care**  
 HEALTH PLAN

Michelle Obama Neighborhood Library, 5870 Atlantic Avenue, Long Beach, CA 90805

**Members**

Louise McCarthy, *Chair*  
 Hector De La Torre, *Vice Chair*  
 Michael Rembis, *Treasurer* \*  
 G. Michael Roybal, MD, MPH, *Secretary*  
 Alvaro Ballesteros, MBA  
 Stephanie Booth, MD  
 Mark Gamble  
 Christina R. Ghaly, MD  
 Layla Gonzalez-Delgado  
 Hilda Perez  
 Honorable Mark Ridley-Thomas  
 Sheryl Spiller  
 Kimberly Uyeda, MD, MPH

**Management/Staff**

John Baackes, *Chief Executive Officer*  
 Phinney Ahn, *Chief of Staff*  
 Augustavia Haydel, *General Counsel*  
 Marie Montgomery, *Chief Financial Officer*  
 Richard Seidman, MD, MPH, *Chief Medical Officer*

*\*Absent \*\*Via teleconference*

| <b>AGENDA<br/>ITEM/PRESENTER</b>                             | <b>MOTIONS / MAJOR DISCUSSIONS</b>  | <b>ACTION TAKEN</b>  |
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| <b>WELCOME</b><br><br>Louise McCarthy<br><i>Chairperson</i>  | Louise McCarthy, <i>Chair</i> , called the meeting to order for both the Regular and Special Supplemental Agendas at 2:03 p.m. She announced that the public may address the Board on any matter at the Public Comment section at the beginning of this meeting, before or during the Board's consideration of items listed on the Agenda. Guests are welcome to introduce themselves or can choose to remain anonymous. Chair McCarthy introduced Christina Ghaly, MD, and welcomed her as a member of the Board of Governors. Chair McCarthy noted that it is important that L.A. Care's Board include representatives of safety net providers. |  |
| <b>APPROVAL OF<br/>MEETING AGENDA</b><br><br>Louise McCarthy | The motion to Appoint Agency Negotiator was added to the Consent Agenda. Due to potential conflicts of interest, the item in closed session for Medi-Cal Managed Care Supplemental Payment will be discussed at the end of the meeting, after item 15.<br><br><i>(Member De La Torre joined the meeting.)</i><br><br>The meeting agenda was approved as amended.  | <b>Approved unanimously<br/>11 AYES (Ballesteros,<br/>Booth, De La Torre,<br/>Gamble, Ghaly,<br/>Gonzalez-Delgado,<br/>McCarthy, Ridley-<br/>Thomas, Roybal,<br/>Spiller and Uyeda).</b> |

**APPROVED**

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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| PUBLIC COMMENT           | <p>Dennis Moore, <i>Member</i>, Coordinated Care Initiative Council Area 1, stated that he lives in Lancaster and has been an advocate all his life. He expressed concern about a program for all-inclusive care for the elderly (PACE). He became aware that Lancaster and Palmdale are not covered by PACE, which he thinks is out of synch with the rest of L.A. Care. He has talked with staff about a need to address access to benefits for Lancaster and Palmdale, and was told that L.A. Care is aware that the Antelope Valley region is underserved. Mr. Moore feels it is important to get attention paid to the benefits that are not being offered in that region. L.A. Care needs to provide the same services for all residents, including residents in Lancaster and Palmdale.</p> <p>John Baackes, <i>Chief Executive Officer</i>, responded that L.A. Care recognized access issues in the Antelope Valley area at least two years ago and about 90 providers were added to the network to increase access to care. Mr. Baackes acknowledged that there is more to be done to improve access to care. L.A. Care opened a Family Resource Center (FRC) in Palmdale today. A care management team will be placed in that FRC in the future. The PACE program provides needed services, including adult day care and transportation. L.A. Care has traditionally not been a direct provider of services, and will continue to work on improving access to care across all areas of the County.</p> <p>Wilma Ballew, <i>Chair</i>, CCI 2, in the San Fernando Valley stated that advisory committee members who are members of both a Coordinated Care Initiative Council (CCI) and a Regional Community Advisory Committee (RCAC) have been asked to choose to be a member of one advisory committee. Her understanding is that some people were resistant to that rule and were allowed to keep their membership on both committees. That is not fair for those who had to choose one committee. She would appreciate more information about compliance with the rule that individuals can be a member of just one advisory committee.</p> <p>Mr. Baackes responded that he will provide an answer at a future meeting.</p> <p>Christina Deh Li, <i>Chair</i>, RCAC 9 in Long Beach and <i>Chair</i> of the Executive Community Advisory Committee (ECAC), indicated that she is happy that the board is meeting in Long Beach today. She is proud to support the advisory committees and L.A. Care. She asked about proposed legislation for single payor health insurance in California, and how it will affect low income families.</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that there is a bill making its way through the state Legislature – Single Payer (SB). The Appropriations Committee has estimated that it could cost \$50 billion more annually than current health care costs. Because of the current debate over the health care proposal at the federal level, it is likely that the state proposal</p> |              |

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|  | <p>for single payor health care coverage will not pass this year but it may be reintroduced back next year.</p> <p>Member De La Torre noted that the biggest obstacle for the proposed single payor bill is the estimated cost of \$400 billion. That estimate includes all the current federal cost sharing for health care in California, and it is unlikely that the federal government would agree to let continue federal support for the single payor system in California.</p> <p>Member Ridley-Thomas reported that, with Supervisor Kuehl, he made a motion before the Board of Supervisors for Los Angeles County to call on the Department of Health Services and the office of the CEO to begin looking at an appropriate health care coverage solution for the county, and by extension, for the state. He stated that there is no region in the nation that was more favorably affected by the coverage offered under the Affordable Care Act (ACA). A repeal for the ACA would have disastrous implications for L.A. Care and for L.A. County. The cost of care would escalate dramatically. He noted that the Supervisors are preparing in order to be ready for any change in federal laws for health care coverage, including the possible repeal of the ACA.</p> |   |
| <b>CLOSED SESSION</b>  | <p><i>There was not a closed session discussion for this item which is included on the Special Supplemental Meeting Agenda.</i></p> <p>CONFERENCE WITH LABOR NEGOTIATOR<br/> Pursuant to Section 54957 of the Ralph M. Brown Act<br/> Agency Negotiator: Louise McCarthy, Board Chair<br/> Unrepresented Employee: John Baackes, Chief Executive Officer</p>  |   |
| <b>ACCEPTANCE OF<br/>MINUTES OF<br/>MEETING</b><br><br>Louise McCarthy | The minutes of the May 4, 2017 meeting were approved as submitted.  | <b>Approved unanimously<br/>11 AYES</b> |
| <b>APPROVAL OF<br/>CONSENT AGENDA</b><br><br>Louise McCarthy           | The motions presented on the Consent Agenda were approved. <ul style="list-style-type: none"> <li>• Revised 2017 Board and Committee meetings schedule</li> </ul> <p><b><u>Motion BOG 100.0617</u></b><br/> <b>To approve the revised 2017 Board and Committee schedule of meetings to reflect:</b></p> <ul style="list-style-type: none"> <li>• <b>Rescheduling of July 6, 2017 Board of Governors meeting to July 26, 2017 at 2 PM.</b></li> <li>• <b>Cancellation of the July 26, 2017 Executive Committee meeting.</b></li> </ul>   | <b>Approved unanimously<br/>11 AYES</b> |

**APPROVED**

| AGENDA<br>ITEM/PRESENTER                                      | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|   | <ul style="list-style-type: none"> <li>Appointment of Agency Negotiator (Motion BOG 100 is included on the Special Supplemental Meeting Agenda)</li> </ul> <p><b><u>Motion BOG 101.0617</u></b><br/> <b>To appoint Louise McCarthy as the Agency Negotiator for L.A. Care Health Plan for all terms and conditions of employment for John Baackes, Chief Executive Officer.</b></p> <ul style="list-style-type: none"> <li>RCAC/CCI Membership (ECA 100)</li> </ul>  |              |
| <b>CHAIRPERSON'S<br/>REPORT</b>                               | <p><i>(Member Ridley-Thomas left the meeting.)</i></p> <p>Chair McCarthy welcomed Dr. Ghaly, and noted that Dr. Ghaly has filled a seat on the Board that was left vacant when Dr. Alex Li resigned. She encouraged Dr. Ghaly to become involved in L.A. Care Board committees.</p> <p>Chair McCarthy reported that she appreciates the staff at L.A. Care for expertise in analyzing the legislative proposals. As one of the most populous counties, L.A. Care has a unique perspective and responsibility to protect health coverage.</p>   |              |
| <b>CHIEF EXECUTIVE<br/>OFFICER REPORT</b><br><br>John Baackes | <p>Mr. Baackes reported that the American Health Care Act (AHCA) was approved by Congress and moved to the Senate for further consideration. As recently as this morning it appeared that the Senate wants to have a bill out by end of July. Mr. Baackes is disappointed in the stances taken by the two largest public health plan trade associations and will continue to work with them to protect the public health coverage programs. It is incumbent upon L.A. Care as the largest public health plan to be outspoken and advocate for our members and the providers who serve our members.</p> <p>Member De La Torre commented that the congressional budget office released its analysis last week, which determined that the loss in Medicaid funding through block grant funding would be an 8% increase on average for states in 2018, 23% by 2020 and 37% by 2026. No state can afford that and it will mean cuts to the programs, and potentially will decimate programs in California. Last month Board Members were asked about how people can engage. There are 20 republican senators from states that expanded Medicaid. Those states would have to cut back. He suggested that people can focus on constituents reaching those 20 senators to let them know how they want their representatives to serve them.</p> <p>Mr. Baackes noted that the ACA remains effective. L.A. Care enrolled 10,000 members as of June 1, and its total enrollment in Medi-Cal is 2,025,000. Total L.A. Care enrollment is 2,120,000. L.A. Care will continue to grow and serve all members equally.</p> |              |

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|  | <p>L.A. Care is accredited by the National Committee for Quality Assurance (NCQA), which conducts on site audits for accreditation in a three-year cycle. In the current NCQA audit, L.A. Care has met the required accreditation measures. Its ranking by NCQA will be determined by further audit and by the annual Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) performance measures. Mr. Baackes thanked Richard Seidman, MD, <i>Chief Medical Officer</i>, for his leadership in the onsite audit, and Dr. Carter, who laid the groundwork for the audit.</p> <p>Mr. Baackes announced that the Palmdale FRC opens today, and a special grand opening event for the public will be held on June 16.</p>  |              |
| <p><b>CHIEF MEDICAL OFFICER REPORT</b></p> <p>Richard Seidman, MD, MPH</p> | <p>Richard Seidman, MD, <i>Chief Medical Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>• Two key positions in health services have been filled: Dr. Alexander Li is the Senior Medical Director of Health Services and Dr. Michael Brodsky is the Medical Director of Behavioral Health.</li> <li>• L.A. Care staff is preparing for the NCQA assessment.</li> <li>• L.A. Care is targeting messages and ads on social media to increase awareness of preventive health screenings and will assess correlation with improvement in quality scores.</li> <li>• L.A. Care’s Health Information Technology department was awarded grant funding for a program serving the community outside of L.A. Care’s enrolled members, to help providers improve their response to quality requirements in Medicare.</li> <li>• A second grant will help transform network providers with new approaches to improve quality scores and generate better health outcomes.</li> <li>• L.A. Care’s Pharmacy department has worked with other departments and network pharmacies to adopt practices and policies to help address the opiate addiction crisis.</li> </ul> |              |
| <b>STANDING COMMITTEE REPORTS</b>  |  |              |
| <p><b>Executive Committee</b></p> <p>Louise McCarthy</p>                   | <p>The Executive Committee met on May 24 (<i>meeting minutes are available by contacting Board Services</i>).</p>  |              |
| <p>Government Affairs Update</p>   | <p>(<i>Member Perez joined the meeting.</i>)</p> <p>Ms. Compartore reported:</p> <p>Hospital Supplemental Payment Bill SB 171/205: The current methodology of making supplemental payments to hospitals through managed care plans is not aligned with new federal requirements. The current methodology uses historical claims to calculate supplemental lump</p>   |              |

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|   | <p>sum payments. Centers for Medicare and Medicaid Services (CMS) will no longer allow pass-through payments, and a process for directed payment added on to an adjudicated claim has been proposed. The health plans and the public hospitals will have exposure to financial risk if the estimated utilization is lower or higher than actual experience, so it will be very important to not only get the utilization as accurate as possible but also to develop a risk sharing arrangement to help control the risk. In order for a public hospital to get a supplemental payment, the hospital must be contracted with the managed care plan that holds the contract with California Department of Health Care Services for Medi-Cal.</p> <p>Private Disproportionate Share Hospitals are trying to create a replacement supplemental methodology that will meet federal requirements. California Association of Hospitals has developed a concept for this, but L.A. Care has not been provided with actual bill language to date. Mr. Baackes reported that staff is encouraging public hospitals and all tertiary care providers to negotiate a contract with L.A. Care to qualify for the supplemental payment.</p> <p>Member Roybal asked if district hospitals are considered public hospitals; and Member Gamble responded affirmatively.</p> <p>Member Booth asked for clarification on the supplemental payment. Mr. Baackes noted that the providers serve Medi-Cal beneficiaries, and the supplemental payment provides needed revenue.</p> <p>Ms. Compartore noted that the Assembly and Senate Budget Committees developed separate proposals for distribution of funds through the state Budget from Proposition 56, which increased the sales tax on tobacco products. The differences in the two proposals will be negotiated through a Conference Committee, the Legislative leadership and the Governor. L.A. Care is supporting a bill to restore the adult vision benefit for Medi-Cal, which has moved from the House to the Senate. L.A. Care's advisory committee members will visit district offices to support this bill.</p> <p>Chair McCarthy asked about the deadline for passage of the state budget. Ms. Compartore responded that the budget is expected to be passed by the state legislature by the June 15 deadline.</p> |              |
| <b>Finance &amp; Budget<br/>Committee</b> | <p>Chair McCarthy reported that the Finance &amp; Budget Committee met on May 24 (<i>meeting minutes are available from Board Services</i>).</p> <p>The Committee approved the following motions that do not require Board approval:</p> <ul style="list-style-type: none"> <li>• Contract with Santé Analytics to provide centralized payment integrity data repository software and implementation support.</li> </ul>   |              |

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|                              | <ul style="list-style-type: none"> <li>Contract with 2b3 International, Inc. for consulting and staffing services.</li> </ul> <p>The Committee met in Closed Session to discuss Contract Rates and Trade Secret. There was no report on the closed sessions.</p>  |              |
| Approval of Financial Report | <p>Marie Montgomery, <i>Chief Financial Officer</i>, reported the highlights of the Financial Reports for FY 2016-17 for the period ended April 30, 2017. <i>(A copy of the reports can be obtained by contacting Board Services).</i></p> <ul style="list-style-type: none"> <li>Membership enrollment as of June 1 is 2,120,000. It is expected that enrollment growth will be level through the end of the fiscal year and will end short of budget forecast.</li> <li>Overall variance on member months are behind forecast by about 6,000 member months, driven by lower than expected TANF/MCE membership due to eligibility redetermination in January 2017.</li> </ul> <p>Member Ballesteros asked how adjustments are made when the actual result does not match projected numbers. Ms. Montgomery noted that the variances are not significant. Staff expects efficiencies in operations that will offset revenue shortfall. Mr. Baackes added that reductions in enrollment revenue will also bring lower than projected levels for expenses. Staff will continue to monitor and control administrative expenses.</p> <ul style="list-style-type: none"> <li>The year to date revenue surplus is \$86.3 million; \$16.4 million ahead of forecast. The favorable surplus variance is driven by a favorable operating margin.</li> <li>The unfavorable administrative variance of \$2.5 million was because of the Medi-Cal provider directory creation and mailing.</li> <li>Non-operating income is favorable at \$7.9 million due to favorable investment income and lower than expected grant spending and other income.</li> <li>Overall, the prior month had a high level of paid claims inventory that was paid down.</li> <li>Medical Cost Ratio was 94.3% which is slightly unfavorable to the forecast of 94.5%.</li> <li>Staff continues to be cautious in administrative expenses. The administrative ratio was 4.1% as forecasted.</li> <li>April 2017 year to date fund balance was \$610 million, which is 308% of required Tangible Net Equity (TNE), including the In Home Supportive Services revenue and payout. A goal of 530% TNE is set by the average of other Local Initiatives and County Organized Health Plans which L.A. Care deemed adequately reserved. The IHSS program funds are passed through L.A. Care. The proposed state budget will discontinue that practice.</li> </ul> |              |

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|  | <ul style="list-style-type: none"> <li>Through March and April the claims ending inventory has been consistent at 60,000 claims. L.A. Care is moving towards greater accuracy in claims payment as most claims are on the new data system. The number of claims remaining is declining and the bulk of claims are paid within 30 days.</li> </ul> <p>Member Ghaly asked about the mix of provider categories in the claims inventory. Mr. Baackes responded that auto adjudication of claims has increased from 5% under the old data processing system, to 70% going toward 80% on the new system. Most auto adjudicated claims are hospital claims because they are submitted electronically. Ancillary providers usually submit claims on paper, which take longer to process. Many Skilled Nursing Facilities (SNF) also submit paper claims, and L.A. Care handles those claims quickly because of the sensitive cash flow situation among SNFs. L.A. Care pays claims electronically.</p> <p>Mr. Baackes commented that there are requirements that the provider directory is mailed to every member annually. L.A. Care participated in a program for Medicare members that allowed sending a postcard to members, and they could request a printed directory. Medi-Cal requires that a directory is mailed by the health plan to every beneficiary. The directory weighs 4 lbs., is quite large and expensive to mail.</p> <p><b><u>Motion FIN 100.0617</u></b><br/> <b>To accept the Financial Report for the period ended April 2017, as submitted.</b></p> | <p><b>Approved unanimously<br/> 11 AYES (Ballesteros, Booth, De La Torre, Gamble, Ghaly, Gonzalez-Delgado, McCarthy, Perez, Roybal, Spiller and Uyeda).</b></p> |
| <p>Monthly Investment Transaction Report<br/> Marie Montgomery</p>       | <p>Ms. Montgomery referred to the March 2017 Investment Transaction Reports included in the meeting materials. <i>(A copy of the reports can be obtained by contacting Board Services).</i> Total market value of the portfolio is \$2.7 billion in cash and investments.</p>   |   |
| <p><b>Compliance &amp; Quality Committee</b><br/> Kimberly Uyeda, MD</p> | <p>Member Uyeda reported that the Committee met on May 18. <i>(A copy of the reports can be obtained by contacting Board Services).</i></p> <ul style="list-style-type: none"> <li>Dr. Seidman reported on items covered during his CMO report earlier today.</li> <li>Thomas Mapp, <i>Chief Compliance Officer</i>, reported: <ul style="list-style-type: none"> <li>The Compliance Department identified a compliance issue related to health risk assessment completion rates and continues to work with staff on all other issues.</li> <li>Compliance is discussing root causes with the business units involved. Compliance will monitor the issues to resolution.</li> <li>L.A. Care has developed a Sanction Work Group comprised of Compliance, Legal Services, Provider Network Management, and Enterprise Integration. The group met in April and identified 1) criteria that indicates a severe infraction that warrants a review for</li> </ul> </li> </ul>  |   |

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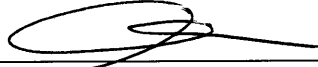
| AGENDA<br>ITEM/PRESENTER  | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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|   | <p>possible sanctions and 2) identifies types of sanctions. The next meeting is scheduled for May and will focus on developing an intake process.</p> <ul style="list-style-type: none"> <li>○ The Special Investigations Unit continues to move towards proactive investigations by training staff and identifying investigative tools to detect and identify questionable and fraudulent claim or billing activity.</li> <li>● Rafael Amezcua, MD, <i>Medical Director, Medicare</i>, presented an overview of the new Case Management Model of Care (MOC) for Medicare members. The MOC outlines a member-centric, high touch, community and team based care management program to address the physical, behavioral, and social needs of L.A. Care members.</li> <li>● Member Uyeda was elected chair of the committee.</li> </ul>   |              |
| <b>ADVISORY COMMITTEE REPORTS</b>   |   |              |
| <p><b>Children’s Health<br/>Consultant Advisory<br/>Committee (CHCAC)</b></p> <p>Kimberly Uyeda, MD</p> | <p>Member Uyeda reported that the CHCAC met on May 16. <i>(A copy of the reports can be obtained by contacting Board Services).</i></p> <ul style="list-style-type: none"> <li>● Mr. Baackes and CHCAC members welcomed Dr. Seidman to the Committee. Mr. Baackes provided an update on proposed changes to health care coverage and to the funding that would impact L.A. Care members.</li> <li>● Dr. Seidman provided the Committee an update on health services staffing. Quality Improvement staff in collaboration with the Communications department will develop a second pilot for the social media campaign on Cervical Cancer Screening.</li> <li>● Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, presented information about Help Me Grow, a program in which L.A. Care is participating with First 5 LA to promote early identification of at-risk children and connect the family to the programs and services they need. The program is a cross sector collaboration with a leadership council and workgroups that include 30 agencies representing health, education, community based organizations, Regional Centers and multiple County departments.</li> <li>● Matthew Emons, <i>Medical Director, Quality Improvement</i>, shared that the 2017 Children’s Health Conference will be held June 24 in the city of Alhambra.</li> </ul> |              |
| <p><b>Executive Community<br/>Advisory Committee</b></p> <p>Hilda Perez<br/>Layla Gonzalez-Delgado</p>  | <p>Layla Gonzalez-Delgado acknowledged the advisory committee members attending the meeting: She reported that ECAC met on May 10. <i>(A copy of the reports can be obtained by contacting Board Services).</i></p> <ul style="list-style-type: none"> <li>● Mr. Baackes updated ECAC members on proposed changes in health care coverage that would impact L.A. Care members.</li> </ul>   |              |

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|  | <ul style="list-style-type: none"> <li>• ECAC members requested that Brilliant Corners be invited to a future meeting to provide information on how the grant funds from L.A. Care will be used.</li> <li>• Hanan Obeidi, <i>Director Product Administration SPD/CCI, Executive Director Administration</i>, presented an update on accessible examination equipment for L.A. Care providers and developing a legislative advocacy plan to increase availability of accessible examination equipment.</li> <li>• Ms. Eakins reviewed L.A. Care's transportation and child care for advisory committee members to attend meetings and conferences.</li> </ul> <p>Member Perez informed Board members that advisory committee members are reviewing revisions to the Operating Rules. Members are preparing to visit legislative offices, which provides an opportunity for members to make a difference and have an impact on their communities. She mentioned that Board member Lopez suggested having meetings in the communities served by L.A. Care.</p> <p><b><u>Motion ECA 100.0617</u></b><br/> <b>To approve Celia Juarez, as RCAC 6 Consumer Member, to the Regional Community Advisory Committees (RCAC), as reviewed by the Executive Community Advisory Committee (ECAC) during the May 10, 2017 ECAC meeting.</b></p> <p>Mr. Baackes thanked IT staff for their work to set up the technical equipment for the offsite meeting.</p> | <p style="text-align: center;"><b>Approved unanimously<br/>On consent agenda</b></p> |
| <p><b>ADJOURN TO<br/>CLOSED SESSION</b></p> <p>Louise McCarthy</p> | <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. A report is not expected in open session. The Board adjourned to closed session at 3:25 p.m.</p> <p><b>CONTRACT RATES</b><br/> Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> <li>• Medi-Cal Managed Care Supplemental Payment</li> </ul> <p><i>The following item is included on the Special Supplemental Meeting Agenda</i></p> <p><b>PEER REVIEW</b><br/> Pursuant to Welfare &amp; Institutions Code section 14087.38 (o)</p>   |  |

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|  | <p>REPORT INVOLVING TRADE SECRET<br/>Pursuant to Welfare and Institutions Code Section 14087.38(n)<br/>Discussion Concerning New Product Lines<br/><i>Estimated date of public disclosure: June 2019</i></p> <p><i>(Member Gamble left the meeting.)</i></p> <p>CONFERENCE WITH LEGAL COUNSEL –EXISTING LITIGATION<br/>Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act:<br/>Name of case: Dignity Health and Northridge Hospital Medical Center v. L.A Care Health Plan et al. (BC583522)</p> <p><i>(Members Ghaly, Roybal, Ballesteros and Uyeda left the meeting.)</i></p> <ul style="list-style-type: none"> <li>• Medi-Cal Managed Care Supplemental Payment</li> </ul> |              |
| <p><b>RECONVENE IN<br/>OPEN SESSION</b></p> <p>Louise McCarthy</p> | <p>The Board reconvened in open session at 4:15 p.m. There was no report on action taken during the closed session.</p>   |              |
| <p><b>ADJOURNMENT</b></p>  | <p>The meeting was adjourned at 4:15 p.m.</p>   |              |

Respectfully submitted by:  
Linda Merkens, *Manager, Board Services*  
Malou Balones, *Board Liaison*  
Jennifer Carabali-Cunningham, *Board Liaison*

APPROVED BY:   
G. Michael Roybal, MD, *Board Secretary*  
Date Signed 09/2/17

**APPROVED**